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Challenges and Opportunities of Operation Enduring Freedom/ Operation Iraqi Freedom Veterans with Disabilities Transitioning into Learning and Workplace Environments

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The United States deployed more than 1.9 million troops to Afghanistan and Iraq since October 7, 2001, during two major military operations: Operation Enduring Freedom (OEF; October 2001–ongoing) and Operation Iraqi Freedom (OIF; March 2003–September 2010). These actions were part of the effort to pursue the U.S. global war on terrorism. As American communities welcome home U.S. troops from Iraq and Afghanistan, it is important to understand the unique set of circumstances for military personnel who served in these Middle Eastern regions. Differences in deployment, the type of injuries sustained, and the mixture of personnel continue to affect transitions from military service and reintegration into civilian life. Reintegration problems are measured by difficulties in areas of occupational, social integration, physical function, emotional well-being, and social functions (Resnik, Plow, and Jette, 2009). Transition into civilian employment and educational environments may be complicated for veterans who experience these difficulties, which often are misunderstood by the general population. According to Schlossberg, Waters, and Goodman (1995), “Transitions alter our lives—our roles, relationships, routines, and assumptions. . . . It is not the transition per se that is critical, but how much it changes one’s roles, relationships, routines, and assumptions. The bigger the change, the greater

the potential impact and the longer it may take to incorporate the transition and move on” (pp. 2–3).

The war in Afghanistan, OEF, is the longest military conflict in U.S. history, spanning more than 10 years. The length of the OEF conflict combined with OIF created unique circumstances for the all-volunteer armed forces. Approximately 40 percent of men and women activated from the reserve component (approximately 12 percent) were deployed more than one time (Institute of Medicine, 2010). Increases in the frequencies and length of deployments and stressors associated with multiple exposures to combat areas create increased difficulties for reservists attempting to reintegrate into previous civilian roles in workforce or educational settings (Sargeant, 2009).

In 2005, female troops reached the highest numbers in U.S. military history, constituting 14 percent of the military workforce (Institute of Medicine, 2010). Under military regulations, women are precluded from direct combat, such as infantry, positions. However, since female troops performed duties in support positions as combat medics, military police, and convoy operations, female troops were exposed to dangers, consequences, and traumas of combat situations. Special problems reported by women veterans were higher rates of military sexual trauma and the mental health consequences related to this trauma (Street, Vogt, and Dutra, 2009). Additionally most of these women receive their comprehensive healthcare in a male-dominated environment where there may be little acknowledgment, understanding, or empathy of the new female veteran experience.

This chapter presents issues related to disabled military servicemen and women who are transitioning to civilian life. The emphasis is on the experience of veterans serving in the OEF and OIF as they reintegrate into civilian workplace and learning environments. We begin with an overview of the types of disabilities particular to these veterans and then describe the unique experiences of these disabled veterans in workplaces and institutions of higher education.

Today's medical service delivery and changes in armor technology increased the survival rate of injured OIF/OEF veterans (Goldberg, 2010). Veterans with polytrauma injuries, multiple injuries to one or more body regions or organs, have access to specialized polytrauma systems of care. These care systems provide treatment for physical, cognitive, psychological, and functional impairments and comprehensive and ongoing services for reintegration into educational and employment settings. This chapter focuses on the disabilities that may be more difficult to recognize and therefore might create areas of concern in higher education and workplace environments.

Posttraumatic stress disorder (PTSD) and neurological impairments (including traumatic brain injury [TBI]), often associated with polytrauma, are listed among the top four military service-related disabilities (U.S. Department of Veterans Affairs, 2010a). PTSD and TBI inherently include cognitive and psychological disabilities and are known as the signature

wounds of OEF/OIF veterans (Institute of Medicine, 2010). Vasterling and others (2006) suggested that combat exposure alone may reduce proficiency in sustained attention and memory, including retention and recall, causing problems in educational and employment settings. These functional deficits impact daily functioning and require disability services under the Americans with Disabilities Act (Church, 2009). Daily stressors associated with transitioning into civilian life may involve lingering effects of combat experiences that interfere with veterans' abilities to acknowledge functional deficits or disabilities (Grossman, 2009; Holloway, 2009–2010; Sargeant, 2009).

An estimated 13.8 percent of OIF/OEF veterans experience symptoms of PTSD (Tanielian and Jaycox, 2008, p. 10). Symptoms such as hypervigilance, intrusive thoughts, severe anxiety, irritability, difficulty concentrating, and sensitivity to noise may interfere with educational and occupational functional requirements (American Psychiatric Association, 2000). These symptoms, sometimes viewed as odd or inappropriate behavior by the general public, can be viewed as a weakness by the veterans themselves. Individual pride, and/or the stigma of having a mental health diagnosis and the enhanced emotional suppression of the military culture, often leads to increased isolation (Hall, 2011). Isolation increases barriers and may lead to poor integration into social, educational, and occupational settings (Burnett and Segoria, 2009; Kim and others, 2010; Pietrzak and others, 2009).

Many combat veterans experience both PTSD and TBI symptoms. TBIs are sustained primarily from blast explosions, motor vehicle accidents, and gunshot wounds. The injuries and symptoms may be vague and vary in severity. Most mild TBI symptoms resolve in three to six months; however, symptoms may continue to develop into chronic postconcussive syndrome. Cognitive symptoms may include memory deficit, attention difficulties, and decrease in processing speed. Emotional difficulties, including irritability, depression, anxiety, impulsivity, and aggression, may overlap with symptoms of PTSD. Somatic symptoms of tinnitus, blurred vision, sensitivity to noise, seizures, and insomnia can worsen cognitive and emotional symptoms. The most common persistent symptoms are migraines, ranging from mild to severe headaches that can last more than four hours and can interfere with daily functioning (Tepe and Fendley, 2009; U.S. Department of Veterans Affairs, 2010a). For example, a veteran with a desk in a high-traffic, bright, and noisy area may experience increases in migraines and irritability, which may interfere with the concentration needed for employment or learning-related tasks. Veterans may choose to ignore or minimize PTSD/TBI symptoms, given the social stigma associated with mental health disorders and the desire to fit in with peers (Holloway, 2009–2010). Disclosure and the decision whether to disclose disabilities or not may be the single greatest challenge facing veterans transitioning into workplace and academic environments (Madaus, Miller, and Vance, 2009). Veterans with disabilities may benefit from accommodation and assistance, but without

disclosure, they may not be able to access or may be ineligible for services allowable under law.

The Americans with Disabilities Act Amendments Act (ADAAA) shifts focus from whether a person has a disability to what employers or institutions should do to meet their obligation to provide equal opportunities and reasonable accommodations (Human Resources Focus Report, 2011). Grossman (2009) reports that new regulations under the ADAAA and large enrollments of veterans could converge to create a “perfect storm” effect on college and university campuses ill prepared to meet the needs and demands of the new era veterans.

Educational Environment

In higher education, veterans from previous combat eras have been identified as “catalysts” for changes in programs and services provided to persons with disabilities (Madaus, Miller, and Vance, 2009). The post–World War I era produced the Commission on National Aid to Vocational Education and the Disabled Veterans Act. These programs, followed by World War II’s Servicemen’s Readjustment Act and the Vietnam Era’s Veteran’s Readjustment Assistance Act, influenced services for all students with disabilities in post-secondary environments (Madaus, Miller, and Vance, 2009). U.S. colleges and universities are responding to the needs of the OEF/OIF-era veteran students with disabilities under the provisions of the ADAAA. The Equal Employment Opportunity Coalition provided the final interpretations on March 28, 2011 (Schuman and Hartstein, 2011).

Enrollment. Currently OEF/OIF veteran enrollments at U.S. colleges and universities reflect the highest numbers since the post–World War II era, when the first military educational benefit assistance programs were legislated in 1944 (Cook and Kim, 2009; U.S. Department of Veterans Affairs, 2010b). The U.S. Department of Veterans Affairs Veterans Benefits Administration education assistance programs were designed to support educational or vocational opportunities missed because of military service (2010). The post 9/11 GI Bill, passed in 2008, provides tuition and fees, monthly housing allowance, books and supplies, and living expense stipends to eligible veterans. Only four months after benefits were made available in August 2009, this GI Bill accounted for 27.2 percent of the total student beneficiary population and amassed expenditures exceeding \$500,000 (U.S. Department of Veterans Affairs, 2010b). The post 9/11 GI Bill benefits are not available at non-degree-granting institutions, apprenticeship programs, or on-the-job training programs. Housing allowances are not available for part-time students or for those only enrolled in online courses (American Council on Education, 2009; U.S. Department of Veterans Affairs, 2010b). Grossman (2009) reports that as many as 40 percent of veterans enrolling in postsecondary institutions may have some type of disability.

Challenges. Financial security is consistently reported as a primary military enlistment rationale (DiRamio, Ackerman, and Mitchell, 2008). Following discharge from the military, OEF/OIF-disabled veterans identify that the loss of direct access to federal benefits and services available during their military service created barriers during the transition and reintegration into academic environments. The lengthy and complicated bureaucratic processes required by service organizations involved in disabled veterans' transitions may additionally become barriers to successful educational outcomes. The post 9/11 GI Bill mandates that eligibility for educational benefits must be declared early in the transition process and places time restrictions on the allocation of benefits. Accelerated enrollments may place veterans at risk to experience the onset of anger outbursts, poor concentration, and increased irritability when placed in stressful academic settings (Burnett and Segoria, 2009; DiRamio, Ackerman, and Mitchell, 2008). Crowded and noisy classroom settings heighten arousal, contributing to attention and concentration deficits. Special seating arrangements or requests to leave the classroom may be needed to relieve anxiety (Church, 2009). Veterans commonly report problems associated with academic demands, socialization with peers, and limited access to services in post-secondary institutions (DiRamio, Ackerman, and Mitchell, 2008). Efforts of the federal, state, and local agencies providing services to students with disabilities lack coordination and remains an area of concern (Dutta, Schiro-Geist, and Kundu, 2009; Shackleford, 2009).

Opportunities. Veteran-friendly campuses address the experiences and expectations of OEF/OIF students as they transition into U.S. colleges and universities. Veteran-friendly campuses strive for effective collaboration between all entities involved in the transition of the disabled veterans (Burnett and Segoria, 2009). Some examples of veteran-friendly campus actions include on-campus vet centers, orientation programs specifically designed for veterans, intramural sports programs and accessibility services for students with disabilities, and campus-wide interdepartmental committees on veteran services (Ackerman, DiRamio, and Mitchell, 2009). A "complete education" for these students blends school and real-world skills through the application of universal design process (Branker, 2009, p. 59). This universal design solves problems for end users and addresses the course experiences, expectations, and outcomes. An example of this is the Service Members Opportunity Colleges, a collaboration designed to improve transitions in and out of academic environments by streamlining matriculation, relocation, and reenrollment processes (Ford, Northrup, and Wiley, 2009).

Student veteran organizations (SVOs) were consistently reported as valuable entities providing supportive services to veterans, administrators, students, and staff. SVOs increase interactions with veterans and other students, provide mentoring programs and support, and provide source information to administrators, faculty, and students (Branker, 2009; Burnett and

Segoria, 2009; Holloway, 2009–2010; Madaus, Miller, and Vance, 2009). The University of Kansas SVO implemented programs and policies that allowed veterans to remain enrolled at the university despite delayed government tuition payments (Ford, Northrup, and Wiley, 2009). Indiana University's SVO guided by the School of Education developed and implemented a two-credit college course designed to improve understanding of the veteran combat and transition experience (Sumerlot, Green, and Parker, 2009). Given that combat operations in the Middle East are still underway, veteran service needs should remain a strategic imperative in both education and workplace environments (Ackerman, DiRamio, and Mitchell, 2009).

Work Environment

Loughran and Klerman (2008) noted that OIF/OEF veterans' unemployment rates increased by 58 percent from 2002 to 2005. OIF/OEF veterans transitioning from a military to civilian workforce adapt to environmental changes, such as physical work environment, reporting structure, job tasks, and relationships with others. The Department of Veterans Administration (VA) offers several programs designed to address unemployment and the vocational and rehabilitation needs of disabled veterans. The extent of benefits depends on the character of military discharge and the severity of the veteran's disability. OIF/OEF veterans must apply and be deemed qualified for benefits. Veterans overwhelmed by the amount and complexity of information available may not be aware of specific details of their benefits under current policies. Vocational rehabilitation professionals can help in navigating the many government agencies to obtain benefits and information and to develop strategies to attain education and employment. Employment services such as job training, employment-seeking skills, and résumé development are some of the services available to veterans. Under the VA, medical or psychiatric conditions related to or aggravated by the military service are considered "service-connected" disabilities, which entitles the veterans to monetary, increased health, and other benefits (U.S. Department of Veterans Affairs, 2011). Although most benefits offered are through the VA, other public, nonprofit, veteran service organizations and private agencies offer specific assistance to veterans.

Vocational Rehabilitation. Vocational rehabilitation benefits are offered through two separate entities, the Veterans Health Administration and the Veterans Benefits Administration under the Department of Veterans Affairs. Although veterans with service-connected disabilities can access services through both entities, Veterans Health Administration institutions, known to many as VA hospitals, offer vocational rehabilitation benefits to veterans with or without service connection if a medical or psychiatric condition or barrier prevents educational and employment attainment. The ultimate goal of vocational rehabilitation is to prepare veterans to find and keep

suitable employment. With guidance from vocational rehabilitation counselors, veterans in such programs set the highest realistic goals for employment and educational attainment. Some veterans benefit from setting short-term goals, such as dealing better with authority figures or modifying social skills for the civilian work environment. Disabled veterans may benefit from a variety of programs, including compensated work therapy and incentive work therapy. Supported employment and transitional work programs are the two major components of compensated work therapy, and services can be delivered in community, residential rehabilitation, and/or sheltered environment settings. These programs aim to transition veterans into the highest level of independent occupational functioning. Under the supported employment program and transitional work program, veterans are entitled to their service-connected disability income and income earned from their employment earnings. An unintended effect of disability compensation is discouraging full participation in vocational rehabilitation, resulting in lower number of hours worked (Drew and others, 2001). Vocational rehabilitation programs improve the likelihood of employment. Supported employment assists individuals with mental health diagnoses to increase their skills in a supportive environment (Ackerman and McReynolds, 2005). In studies of civilian populations with chronic mental illness and PTSD, it was found that having PTSD leads to lower rates of competitive employment, fewer hours worked, and less wages earned in clients participating in vocational rehabilitation (American Council on Education, 2009). Frueh, Henning, Pelligrin, and Choboth (1997) noted that combat veterans with PTSD and a higher intensity of anger symptoms were less likely to be employed. Effective treatment of PTSD improves the ability of veterans to benefit from supported employment (Mueser and others, 2004). Functional independence and return to work and/or school in younger veterans with TBI is improved when cognitive-didactic rehabilitation is used that emphasizes teaching learning skills, building self-awareness, and cognitive executive functions, such as working memory, mental tracking, functional communication, and self-awareness (Vanderploeg and others, 2008). Functional learning of specific skills, behaviors, compensation techniques, and task-specific checklists were more useful for older and more educated veterans with TBI. Burk and Degeneffe (2009) suggested a comprehensive rehabilitation approach to assist veterans with combination PTSD/TBI diagnosis. Specific recommendations for the community were increasing outreach programs to employers, educators, clergy, and other community leaders to increase awareness and provide information on useful resources.

Opportunities. The U.S. Department of Labor (2010) published guidelines for employer accommodation for veterans with PTSD and TBI. The guidelines advocate models of peer mentoring, group mentoring, and E-mentoring with a focus on achieving employment goals for both employer

and the disabled employee. Special accommodation considerations for individuals with PTSD may include a flexible work schedule, schedule reminders, scheduled rest breaks, task checklists, and a low-noise environment. In addition to these accommodations, veterans with PTSD and TBI may benefit from adjusting expectations to complete tasks, limiting multitasking, using tape recorders as memory aids, and scheduling more difficult tasks at the beginning of the workday. The Department of Labor also provides training for institutions via online training, brochures with useful tips on accommodation, and connection with other sites that offer additional services for veterans.

The current recommendations for veterans with disabilities include vocational rehabilitation, treatment of underlying health issues, and modification of work and educational environment, with a recovery-focused model. Symptoms of PTSD, TBI, and chronic illnesses, such as pain, may fluctuate and may improve or subside entirely. For that reason, disabling symptoms and level of functioning may change over time. The appropriate level of assistance varies and needs to be adjusted if symptoms worsen or improve. Employers, educators, and other professionals may benefit from recognizing difficulties and referring the veterans to available resources.

Conclusion

This chapter highlights the process of transitioning veterans with PTSD/TBI into educational and employment environments. Some similarities exist in approaches to dealing with problems in both environments during the transition. Access to assistance, benefits, and agencies were identified as problematic. Collaboration among government, educational institutions, employers, and veterans provides overall positive outcomes when leaders, professors, employees, students, and the community at large are informed of the veterans' needs.

Gender-specific research studies are needed to examine the effects of readjustment on mothers and children separated during deployments and reintegration. Large multicenter studies and consistent research measures have not been established that investigate the transition from service to education or work or the effects of PTSD and TBI on the transition. Psychological effects of multiple deployments may need to be examined further for a more comprehensive understanding of the educational and employment reintegration needs of OEF/OIF veterans. Stigma associated with psychological disabilities and disclosure requires additional research.

References

- Ackerman, G., and McReynolds, C. "Strategies to Promote Successful Employment of People with Psychiatric Disabilities." *Journal of Applied Rehabilitation Counseling*, 2005, 36(4), 35.

- Ackerman, R., DiRamio, D., and Mitchell, R. L. "Transitions: Combat Veterans as College Students." In R. Ackerman and D. DiRamio (eds.), *Creating a Veteran-Friendly Campus: Strategies for Transition and Success*. New Directions for Student Services, no. 126. San Francisco: Jossey-Bass, 2009.
- American Council on Education. "Serving Those Who Serve: Higher Education and America's Veterans." 2009. <http://www.acenet.edu/Content/NavigationMenu/Programs/Services/MilitaryPrograms/serving/index.htm>.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed., Text Revision. Washington, D.C.: Author, 2000.
- Branker, C. "Deserving Design: The New Generation of Student Veterans." *Journal of Postsecondary Education and Disability*, 2009, 22(1), 59–66.
- Burk, H., and Degeneffe, C. "A New Disability for Rehabilitation Counselors: Iraq War Veterans with Traumatic Brain Injury and Post Traumatic Stress Disorder." *Journal of Rehabilitation*, 2009, 75(3), 5–14.
- Burnett, S. E., and Segoria, J. "Collaboration for Military Transition Students from Combat to College: It Takes a Community." *Journal of Postsecondary Education and Disability*, 2009, 22(1), 53–58.
- Church, T. E. "Returning Veterans on Campus with War Related Injuries and the Long Road Back Home." *Journal of Postsecondary Education and Disability*, 2009, 22(1), 43–52.
- Cook, B. J., and Kim, Y. *From Soldier to Student: Easing the Transition of Service Members on Campus*. Washington D.C.: American Council on Education, 2009.
- DiRamio, D., Ackerman, R., and Mitchell, R. L. "From Combat to Campus: Voices of Student-Veterans." *NASPA Journal*, 2008, 45(1), 73–108.
- Drew, D., and others. "Effects of Disability Compensation on Participation in and Outcomes of Vocational Rehabilitation." *Psychiatric Services*, 2001, 52, 1479–1484.
- Dutta, A., Schiro-Geist, C., and Kundu, M. M. "Coordination of Postsecondary Transition Services for Students with Disabilities." *Journal of Rehabilitation*, 2009, 75(1), 10–17.
- Ford, D., Northrup, P., and Wiley, L. "Connections, Partnerships, Opportunities, and Programs to Enhance Success for Military Students." In R. Ackerman and D. DiRamio (eds.), *Creating a Veteran-Friendly Campus: Strategies for Transition and Success*. New Directions for Student Services, no. 126. San Francisco: Jossey-Bass, 2009.
- Frueh, B., Henning, K., Pelligrin, K., and Choboth, K., "Relationship Between Scores on Anger Measures and PTSD Symptomology, Employment and Compensation-Seeking Status in Combat Veterans." *Journal of Clinical Psychology*, 1997, 53(8), 871–878.
- Goldberg, M. S. "Death and Injury Rates of U.S. Military Personnel in Iraq." *Military Medicine*, 2010, 175(4), 220–226.
- Grossman, P. D. "Forward with a Challenge: Leading Our Campuses Away from the Perfect Storm." *Journal of Postsecondary Education and Disability*, 2009, 22(1), 4–9.
- Hall, L. K. "The Importance of Understanding Military Culture." *Social Work in Health Care*, 2011, 50, 4–11.
- Holloway, K. M. "Understanding Reentry of the Modern-Day Student-Veteran Through Vietnam Era Theory." *Journal of Student Affairs*, 2009–2010, 18, 11–18.
- Human Resources Focus Report: The 2011 ADA Regulations: A Guide for Employers*, 2011. Old Saybrook, CT: BLR. <http://catalog.blr.com/product.cfm/product/30614960>.
- Institute of Medicine. "Returning Home from Iraq and Afghanistan: Preliminary Assessment of Readjustment Needs of Veterans, Service Members and Their Families." Washington, D.C.: National Academies Press, 2010. www.nap.edu/catalog/12812.html.
- Kim, P., and others. "Stigma, Barriers to Care, and Use of Mental Health Services Among Active Duty and National Guard Soldiers After Combat." *Psychiatric Services*, 2010, 61(6), 582–585.

- Loughran, D. S., and Klerman, J. A. "Explaining the Increase in Unemployment Compensation for ex-Servicemembers During the Global War on Terror." Technical Report, RAND, National Defense Research Institute, 2008. www.rand.org/pubs/technical_reports/TR588.html.
- Madaus, J. W., Miller, W. K., and Vance, M. L. "Veterans with Disabilities in Postsecondary Education." *Journal of Postsecondary Education*, 2009, 22(1), 10–17.
- Mueser, K., and others. "Posttraumatic Stress Disorder, Supported Employment, and Outcomes in People with Severe Mental Illness." *CNS Spectrum*, 2004, 9(12), 925.
- Pietrzak, R., and others. "Perceived Stigma and Barriers to Mental Health Care Utilization Among OEF-OIF Veterans." *Psychiatric Services*, 2009, 60(8), 1118–1122.
- Resnik, L., Plow, M., and Jette, A. "Development of CRIS: Measure of Community Reintegration of Injured Service Members." *Journal of Rehabilitation Research and Development*, 2009, 46(4), 469–480.
- Sargeant, W. M., Jr. *Helping Veterans Transition into Academic Life Through the Creation of a University Veteran Support Group: So We Can Better Serve Those Who Served Us*. San Francisco: Jossey-Bass, 2009.
- Schlossberg, N. K., Waters, E. B., and Goodman, J. *Counseling Adults in Transition*, 2nd ed. San Francisco: Jossey-Bass, 1995.
- Schuman, I., and Hartstein, B. "Final Rule Implementing Employment Provisions of the ADA/AA Released." March 25, 2011. www.dcmemploymentlawupdate.com/2011/03/articles/agency-rulemaking/final-rule-implementing-employment-provisions-of-the-adaaa-released/.
- Shackleford, A. L. "Documenting the Needs of Student Veterans with Disabilities: Intersection, Roadblocks, Solutions, and Legal Realities." *Journal of Postsecondary Education and Disability*, 2009, 22(1), 36–42.
- Street, A., Vogt, D., and Dutra, L. "A New Generation of Women Veterans: Stressors Faced by Women Deployed to Iraq and Afghanistan." *Clinical Psychology Review*, 2009, 29, 685–694.
- Sumerlot, J., Green, S. M., and Parker, P. "Student Veteran Organizations." *New Directions for Student Services*, 2009, 126, 71–79.
- Summerall, E. L. "Traumatic Brain Injury and PTSD." 2007. www.ptsd.va.gov/professional/pages/traumatic-brain-injury-ptsd.asp.
- Tanielian, T., and Jaycox, L. (eds.). *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*. Santa Monica, Calif.: RAND Corporation, 2008.
- Tepe, V., and Fendley, M. "Screening and Diagnosis of Military TBI: Review and Analysis." Wright Patterson AFB, Ohio: SURVIAC, 2009.
- U.S. Department of Labor. "America's Heroes at Work Supporting the Employment Success of Returning Service Members with TBI & PTSD," n.d. [Brochure]. www.dol.gov/odep/pubs/2010AHW_brochure_508.pdf.
- U.S. Department of Veterans Affairs. "Traumatic Brain Injury and PTSD." 2010a. www.ptsd.va.gov/public/pages/traumatic_brain_injury_and_ptsd.asp.
- U.S. Department of Veterans Affairs. Veterans Benefits Administration. "Annual Benefits Report: Fiscal Year 2010." 2010b. www.vba.va.gov/REPORTS/abr/2010_abr.pdf.
- U.S. Department of Veterans Affairs. Vocational Rehabilitation and Employment Programs. 2011. www.vba.va.gov/bln/vre/index.htm.
- U.S. Department of Veterans Affairs. Strategic Plan Refresh: Fiscal Year 2011–2015, n.d. http://va.gov/VA_2011-2015_Strategic_Plan_Refresh_wv.pdf.
- Vanderploeg, R. D., and others. "Rehabilitation of Traumatic Brain Injury in Active Duty Military Personnel and Veterans: Defense and Veterans Brain Injury Center Randomized, Controlled Trials of Two Rehabilitation Approaches." *Archives of Physical Medicine and Rehabilitation*, 2008, 89, 2227–2238.

Vasterling, J., and others. "Neuropsychological Outcomes of Army Personnel Following Deployment to the Iraq War." *Journal of American Medical Association*, 2006, 296(5), 519–529.

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