Examining the Career Thoughts of Veterans Enrolled in College

by

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Abstract

Veterans returning from the Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) conflicts are enrolling in colleges and universities at the highest number since post World War II (Cook & Kim, 2009). However, there is a lack of information on the career thoughts of veterans, specifically veterans attending colleges or universities. The exploratory study examined the career thoughts, as measured by the Career Thoughts Inventory (CTI), and demographic information of veterans enrolled at a large university in the southeast. Thirty-eight students completed the CTI and demographic questionnaire online. A majority of the students were male and between the ages of 26 to 30. The results of the study found statistically significant differences between the total career thoughts, decision making confusion, and commitment anxiety of student veterans compared to the college population the CTI was normed on. In addition, the study found there were no statistically significant differences in external conflict between the two groups. Due to the exploratory nature of the study, the results cannot be assumed to reflect the population of student veterans at the university or student veterans in general. More research is needed to better understand the career development needs of veterans attending colleges and universities.

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CHAPTER I. INTRODUCTION.

Veterans coming back from the recent military conflicts and entering postsecondary institutions represent a diverse group of students with specific needs (Cook & Kim, 2009; O'Herrin, 2011). Veterans who served in the Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) conflicts are enrolled in U.S. colleges and universities at the highest numbers since post World War II (Cook & Kim, 2009). Although these students have transitioned into the civilian world, and are successful enough to attend school, they may encounter a variety of challenges that could make finishing school and finding a job difficult.

OEF/OIF veterans are experiencing a myriad of medical, psychological, interpersonal, and academic transition problems (Carlson, Nelson, Orazem, Nugent, Cifu, & Sayer, 2010; Church, 2009; Maynard, Flohr, Guagliardo, Martin, McFarland, Purden, & Reiber, 2010; Summerall, 2007; Tanielian & Jaycox, 2008). Many of these issues stem from the high prevalence of veterans returning home with overwhelming rates of visible and non-visible disabilities, such as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) (Carlson et al., 2010; Maynard et al., 2010; Tanielian & Jaycox, 2008). Veterans enrolled in postsecondary institutions may encounter barriers due to transition issues, such as difficulty adjusting to the role of a student (Jacobs, 2012; Wheeler, 2012; Zinger & Cohen, 2012).

Establishing successful employment is crucial to a veteran successfully transitioning into the civilian world (Bullock, Braud, Andrews, & Phillips, 2009; Clemons & Milsom, 2008; Perls, 2009; Phillips, Braud, Andrews, & Bullock 2007; Ruh, Spicer, & Vaughn, 2009; Tanielian & Jaycox, 2008). Obtaining employment assists with numerous other transition problems veterans endure, such as homelessness, incarceration, addiction relapse, and domestic abuse (Bullock, et al., 2009; Perls, 2009; Tanielian & Jaycox, 2008). In addition, all of these barriers can create multiple impediments to obtaining employment (Phillips, et al., 2007). Difficulties such as homelessness, mental health problems, disabilities, gaps in work history, and criminal records can worsen a veteran's chances of securing a job. Veterans enrolled in postsecondary institutions are taking the necessary steps to obtain employment, but can still experience occupational difficulties due to a variety of factors, such as symptoms of PTSD or TBI interfering with their school work (Church, 2009; DiRamio & Spires, 2009).

The transition problems veterans and student veterans may encounter will likely result in dysfunctional career thinking (Bullock et al., 2009; Clemens & Milsom, 2008; Phillips et al., 2007). Internal thoughts, or cognitions, impact how an individual solves career problems and the decisions they make. The Cognitive Information Processing (CIP) (Peterson, Sampson, & Reardon, 1991) approach focuses on cognitive therapy (Beck, 1976), which assumes an individual's affect and behavior is largely determined by their cognitions (Sampson, Peterson, Lenz, Reardon, & Saunders, 1996). Dysfunctional thinking can create negative psychological symptoms, such as anxiety and depression, which can distract an individual from being productive and working on his or her problems. After individuals improve their thinking, they can begin to identify factors that

will help them make a successful career decision (Sampson, Reardon, Peterson, & Lenz, 2004).

Purpose of the Study

The purpose of the study was to collect the career thoughts and demographic information of veterans attending a large land grant university in the southeast. The results will increase data related to student veterans' baseline career cognitions. Numerous researchers have found that veterans will likely have negative career cognitions that could significantly interfere with finding employment and making a successful transition into the civilian world (Bullock et al., 2009; Clemens & Milsom, 2008; Phillips, et al., 2007). However, Bullock et al. (2009) is the only study that has examined negative career thoughts, assessed by the Career Thoughts Inventory (*CTI*; Sampson, et al., 1996), among veterans and the sample was small (n = 50). More research is needed to assess veterans' baseline career cognitions to determine where the gap in service may exist in career development interventions.

Research Questions

The researcher assessed the current level of career thoughts among veterans enrolled in college. The following research questions guided this study:

1. To what extent is the observed total mean score on the Career Thoughts Inventory (CTI) for participants different from the desired critical value of 48?
2. To what extent is the observed mean score on the Decision Making Confusion (DMC) scale for participants different from the desired critical value of 11?
3. To what extent is the observed mean score on the Commitment Anxiety (CA) scale for participants different from the desired critical value of 13?

4. To what extent is the observed mean score on the External Conflict (EC) scale for participants different from the desired critical value of three?

Significance

The results of the exploratory study will capture a baseline assessment of veterans attending college. This data could help identify what resources student veterans need in order to graduate and successfully transition into the civilian world of work, if the results are replicated in larger studies. With decreasing budgets and resources available, it is in the best interest of schools and agencies to identify the target concerns for veterans prior to implementing blanket approaches that may not address the underlying issue. Beginning to understand the career thoughts of student veterans will add to the literature in the field and also assist professionals understand how to best help these individuals transition successfully.

Limitations of the Study

The study examined the baseline measurement of veterans' career thoughts which are self-reported. The following limitations may have an effect on the results of the study. First, the study utilized a convenience sample of veterans at a university which will limit the generalizability of the results. Second, the results will depend on participants' level of honestly in answering the questions on the CTI and the demographic questionnaire. Third, the results could inaccurately reflect the veterans' true thoughts on their careers. Veterans coming home from combat are at a high risk for developing PTSD and exhibiting symptoms of TBI. However, many of the symptoms of PTSD and TBI do not appear for some time which could dramatically alter a veteran's career thoughts once the symptoms surface. Despite these limitations, the results of this study will provide a

foundation of data for further research with veterans' successful transition into the civilian world.

Definition of Terms

In order to avoid any vagueness or misunderstanding in the use of terms, the following section defines some of the terms used in this study.

Career Development: The total constellation of economic, sociological, psychological, and chance factors that combine to shape one's career (Sears, 1982, as cited in Sampson, et al., 2004).

Career Thoughts Inventory (CTI): An assessment which was developed to assess and improve negative career thinking (Sampson, et al., 1996).

Cognitions: "Verbal or pictorial event in an individual's stream of consciousness" (Sampson et al., 1996, pp. 10).

Cognitive Information Processing (CIP) Approach: The CIP approach helps individuals learn how to solve a career problem through a specific framework by evaluating negative career cognitions (Sampson, et al., 2004).

Post-traumatic Stress Disorder (PTSD): A mental health condition that is triggered by a terrifying event and symptoms may include flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the event (Mayo Clinic, n.d.).

Service-connected Disability: An injury or illness that was incurred or aggravated during active military service (United States Department of Veterans Affairs [VA], *VetSuccess*, 2012a).

Traumatic Brain Injury (TBI): Trauma to the head that results in an alteration or loss of consciousness, or posttraumatic amnesia (Carroll, Cassidy, Holm, Kraus, & Coronado, 2004).

Veteran: Present or former members of the United States Armed Forces (Internal Revenue Service, n.d.).

Summary

The current study will examine the career thoughts and demographic information of veterans attending a large university in the southeast. Bullock et al. (2009) is the only study that has examined the career thoughts of veterans. More research is needed to better understand the large number of veterans transitioning into the civilian world and enrolling in colleges and universities. The exploratory study will gather baseline data on veterans enrolled in college, which will contribute to the field of literature to better serve these individuals.

CHAPTER II. REVIEW OF LITERATURE

Introduction

Many veterans currently are enrolled in postsecondary institutions, and like most students, are concerned about their success in the world of work upon graduation. Veterans in postsecondary institutions, unlike most students, may encounter unique medical, psychological, interpersonal, and occupational challenges. These challenges may interfere with their career decision making and problem solving skills. A review of the literature on transitional issues of veterans leaving military service from recent conflicts, concerns that student veterans confront in a postsecondary setting, and in-depth look at the field of career development is critical in order to understand these unique conditions.

The literature review first describes the outlook encountered by veterans leaving the service by discussing the large prevalence of newly acquired disabilities, such as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). The review will also discuss some of the medical, psychological, interpersonal, and occupational concerns veterans may confront. Many services and supports will be discussed that can lessen or prevent the transition concerns and if the services are truly reaching veterans.

This chapter will then provide a detailed look at veterans attending college due to and the large number leaving the military who are utilizing federal benefits to attend school. The literature review will explore general characteristics of veteran students and how they compare to "traditional" students. Obstacles they may encounter will be

examined including disability and financial barriers. The need for academic and career assistance on campus and the progress of this happening will also be discussed.

The literature review will end with an in-depth exploration of career development and the importance of focusing on occupational factors with all veterans, including student veterans. The field of career development will be discussed, including the history and various theories. The Cognitive Information Processing (CIP) theory will be reviewed, with an emphasis on how negative career thoughts are an important factor among other career development theories. The Career Thoughts Inventory (CTI), an assessment which evaluates career thinking, will be discussed along with relevant research. The chapter will conclude with an overview of the information presented and a discussion on the importance of assessing the career thoughts and demographic information of veterans attending a university.

Outlook for Veterans

Since the terrorist attacks of September 11, 2001 ongoing military operations have required a substantial increase in the number of military personnel deployed. The United States has deployed more than 1.9 million troops to Afghanistan and Iraq since October 7, 2001, for two major military operations: (a) Operation Enduring Freedom (OEF; October 2001-ongoing), and (b) Operation Iraqi Freedom (OIF; March 2003-September 2010). OEF is the longest military conflict in U.S. history spanning an eleven-year period (Ostovary & Dapprich, 2011). As of September 2009, approximately 1,471,008 individuals have supported the military operations and 5,376 individuals have died as of March, 2010 (America's Wars, 2012). In 2011, the United States Department of Labor (2012a) reported that 21.6 million men and women in the civilian non-institutional

population were veterans. A large percentage of these veterans entering the civilian world will have newly acquired service-connected disabilities.

Military personnel who were deployed as a part of OEF/OIF are returning with overwhelming rates of visible and non-visible disabilities, often having more than one diagnosis (Carlson et al., 2010; Maynard et al., 2010; Tanielian & Jaycox, 2008). In 2011, the United States Department of Labor (2012a) reported that about 3.0 million veterans, or 14% of the total veteran population, had a service-connected disability. This figure includes only the veterans who self-reported having a service-connected disability. Among veterans with a service-connected disability, approximately 40% reported a disability rating of less than 30%, while 30% had a disability rating of 60% or higher.

Carlson et al. (2010) found that nearly one-half of the Iraq and Afghanistan War veterans screened for traumatic brain injury (TBI) had at least one psychiatric diagnosis with post traumatic stress disorder (PTSD) and depression being the most common. The survival rate of military personnel who are injured in OEF/OIF is higher than 90% due to advances in medical treatment administered on the battlefield and an advanced system of evaluation (Hyer, 2006). Therefore, service members are leaving the service with injuries and newly acquired disabilities that would have resulted in death during past conflicts (Frain, Bishop, & Bethel, 2010).

Starting in March 19, 2003 through February 6, 2012, there were 31,922 military personnel wounded in action from OIF (United States Department of Defense, 2012). The United States Government Accountability Office (2005) estimated that through 2005 almost 100,000 military personnel had been wounded, injured, or acquired disabilities including conditions that are not overtly visible such as PTSD and/or TBI. In the current

conflicts, 60% to 75% of the wounds experienced in battle occur to the limbs, and approximately 60% of injured personnel have some form of TBI (Frain et al., 2010; Hyer, 2006). Zouris, Wade, and Magno (2008) evaluated the distributions of U.S. Marine Corps and Army injuries during OIF. Of the 13,071 casualties identified for analysis, over 40% were from open wounds and almost 30% were from fractures from those wounded in action. Although extremity wounds and fractures traditionally make up the majority of traumatic injuries, little has been published on how frequently these injuries are occurring in the OEF/OIF conflicts (Owens, Kragh, Macaitis, Svoboda, & Wenke, 2007).

The high incident rates of mental health conditions and TBI among service members and veterans has led many to refer to PTSD and TBI as the "signature wounds" of OEF/OIF (Altmire, 2007). In addition, many veterans are returning from the Iraqi conflict with the simultaneous onset of both TBI and PTSD (Tanielian & Jaycox, 2008). Thirty-nine percent of Iraq and Afghanistan veterans with a probable history of mild TBI are likely to have an identified diagnosis of PTSD (Schneiderman, Braver, & Kang, 2008). Carlson et al. (2010) found that nearly one-half of the Iraq and Afghanistan War veterans screened for TBI had at least one psychiatric diagnosis with PTSD and depression being the most common. The veterans who screened positive were three times more likely to have been diagnosed with PTSD than veterans who screened negative for a TBI. Little is known about the management of individuals experiencing TBI and other psychiatric disorders, particularly PTSD. However, these individuals will likely require longer periods of recovery, increased attention to the interactions between interventions, and a greater focus on collaborating treatment efforts (Corrigan & Cole, 2008; French & Parkinson, 2008).

Post Traumatic Stress Disorder (PTSD)

Individuals diagnosed with posttraumatic stress disorder (PTSD) have specific symptoms that follow exposure to an extreme traumatic stressor that involves actual or threatened death or serious injury (American Psychiatric Association, 2000). The characteristic symptoms resulting from the trauma include: (a) persistent re-experiencing of the event, (b) persistent avoidance of stimuli associated with the trauma, (c) numbing of general responsiveness, and (d) lasting symptoms of increased arousal. An individual must display all of the characteristic symptoms for more than one month. The symptoms must cause clinically significant distress or impairment in social, occupational, or other essential areas of functioning. Auditory hallucinations and paranoid ideation can be present in some severe and chronic cases (American Psychiatric Association, 2000).

PTSD can be diagnosed at any age, and symptoms usually begin within the first three months after the trauma, although there may be a delay of months or years for the symptoms to manifest. The symptom duration will vary with complete recovery occurring within three months to many years later. One-half of the cases will usually be treated within a three month period. Individuals with PTSD may have strong feelings of guilt associated with surviving the event and strong avoidance patterns that may interfere with interpersonal relationships (American Psychiatric Association, 2000).

Incident Rates

The number of veterans who served in the current Iraq and Afghanistan wars who have been treated for PTSD increased from 4,400 in 2004 to more than 69,000 in 2008 (Mitka, 2011). The incidence of PTSD has increased with the OEF/OIF conflicts because of the dramatic rise in combat exposure, which is the best predictor of PTSD (Church,

2009). For example, the rate of anxiety and depression increased from 12% to 27% from the first to the third deployment. The typical rate for PTSD in war zones is about 30% (National Institute of Mental Health, 2007). All military personnel and veterans are at risk for developing PTSD, but female active duty military personnel have been found to have PTSD at higher rates than male active duty military personnel (Hourani & Yuan, 1999). Lifetime prevalence in the U.S. is higher in adult women (9.7%) than in men (3.6%), particularly among women who have served in the military (Shnurr et al., 2007).

Treatment

To accommodate the large influx of individuals being treated for PTSD, the Department of Veterans Affairs' (VA) funding for intramural PTSD research increased from almost 10 million dollars in 2005 to over 24 million dollars in 2009 (Mitka, 2011). The increase in PTSD is large, but many are not receiving the necessary treatment. Five to 15% may be returning with PTSD, and only 53% had seen a physician or mental health provider in the past 12 months (Tanielian & Jaycox, 2008). Treating this growing population will become a grave concern for healthcare providers.

There are a myriad of approaches that have been used to treat PTSD in specific subpopulations that are at risk for PTSD, such as veterans, individuals subjected to abuse, and survivors of natural disasters. Cognitive based approaches are the most commonly used and have the most research documenting positive findings (Monson, Schnurr, Resick, Friedman, Young-Xu, & Stevens, 2006). In addition, the VA's new guidelines on treating individuals with PTSD unanimously recommend cognitive behavioral therapies as the most effective (Hamblen, Schnurr, Rosenberg, & Eftekhari, 2010). Cognitive behavioral treatments include different components, such as psychoeducation, anxiety

management, exposure, and cognitive restructuring. Research shows that exposure and cognitive restructuring techniques are the most effective components (Monson et al., 2006; Hamblen et al., 2010).

Cognitive Processing Therapy (CPT) is one of the most well researched cognitive approaches to treat PTSD (Monson et al., 2006). Cognitive Processing Theory focuses primarily on challenging and altering maladaptive cognitions related to the trauma and has been found to decrease symptoms of PTSD in veterans with chronic military-related PTSD (Monson et al.). Ehlers and Clark (2000) developed a specific cognitive therapy for PTSD that involves altering negative self appraisals and adjusting memory disturbances to remove problematic behavior and cognitive strategies. It is based on the idea that PTSD becomes persistent when individuals process the trauma in a way where the threat becomes serious and current. The therapy helps allow the individual to not view the threat as current and to adjust their behavior accordingly (Ehlers & Clark, 2000).

Cognitive based approaches have been well researched in treating individuals with PTSD. However, there are other treatment approaches that have been used such as exposure-based treatments, eye movement desensitization and reprocessing (EMDR), and group counseling. A number of studies evaluating the effectiveness of treatments for PTSD have been conducted on exposure-based treatments (Hamblen et al., 2010). Exposure-based treatment involves having the individual repeatedly re-experience his or her traumatic event. Numerous studies have found exposure therapies to be effective in treating PTSD (Bryant, Moulds, Guthrie, Dang, & Nixon, 2003; Foa, Hembree, Cahill, Rauch, Riggs, & Feeny, 2005).

Prolonged exposure (PE), a type of exposure-based treatment, involves imaginal exposure and in vivo exposure to safe situations that have been avoided because they remind the individual of the traumatic situation (Hamblen et al., 2010). PE has been found to significantly reduce PTSD symptoms and make the individual less likely to meet PTSD diagnostic criteria compared to other types of therapy. Schnurr et al. (2007) found that female veterans and active duty-personnel with PTSD who received PE in a group setting experienced a greater reduction in PTSD symptoms compared to women who received present-center therapy, a type of supportive intervention. Eye movement desensitization and reprocessing (EMDR) is another approach used to treat PTSD and involves the individual engaging in imaginal exposure to a trauma while simultaneously performing saccadic eye movement, which is a quick, simultaneous movement of both eyes in the same direction. Research has shown EMDR to be effective with individuals who have experienced PTSD resulting in a reduction of symptoms (Hamblen et al., 2010).

Group counseling is another type of treatment approach that has been found to produce positive benefits over one-on-one treatment when treating military personnel (Westwood, McLean, Cave, Borgen, & Slakov, 2010). Group counseling results in benefits such as a renewed sense of hope, cohesiveness among group members, and a sense of universality which means not feeling alone when struggling with a particular issue (Gladding, 2003). Applying group counseling techniques to military personnel may create a positive proactive approach which can decrease some of the possible negative barriers they encounter (Westwood et al.). Utilizing the sense of camaraderie and pride gained from the military in a group setting can help veterans successfully transition into

the civilian world. Peer counseling has also been found effective for providing services to veterans because it uses the pride gained from the service to reach veterans (Church, 2009).

Traumatic Brain Injury (TBI)

The second "signature injury" of veterans entering the civilian world is traumatic brain injury (TBI), which is defined as trauma to the head that results in an alteration or loss of consciousness, or posttraumatic amnesia (Carroll, et al., 2004). Among veterans of the Iraq and Afghanistan conflicts the primary causes of TBI are blasts, blast plus motor vehicle accidents (MVA), MVA's alone, and gunshot wounds (Summerall, 2007). The majority of TBIs associated with military service in Iraq and Afghanistan is usually classified as "mild" in severity (Hoge, Goldberg, & Castro, 2009).

A mild TBI injury is commonly identified by a (a) period of altered or lost consciousness of 30 minutes or less, (b) posttraumatic amnesia for 24 hours or less, (c) focal neurological deficits that may or may not be transient, and/or (d) a Glasgow Coma Score (GCS) of 13 to 15. A mild TBI injury is also referred to as a "concussion." This type of injury usually resolves itself within a six month period after the injury (American Congress of Rehabilitation Medicine, 1993). More severe deployment-related TBI injuries are generally identified and treated near the time of the injury, but asymptomatic mild TBI can often go undetected (Carlson et al., 2010).

The picture with mild TBI's differs when comparing the civilian population to the military population (Summerall, 2007). Approximately 80% of all TBI's experienced in the civilian population are mild TBIs. The primary causes of mild TBI's in this population are falls, motor vehicle accidents, being struck by an object, and assaults.

Eighty to 100% of these individuals will experience one or more symptoms related to their injury after the initial incident related to the mild TBI, such as a headache or insomnia. A majority of civilians with mild TBI's will return to their previous level of functioning within three to six months. However, some of these individuals may develop chronic post-concussive symptoms. The symptoms are grouped into three categories including: (a) somatic, (b) cognitive, and (c) emotional/behavioral. The somatic category can include symptoms such as headaches and insomnia. The cognitive category can include symptoms such as attention and concentration difficulties. Finally, the emotional/behavioral category can include symptoms such as irritability, depression, and anxiety (Summerall, 2007).

Among veterans of the Iraq and Afghanistan conflicts the primary causes of TBI are blasts, blast plus motor vehicle accidents (MVA), MVA's alone, and gunshot wounds (Summerall, 2007). Exposure to a blast is different from other causes of mild TBI and can produce different symptoms. For example, Summerall found that veterans will experience the post-concussive symptoms, such as headaches, dizziness, fatigue, and anxiety longer than the civilian population lasting up to 24 months after the injury.

A moderate traumatic brain injury involves the (a) loss of consciousness for more than 30 minutes, (b) post-traumatic amnesia for over 24 hours, and (c) an initial GCS of nine to twelve. A severe brain injury involves all of the moderate criteria, but with a GSC of less than nine. Moderate to severe brain injuries are not as common as mild brain injuries (Summerall, 2007).

Incident Rates

Researchers know little about the exact number of individuals who experienced a TBI or who are currently experiencing problems related to such an injury and the data vary greatly. An estimated 12 to 20% of Iraq and Afghanistan veterans have a TBI (Hoge, McGurk, Thomas, Cox, Engel, & Castro, 2008; Tanielian & Jaycox, 2008). However, Summerall (2007) reported that 60% to 80% of military personnel with other blast injuries from the Iraq and Afghanistan conflicts may also have TBIs. The high reported figures of individuals experiencing TBIs are most likely under-reported because 57% were never evaluated by a physician for a brain injury (Tanielian & Jaycox, 2008).

Treatment

There are no screening instruments available that can reliably make a diagnosis, but the current gold standard for diagnosing TBIs is an interview by a skilled clinician, such as a neurologist or neuropsychologist (Summerall, 2007). The VA implemented a national screening device for veterans with symptomatic TBI, but it is intended to initiate the evaluation process, not make a diagnosis (United States Department of Veterans Affairs [VA], 2009; Summerall, 2007). The device is targeted for new veterans with undetected mild TBI symptoms and exempts veterans who have already been diagnosed with a TBI. Those who screen positive through the assessment are required to undergo a comprehensive TBI evaluation by a specialist physician, specifically a physiatrist, neurologist, or neurosurgeon (VA, 2009).

Randomized control trials have shown that education for the patient and family in recovery can improve the outcomes for individuals with traumatic injuries and prevent the development of other psychological problems. Occupational rehabilitation and case management have also been found to benefit individuals with mild to severe TBIs. In

addition, treatments that have worked well with veterans with PTSD, such as cognitive processing theory, prolonged exposure, or selective serotonin reuptake inhibitors (SSRI's), have been shown to work well with veterans experiencing mild TBI's (Summerall, 2007). Understanding different treatment options for the "signature injuries" of veterans leaving the service is essential to ensuring these individuals can successfully integrate into society.

History of Disabilities in Military

Military personnel have sustained visible and non-visible injuries for centuries, but the types of injuries, survival rates, and diagnoses names have changed (Alpert & Kent, 2009; American Wars, 2012; Hyer, 2006). The types of injuries have changed due to the high volume of casualties and the devices used to injure military personnel. Survival rates have also dramatically improved from prior conflicts. During the Vietnam War it took an average of 45 days for a soldier who was wounded to be transported to the continental United States to receive treatment. Today a wounded soldier in Iraq could arrive at a high quality trauma center in Germany in less than 12 hours and be back in the United States for complete care within three days (Hyer, 2006).

Diagnoses, like PTSD and TBI, are current issues stemming from veterans returning from Iraq and Afghanistan, but the diagnoses have been around since the mid 1800's. Alpert and Kent (2009) discussed how the diagnoses, specifically PTSD, have been around since the mid 1800's and were referred to as "battle fatigue." At the end of the 19th century and the beginning of the 20th century, the concept of posttraumatic disorders became a popular notion because of wartime experiences of the American Civil War and the First World War (Trimble, 1985). Etiologically speaking, doctors felt the

symptoms of PTSD were due to micro-structural lesions in the central nervous system. Mott (1919) coined the term "shell shock" and suggested that the condition was caused by a physical lesion of the brain due to exposure of carbon monoxide or changes in atmospheric pressure. Researchers later realized that the condition was attributed to psychological causes and were usually precipitated by horror and fright. Kardiner (1941) felt that war created one syndrome and shell shock, battle neurosis, battle fatigue, and combat exhaustion were the same condition resulting from the consequences of war stress. PTSD has a long history, but society started focusing on the condition and its affects during the Vietnam War (Trimble, 1985). Since then, non-visible wounds inflicted during wartime have received attention but historically researchers had not gathered prevalence data to reflect what was occurring on the battlefields.

Research in the last forty years has been conducted to assess the estimated levels of PTSD in past wars to better determine prevalence rates. Unfortunately, because the influences of trauma were not as understood before the Vietnam War, there is minimal information on the prevalence rates of past wars. Port, Engdahl, and Frazier (2001) assessed the longitudinal changes in PTSD symptom levels and prevalence rates over a four year period among former American prisoners of war (POWs) from World War II and the Korean War. Port et al. found that the prevalence rates and symptom levels significantly increased over the four year period. Retrospective assessment found that the symptoms were highest shortly after the war, decreased for several decades, and increased within the past two decades.

Researchers began attempting to assess the prevalence rates of PTSD among military personnel starting with the Vietnam War. The National Vietnam Veterans

Readjustment Study was conducted between 1986 and 1988 to evaluate the PTSD prevalence of Vietnam veterans (Gradus, 2007). The study assessed over 3,000 individuals who served in the Vietnam War. The study found that the estimated lifetime prevalence of PTSD among veterans was almost 40% for men and almost 27% for women. Kang, Natelson, Mahan, Lee and Murphy (2003) conducted a study to assess the prevalence of PTSD from a population-based sample of almost 12,000 Gulf War veterans from 1995 to 1997. Kang et al. found that the prevalence of current PTSD in the sample was over 12%. In addition, these researchers estimated that over 10% of the total Gulf War veteran population had PTSD.

The long history of PTSD and TBI in past wars, however, does not compare to the high prevalence rates seen in the OEF/OIF conflicts. The Department of Defense and the Veteran's Brain Injury Center estimate that 22% of all combat casualties from the Iraq and Afghanistan conflicts are brain injuries, compared to the 12% of Vietnam related combat injuries (Summerall, 2007). A report issued by the VA found that up to 20% of veterans serving in the current Iraq and Afghanistan Wars compared to 10% of Gulf War veterans have experienced PTSD (Mitka, 2011).

The increase in levels of PTSD and TBI among Iraq and Afghanistan military personnel can be attributed to the higher ratio of wounded warriors. In past wars, such as Korea and Vietnam, approximately three military personnel were wounded for everyone who died. In the current conflict, the ratio of military personnel who are wounded, including combat-related and noncombat-related injuries, to dead is almost 16 to one (Stiglitz & Bilmes, 2008). In addition, the types of wounds experienced during the current conflicts are impacting the nature of the resulting injuries. The weapon of choice

in the OEF/OIF conflicts is the improvised explosive device (IED). IED blasts often cause multiple wounds and involve severe injuries to extremities. These devices have accounted for an estimated 40% of all the causalities in the current conflicts (Tanielian & Jaycox, 2008).

Veterans have been coming back to the civilian world from wars with visible and non-visible battle wounds for centuries. However, the veterans from the OEF/OIF conflicts are experiencing more trauma due to advances in weaponry and are more likely to survive attacks due to advances in medicine. They are more likely to have newly acquired disabilities than past conflicts and will need a myriad of supports and services to successfully transition into the civilian world.

Transition Concerns

The large influx of veterans coming back from the current conflicts, combined with the increased incidence of veterans with newly acquired disabilities, creates a significant need to focus on the successful transition to a civilian environment. The transition from the military to civilian life can pose challenges for many men and women (Morin, 2011). The Pew Research Center surveyed 1,853 veterans to assess their experience leaving military service. A majority of those surveyed (72%) reported an easy time readjusting to civilian life, but 27% indicated having a difficult time adjusting. The figure jumps to 44% of veterans who served in the ten years since the September 11, 2001 terrorist attacks. The Pew Research Center found six factors that significantly increased the chances of veterans having a difficult time adjusting and four factors that significantly increased the chances of veterans having an easier time adjusting (Morin, 2011).

Factors that were found to make the veterans' transition smoother involved attending college, having a clear mission, obtaining certain rankings, and having religious affiliations. More specifically, 5% of those surveyed indicated having a college degree made it easier to adjust to civilian life. Ten percent found that having a clear understanding of his or her mission while serving compared to those who did not fully understand their duties or assignments made their transition smoother. Ten percent also found that being commissioned as officers helped with their transition. Lastly, 24% of post 9/11 veterans indicated that attending religious services regularly aided in their transition (Morin, 2011).

The six factors that were found to increase the chances of veterans having a difficult time adjusting to civilian life involved traumatic experiences, service-related injuries, marriage, veteran affiliation, and combat. More specifically, 26% of veterans surveyed found having an emotionally traumatic experience while serving made their transition more difficult. Nineteen percent indicated that having a serious service-related injury made it more likely to have a difficult time adjusting. Fifteen percent indicated that being a post 9/11 veteran made it more difficult to adjust. Fifteen percent of post 9/11 veterans surveyed indicated that veterans who were married had a harder time transitioning from the military to civilian life. Seven percent said serving in combat made it more difficult to transition and lastly, 6% indicated that knowing someone who was killed or injured while serving also made the transition more difficult (Morin, 2011).

The results of the Pew Research Center study help illuminate the importance of focusing on veterans' transition from the military to civilian world. A majority (72%) of those surveyed did not report having a difficult time adjusting. However, the remaining

individuals who did report having a difficult time adjusting were more likely to be post 9/11 veterans (15%) who experienced a traumatic experience (26%) and have a service-connected disability (19%). As indicated previously the number of veterans having these concerns is growing and will make focusing on the issues veterans confront when transitioning to the civilian world (Morin, 2011).

The "human" costs of problems pertaining to PTSD and/or TBI are high for the individuals and for society in general. Untreated combat trauma becomes a chronic, debilitating condition associated with myriad negative physiological, psychological, and social outcomes for the individuals and their families (Westwood et al., 2010). All veterans, regardless of having a newly acquired disability, will possibly deal with medical, psychological, interpersonal, and occupational battles that can dramatically deter their success in the civilian world.

Medical

Research has shown that veterans with war-related trauma are more likely to use medical services (Westwood et al., 2010). This population displays higher rates of unhealthy behavior such as smoking, overeating, and having unsafe sex (Tanielian & Jaycox, 2008). They display higher rates of physical health problems, such as hypertension, asthma, and chronic pain, which results in higher rates of mortality (Tanielian & Jaycox; Westwood et al.). Military personnel who develop mild TBIs usually have no lasting issues and their symptoms dissipate. However, individuals can develop post-concussive symptoms, such as headaches and dizziness, which can last months after the injury. These symptoms can lead to poor functioning and health (Vanderploeg, Curtiss, Luis, & Salazar, 2007).

Psychological

In addition to medical concerns, many of the veterans from the recent conflicts will experience one or more psychological conditions (Campbell et al., 2007; Karney, Ramchand, Osilla, Caldarone, & Burns, 2008; Perls, 2009; Tanielian & Jaycox, 2008; Westwood et al., 2010). Military personnel with non-visible wounds, such as PTSD and TBI, are more likely to experience co-morbidity of conditions. Co-morbidity of conditions refers to two or more conditions that simultaneously occur together. Approximately 88% of men and 79% of women with PTSD also experience one other diagnosis in their lifetime and that about one-half have three or more co-morbid diagnoses (Karney et al., 2008). Some of the possible conditions that can occur with the presence of PTSD are major depressive disorder, substance-related disorders, panic disorder, agoraphobia, obsessive-compulsive disorders, generalized anxiety, social phobia, specific phobia, and bipolar disorder. These disorders can precede, follow, or emerge concurrently with the onset of PTSD (American Psychiatric Association, 2000).

PTSD and depression are the most frequent diagnoses to occur together in civilian populations (Karney et al., 2008). Karney et al. (2008) found that approximately two-thirds of service members with PTSD in the current conflicts also had major depression. Campbell et al. (2007) found that veterans in a VA setting with co-morbid depression and PTSD had more severe depression, lower social support, and more frequent primary care and mental health care visits compared to individuals with depression only. Perls (2009) found that between 15% and 17% of veterans returning home from Iraq and Afghanistan screened positive for depression, generalized anxiety, and PTSD.

Civilian and military personnel with TBIs will also have a higher chance of developing depression (Karney et al., 2008). The prevalence of depression co-occurring with a brain injury varies between 15 and 61%. The frequency varies greatly because they symptoms of TBI often overlap with the symptoms of depression making it difficult to differentiate symptoms (Kim et al., 2007). Karney et al. (2008) found that one-third of military personnel with TBI also meet the criteria for depression. Carlson et al. (2010) and Summerall (2007) found that veterans who screened positive for TBI were two times more likely to be diagnosed with at least one psychiatric disorder than veterans who screened negative. Individuals with TBI that develop major depressive disorder are at a higher risk of cognitive disability, anxiety disorders, and poorer quality of life than are individuals who do not develop major depressive disorder (Levin et al., 2001).

Individuals with PTSD and/or TBI also have an increased risk of having other co-morbid psychological issues outside of depression. These individuals have an increased risk of attempting suicide and approximately 80% will encounter anxiety disorders, and alcohol or chemical abuse/dependency (Tanielian & Jaycox, 2008; Westwood et al., 2010). Veterans who screened positive for TBIs were additionally more likely to have substance-related disorders, depression, anxiety disorders other than PTSD, adjustment disorders, psychoses, bipolar disorders, and psychosexual disorders (Carlson et al., 2010).

Despite the large number of veterans leaving the service with some type of psychological issue, a majority will not seek treatment. Specifically, 70% of the 1.6 million veterans who screened positive for a mental health concern will not obtain mental health services. Fifty-three percent will see a physician or mental health provider for treatment, but only one-half will receive sufficient treatment (Church, 2009). These

statistics show the need not only for proper screening of mental health conditions but appropriate follow up to ensure they receive ongoing treatment.

Interpersonal

A veteran's transition from the military to civilian life can be complicated further by problems related to their interpersonal life. These individuals often have damaged personal relationships and elevated rates of domestic violence and divorce (Tanielian & Jaycox, 2008; Westwood et al., 2010). The issues can cause problems in their children that extend the impact of combat experiences across generations (Tanielian & Jaycox).

Women veterans are more likely to report incidents of sexual assault that exceed rates reported in the general population (Perls, 2009). A study conducted in 2008 found that 15% of the OEF/OIF female veterans who used VA services reported experiencing trauma while in the military (Perls). Another study found that 23% to 29% of female veterans seeking care through the VA reported experiencing sexual assault (Sandler, Booth, Mengeling, & Doebbeling, 2004).

Many military personnel leaving the service will also have to deal with housing concerns. The VA estimates that it has served 916 veterans returning from the OEF/OIF conflicts through homeless programs and has indentified almost 3,000 more at being at risk of homelessness (Perls, 2009). However, the estimates of total homeless veterans far outreach the number the VA has served. On a single night in January 2009, over 75,000 veterans were homeless with 53% sleeping in shelters and 43% sleeping in inhabitable places such as cars or streets. Based on a one-year estimate, almost 137,000 veterans spent at least one night in an emergency shelter or transitional housing program in 2009. This one-year estimate means that one in every ten veterans lives in poverty (United

States Department of Housing [HUD] and Urban Development and the United States Department of Veterans Affairs [VA], 2009).

Veterans who identify themselves as Hispanic/Latino or African American are at a particularly high risk of becoming homeless. Specifically, veterans who are Hispanic/Latino and African American have a one in four chance of being homeless compared to other veterans (HUD and VA, 2009). The risk of becoming a homeless veteran, additionally, can occur after the individual returns home from war and over several years later. For example, 76% of Vietnam era combat troops and 50% of non-combat troops who eventually became homeless reported that at least ten years passed from the time they left the military and when they became homeless (Perls, 2009).

Veterans can encounter homelessness as well as an increased rate of becoming incarcerated. In 2004, 10% of state prisoners reported prior military service (Noonan & Mumola, 2007). A majority of veterans incarcerated in state and federal prisons served during wartime periods with Vietnam War era veterans being the most common veterans in state and federal prisons. More than half of the veterans incarcerated (57%) were serving time for a violent crime, such as homicide and sexual assault. In addition, veterans (30%) were more likely than nonveterans (24%) to report a recent history of mental health services (Noonan & Mumola, 2007).

Occupational

Veterans coming back from the recent conflicts will likely encounter interpersonal issues as well as vocational issues related to obtaining and keeping a job. These individuals are more likely to miss work and report being less productive while at work. Veterans with newly acquired disabilities, specifically PTSD and TBI, have overall

higher rates of unemployment and make lower rates of pay (Tanielian & Jaycox, 2008). Specifically, they are ten times more likely to be unemployed than other veterans and in general earn 22% less per hour than veterans without trauma-related injuries (Westwood et al., 2010). In addition, all veterans may have a difficult time transitioning into the workplace due to increases in the frequencies and lengths of deployments and stressors associated with multiple exposures to combat life (Ostovary & Dapprich, 2011).

The military provides service members with a wide range of skills, such as leadership, teamwork, and flexibility, which all employers should want in employees. However, military personnel often have a difficult time explaining how their experience translates into the civilian world of work (Clemens & Milsom, 2008; Williamson & Mulhall, 2009). According to a 2007 Military.com survey, more than 75% of veterans entering the civilian workforce report an inability to explain how their background translates into civilian employment (Williamson & Mulhall, 2009). In addition they often have little or no previous civilian work experience and lack a general understanding of the civilian world of work (Clemens & Milsom, 2008). Some will want to pursue careers with specific background clearance restrictions, such as the FBI or military intelligence, but may have concerns of their treatment with mental health or general health services (DiRamio & Spires, 2009).

The United States Department of Labor (2012a) found that in August 2012, there were 10,184 civilian veterans not in the labor force out of the total 21,132 civilian non-institutional population. Specifically there were 9,480 male veterans not in the labor force out of the total male veteran population of 19,316 and 704 female veterans not in the

labor force out of the total female veteran population of 1,816. Females had the highest rate of unemployment at 9.1%.

In 2011, about 2.4 million of the nation's veterans had served during Gulf War era II starting in September 2001 and forward. Among the Gulf War II veterans, the unemployment rate was 12% for men and 12.4% for women in 2011. The unemployment rate for male Gulf War-era II veterans age 18 to 24 in 2011 was 29.1% which is 11.5% higher than nonveterans of the same age group (17.6%). The unemployment rate among Gulf War II veterans was also higher in men age 25 to 34 compared to nonveterans of the same age group (13.4% and 9.5%).

In August 2011, 60.3% of veterans with a service-connected disability rating of less than 30% were in the labor force, compared with 26.6% for the veterans with a rating of 60% or higher (United States Department of Labor, 2012a).

The unemployment rates for veterans vary, but do not always portray the accurate rate for all veterans leaving the active-duty military. Individuals in the National Guard and Reserve forces have civilian jobs, and their military service is part-time. Therefore, these troops have lower unemployment rates (2.6%) which bring down the total unemployment rate for all veterans (Williamson & Mulhall, 2009).

All veterans entering the civilian world may have difficulty finding and keeping job, but veterans with disabilities will cope with additional occupational hurdles. The United States Department of Labor (2008) predicts that annually, over 200,000 veterans with disabilities will enter the civilian labor market after leaving the military in the upcoming years. Of the six million veterans that have a disability, more than 700,000 are unemployed in any given month (Ruh, Spicer, & Vaughn, 2009). The higher the

veteran's disability percentage, the more likely the individual is not in the labor market. In August 2011, almost 40% of veterans with a service-connected disability rating of less than 30% and almost 80% of veterans with a service-connected disability rating of 60% or higher were not in the labor market (United Stated Department of Labor, 2012a).

Not only are these individuals less likely to be in the labor market, individuals particularly with psychological injuries like PTSD may fear being stigmatized for their condition. Almost one in three troops who tested positive for a mental health condition worry about the effect their condition with have on their career (Mental Health Advisory, 2006). This fear of being stigmatized with employers will make finding employment more difficult and may cause veterans to stay out of the labor market. The high percentage of individuals leaving the service with PTSD and TBI will also impact veterans' occupational functioning. The American Council on Education (2009) found that having PTSD led to lower rates of competitive employment, fewer hours worked, and fewer wage earned. Frueh, Henning, Pelligrin, and Choboth (1997) found that combat veterans with PTSD and a higher intensity of anger symptoms were less likely to be employed.

Establishing successful employment is crucial to a veteran successfully transitioning into the civilian world. Obtaining employment has been shown to assist with numerous other transition issues veterans' confront, such as homelessness, incarceration, addiction relapse, and domestic abuse (Bullock, et al., 2009; Perls, 2009; Tanielian & Jaycox, 2008). In addition, all of the barriers veterans face will create multiple barriers to obtaining employment (Phillips, et al., 2007). Issues such as homelessness, mental health

problems, disabilities, gaps in work history, and criminal records can all worsen the chances of a veteran getting a job.

Transition Services

The medical, psychological, interpersonal, and occupational concerns veterans encounter when returning to the civilian world warrant a significant need to provide appropriate services to aid in the transition process. There are a number of services available to veterans with and without disabilities that provide assistance in all areas of life, such as financial assistance for education and medical assistance. The following includes some of the services available to veterans, the percentages of individuals who utilize the services, and the potential gaps of where the services are not reaching the veterans in need.

Service members and veterans have a large variety of services that can assist with their transition into the civilian world. All branches of the military are required to provide pre-separation counseling and transition assistance workshops aiding in the transition from military service to civilian life (Office of the Under Secretary of Defense, 2007). One of the mandatory steps for an enlisted service member to clear, or to separate from the U.S. military, is establishing proof that pre-separation counseling has been received. Receiving pre-separation counseling is defined as completing a pre-separation counseling checklist (i.e., DD Form 2648) at least 90 days prior to separation and involves the service member simply accepting or declining the U.S. military's various transitional services. Some of the available transitional services include: (a) job counseling, (b) placement services, (c) financial planning, and (d) task-based services such as resume

writing or interviewing skill development (Office of the Under Secretary of Defense, 2007).

The Department of Veterans Affairs (VA)

The Department of Veterans Affairs (VA) is the largest provider of transition services to veterans and service members. The VA was established for one purpose as stated by Abraham Lincoln: "To care for him who shall have borne the battle and for his widow and his orphan…" (United States Department of Veteran Affairs [VA], 2010). The VA has historically offered many services to care for the medical and psychological issues military personnel cope with as well as assist with their transition into the civilian world. The roots of the VA can be traced back to 1636 when the Pilgrims of Plymouth Colony were at war with the Pequot Indians and then in 1776 when the Continental Congress encouraged enlistments during the Revolutionary War by providing pensions to soldiers with disabilities (VA, 2010).

The VA's long history of helping military personnel has evolved and offers a variety of services to aid individuals in their transition and adjustment to the civilian world. The current structure of the VA is divided into three main service lines: (a) Veterans Benefits Administration, (b) Veterans Health Administration, and (c) National Cemetery Administration. All VA benefits, such as compensation, education, and home loan guaranties are under the Veterans Benefits Administration, and are administered by VA regional offices. All VA health care services are under the Veterans Health Administration, and are administered by agencies such as VA medical centers, ambulatory care, and community based outpatient clinics. National and state veterans' cemeteries are administered under the National Cemetery Administration (VA, 2010).

Individuals may be eligible for VA benefits if they fall under one of the following categories: (a) veteran or veteran's dependent, (b) surviving spouse, child, or parent of a deceased veteran, (c) uniformed service member, and/or (d) present or former reservist or National Guard member. The available VA benefits fall under the following categories: (a) disability benefits, (b) education and training, (c) vocational rehabilitation and employment, (d) home loan guaranty, (e) dependents' and survivors benefits, (f) medical treatment, (g) life insurance, and (h) burial benefits (VA, 2010). For the purposes of this paper, some of the above mentioned topics will be discussed in greater detail below.

Disability benefits. The VA gives eligible individuals disability benefits through compensation or a pension. Disability compensation is when the VA pays an individual a monthly compensation if the individual is at least 10% disabled (sic) as a result of his or her military service. A pension is when the VA pays a wartime veteran with limited income and the individual is permanently and totally disabled or is 65 years of age or older (VA, 2010).

Education and training. In addition to offering financial assistance for veterans with disabilities, the VA also offers a number of educational and training programs to help military personnel and dependents. There are several programs and services and the following discusses a few available to veterans (VA, 2010).

GI Bill. The Servicemen's Readjustment Act of 1944, commonly known as the GI Bill of Rights, was signed into law by President Franklin Dr. Roosevelt on June 22, 1944 (United States Department of Veteran Affairs [VA], 2012b). Since then the law has evolved and offers military personnel and their dependents a large variety of assistance

for returning to school and work. The Post 9/11 GI Bill is an education benefit program for individuals who served on active duty after September 10, 2001 (United States Department of Veteran Affairs [VA], 2012c). Individuals are eligible if they served at least 90 aggregate days on active duty after September 10, 2001 and were still on active duty or were honorably discharged from active duty for a service-connected disability after serving 30 continuous days after September 10, 2001. Some of the benefits an eligible individual may receive are tuition and fee payment for school, a monthly housing allowance, and a stipend for books and supplies up to $1,000 per year. The amount that may be covered depends on the amount of aggregate time the individual was in active duty after September 10, 2001. If the individual served at least 36 months or at least 30 continuous days and was discharged due to a service-connected disability during the designated time period, 100% of their educational expenses may be paid for. The longer the individual spent in active duty during the designated period of time will equate to more assistance they may receive towards their educational expenses. Eligible individuals may receive up to 36 months of entitlement under the Post-9/11 GI Bill and are eligible for 15 years from his or her last period of active duty of at least 90 consecutive days (VA, 2012c).

The Post-9/11 GI Bill can be used at colleges, universities, trade schools, and on-the-job training, apprenticeships, and flight schools. In addition, the program can be used for tutorial assistance, licensing and certification tests, such as the SAT and LSAT. The bill can cover all in-state tuition and fees at public schools, but may not cover private schools or out-of-state tuitions. The Yellow Ribbon Program is available to provide

additional support if an individual wants to attend a private or out of state school (VA, 2012c).

The Montgomery GI Bill (MGIB) is available to individuals who enlist in the U.S. Armed Forces and includes the Montgomery GI Bill-Active Duty under Chapter 30 and The Montgomery GI Bill-Selected Reserve under Chapter 1606 (United States Department of Veteran Affairs [VA], 2012d). The Montgomery GI Bill-Active Duty or Chapter 30 provides up to 36 months of education benefits. The benefits may be used for degree and certification programs, flight training, apprenticeships, on-the-job training, and correspondence courses. Generally benefits are payable for ten years following an individual's release from active duty. Veterans may be eligible if he or she has an Honorable Discharge and has a High School Diploma or GED or in some cases 12 hours of college credit. In addition, the individual must meet the requirements of one of four categories that encompasses when the individual served (VA, 2012d).

Under the MGIB, the VA will pay an individual based on the type of training, length of service, category of service, and if the Department of Defense put extra money in the individual's MGIG Fund, known as "kickers" (VA, 2012d). The Montgomery GI Bill-Selected Reserve (Chapter 1606) (MGIB-SR) may be available to individuals if he or she is a member of the Selected Reserve, which includes the Army Reserve, Navy Reserve, Air Force Reserve, Marine Corps Reserve, Coast Guard Reserve, the Army National Guard and the Air Force National Guard. The program may be used for the same education assistance under the MGIB and eligibility is determined by the Selected Reserve components (United States Department of Veteran Affairs [VA], 2012e).

Other educational programs that the VA offers are the following: (a) Reserve Educational Assistance (REAP); (b) Survivors & Dependents Assistance (DEA); (c) Veterans Educational Assistance Program (VEAP); (d) Educational Assistance Test Program; and (e) National Call to Service Program (VA, 2012c). The REAP program is a Department of Defense education benefit program developed to provide educational assistance to members of the Reserve components called or ordered to active duty in response to war or national emergency, as declared by the President or Congress. The DEA program offers education and training opportunities to eligible dependents of certain veterans. The program offers up to 45 months of education benefits which may be used for degree and certificate programs, apprenticeship, and on-the-job training. VEAP is available to individuals who elected to make contributions from his or her military pay to participate in this education benefit program. Contributions are matched on a $2 for $1 basis by the Government. The Educational Assistance Test Program was created by the Department of Defense Authorization Act of 1981 (Public Law 96-342) to encourage enlistment and reenlistment of the Armed Forces. Individuals are eligible for benefits who entered active duty after September 30, 1980, and before October 1, 1981. The National Call to Service Incentive program requires individuals to perform a period of national service to qualify for benefits. The program is sponsored by the Department of Defense but is administered by VA. Some of the potential incentives include: (a) cash bonus of $5,000, (b) repayment of a qualified student loan not to exceed $18,000, and (c) coordination with Montgomery GI Bill Benefits (VA, 2012c).

VOW to Hire Heroes Act. Another education and training opportunity the VA provides is the Veterans Opportunity to Work (VOW) to Hire Heroes Act of 2011

(United States Department of Veteran Affairs [VA], 2012f). The act was signed into law and provides transition assistance for service members and veterans. Under the Act there are four components to help service members and veterans including: (a) vocational rehabilitation, (b) the Veterans Retraining Assistance Program (VRAP), (c) transition assistance for service members, and (d) tax credits to employers who hire Veterans with service-connected disabilities (VA, 2012f).

The Veterans Retraining Assistance Program (VRAP) is a part of the VOW to Hire Heroes Act of 2011 that was signed into law by President Obama (VA, 2012f). VRAP offers up to 12 months of training assistance to veterans who are unemployed. The program was posted as beginning on July 1, 2012 through the VA and the Department of Labor. The program is available to veterans who: (a) are at least 35 but no more than 60 years old, (b) are unemployed on the date of application, (c) received an other than dishonorable discharge, (d) are not be eligible for any other VA education benefit program (e.g.: the Post-9/11 GI Bill, Montgomery GI Bill, Vocational Rehabilitation and Employment Assistance), (e) are not in receipt of VA compensation due to unemployability, and (f) are not enrolled in a federal or state job training program. The VRAP is capped at 45,000 participants from July 1, 2012 through September 30, 2012, and 54,000 participants from October 1, 2012, through March 31, 2014. As of July 2, 2012 the program has received 27,080 applications. Participants must be enrolled in a VA approved program of education offered by a community college or technical school. The program must lead to an Associate Degree, Non-College Degree, or a Certificate, and train the Veteran for a high demand occupation. High demand jobs are determined by the

DOL and include numerous jobs such as constructions managers, computer support specialists, and paralegals (VA, 2012f).

Seamless transition is a program for service members who have been referred to a Physical Evaluation Board or are going through the joint VA / Department of Defense Disability Evaluation System, which can help plan their transition to civilian life (VA, 2012f). These services can include the VA paying for college while an individual is still on active duty, help finding a civilian job, or assistance becoming more independent if an individual is unable to return to work. Service members participating in the Transition Assistance Program (TAP) may be eligible for a personalized evaluation of how their military training and experience translates into obtaining a civilian job. The Department of Labor will conduct a study exploring how military experience transfers into jobs in the civilian sector. In 2013 the Department of Defense may use the information from the study to help service members develop a personalized document showing what civilian careers they are most qualified for. The law did not provide funding or a specific time period for implementation so service members must keep in touch with TAP coordinators for more information (VA, 2012f).

The VOW to Hire Heroes Act also has opportunities to encourage employers to hire veterans. The Work Opportunity Tax Credit (WOTC) is a Federal tax credit available to private-sector businesses and non-profit organizations for hiring certain individuals, including veterans, who have consistently encountered significant impediments to employment. The program helps employees become more self-sufficient while employers reduce their federal income tax liability (VA, 2012f).

Vocational rehabilitation and employment. The Vocational Rehabilitation and Employment (VR&E) Program is authorized by Congress under Title 38, USC, Chapter 31 and Code of Federal Regulations, Part 21 and is also referred to as Chapter 31 program (United States Department of Veteran Affairs [VA], 2012g). The program provides evaluation, counseling, training, employment, motivation, outreach, and other rehabilitation services to veterans with service-connected disabilities. The VA defines a service-connected disability as a "disabling condition that has resulted from or was aggravated by an injury or illness while the veteran was serving on active duty in the military. The program helps veterans with service-connected disabilities prepare for, find, and keep employment. In addition, the program helps veterans with service-connected disabilities who can no longer work learn how to live and function as independently as possible (VA, 2012g).

The VR&E Program offers a variety of services such as (a) comprehensive rehabilitation evaluations, (b) vocational counseling and rehabilitation planning for employment services, (c) assistance finding and keeping a job, (d) on the job training, and (e) supportive rehabilitation services including case management and medical referrals (VA, 2012g). Active duty service members and veterans are eligible if they meet certain criteria. Active duty service members are eligible if they meet the following criteria: (a) expect to receive an honorable discharge upon separation from active duty, (b) obtain a memorandum rating of 20% or more from the VA, and (c) apply for VR&E service. A memorandum rating is a preliminary rating determined by the VA for eligibility for VR&E services. The rating is given prior to discharge so the VA can expedite the determination of eligibility (United States Government Accountability

Office, 2005). Veterans are eligible for the program if they meet the following criteria: (a) have received or will receive a discharge that is other than dishonorable, (b) have a service-connected disability rating of at least 10%, or a memorandum rating of 20% or more, and (c) apply for VR&E services (VA, 2012g).

The basic period of eligibility which VR&E services may be used is 12 years from the date of separation from active military service or the date the veteran was first notified by the VA of a service-connected disability rating. Once the individual is determined eligible, the veteran meets with a Vocational Rehabilitation Counselor (VRC) for a comprehensive evaluation to determine if he or she is entitled for services. The evaluation includes many factors such as an assessment of whether the service connected disability will impair the veteran's ability to locate and keep a job. An entitlement determination involves the VRC working with the veteran to determine if an employment handicap (sic) exists. An employment handicap (sic) exists if the veteran's service connected disability impairs his or her ability to obtain and keep a job (VA, 2012g).

Once the veteran is considered to have an employment handicap (sic) and is considered entitled, the veteran and the VRC work on many tasks such as: (a) determining the veteran's transferable skills, aptitudes and interests, (b) exploring the world of work, (c) narrowing the veteran's vocational options to identify a suitable employment goal, (d) identifying resources needed to achieve independence, and (e) developing an individualized rehabilitation plan. An individualized rehabilitation plan is a written outline of the services, resources, and criteria that will be utilized to gain employment and/or independent living goals. The VRC or case manager will continue to work on the goals set in the rehabilitation plan (VA, 2012g).

Veterans with a service-connected disability who previously completed a VA vocational rehabilitation program and have exhausted their initial claim for unemployment benefits may qualify for another 12 months of VA vocational rehabilitation benefits. To quality individuals must have previously completed a VA Vocational Rehabilitation and Employment program and been considered "rehabilitated." Individuals must apply within six months of using up his or her initial claim for unemployment benefits, but can still collect extended or emergency unemployment if they qualify for those benefits. Individuals must apply to VA by March 31, 2014 (VA, 2012g).

Under vocational rehabilitation the Special Employer Incentives (SEI) is another program for eligible veterans that have difficulties obtaining employment. Veterans are hired by participating employers and are expected to continue working after the successfully completion of the SEI program. The program is intended to benefit veterans and employers through several facets including: (a) obtaining immediate income and benefits as an employee, (b) providing Veterans with tools to overcome barriers to obtaining a job, (c) learning skills in a natural setting that meet the employers specifications, (d) obtaining permanent employment after completing the program, (e) having support from a VR counselor or employment coordinator. Veterans receiving VR&E benefits can speak with their case managers and veterans who are not enrolled in VR&E can apply for the program (VA, 2012g).

VetSuccess. The VA also has the VetSuccess program which assists veterans with their successful transition to the civilian world. The program is linked to a comprehensive website where military personnel and their families can receive information and

assistance on the following transition areas: (a) in transition, (b) at work, (c) on campus, (d) at home, (e) in the community, and (f) for the veterans' family. Individuals can apply for VetSuccess services by applying online or finding a local VetSuccess office (VA, *VetSuccess*, 2012a).

Medical treatment. The VA provides a wide variety of health care benefits to veterans with more than 1,500 sites of care (United States Department of Veteran Affairs, [VA], 2012h). An individual who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable may qualify for VA health care benefits. Individuals in the Reserves and the National Guard can also qualify if they were called to active duty by a Federal order and completed the full period for which they were called or ordered to active duty. Individuals who have a 50% or more disability rating from a service-connected disability, are unemployable due to a service-connected disability, or are receiving care for a service-connected disability will receive a priority in scheduling of hospital or outpatient medical appointments. There are a number of medical programs that VA provides to eligible individuals including but are not limited to the following: (a) hospital, outpatient medical, dental, pharmacy and prosthetic services, (b) sexual trauma counseling, (c) specialized health care for women veterans, health and rehabilitation programs for homeless veterans, (d) readjustment counseling, and (e) alcohol and drug dependency treatment (VA, 2012h).

Additional Transition Supports

Transition Assistance Program (TAP). The Transition Assistance Program (TAP) was developed to meet the needs of service members transitioning into civilian life by offering job seeking assistance and other related services (United States Department of

Labor [DOL], 2012c). The law that created TAP established a partnership with the Departments of Defense, Veterans Affairs, Transportation, and the Department of Labor's Veterans' Employment and Training Service (VETS) to provide employment and training information to armed forces members within 180 days of separation or retirement. The program helps service members and their spouses make the transition into the civilian world of work. An independent national evaluation of the program found that individuals who participated in TAP, on average, found their first post-military job three weeks sooner than those who did not participate in TAP. TAP is a comprehensive three-day workshop at selected military installations nationwide. The workshops cover a myriad of topics including: (a) learning how to search for jobs, (b) making career decisions, (c) understanding current occupational and labor market conditions, (d) learning job seeking skills such as how to write a resume, and (e) getting an evaluation of an individuals' employability relative to the job market (DOL, 2012c).

Veterans' Employment and Training Services (VETS). The United States Department of Labor sponsors the Veterans' Employment and Training Services (VETS). VETS provides resources and expertise to service members and veterans to prepare them to transition into the civilian world of work and understand their employment rights. VETS has information for employers hiring veterans, service providers, veterans, service members, and families (United States Department of Labor [DOL], 2012d).

Career One Stop. Career One Stop is an online tool for job seekers, students, businesses, and career professionals that is sponsored by the United States Department of Labor (DOL, 2012b). The site has two specific tools to help veterans with their transition to the civilian world of work: (a) Veterans Reemployment Portal, and (b) Key to Career

Success. The Veterans Reemployment Portal is designed to help veterans with employment, training, career planning, financial, and emotional assistance. The website provides links to local resources and military-to-civilian job searches based on military job title or military occupational code (Career One Stop, 2012). The Key to Career Success helps veterans and service members move to the civilian career sector through high quality career planning, training, and job search resources through local One-Stop Career Centers. The site also has links for service members and veterans with disabilities (Career One Stop, 2012).

My Next Move for Veterans. My Next Move for Veterans was created for the United States Department of Labor, Employment & Training Administration by the National Center for O*Net Development to assist veterans with their job search. The site has access to more than 900 different careers that can be matched to specific skills and prior experience. In addition, the site has a search engine to find individuals' dream careers, career by industry, and careers that match an individual's military job. (DOL, 2012d).

Transition Services Reaching Veterans

There are numerous resources to assist military personnel and their families in their transition to the civilian world. The services available can assist with all areas an individual may need help with including medical, psychological, interpersonal, occupational, and academic. However, having services available does not automatically correlate with individuals receiving the services and making a smooth, successful transition. An analysis of the transition concerns individuals confront, services provided, services used, and the resulting success of the service area is needed to determine

whether the myriad of services are truly helping veterans and their families. The previous sections discussed some of the transition concerns and several of the transition services that are offered to service members and their families. The following will cover what services are being accessed and the degree the services are helping veterans adjust to their civilian surroundings.

Medical / Psychological

As mentioned previously, there are a number of medical and psychological issues military personnel are facing when entering the civilian world, such as PTSD and TBI. The large number of veterans returning with significant medical and psychological issues has put a toll on the VA's attempt to care for these individuals (Bilmes, 2007). The VA provides medical care to more than five million veterans each year and approximately 43% of Iraq or Afghanistan veterans are enrolled with the VA (Bilmes, 2007; Carlson et al., 2010). Currently, the VA is overloaded with veterans seeking medical and mental health services and is consequently running out of money to provide healthcare services. Over 205,000 or 32% of the 631,174 eligible discharged OEF/OIF veterans have sought treatment at VA health facilities. This number only represents 4% of the total patient visits at VA facilities and the number is expected to dramatically increase (Bilmes).

The average annual cost of treating a veteran through the VA system is around $5,000 but this amount will likely increase with the OEF/OIF veterans returning home. In the 2006 fiscal year the VA submitted an emergency supplemental budget request for two billion dollars to continue providing services to veterans. In the previous fiscal year, the VA requested an additional one billion dollars to cover shortcomings. The emergency

requests were needed because the VA developed its budget based on 2002 data, which was prior to the Iraq War (Bilmes, 2007).

The largest need that the VA is not addressing is mental health concerns (Bilmes, 2007). The following factors contribute to the VA's difficulty of reaching veterans in need: (a) strain of extended deployments, (b) the stop-loss policy which is an involuntary extension of their service duty, (c) stressful ground warfare, (d) uncertainty surrounding future deployments, and (e) veterans seeking help more often (Bilmes). A report issued by the VA found that treatment for PTSD through the VA increased by 60% from more than 274,000 veterans treated in 2004 to more than 442,000 treated in 2008 (Mitka, 2011).

Many veterans with disabilities are often not taking advantage of the services available to them and/or are unable to access quality services due to a variety of factors such as lack of funding or individuals not being properly diagnosed (Burnam, et al., 2008; Tanielian, & Jayxcox, 2008). Mojtabai, Rosencheck, Wyatt, and Susser (2003) found that many previously discharged service members, one-half of whom had mental health issues, did not make the transition to VA and did not receive any care of record. Clemens and Milsom (2008) also found that veterans do not often take advantage of the services available to them. Recent reports have found that the transition for military personnel returning with "signature wounds" is largely unstudied and little is known if these individuals receive the care needed to deal with their injuries (Copeland et al., 2011).

With the increasingly high rates of PTSD and/or TBI among veterans returning home, many will consequently qualify to receive disability compensation. As discussed

previously, disability compensation is a monetary benefit paid to veterans with a service-connected disability. The disability must be a result of an illness, disease, or injury incurred or aggravated while the solider was on active military service. Individuals on disability compensation are not required to work and the benefit is to compensate for their reduction of life due to the service-connected disability (Bilmes, 2007).

There are 24 million living veterans and 11% of them receive disability benefits. According to a VA Report (2010), the number of veterans with service-connected disabilities has increased 39% since 1990 to over three million veterans. In 2005, the US paid $23.4 billion in annual disability entitlement pay to veterans from previous wars. The US paid over 600,000 veterans from the Gulf War, almost 1,000,000 veterans from Vietnam, over 350,000 veterans from World War II, and 3 veterans from World War I (Bilmes, 2007).

The amount of disability compensation given to veterans is based on the degree of their disability and ranges from zero to 100 percent, in increments of 10% (Bilmes, 2007). Annual benefits can range from $1,304 per year for a veteran with a 10% disability rating to about $44,000 for individuals who are considered completely disabled. The average benefit for veterans is $8,890 per year, although this rate varies considerably. Individuals receiving disability compensation can also receive other compensation payments such as Medicare and Social Security. Veterans can claim disability compensation at any point over their lifetime. A majority of the veterans' claims are made within the first few years after returning, but some disabilities will not surface until years later. Bilmes (2007) reported that the VA is still handling hundreds of thousands of claims from Vietnam era veterans for PTSD.

The process of applying for disability compensation is complicated and lengthy. Often veterans will be forced to file an appeal to their claim which makes the system clogged even further. In addition, claims are processed in completely different standards of time according to the office where the veteran made the claim. For example, a veteran making a claim in Salt Lake City will take about 99 days to process, whereas a claim made in Honolulu, Hawaii can take up to 237 days (Bilmes, 2007).

The pending claims for disability compensation are backlogged and have been growing since 1996 (Bilmes, 2007). In 2000, there were 69,000 backlogged claims pending for initial compensation claims. In 2007, there were over 400,000 backlogged claims partially because of the claims from the Iraq and Afghanistan wars, with 34,000 claims coming directly from recent war veterans. The projected demand for benefits among military personnel from the Iraq and Afghanistan wars is difficult to predict. In 2006, there were 1.4 million military personnel who were deployed in the Iraq / Afghanistan conflicts and as of September 2006, over 630,000 were discharged. From these veterans, over 152,000 have applied for benefits. Stiglitz and Bilmes (2008) estimated that between 712,800 and 840,000 veterans from the OEF/OIF conflicts will apply for disability benefits. The large influx of veterans transitioning out of the service with newly acquired disabilities is putting a strain on the VA's ability to provide compensation and pensions to individuals in need to obtain medical and psychological care.

Occupational / Academic

As described previously, there are numerous programs that encourage and help veterans with their occupational and academic goals. Some of the programs have found

success and overall have helped veterans. However, many of the programs described are underutilized by veterans or have structural problems that make veterans less likely to participate.

Transition Assistance Program (TAP). TAP, as described above, provides employment and training information mostly through a three-day workshop for military personnel. The United States Department of Labor (2002) found that individuals who participate find their first post-military job three weeks faster. However, a large majority of military personnel are not utilizing this service with the Marine Corps being the only branch of service that requires its members to attend. Only 60 to 65% of all separating active-duty service members attend the seminars with the only 30% of the National Guard and Reserves attending (Williamson & Mulhall, 2009).

Vocational Rehabilitation and Employment (VR&E). As discussed previously, there are a number of programs and services for veterans with disabilities to assist their occupational and academic goals. The VR&E program offers individual rehabilitation programs to help veterans with disabilities find employment. The results of this program are mixed. Individuals who have completed the program, on average, earn six times what they did before entering the program. However, there are several problems that are making the program not as successful as it could be. Only a small percentage of veterans who enroll complete the program and the type and timeliness of the employment services offered do not correlate with the latest labor market trends. In addition, the large amount of veterans with disabilities returning to the civilian world and requesting services with VR&E is too much for the program to handle (Williamson & Mulhall, 2009).

Veterans' Employment and Training Service (VETS). The Department of Labor's VETS program provides occupational and academic assistance to low-income, homeless, or veterans with disabilities. The success of the program's services cannot be completely evaluated because many of the programs are not correctly measuring or reporting their effectiveness. In addition, many of the programs are understaffed or are splitting their time between veterans and non-veterans (Williamson & Mulhall, 2009).

The Post-9/11 GI Bill. Many veterans were receiving severely less educational opportunities because of inadequate funding prior to the passage of the Post-9/11 GI Bill. With the latest GI Bill, veterans have adequate funds to pay for varying levels of education along with a book and housing stipend (Williamson & Mulhall, 2009). The bill creates great benefits for veterans and their families, but many veterans are not educated on the bill and do not know how to correctly access the benefits. Most importantly, the large number of veterans trying to access the benefits is overloading the system creating confusion and lengthened time periods to obtain educational benefits (Sanders, 2012; Williamson & Mulhall, 2010).

Transition Services Reaching Veterans Conclusion

There are a number of services available to veterans to aid in their transition and possibly decrease the likelihood of the many transition issues occurring. Although the above discussion is brief and only includes a few of the services available, the majority sound very good in theory but are not as great in applicability. Funding issues and educating veterans are two main concerns that are preventing individuals from receiving transition assistance. A substantial amount of funding and resources are targeted towards helping veterans attend academic institutions which will increase the likelihood of

veterans obtaining and keeping a job. The following will present a review of veterans attending college and the possible barriers they encounter.

Veterans Attending College

General Characteristics

OEF/OIF veterans enrolled at U.S. colleges and universities represent the highest numbers since the post World War II era when military educational assistance programs were legislated in 1944 (Cook and Kim, 2009). Veterans are defined as nontraditional students (O'Herrin, 2011). In postsecondary environments they are typically older and are more likely to be non-white than traditional college students. Men represent the majority of this group but women are becoming a larger segment of military personnel accounting for 27% of students with military experience (Radford, 2009). Seventy-seven percent of veterans attend college part-time, 33% have children, and 14% are single-parents (Wheeler, 2012). Student veterans often are considered transfer students because of the college credits they bring with them earned while in the service. Four percent of all undergraduates enrolled in postsecondary education were active-duty military personnel or veterans in 2007-2008. A majority of students with military experience attended public two-year institutes (43%). Twenty-one percent attended four-year institutions, with 12% enrolled in private nonprofit institutions and 12% enrolled in private for-profit institutions (Radford, 2009).

General Barriers

Veterans represent a diverse group of students that bring different life experiences and skills to college campuses. They will have many similarities to traditional students, but will face barriers because of their unique characteristics and skill sets. These

individuals must learn to adjust to the college atmosphere as well as confront additional challenges the average student will not encounter. These individuals' dream of attending college could be threatened by bureaucratic red tape, feelings of rejection by professors and classmates, or physical and psychological limitations (DiRamio & Spires, 2009). In addition, veterans may have difficulty receiving the services necessary to succeed in school because of issues such as having family responsibilities, rusty academic skills, and a sense of alienation from younger college students that makes it difficult to adjust to a college campus (Jacobs, 2012).

Many veterans have a difficult time adjusting to the role of a student compared to the role of a soldier. The shift from a military culture where authority is firm to an academic culture where hierarchy is often unclear can be difficult for veterans. In addition, military personnel are trained to respect authority and expect perfection when all possible and might have a difficult time adjusting to students who do not take their work seriously or respect their professors Veterans also have difficulty adjusting due to a change in their financial situation. Military personnel are accustomed to receiving a steady military-grade paycheck. However, veteran college students often struggle to find jobs that pay an equivalent amount. They also find it difficult to wait on military benefits to pay for their school and living expenses (Wheeler, 2012; Zinger & Cohen, 2010).

Disability Barriers

Veterans enrolled in college may encounter difficulties due to being non-traditional students. In addition, they may meet more barriers due to having a disability and obtaining needed services to excel as a student. Federal, state, and local agencies providing appropriate services to veterans with disabilities remains an area of concern

(Ostovary & Dapprich, 2011). Grossman (2009) discusses how the new regulations under the Americans with Disabilities Act Amendments Act (ADAAA) and large enrollments of veterans could collide to create a "perfect storm" effect on college and university campuses unprepared to meet the demands and needs of veterans.

Many of these veterans will be unaware of how to navigate the system, such as requesting accommodations. O'Herrin (2011) believes many veterans with disabilities have a difficult time navigating terminology related to having a disability. For example, a student with a service-connected disability may relate to the term "wounded" but not the term "disabled" because their disability was acquired later in life or their disability is non-visible. In addition, the student may not request needed accommodations because they are unfamiliar with the process and/or may have not gone through the VA's disability rating process (O'Herrin, 2011). They may also not automatically disclose their disability which makes them ineligible to receive necessary accommodations under the Americans with Disabilities Act (ADA) (Church, 2009).

Universities must be prepared to handle the large number of veterans with newly acquired disabilities so student veterans can receive the services needed to excel in a college environment. In addition, many OEF/OIF veterans with disabilities report that the loss of direct access to federal benefits and services that they received while in the service created significant barriers during the transition into academic environments (Ostovary & Dapprich, 2011). The Post-9/11 GI Bill mandates that veterans must apply for educational benefits early in the transition process and places time restrictions on the allocation of benefits. Accelerated enrollments and the loss of federal benefits and services may place veterans in stressful academic settings which could cause anger

outbursts, poor concentration, and increased irritability (DiRamio, Ackerman, & Mitchell, 2008).

Student veterans are often not receiving services and/or not receiving appropriate education on how to obtain services. In addition, student veterans with disabilities may confront several obstacles to performing well in the classroom that center around their diagnosis. Many of these veterans will have difficulties associated with memory loss and confusion with the abundance of information they will receive as students (DiRamio & Spires, 2009). Individuals with TBIs may experience numerous functional impairments in an academic environment. These individuals can experience cognitive problems, such as troubles with judgment, attention, and concentration, as well as perceptual problems, such as hearing, vision, and orientation. These individuals may also experience physical problems such as endurance, fatigue, and headaches as well as behavior and emotional problems, such as irritability, impatience, and mood swings (Church, 2009).

Veterans with PTSD can also experience limitations in an academic environment that can dramatically impede their progress. These individuals can have interference with cognitive skills, judgment, memory, and concentration. They can have difficulty coping or performing under pressure, and have negative side effects from medications, such as fatigue and problems initiating interpersonal contact. They can also have difficulty managing assignments and performing multiple tasks as well as have problems with authority figures (Church, 2009).

Financial Barriers

Student veterans may encounter many barriers to achieving success in college due to having a disability and being a non-traditional student. They may also be financially

targeted and taken advantage of because of the federal assistance they receive. The Post-9/11 GI Bill created billions of dollars to help encourage veterans to attend college. The Bill provides 36 months of tuition equivalent to the cost of the most expensive public university in the state, plus a book and housing stipend. However, many schools are using aggressive and dishonest recruiting strategies to take advantage of the extra allocated funds (Jacobs, 2012). As of May 2012, colleges had collected more than $4.4 billion under the new GI Bill (Sanders, 2012).

The GI Bill gives financial assistance to veterans, but does not teach them how to appropriate spend the funds (Sanders, 2012). Many veterans are targeted by often for-profit academic establishments and use deceptive marketing strategies. Congress introduced bills to help safeguard veterans' education in response to the inappropriate targeting of veterans. The *Military and Veterans Educational Reform Act* would require the secretaries of the VA and of the Defense to create a centralized process for veterans to report complaints against colleges. The *GI Bill Consumer Awareness Act* would require the VA to disclose statistics on colleges' veteran enrollments, acceptance of GI Bill payments, average student-loan debt, and job placement rates. The Act would also increase educational counseling for veterans. The *GI Educational Freedom Act* would require all veterans utilizing Post-9/11 G.I. Bill funding to get educational counseling on various topics such as the implications of incurring student loan debt. *Protecting Financial Aid for Students and Taxpayers Act* would prohibit institutions from using federal aid like the Post-9/11 G.I. Bill funds for advertising, marketing, and recruiting (Sanders, 2012). The introduction of this legislation emphasizes the importance of

ensuring student veterans have the chance to enter college without additional financial barriers.

Academic and Career Development Assistance

Student veterans may meet many barriers that can interfere with their ability to graduate and eventually obtain employment. To address these issues, colleges and universities often offer academic and career development assistance to help decrease the likelihood of student veterans encountering problems. Veterans entering academic institutions and receiving services is not a new phenomenon; veterans have been leaving the service and entering academic institutions since colonial times (Rumann & Hamrick, 2009). The relationship between higher education and the military was strengthened with the passage of the 1862 Morrill Act, which established military training programs at land-grant institutions (Abrams, 1989). Congress passed the 1916 National Defense Act (NDA), one year prior to World War I, where colleges and universities assumed a role in training soldiers through the short lived Students' Army Training Corps program. NDA also created the Reserve Officers' Training Corps (ROTC) that standardized organized training programs at colleges and universities (Rumann & Hamrick, 2009).

The Servicemen's Readjustment Act of 1944 (otherwise known as the GI Bill) was passed in part to forestall economic and societal problems related to the large number of veterans returning from World War II. The Act gave educational and other economic benefits to returning veterans. Similar to what is occurring in present day, veterans entered higher educational institutions in astounding numbers overwhelming the system and changing the face of colleges and universities. The increase in students was taken care of for the most part by increasing class sizes, offering accelerated program

completion schedules, allowing more accommodating admission standards, hiring more faculty, giving academic credit for military experience, and assisting family housing needs (Rumann & Hamrick, 2009).

The welcoming sentiment at colleges and universities for veterans returning from World War II somewhat changed during the Korean War and Vietnam War. The number of veterans enrolling in college and using GI Bill benefits decreased and the anti-war / anti-military activism increased on college campuses causing veterans to feel unwelcomed. During the Persian Gulf War, Operation Desert Storm there was large-scale activations and deployments of National Guard and reserve troops to supplement the military forces. Students enrolled in college were forced to withdraw from school. University officials began implementing policies and accommodations for students being deployed into military service (Rumann & Hamrick, 2009).

The Post-9/11 GI Bill went into effect in August 2009 and 183,647 veterans applied to take advantage of it (Williamson & Mulhall, 2010). In its first year of implementation, more than one-half a million veterans applied for certificates of eligibility and more than 300,000 veterans and family members used the benefits to attend classes (O'Herrin, 2011). However, thousands of these veterans were met with confusion and delayed benefits. The VA underestimated the amount of work and time necessary to process the large new wave of GI Bill claims which contributed to a backlog.

Handling a Post-9/11 GI Bill claim is a two step process that involves processing paperwork from the veteran and the school. Each step takes approximately an hour for the VA claims processor to complete, which is up to six times longer than with the old GI

Bill. From August 2009 to January 2010, the average processing time for a Post-9/11 GI bill claim rose nearly tripled. The increased processing time to an average of 48 days has caused thousands of veterans to go entire semesters before they receive their first check (Williamson & Mulhall, 2010). As of the fourth year since the Post-9/11 GI Bill was put into effect, more than 550,000 veterans are enrolled in thousands of academic institutions (Sander, 2012).

With the large increase of student veterans using the Post-9/11 GI Bill benefits, academic institutions are realizing the important need to have services available for veterans on campus. Many colleges and universities are striving to be veteran-friendly campuses by providing services such as on-campus vet centers, orientation programs specifically for veterans, and campus-wide interdepartmental committees on veteran services (DiRamio, Ackerman, & Mitchell, 2008). Student veteran organizations (SVOs) provide supportive services to veterans, administrators, students, and staff (Ostovary & Dapprich, 2011). Universities across the country have strong SVOs that help veterans transition into a higher education environment and can be crucial to veterans finding success in college.

Having assistance on college and university campuses is important for many aspects including ensuring veterans are informed of the many benefits and services they can use while enrolled. Veteran organizations and training on campuses can help veterans become aware of benefits and services many are unaware of. The National Center for Veterans Analysis and Statistics (2011) found that only 60.5% of veterans who served September 2001 or later understood their available VA benefits and service and that 36.9% had ever used VA education and training. The Post-9/11 GI Bill can help pay for

their tuition, housing, and books. When the Bill was enacted in 2009, instead of a public information campaign to educate veterans on their benefits, they were directed to the VA's GI Bill hotline and website. The hotline was so overwhelmed that approximately 90% of callers never got through to the VA (Williamson & Mulhall, 2010). In addition, recent data from the VA showed that only a small percentage of veterans use all of their federal education benefits (O'Herrin, 2011).

Having organizations on campus that can educate students on available benefits and services is imperative to their success, but not all institutions have them readily available. The American Council on Education worked with four higher education associations to administer a national survey to assess the services available to veterans in postsecondary environments (Cook & Kim, 2009). More than seven hundred colleges and universities responded. From the responses, more than one-half of the respondent institutions (57%) provided programs and services designed specifically for military personnel and veterans. Public four year institutions (74%) and public two-year institutions (66%) were more likely to have programs for veterans than private nonprofit colleges and universities (36%). However, less than one-half of the responded institutions had programs for faculty and administrators to attain information about the unique needs of incoming veterans (Cook & Kim, 2009).

Academic assistance for veterans and individuals working with veterans is imperative to ensuring they graduate and obtain employment. Having a college degree has been shown to increase the likelihood that a veteran will have an easier time adjusting to civilian life (Morin, 2011). The Pew Research Center found that veterans with a college degree were 5% points more likely to have an easier time readjusting to life after

the military then veterans with a high school diploma. According to the United States Department of Labor (2011), veterans with a Bachelor's degree or higher had a 5.2% unemployment rate compared to a 9.1% rate for veterans with some college or Associate degree, 10.5% for veterans with a high school diploma, and 11.3% for veterans with less than a high school diploma. Making sure student veterans succeed and graduate in college will significantly improve their successful transition into the civilian workforce.

Having career development assistance on university campuses is important not only to veterans but to all students due to the current economy. The Economic Policy Institute called the labor market for college graduates "grim" with unemployment rates increasing for jobs individuals were overqualified for (Raasch, 2012). Even though having a college degree will likely improve an individual's chance of gaining employment, it does not guarantee success in the world of work. The typical college graduate will have difficulty getting a job in this economy, much less veterans that have numerous other transition issues to consider. All of the transition barriers discussed previously are at least somewhat lessened when he or she can make a smooth transition from the service, to college, then to employment. Having student veterans obtain career development assistance while enrolled at an academic institution could help this process.

Career Development

Veterans enrolled in academic institutions and military personnel making the transition to the civilian world need transition approaches that take into account many barriers these individuals may encounter. An important component of the picture is finding a career path. Utilizing empirically-based career development techniques can not only assist the individual with finding a career, but can also address other psychosocial

needs he or she may face. Career development is defined as the total constellation of economic, sociological, psychological, and chance factors that combine to shape one's career (Sears, 1982, as cited in Sampson, et al., 2004).

The term *career development* is often used interchangeably with the terms career *counseling* and *vocational guidance* (Pope, 2000). All three terms have distinct meanings that are time and culture specific. *Vocational guidance* was the original term used in the United States and is associated with the guidance movement throughout the world. *Career counseling* and *career development* were used more frequently starting in the 1950s because of the work of Donald Super (1955) and when the name of the National Vocational Guidance Association (1913-1983) was changed to the National Career Development Association in 1984 (Pope, 2000).

History of Career Development

There are different terms used interchangeably with career development depending on the history and context being described. The development of career counseling, as described by Pope (2000), can be described through six stages. The first stage from 1890 to 1919 focused on job placement and developed out of society upheaval and change. Frank Parsons, who is often called the parent of career counseling, brought forth a vocational guidance movement that allowed individuals the chance to make decisions regarding their career choice. His book, *Choosing a Vocation*, and his work helped professionals realize the importance of having a career and how it was instrumental for self-development and social contribution (Härtung, 2009). Events such as veterans returning home from World War I, loss of jobs in the agricultural sector, and

the increasing urbanization of the country heightened the need for career counseling (Pope, 2000).

The second stage of the development of career counseling occurred from 1920 to 1939 with the push for educational guidance in the schools (Pope, 2000). During this time there was a large increase of students entering elementary and secondary education because of the demand for literacy to deal with the industrialization shift. In addition, there was an increase of school aged children following a surge in pregnancies following the end of World War I (Brewer, 1942).

The third stage occurred from 1940 to 1959 and was characterized by a shift in focus to use resources in colleges and university and the training of counselors (Pope, 2000). World War II, and the USSR's successful launching of rockets and landing on the moon were two major events that helped change the focus on the career development movement. The concerns veterans met when transitioning to the civilian world and the influx of new types of students entering higher education due to the G.I. Bill of Rights helped promote the rise of professional counseling after World War II (Schwebel, 1984).

The fourth stage in the development of career development occurred during 1960 and 1979 when meaningful work and organizational career development came to the forefront (Pope, 2000). During the 1960's, many individuals wanted jobs that were more meaningful that would help bring about change to the world. There was a sense of idealism and hope with events such as the election of John F. Kennedy as president, and the civil rights movement. In addition, career counseling grew in organizational settings because of legislation enacted during this time period. In 1965 the Vocational Rehabilitation Administration added more money to their budget to increase the scope of

vocational rehabilitation for consumers. Several pieces of legislation, such as *The Elementary and Secondary Education Act* as amended in 1969, helped bring assistance for people with disabilities (Pope, 2000).

The fifth stage of the movement occurred from 1980 to 1989 and focused on independent practice in career counseling and outplacement counseling. The late 1970's had a declining economy compared to the economic growth seen in the 1960's and there was a shift away from an industrial age to information and technology age. Private career counseling began increasing to help individuals make the shift into the new technology world. Outplacement counseling became important because companies where facing economic problems and were forced to downsize employed workers. Counselors were hired to help employees find new employment and ways to possibly increase their skill set (Pope, 2000).

The final and current stage of career development began in 1990 and focuses on the school to job transition, internalization of career counseling, multicultural career counseling, and increasing refinement in the use of technology. Starting in the late 1980's career counseling was extended to help individuals who historically had been underserved. There was an upward extension which helped populations of senior managers and executives, and a downward extension which helped individuals who were poor and homeless. Legislation, such as the *Workforce Initiative Act of 1988* created money to assist these individuals find employment. The changing demographics of the American workforce brought the need for multicultural career counseling. In addition, the advancement in technology brought a need for individuals to become abreast of devices such as facsimile transition and the Internet. Finally, there was a focus of helping

individuals transition from school to work and understanding the struggles individuals may experience during this time (Pope, 2000).

Throughout the history of career development there were many theories that helped shape how individuals receive career assistance. Over the past 75 years career development theories typically fell into four categories: (a) trait factor, (b) developmental, (c) decision, and (d) psychological. The trait factor category occurred in the 1920's when Frank Parsons believed in matching personal traits to occupations. The developmental category occurred during the 1950's with Donald Super introducing the importance of developing a self-concept through different life stages. The decision category occurred during the 1970's with Albert Bandura introduced the concept of self-efficacy, which is the belief in one's perception in their ability to reach their goals. The importance of examining internal thought processes and responses was introduced because of how they could impact whether or not an individual felt they could achieve their goals. The psychological category first occurred in the 1980's with John Holland introducing matching personality types to work environments (Pennsylvania Department of Education, 2012).

The brief history of career development and theories is presented above to give a basis for how the field has evolved and why particular theories and interventions are used to assist individuals with their career problems. For the purposes of this paper, the remaining of this section will focus on a theory that falls under the psychological category focusing on internal thoughts and emotions. The Cognitive Information Processing (CIP) theory will be discussed in depth and the importance of assessing negative career thoughts will be examined.

Cognitive Information Processing (CIP)

The Cognitive Information Processing (CIP) theory helps individuals learn how to solve a career problem through a specific framework by evaluating negative career cognitions (Sampson, et al., 2004). The CIP approach is built on two core constructs: (a) The Pyramid of Information Processing Domains, and (b) the CASVE cycle. The pyramid contains the content of career problem solving and decision making, such as self-knowledge of values, and the CASVE cycle is the process of making career decisions.

Pyramid of information processing. The Pyramid of Information Processing Domains (see Figure 1) is the content of career problem solving and decision making. The domains involve examining what's involved in a career choice, the content of career choice, and what a client needs to know about them. The information processing domains can be conceptualized as a pyramid with three levels or domains. The domains are divided into three categories: (a) knowledge domains, (b) decision-making skills domain, and (c) executive processing domains (Sampson et al., 2004).

Figure 1. Pyramid of Information Processing Domains in Career Decision Making

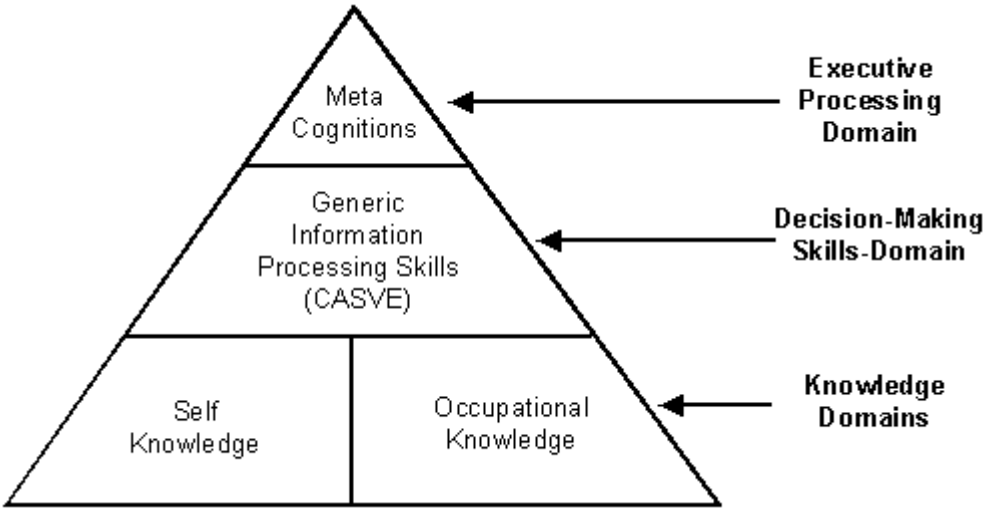

Figure 1. Three domain categories that make up Cognitive Information Processing (CIP) Approach. *From Career Counseling & Services: A Cognitive Information Processing Approach* (p. 21), by Sampson, Reardon, Peterson, & Lenz (2004). Used with permission.

The knowledge domains are at the base of the pyramid and include self-knowledge and occupational knowledge. These two domains are at the base of the pyramid because clients must first identify and define information about themselves and their knowledge of the world of work.

Self-knowledge involves a client identifying and defining their values, skills, and interests. Values are defined as motivators for work. Interests are defined as activities that people enjoy. Skills are defined as activities that individuals perform well. Having a client define their self-knowledge will help them to accurately identify areas of career and school interest (Sampson et al., 2004).

Occupational knowledge involves a client's knowledge of individual occupations and a mental picture of how the world of work is organized. This type of knowledge is accumulated through direct experience or observing others in real life or through the media. Having accurate occupational knowledge will expand their options but not feel overwhelmed with the information available (Sampson et al., 2004).

The decision-making skills domain is above the knowledge domain and involves the generic information processing skills that individuals use to solve problems and make decisions. There are numerous approaches to problem solving and decision making, such as Gelatt (1962), Kinnier and Krumboltz (1986), and Yost and Corbishley (1987). The CIP theory uses the CASVE cycle to conceptualize the decision making process (Sampson et al., 2004), which will be discussed below.

The executive processing domain is at the top of the pyramid and involves metacognitions. Metacognitions are defined as the monitoring and control of thoughts (Martinez, 2006). In the CIP theory, metacognitions control the selection and sequencing of cognitive strategies used to solve a career problem through self-talk, self-awareness, and monitoring and control. Self-talk is the silent conversation people have with themselves concerning how well they are completing tasks, such as career problem solving and decision making. Positive self-talk, such as "I can make a good career choice," can help clients stay motivated and make positive career choices. Negative self-talk, such as "I feel overwhelmed with the amount of choices," can inhibit the process of career problem solving and decision making. Self-awareness is the extent individuals are conscious as they progress through the problem-solving and decision making process. An example would be understanding how a history of negative self-talk has negatively impacting an individual's decision making process. Monitoring and control involves how well an individual can monitor where they are in the problem-solving process and control the amount of information and attention is needed to solve a problem. An example would be when an individual gathered the correct amount of self-knowledge to begin understanding how that translates into researching occupations (Sampson et al., 2004).

CASVE cycle. The second domain the CIP theory is built on is the CASVE cycle, which fits in the middle of the Pyramid of Information Processing (see Figure 2). The CASVE cycle is used to help clients and practitioners understand a systematic and sequential way to solve a problem, such as a career problem. It is the process of career problem solving and decision making. The cycle helps provide a guide to good decision making, and helps clients understand what they need to do. The CASVE cycle includes

the chronological phases of: (a) Communication, (b) Analysis, (c) Synthesis, (d) Valuing, and (e) Execution (will enter figure) (Sampson et al., 2004).

Figure 2. The Five States of the CASVE Cycle (Communication, Analysis, Synthesis, Valuing, Execution)

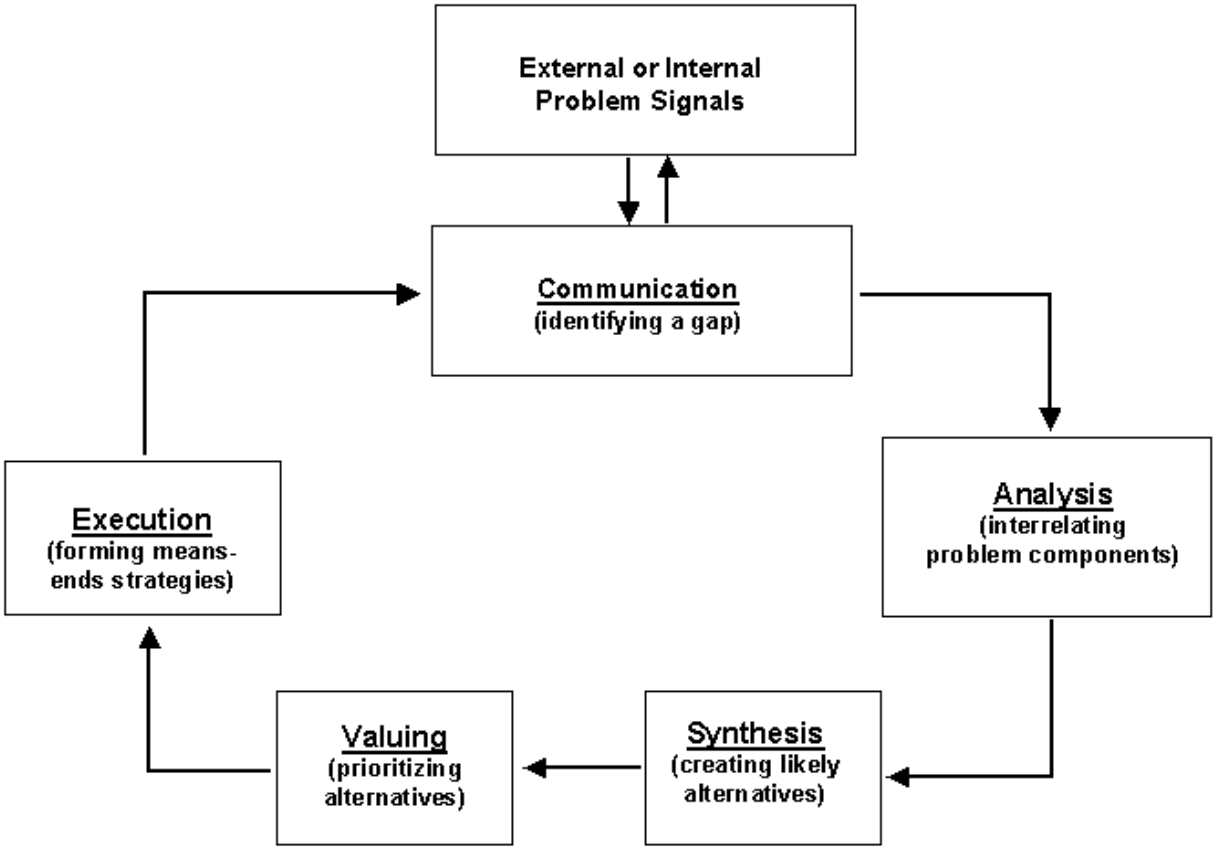

Figure 2. Cycle of Information Processing skills used in career decision-making. *From Career Counseling & Services: A Cognitive Information Processing Approach* (p. 26), by Sampson, Reardon, Peterson, & Lenz (2004). Used with permission.

The Communication phase involves individuals becoming aware that a gap exists between where they are now and where they want to be. Internal and external cues help individuals become aware of this gap. Internal cues are indicators within an individual that make them aware of this gap, such as avoidance behavior or physiological changes

like a headache. External cues are events or occurrences that help an individual understand there may be a problem, such as the loss of a job or an upcoming graduation from college. Clients will generally seek assistance with a career problem when the discomfort they feel becomes greater than their fear of change. The client will leave this phase knowing they need to make a choice (Sampson et al., 2004).

The second phase of the CASVE cycle, the Analysis phase, is when clients establish a schema, or mental model of the problem, or gap, and understand the relationship among the components needed to make a decision. The process includes identifying and clarifying their self-knowledge and occupational knowledge, described at the bottom of the Pyramid of Information Processing Domains. Clients will leave this phase understanding themselves and their options (Sampson et al., 2004).

The third phase of the CASVE cycle, the Synthesis phase, helps clients expand and narrow their career options. Completing this phase should help clients avoid missing alternatives without becoming too overwhelmed with the vast amount of options. The two phases of the Synthesis phase are elaboration and crystallization. Elaboration involves expanding a client's options and educating him or her on the world of work. Crystallization is narrowing down the vast number of options based on how the choices relate to a client's values, interests, and skills. Clients will leave this phase expanding and narrowing their list of options (Sampson et al., 2004).

The fourth phase of the CASVE cycle, the Valuing phase, involves helping clients evaluate the costs and benefits of the different alternatives. Clients will evaluate the choices for themselves based on their values, skills and interests, In addition they will weigh the choices on how they affect significant others, cultural groups, community, and

society in general. Clients will then prioritize their alternatives based on the cost and benefit analysis to a manageable list of three to five options. A list of three to five options allows individuals to have back up plans so they will not have to go through the earlier phases of the CASVE cycle. Clients will leave this phase expanding and narrowing their list of options (Sampson et al., 2004).

The fifth phase of the CASVE cycle, the Execution phase, helps clients establish and develop a plan of action to implement their tentative first choice. To accomplish this phase a client may need to complete a variety of activities such as completing a program of study or practicing interviewing techniques. Clients will leave this phase implementing their choice. After clients complete the Execution phase, they should return to the Communication phase to evaluate if their initial gap between where they were now and where they wanted to be had been removed. Clients should leave this phase knowing they made a good choice (Sampson et al., 2004).

CIP seven-step service delivery sequence. Under the CIP approach there is a seven-step service delivery sequence that can help clients through the process of problem solving and decision making. The seven steps are as follows: (a) initial interview, (b) preliminary assessment, (c) define problem and analyze cues, (d) formulate goals, (e) develop individual learning plan, (f) execute individual learning plan, and (g) summative review and generalization (Sampson et al., 2004).

The first step in the service delivery sequence is to conduct an initial interview where the practitioner gathers contextual information about the nature of the client's career problem. After the initial interview takes place, a practitioner will conduct a preliminary assessment to establish quantitative information about the client's career

problem and readiness for career choice. This can be done by giving the client a screening instrument. The client's scores on the assessment will determine what level of help is needed and if the client is ready to move to the next stage of the service delivery sequence. The Career Thoughts Inventory (CTI) is an instrument that measures dysfunctional career thoughts and can be used as a screening and needs assessment resource. It is important to evaluate career thinking before moving ahead in the sequence because dysfunctional career thinking can limit an individual's ability to make effective career choices (Sampson et al., 2004).

The client will move to step three where he or she will define the problem and analyze the cause once the practitioner feels the client's career thinking is not dysfunctional and they are ready to proceed. The practitioner and client will then formulate a set of achievable goals in step four which will help eliminate the client's gap of where they are now and where they want to be.

During step five, the practitioner will help the client develop an Individual Learning Plan (ILP) that will list out the activities and resources needed to achieve the goals determined in step four.

The client will complete what is dictated in the ILP during stage six with the practitioner providing encouragement, information, clarification, and reinforcement. The final step in the service delivery sequence is to review what the client has accomplished towards their goals and how the entire process can be generalized to other scenarios in the client's life (Sampson et al., 2004).

The seven-step service delivery sequence helps provide a chronological way for a client to engage in the content (the Pyramid of Information Processing Domains) and the

process (the CASVE cycle) of the CIP theory. In order for a client to successfully solve a career problem, they must evaluate and improve their dysfunctional career thoughts. To accomplish this, a client's career thoughts must be identified, challenged, and altered (Sampson et al., 2004).

Negative Career Thoughts

Cognitions, or thoughts, are a "verbal or pictorial event in an individual's stream of consciousness" (Sampson, et al., 1996, p. 10). Cognitions are typically seen as important factors in career decision making. Career problem solving and decision making becomes more difficult for clients or consumers to accomplish when they verbalize dysfunctional career cognitions. Dysfunctional career thoughts have been labeled differently by various practitioners, researchers, and theorists including:

> Misconceptions (Thompson, 1976), self-defeating assumptions (Dryden, 1979), self-defeating behavior (Hornak & Gillingham, 1980), myths (Dorn & Welch, 1985; Lewis & Gilhousen, 1981), private rules (Krumboltz, 1983), self-defeating statements (Strawser & Figler, 1986), irrational expectations (Nevo, 1987), self-beliefs (Borders & Archadel, 1987), dysfunctional cognitions (Corbishley & Yost, 1989), and dysfunctional career beliefs (Krumboltz, 1990) (Sampson et al., 1996, p. 3).

Negative career thoughts can be described in many ways, but their presence creates difficulty in all theories when individuals need to make career decisions. The Cognitive Information Processing (CIP) (Peterson, et al., 1991) approach focuses on cognitive therapy (Beck, 1976) which assumes an individual's affect and behavior is largely determined by his or her cognitions (Sampson et al., 1996). Dysfunctional

thinking can create negative psychological symptoms, such as anxiety and depression, which can distract an individual from being productive and working on his or her problems. After individuals improve their thinking, they can begin to identify factors that will help them make a successful career decision (Sampson et al., 2004).

Different theories that fall under the psychological career development category have varying interventions for altering negative career thoughts but typically center around some type of cognitive restructuring (Sampson et al., 1996). Cognitive restructuring is defined as "uncovering or identifying maladaptive thoughts or beliefs that are irrational, exaggerated, or inaccurate and then correcting or modifying them so that they become more adaptive, rational, realistic, or accurate (Kinnier & Krumboltz, 1986, p. 312-313 as cited in Sampson et al., 1996). According to Sampson et al (1996), Ellis (1962), Beck (1976), and Meichenbaum (1977) are often referenced as providing a theoretical basis for cognitive restructuring. All three theorists had similarities but had different focuses. Ellis focused on irrational beliefs, Beck focused on faulty thinking styles, and Meichenbaum focused on internal speech, self-statements, and coping skills as the basis for emotional and behavioral problems (Sampson et al., 1996).

There are many theories that discuss cognitive restructuring and dysfunctional cognitions, but most include strategies for identifying, altering, and challenging the initial negative career thought (Sampson et al., 1996). According to Corbishley and Yost (1989) interventions that treat dysfunctional cognitions usually have two basic components: (a) an evaluation of the initial cognition and of less dysfunctional new beliefs, and (b) ways to test the usefulness of the old and new cognitions. Therefore, in order to implement

cognitive restructuring interventions that can help change maladaptive behavior patterns the initial career thought must be assessed.

Career Thoughts Inventory (CTI)

Sampson, Peterson, Lenz, Reardon, and Saunders (1996) developed an assessment to evaluate the amount of negative career thoughts based on the prior research. The Career Thoughts Inventory (CTI) is used to assess and improve negative career thinking. The CTI assesses an individual's current level of career thinking and has a corresponding workbook that helps users engage in cognitive restructuring (Sampson et al., 1996).

The CTI produces an overall total score for negative career thinking and is composed of three construct scores (Sampson et al., 1996). The three subscale scores are decision-making confusion (DMC), commitment anxiety (CA), and external conflict (EC). The DMC scale indicates difficulty beginning or continuing the decision-making process from a result of debilitating emotions and/or a lack of understanding of how to make a decision in general. The CA scale reflects difficulty making a commitment to a specific career choice or path, supplemented by generalized anxiety about the decision-making process. The EC scale indicates difficulty balancing the information received from significant others and the individual's own thoughts on important decision-making processes (Sampson et al., 1996).

Basis for Theory Selection

According to Sampson et al. (1996), the CTI is based on the CIP theory and a cognitive therapy theoretical approach to mental health and mental health services (Beck, 1976). The authors choose these theories based on the literature that indicates the impact

cognitive processes has on the quality of career decisions made by individuals. Therefore, using theories that focus on examining cognitions is an important part to solving career problems and making decisions (Sampson et al., 1996).

Sampson et al. (1996) choose theoretical concepts from the CIP theory because the perspective provided the following:

> (a) coverage of a broad range of relevant aspects of problem solving and decision making, (b) an explanation of the positive and negative impact of metacognitions (i.e., self-talk, self-awareness, and control and monitoring) on career problem solving and decision making, and (c) a conceptual basis for instruction designed to enhance skills in career problem solving and decision making. (Sampson et al., 1996, pp. 4)

The authors choose theoretical concepts from cognitive therapy to develop the CTI because the perspective provided the following:

> (a) an explanation of the process of dysfunctional thinking with regard to the relationship among cognition, behavior, and emotion, the impact of dysfunctional schemata and the impact of autonomous systematic thinking errors, and (b) established therapeutic procedures and written exercises for altering dysfunctional thinking, especially in relation to anxiety and depression, which are common affective components of acute or chronic career indecision. (Sampson et al., 1996, pp. 4).

Research on CTI

The CTI has been used in numerous studies to demonstrate how evaluating negative career thoughts can be an essential starting point to efficiently solving an

individual's career problem (Sampson et al., 2004). A majority of the studies have been conducted on college students, but there are more studies being done on subpopulations, such as individuals with disabilities and offenders. Research on negative career thinking is important because it can occur in most groups of individuals and can drastically impact their decision making process.

College students. Researchers have used the CTI to assess numerous aspects among college students, such as test anxiety, levels of communication apprehension, and psychological well-being. Sud and Kumar (2006) researched the correlation between dysfunctional career thoughts, achievement motivation, and test anxiety. They found that negative career thoughts correlated significantly with higher test anxiety and achievement motivation. Meyer-Griffith, Reardon, and Hartley (2009) examined the relationship between career thoughts and communication apprehension. Meyer-Griffith et al. found that individuals with average and high levels of communication apprehension had greater decision-making confusion, commitment anxiety, and external conflict than individuals with low levels of communication apprehension.

Strauser, Lustig, and Ciftci (2008) examined psychological well-being and how it relates to work personality, vocational identity, and career thoughts. Strauser et al. found that psychological well-being accounted for a significant portion of the variance in all three career assessments given, including the CTI. The study also showed that the scores on the Purpose in Life subscale of the Scales of Psychological Well-Being (SPWB) made a significant contribution to scores on the Commitment Anxiety subscale of the CTI. Paivandy, Bullock, Reardon, and Kelly (2008) investigated the effects of decision-making style and cognitive thought patterns on negative career thoughts. Paivandy et al.

found that maximizing and rumination are related to negative career thoughts. Maximizing is when an individual collects a maximal amount of information to choose a rational outcome, and rumination is when an individual repetitively focuses on numerous outcomes without making a rational choice.

Individuals with disabilities. Studies have also used the CTI to examine negative cognitions in individuals with disabilities. Yanchak, Lease, and Strauser (2005) compared negative career thoughts and perceptions of vocational identity for individuals with different types of disabilities. Yanchak et al. utilized the CTI and found that individuals with cognitive impairments had more decision-making confusion and external conflict than individuals with physical disabilities. Lustig and Strauser (2003) examined the difference in CTI scores between individuals with a Diagnostic Statistical Manual [DSM-IV] diagnosis and individuals without a diagnosis who were all receiving job placement services from a community-based job placement program. Lustig and Strauser found that the group with a diagnosis had significantly higher dysfunctional career thoughts compared to other participants.

Offenders. Research has also been conducted on other populations, like offenders, to assess their negative career thoughts and to examine the difference in scores from the general population. Railey and Peterson (2000) examined how dysfunctional career thoughts and career interest structure related to career decision-making in adult female offenders. The CTI was used to assess negative career thoughts and the Self-Directed Search (SDS) was used to assess career interest structure. The authors found that individuals in the repeat offender category demonstrated significantly lower levels of

Commitment Anxiety on the CTI compared to the first-time offender or probationer group (Railey & Peterson).

Musgrove, Derzis, Shippen and Brigman (2012) conducted a study with adult male offenders to decrease their negative cognitions. The study implemented a pilot study examining the PIRATES (Preparing Inmates for Re-entry through Assistance, Training, and Employment Skills) program. The PIRATES program was based on the Cognitive Information Processing (CIP) theory which helps individuals learn how to solve career problems and make career decisions (Sampson et al., 2004). The CTI was utilized to assess the effectiveness of the program to decrease negative career thoughts. The study found a statistically significant decrease in negative career thoughts after the intervention was implemented (Musgrove et al., 2012).

Veterans. Research on assessing the negative career thoughts of veterans is important because of the large number of veterans transitioning into the civilian world of work and entering academic institutions. However, Bullock, Braud, Andrews, and Phillips (2009) are the only researchers that have examined the negative career thoughts of veterans. The researchers investigated 55 male U.S. war veterans who were receiving vocational services from a residential facility. The veterans were assessed on numerous occupational variables including their negative career thoughts, as assessed by the CTI. The authors found that the veterans' negative career thinking was similar to a more general adult population. The article concluded with discussing how veterans would greatly benefit from participating in a career development treatment centered on the Cognitive Information Processing (CIP) theory.

Career Development Conclusion

The field of career development has evolved tremendously over time because of its importance in helping understand how individuals find a career path. Finding a career path helps with numerous issues that surround defining an individual's identity. Individuals will deal with significant interpersonal, psychological, and medical problems without having a career path or finding stable employment. Career development is particularly important with veterans returning home to ensure that their transition into the civilian world is successful. Theories, such as the CIP approach, help conceptualize how individuals learn how to solve career problems through a specific framework by evaluating negative career cognitions. The CTI assesses an individual's initial career thoughts which helps determine the level of need the individual requires. Numerous research has been conducted on the CTI, but only one study has focused on veterans.

Conclusion

Veterans returning home from recent conflicts have a variety of concerns that can significantly impact their transition into the civilian world. Many of these individuals will encounter significant medical, psychological, interpersonal, and occupational barriers that will be worsened by having a newly acquired disability, like PTSD or TBI. There are many resources for these individuals to aid in their transition, but veterans are either unable or are not utilizing these services. Many of these transition services and funds are appropriated to help veterans attend universities and colleges in the hopes of helping their transition into the civilian world of work. However, student veterans are often facing difficulties transitioning into the academic world as well. Colleges and universities are making a concerted effort to increase their resources and supports to veterans succeed in school and to help get them into suitable employment after graduation.

Although employment is one component of the transition process for veterans, it has been demonstrated to be one of the most important pieces to ensure veterans make a successful shift into the civilian world. In addition, obtaining employment has also been shown to assist with numerous other transition problems veterans' deal with, such as homelessness, incarceration, addiction relapse, and domestic abuse. Therefore, focusing on the career development needs of veterans is an essential aspect to helping their transition into the civilian world.

Career development is a holistic approach that examines several components of an individual to help find their career path. The field of career development and career counseling has a long history that has evolved from a guidance perspective to the current form which focuses on helping individuals independently find their career path. Many of the theories that have helped shape the field of career development focus on identifying and altering negative career thoughts. Under these theories, cognitive restructuring will help an individual with their career problem solving and decision making which should help in their employment process. If an individual has negative career thoughts, theorists believe it will be difficult to go through the process of discovering a career path, then finding and keeping a job. The first step of cognitive restructuring is to identify the initial career thought. The Career Thoughts Inventory (CTI) is a well known assessment that measures negative career thoughts. The CTI has not only been used to research the career thoughts of mostly college students, but also other sub-populations such as individuals with disabilities and offenders. Nevertheless, only one study has been conducted using the CTI with veterans.

More research is needed to assess which interventions would help veterans make a smooth transition into the civilian world of work. Successful interventions need to be supported by theory, and not take the "one size fits all" approach. Blanket interventions that assume all individuals need the same amount of support will fail to reach the targeted group's needs. In order to develop successful interventions, baseline data needs to be collected on important aspects of the problem area. For the career development needs of veterans, assessing career thoughts is a key component underlying many career development theories and interventions.

The purpose of the current study is to assess the career thoughts and demographic information of student veterans. The results of this research would show where resources and support should be directed. A statistically significant finding that the target population had high negative career thoughts would require very different interventions then having positive career thoughts. Before resources are used to implement large scale interventions to veterans, baseline data must be collected on important components underlying the problem area.

The large number of veterans entering academic institutions and the significant amount of funding and resources for these students warrants a closer look into what needs are not being met. Although these veterans have made the successful transition from the military to college, one cannot assume they will make a successful transition into the world of work. Obtaining research on their career thoughts will help develop successful career development interventions and hopefully increase the chance of a veteran obtaining and keeping a job.

CHAPTER III. METHODS AND PROCEDURES

Chapter two presented a review of the literature on veterans transitioning into the civilian world and many of the medical, psychological, interpersonal, and occupational concerns they may encounter. Available services and programs were discussed as well as the rate veterans are accessing these services. Veterans attending college was discussed including general characteristics, barriers they may encounter, and available academic and career development assistance. Career development was defined and discussed with a brief overview of the history of the field. The Cognitive Information Processing (CIP) theory was introduced and defined, emphasizing the importance of negative career thoughts. This chapter discusses the purpose of the research and the procedures used to conduct the study. Information on the participants, where the study took place, and the instruments used are discussed. The chapter concludes with a discussion of the study design and data analysis.

Statement of the Problem

To date, there is a lack of information about the career thoughts of veterans (Bullock, et al., 2009), specifically veterans attending colleges or universities. Therefore, the focus of this study was to assess the career thoughts, as measured by the Career Thoughts Inventory (CTI), and demographic information of veterans attending a large university in the southeast. The following research questions guided this study.

1. To what extent is the observed total mean score on the Career Thoughts Inventory (CTI) for participants different from the desired critical value of 48?

2. To what extent is the observed mean score on the Decision Making Confusion (DMC) scale for participants different from the desired critical value of eleven?

3. To what extent is the observed mean score on the Commitment Anxiety (CA) scale for participants different from the desired critical value of 13?

4. To what extent is the observed mean score on the External Conflict (EC) scale for participants different from the desired critical value of three?

The following null hypotheses were formulated to respond to the four research questions.

Ho:1 There is no statistically significant difference between the observed total mean score on the CTI for participants and the desired critical value of 48.

Ho:2 There is no statistically significant difference between the observed mean score on the DMC scale for participants and the desired critical value of eleven.

Ho:3 There is no statistically significant difference between the observed mean score on the CA scale for participants and the desired critical value of 13.

Ho:4 There is no statistically significant difference between the observed mean score on the EC scale for participants and the desired critical value of three.

Procedures

The purpose of this study was to assess the career thoughts and demographic information of veterans attending a large university in the southeast. The researcher initially explored the related research and literature on career thoughts and veterans. Prior to obtaining information on the target population, the researcher developed the

demographic questionnaire (see Appendix 1). The researcher developed the demographic questionnaire with assistance from a retired major from the United States Army. The Career Thoughts Inventory (CTI) is usually administered with the CTI Test Booklet using a pen or pencil (Sampson, et al., 1996). The researcher contacted PAR, the publisher of the CTI, to obtain permission to administer the assessment online. The researcher received permission on August 3, 2012, through a license agreement (see Appendix 2). The researcher, with assistance from the methodologist on her committee, entered the CTI items and the demographic questionnaire into Qualtrics software, which enables users to collect and analyze online data (Qualtrics, 2013). After the questionnaire and demographic items were entered into Qualtrics, the researcher sent the link to the survey to the Student Veteran Association (SVA) office via email.

Next, the researcher identified participants for the study. The target population was veterans attending a large university in the southeast. The exact number of veterans attending was unknown because the university does not have the capability to identity all enrolled student veterans. The only way to identify student veterans was through their use of Veteran Affairs (VA) education benefits. The researcher worked with the Vice President of the Student Veteran Association (SVA) to identify participants for the study. According to the Vice President of the SVA, (personal communication, July 27, 2012) the SVA had contact with 284 individuals for the spring 2012 semester.

The researcher submitted a research protocol review form to the university Institutional Review Board (IRB) for conducting research involving human subjects on August 16, 2012, after developing the demographic questionnaire and obtaining the License Agreement for the CTI (see Appendix 2). On August 31, 2012, the university

IRB approved the research protocol. In September, 2012, researcher began recruiting participants for the study. The Vice President for the SVA agreed to send an email (see Appendix 3) to potential participants to solicit their participation in the study. The email was sent to all of the 284 student veterans who received their VA educational benefits through the SVA during the spring semester of 2012. The e-mail explained the purpose of the research, requested their participation, and informed participants that their responses would be anonymous.

The students who choose to participate in the study were directed to open the electronic information letter of informed consent (see Appendix 4) that was attached to the email. The letter included the following information: (a) invited the students to participate, (b) informed them that there were no risks or discomforts to them, (c) informed them that there is no compensation or costs to them, (d) informed them that they may withdraw at any time with no jeopardy to their future relations to the university or the department in which they were associated, (e) advised them that they may contact the principal investigator (PI) or the faculty advisor for the PI if they have any questions about the study, and (f) informed them that they may contact the University Office of Human Subjects Research or the Institutional Review Board for questions on their rights as research participants.

The SVA launched the survey on October 3, 2012. The researcher made the survey be made available until November 3, 2012; therefore, the participants had one month to complete the CTI and demographic questionnaire. Due to circumstances beyond the researcher's control, a follow-up email was not sent to the participants during the one-month period as originally agreed upon. After the initial e-mail was sent to participants,

the office for the SVA, informed the researcher that no further e-mails could be sent to student veterans. This decision was made in an effort to limit an influx of e-mails for research purposes. At the end of the one-month period, the researcher analyzed the data that were compiled through Qualtrics with the assistance from the methodologist on her committee. Thirty-eight individuals out of the 284 total student veterans completed the survey.

Participants

The sample of participants was drawn from the total population of veterans attending a large land grant university in the southeast. However, the total population total for this study was unknown because the university does not have the capability to identity all student veterans who were enrolled. As discussed previously, the only way to identify student veterans was through their use of Veteran Affairs (VA) education benefits. The researcher contacted the Vice President of the SVA office to identify participants for the study. According to the Vice President of the SVA, (personal communication, July 27, 2012) the SVA had contact with 284 individuals for the spring 2012 semester. All of these individuals are considered veterans because they have served or are currently serving in the armed forces. The group was composed of individuals in active duty, individuals in the National Guard, individuals in the military reserve, and veterans.

The following student veterans were excluded in the target population because they were not in contact with the SVA and cannot be identified: (a) recent enlistees who were ineligible for VA education benefits, (b) students who had not applied for benefits;

however they could be receiving active duty tuition assistance, and (c) students who had used all of their available benefits or whose benefits have expired.

Demographic information was calculated to obtain the following information: (a) gender, (b) age, (c) whether or not the participant had a service-connected disability, (d) percentage of disability, (e) number of times deployed to a combat zone, and (f) number of years discharged. Thirty-one males (82%) and seven females (18%) participated in this study. The following age groups were included in the study: seven (18%) participants were in the 19 to 25 age group; 18 participants (47%) were in the 26 to 30 age group; seven (18%) participants were in the 31 to 40 age group; five (13%) participants were in the 41 to 50 age group; and only one participant (3%) was more than 50 years of age.

Seventeen participants (45%) reported having a service-connected disability and 21 participants (55%) did not have a service-connected disability. For those participants that indicated having a service-connected disability the ranges of percent of disability were as follows: seven participants (41%) had a range of less than 30%; four participants (24%) had a range of 31% to 50%; and six participants (35%) had a range greater than 50%. The number of times a participant had been deployed to a combat zone varied from never (eight participants or 21%) to two or less times (22 participants or 58%); and three or more times (eight participants or 21%). The number of years a participant had been discharged from the service varied from less than two years (eleven participants or 32%) to two to five years (16 participants or 47%); and more than five years (seven participants or 21%).

The researcher obtained additional qualitative demographic information on the participants, such as their declared major. The participants reported having a variety of

declared majors of the 38 individuals who responded to the question. A large majority (34%) reported having business degrees, such as international business, business administration, accounting, and masters of business administration (MBA) as their declared major. The second largest declared major was engineering representing 22% of the 38 individuals who responded. Some of the engineering majors reported were chemical engineering, software engineering, and building science. Psychology was the third largest declared major representing 15% of the participants in programs such as psychology, counseling psychology, vocational rehabilitation and counseling. Education was the fourth largest major representing 12% of the participants, including secondary education/social science, mathematics education, and Hispanic studies. Science represented 10% of the major programs of study, including biomedical sciences, zoology, pre-pharmacy, and forestry. Five percent reported history as their declared major, and 2% reported art as their declared major.

Setting

The study took place at a large land grand university in the southeast. The university was established in 1856, and in 1872 it became the first land-grant college in the South. There was a total of 25,134 students enrolled for the 2012-2013 academic year comprised of 20,175 undergraduate students, 3,917 graduate students, and 1,042 professionals. Fifty-one percent of the student body is male and 49% is female (Auburn University, 2012). As mentioned previously, the exact number of veterans attending the university is unknown because the university does not have the capability to identity all enrolled student veterans.

Instrumentation

The Career Thoughts Inventory (CTI)

The participants were given an opportunity to complete the Career Thoughts Inventory online (*CTI*; Sampson, et al., 1996) to assess their career thinking. The CTI is used to assess and improve negative career thinking. The CTI is based on the Cognitive Information Processing (CIP) theory which helps individuals learn career problem-solving and career decision making (Sampson, et al., 2004). The CTI is a 48-item self-report inventory that uses a 4-point Likert-type scale (three representing strongly agree to zero representing strongly disagree). The instrument can be completed in seven to 15 minutes and scored in five to eight minutes. The CTI is usually administered with a CTI Test Booklet and pen or pencil (Sampson et al., 1996). However, the researcher received permission from PAR, the publisher of the CTI, to administer the assessment online. The license agreement to administer the CTI online is included in Appendix 2. The researcher and the methodologist on her research committee entered the CTI into the Qualtrics survey software.

The total score on the CTI reveals an overall level of dysfunctional thinking in career problem solving and decision making. The total score range is zero to 144. Based on the norm group used in developing the CTI, the mean score is 36.33, and the standard deviation is 22.09. The CTI produces a total score of overall negative career thinking and three construct scores. The three construct scores are decision-making confusion (DMC), commitment anxiety (CA), and external conflict (EC). The DMC scale includes 14 items on the CTI with scores ranging from zero to 42. The DMC scale indicates difficulty beginning or continuing the decision-making process from a result of debilitating emotions and/or a lack of understanding of how to make a decision in general. The CA

scale includes ten items on the CTI with scores ranging from zero to 30. The CA scale reflects difficulty making a commitment to a specific career choice or path, supplemented by generalized anxiety about the decision-making process. The EC scale includes five items on the CTI with scores ranging from zero to 15. The EC scale indicates difficulty balancing the information received from significant others and the individual's own thoughts on important decision-making processes (Sampson et al., 1996).

The CTI was developed through a rational-empirical approach and has been empirically shown to be a reliable and valid measure of dysfunctional career cognitions (Sampson et al., 1996). The internal consistency of the CTI total score and construct scales were established by calculating the coefficient alphas for the normative groups, which included adults, college students, high school students, and clients receiving career services. The internal consistency coefficients for the total score in the adult norm group was $\alpha = .97$. Internal consistency coefficients for the subscales were as follows: (a) DMC subscale ($\alpha = .94$); (b) CA subscale ($\alpha = .91$); and (c) EC subscale ($\alpha = .81$). The small number of items in the EC scale (five items) may have contributed to a lower reliability estimate than estimates on the other subscales. Test-retest taken over a four week interval for the total score for college and high school students revealed an alpha of .77 for the total score. The subscale scores for the same group were as follows: (a) DMC ($\alpha = .77$); (b) CA ($\alpha = .75$); and EC ($\alpha = .63$) (Sampson et al., 1996).

Cognitive Information Processing (CIP) and cognitive theory were used as theoretical background for the development of the CTI (Sampson et al., 1996). Content validity was established by examining the congruence of CTI items with the Cognitive Information Processing (CIP) content dimensions and construct scales. The CIP content

dimensions include: (a) self-knowledge, (b) occupational knowledge, (c) communication, (d) analysis, (e) synthesis, (f) valuing, (g) execution, and (h) executive processing. The construct validity, specifically the extent to which clusters of empirically associated items are consistent with the CIP theory can be indentified and reproduced across populations was examined using a series of principal components analyses (PCAs). The authors examined the total normative sample, adults, college students, high school students, and clients. The CTI total score was found to highly correlate (r =.89 to r = .94) with DMC across all groups. External conflict (EC) was found to be the least related to dysfunctional thinking as seen by the lower correlation of EC with the CTI total score (r = .55 to r = .80) (Sampson et al., 1996).

The convergent validity was established by selecting measures of similar constructs to identify how well they aligned with the CTI total score and construct scale scores (Sampson et al., 1996). Correlations among the four CTI scales (total score and the three subscales) and 18 convergent variables selected for adults, college students, and high school students were correlated in the expected direction. Constructs with positive implications (e.g. self-clarity, knowledge about self) were inversely correlated with the four CTI scales. Constructs with negative implications (e.g. anxiety, depression, impulsiveness) were directly correlated with the four scales. The criterion-related validity was established by examining a group of 199 clients and 149 non clients to determine if the assessment could discriminate between people seeking career services (clients) and people not seeking career services (non clients). A multivariate analysis of variance procedure showed significant differences in CTI scores between clients and non clients, Hostelling's T^2 = .77, $F(48) = 1.83$, $p < .01$ (Sampson et al., 1996).

Demographic Questionnaire

The participants were also given an opportunity to complete a questionnaire developed by the researcher to collect demographic information (see Appendix 1). The researcher developed the questionnaire through consultation with a retired major from the United States Army. The questionnaire collected the following information: (a) reported disability, (b) gender, (c) age group, (d) number of deployments to a combat zone, (e) number of years discharged from service, (f) current major, (g) high school grade point average (GPA), (h) SAT or ACT scores, (i) GRE or GMAT scores if applicable, (j) career aspirations, (k) job in the military, and (l) skills gained in the service transferable to the civilian world. The questionnaire could be completed in approximately five minutes. The researcher consulted with the methodologist on her committee to make the questionnaire available online through the Qualtrics survey software.

Design

The researcher utilized a non-experimental descriptive survey research design to identify the career thoughts and demographic information of veterans attending a large land grant university in the southeast. The researcher collected data on the following four measures: (a) career thoughts as measured by the observed total mean score on the Career Thoughts Inventory (CTI), (b) decision making confusion as measured by the observed mean score on the Decision Making Confusion (DMC) scale on the CTI; (c) commitment anxiety as measured by the observed mean score on the Commitment Anxiety (CA) scale on the CTI; and (d) external conflict as measured by the observed mean score on the External Conflict (EC) scale on the CTI. The researcher set desired critical value for the observed total mean score on the CTI at 48, which was the mean score of the norm group.

Critical values for the subscales were based on the norm groups as well. The values were as follows: (a) DMC scale at 11, (b) CA scale at 13, and (c) EC scale at 3. The desired critical values for each of the four independent values were determined by indentifying the 50^{th} percentile for each value based on the population of college students on which the assessment was normed on.

CHAPTER IV. RESULTS

Chapter three discussed the methodology for the study, presented four research questions and corresponding null hypotheses to test each question. The chapter presented information on the participants, setting, and instrumentation. In addition, the chapter discussed the design of the study. This chapter discusses the results of the analysis.

The current study implemented an exploratory investigation of the career thoughts and demographic information of veterans attending a large university in the southeast. Career thoughts were measured by the Career Thoughts Inventory (CTI), and demographic information was assessed by a demographic questionnaire developed by the researcher (see Appendix 1). The following research questions guided this study.

1. To what extent is the observed total mean score on the Career Thoughts Inventory (CTI) for participants different from the desired critical value of 48?
2. To what extent is the observed mean score on the Decision Making Confusion (DMC) scale for participants different from the desired critical value of 11?
3. To what extent is the observed mean score on the Commitment Anxiety (CA) scale for participants different from the desired critical value of 13?
4. To what extent is the observed mean score on the External Conflict (EC) scale for participants different from the desired critical value of three?

The results of the study were as follows:

Ho:1 There is no statistically significant difference between the observed total mean score on the CTI for participants and the desired critical value of 48.

The first research question was focused on the difference between the observed total mean score on the Career Thoughts Inventory (CTI) and the desired critical value of 48. A one-sample *t*-test was conducted to test the first null hypothesis. The results indicate a statistically significant difference between the observed total mean score on the CTI for participants and the desired critical value, $t(37) = 4.708$, $p = < .01$. The mean difference was 16.39, and the standard deviation was 21.46. The 95% confidence interval of the difference was fairly narrow (-9.34, -23.45). The observed mean was 31.68 compared with the cut-off value of 48. The minimum observed score was 3.00 and the maximum observed score was 82.00. This means that career thoughts of participants were very positive. Participants' scores were lower than 76% of all college students in the population whose scores were used for establishing normed scores on the instrument. In other words, lower scores on the CTI are associated with positive career thoughts.

Ho:2 There is no statistically significant difference between the observed mean score on the DMC scale for participants and the desired critical value of 11.

The second research question was focused on the difference between the observed mean score on the Decision Making Confusion (DMC) scale and the desired critical value of eleven. A one-sample *t*-test was conducted to test the second null hypothesis. The results indicate a statistically significant difference between the observed mean score on the DMC scale for participants and the desired critical value, $t(37) = 5.384$, $p = < .01$. The mean difference was 5.47, and the standard deviation was 6.27. The 95% confidence interval of the difference was narrow (-3.41, -7.53). The observed mean was 5.53

compared with the cut-off value of 11. The minimum observed score was zero and the maximum observed score was 20.00. This means that participants' decision making confusion, as measured by the CTI, was very low. Participants' scores were lower than 73% of all college students in the population whose scores were used for establishing normed scores on the instrument. Like the total mean score, lower scores are more desirable.

Ho:3 There is no statistically significant difference between the observed mean score on the CA scale for participants and the desired critical value of 13.

The third research question was focused on the difference between the observed mean score on the Commitment Anxiety (CA) scale and the desired critical value of 13. A one-sample *t*-test was conducted to test the third null hypothesis. The results indicate a statistically significant difference between the observed mean score on the CA scale for participants and the desired critical value, $t(37) = 6.206$, $p = < .01$. The mean difference was 5.11, and the standard deviation was 5.07. The 95% confidence interval of the difference was narrow (-3.44, -6.77). The observed mean was 7.89 compared with the cut-off value of 13. The minimum observed score was zero and the maximum observed score was 20.00. This means that participants' commitment anxiety, as measured by the CTI, was very low. Participants' scores were lower than 82% of all college students in the population whose scores were used for establishing normed scores on the instrument. A low score indicates low commitment anxiety.

Ho:4 There is no statistically significant difference between the observed mean score on the EC scale for participants and the desired critical value of three.

The fourth research question was focused on the difference between the observed mean score on the External Conflict (EC) scale and the desired critical value of three. A one-sample *t*-test was conducted to test the fourth null hypothesis. The results did not indicate a statistically significant difference between the observed mean score on the EC scale for participants and the desired critical value, $t(37) = .410$, $p = < .01$. The mean difference was .18, and the standard deviation was 2.77. The 95% confidence interval of the difference was narrow (-.73, -1.10). The observed mean was 3.18 compared with the cut-off value of 3. The minimum observed score was zero and the maximum observed score was 10.00. This means that participants' external conflict, as measured by the CTI, was average. Participants' scores were lower than 54% of all college students in the population whose scores were used for establishing normed scores on the instrument. A low score indicates low external conflict.

CHAPTER V. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Chapter four described the results of the study and the results of testing the null hypotheses. Chapter five will discuss the significance and the interpretation of the research within the context of previous research. In addition, the demographic data will be presented in more detail to provide an explanation of performance across participants. The limitations of the study will be presented and the chapter will conclude with the implications for future research.

Significance

The results of the study found statistically significant differences between the total career thoughts, decision making confusion, and commitment anxiety of student veterans compared to the college population the CTI was normed on. In addition, the study found there were no statistically significant differences in external conflict between the two groups. Due to the exploratory nature of the study, the results cannot be assumed to reflect the population of student veterans at the university or student veterans in general. Therefore, the findings can only be tentatively compared and analyzed with other data.

The findings that student veterans had more positive career thoughts, less decision making confusion, and less commitment anxiety compared to the college population the assessment was normed on is noteworthy. A further examination on some of the differences among these populations could help begin to explain these findings. The

profile of a "traditional" college student compared to a veteran college student is different for numerous reasons. "Traditional" college students are defined as attending school full-time, often live on campus, and are between the ages of 18 and 22 (Kulavic, Hultquist, & McLester, 2013). In addition, traditional college students typically enter college after graduating from high school. Student veterans are defined as nontraditional students (O'Herrin, 2011). These students are typically older and are more likely to be non-white than traditional college students. Student veterans are often considered transfer students because of the college credits they bring with them earned while in the service (Radford, 2009). These differences among the populations would potentially result in differences in career thinking. A "traditional" college freshman straight out of high school could have a different outlook on careers than a veteran entering college who served in the OEF/OIF conflicts.

The results of the study found statistically significant differences among most components of the Career Thoughts Inventory (CTI) except on the external conflict (EC) scale. The sample of student veterans had a slightly higher observed mean score on the EC scale compared to the college population the assessment was normed on. Although both populations have many differences among them, they may have similarities that could attribute to this finding. Both populations inevitably have external influences that could interfere with thinking about a career choice, such as demands from significant others and financial responsibilities. Further research could address the specific external conflicts between student veterans and college students.

Interpretation within Context of Previous Research

There is a myriad of research on the topics of student veterans and career thinking, but there is no study that has assessed the career thinking of student veterans. Bullock, Braud, Andrews, and Phillips (2009) is the only study to examine the negative career thoughts of veterans, as measured by the CTI. The study examined the interest patterns, current barriers to employment, and career thinking of 55 male veterans receiving vocational services from a residential facility in the southeast. The participants had been unemployed and homeless prior to their participation in residential services. The majority of the participants had a diagnosis related to substance abuse or mental health prior to receiving residential services. The results found that the participants' level of negative career thinking was similar to the adult population the assessment was normed on (Bullock et al., 2009).

The Bullock et al. (2009) study findings cannot be directly compared to the current study because of the difference among the study participants and the small sample sizes in both studies. In addition, the Bullock et al. (2009) study only utilized the observed total mean score on the CTI and did not report the observed mean scores on the subscales. However, a tentative comparison can be examined because of the limited research on this topic. The findings from the current study are different than the Bullock et al. study because the current study found that the student veterans had more positive career thoughts than the college population the CTI was normed on. The career thinking of student veterans at a large university in the southeast are most likely different than veterans' receiving vocational services from a residential facility in the southeast, but more research is needed to confirm this assumption.

An examination of research on the CTI in other populations can provide more contextual information on career thinking due to the limited amount of research on career thinking in veterans. Numerous research has assessed the career thinking, as measured by the CTI, of many populations, such as college students, individuals with disabilities, and offenders (Lustig & Strauser, 2003; Meyer-Griffith, et al., 2009; Musgrove et al., 2012; Paivandy et al., 2008; Railey & Peterson, 2000; Strauser et al., 2008; Sud & Kumar, 2006; Yanchak et al., 2005). Much of the research on college students has examined specific aspects, such as: (a) levels of communication apprehension, (b) decision-making styles, (c) psychological well-being, and (d) test anxiety, and how the factors relate to career thinking (Meyer-Griffith, et al., 2009; Paivandy, et al., 2008; Strauser, et al., 2008; Sud & Kumar, 2006). The research on individuals with disabilities and offenders has also examined specific aspects, such as: (a) DSM-IV diagnoses, (b) program intervention, (c) career interest structure, and (d) perceptions of vocational identity and, and how the factors relate to career thinking (Lustig & Strauser, 2003; Musgrove, et al., 2012; Railey & Peterson, 2000; Yanchak, et al., 2005). Most of the research on the career thoughts of college students, individuals with disabilities, and offenders is inferential in nature and examines other variables for comparison. Due to the exploratory nature of the current study, the findings cannot be directly compared to these studies. Replicating the current study and examining other variables along with career thoughts can help provide comparisons to relevant research.

Performance across Participants

The study assessed the career thoughts and demographic information of veterans attending a large university in the southeast. The demographic data was collected and

compared with the study findings to gather more contextual information and discuss plausible explanations of performance across participants. Thirty-eight participants completed the CTI and demographic questionnaire. A majority of the participants were male (82%) and were between the ages of 26 and 30 (47%) which is older than "traditional" students who are typically between the ages of 18 and 22 (Kulavic et al., 2013).

Over half of the respondents indicated they had a service-connected disability (55%) with a majority reporting a disability percentage of less than 30% (52%). Twenty-nine of the participants reported a disability percentage of greater than 50%. The higher a veteran's disability percentage, the more likely the individual is not in the labor market. In August 2011, almost 40% of veterans with a service-connected disability rating of less than 30% were not in the labor market (DOL, 2012a). These results would not correlate with the findings because the participants are in postsecondary education and are actively pursuing their future profession.

A majority of the participants (58%) reported being deployed to a combat zone two or less times. Twenty-one percent said they had been deployed three or more times and 21% said they had never been deployed to a combat zone. Numerous research has found that the increased number of deployments positively correlates with increased incident rates of mental health and medical conditions, such as PTSD and TBI (Bilmes, 2007; Church, 2009; Ostovary & Dapprich, 2011; Tanielian & Jaycox, 2008). A majority of the respondents (47%) indicated being discharged from the service for two to five years. Thirty-two percent said they had been discharged from the service less than two years ago and 21% said they had been discharged more than five years ago. There is a

high probability that the participants were involved in the OEF/OIF conflicts because over 75% of the sample had been discharged from the service no more than five years ago. Therefore, there is a chance that the participants had encountered or are currently dealing with some of the transition concerns from the OEF/OIF conflicts, such as difficulty sleeping or paranoia. The higher than average level of external conflict in the participants could reflect some issues related to increased deployments and transition concerns.

The demographic data also found that the majority of the participants indicated a specific profession they wanted to pursue after graduation. The professions under this category, created by the researcher after analyzing the results, included: (a) intelligence analyst, (b) federal service, (c) department of state or department of justice, (d) marine officer, (e) air force, (f) veterans affairs vocational rehabilitation and employment, (g) clandestine services, (h) federal government (FBI, ATF, U.S. Marshals), (i) intelligence, (j) fire fighter, and (k) computer or network security specialist. A majority of the participants (34%) reported wanting to pursue business, such as small business owner, production manager, operations management, and construction management. The results finding little to no negative career thoughts, decision making confusion, or commitment anxiety correlates with the majority of the participants knowing specifically what profession they want to pursue upon graduation. Individuals with more positive career thoughts have less trouble picking and pursuing a career path (Sampson et al., 2004).

Limitations

Results of the current study do have limitations. One limitation was the sample size. A researcher will randomly select participants from the total population of interest to

obtain an accurate and comprehensive sample. The total population for this study was unknown because the university did not have the capability to identity all student veterans who were enrolled. Therefore, the only way to identify student veterans was through their use of Veteran Affairs (VA) education benefits, specifically through the Student Veteran Association (SVA). This method excluded many student veterans because the following were not in contact with the SVA and cannot be identified: (a) recent enlistees who were ineligible for VA education benefits, (b) students who had not applied for benefits; however they could be receiving active duty tuition assistance, and (c) students who had used all of their available benefits or whose benefits have expired.

The researcher utilized a convenience sample because the total population was unknown and she could not randomly select participants from this population. Another limitation to obtaining a comprehensive sample was not sending a follow-up email. Due to circumstances beyond the researcher's control, a follow-up email was not sent to the participants during the one-month period as originally agreed upon. After the initial e-mail was sent to participants, the office for the SVA, informed the researcher that no further e-mails could be sent to student veterans. This decision was made in an effort to limit an influx of e-mails for research purposes. When conducting survey research, a follow-up email helps increase the participation rate, which will improve the external validity. Due to these factors, the sample was small and the findings cannot be assumed to represent a true picture of student veterans at the university where the study took place and/or student veterans at any academic institution.

Another limitation to the study was accuracy of the data collected and if the responses truly reflected the career thoughts and demographic data of the participants.

The study was administered online and the results depended on the participants' level of honestly in answering the questions. In addition, the researcher had limited knowledge on the participants, specifically related to disability. As discussed in chapter two, military personnel who were deployed as a part of OEF/OIF are returning with overwhelming rates of visible and non-visible disabilities, often having more than one diagnosis (Carlson et al., 2010; Maynard et al., 2010; Tanielian & Jaycox, 2008). Disabilities, such as PTSD and/or TBI can impact an individual's daily functioning in many ways, such as having negative career thoughts or difficulty with comprehension. The participants were only asked if they had a service-connected disability and if so what the percentage was. Participants were not asked to give the specific disability. It is possible that many of the participants were being deployed for the OEF/OIF conflicts because a majority of the sample was between the ages of 26 and 30, and a majority had been deployed to a combat zone two or less times. Therefore, the study cannot account for possible interferences or interactions the symptoms of disabilities, like PTSD and TBI, could have on how the participants answered the questions on the CTI and demographic questionnaire.

Conclusions

The study provided an exploratory view of the career thoughts and demographic information of student veterans attending a large university in southeast. The data revealed statistically significant differences in the participants' scores on total career thoughts, decision-making confusion, and commitment anxiety compared to the college population the CTI was normed on. External conflict was the only subscale that did not have statistically significant differences among both populations. Due to the nature of an exploratory study, the data cannot be used to make implications or generalizations about

student veterans at the university or any other postsecondary institution. However, this was the first study to assess career thoughts of student veterans, as measured by the CTI, and only the second study to assess career thoughts in veterans.

There is a myriad of research and information on veterans transitioning into the civilian world and the barriers they may encounter. These individuals will encounter medical, psychological, interpersonal, and occupational concerns that may interfere with finding success as a veteran. Although all of these transition areas need to be addressed, establishing successful employment is crucial to a veteran successfully transitioning into the civilian world. Obtaining employment has been shown to assist with many transition issues veterans' confront, such as homelessness, incarceration, addiction relapse, and domestic abuse (Bullock, et al., 2009; Perls, 2009; Tanielian & Jaycox, 2008). One important way of obtaining and keeping good employment is through additional postsecondary education. Having a college degree has been shown to increase the likelihood that a veteran will have an easier time adjusting to civilian life (Morin, 2011).

More research is being conducted on the needs and successes of student veterans, especially with the large influx of veterans from recent conflicts entering higher academic institutions. This research should help guide the services and resources for student veterans. With limited resources and funding, it is critical that these resources are allocated appropriately and are established on evidenced-based data and practices. Giving valid and reliable assessments, like the CTI, can help identify the need of a population and be used to determine what services could help these needs. Many assessments, such as the CTI, are used as screening tools to identify the needs of individuals which can dictate what services are beneficial. Using the Cognitive Information Processing (CIP)

seven-step delivery sequence the CTI is initially administered to measure dysfunctional career thoughts and can be used as a screening and needs assessment resource. Under this theory, career thinking is evaluated before moving ahead because dysfunctional career thinking can limit an individual's ability to make effective career choices. The client will move on in the delivery sequence once the practitioner feels the client's career thinking is not dysfunctional (Sampson et al., 2004).

The current study results cannot be used to signify a need or lack of need of student veterans because of the exploratory nature of the study. However, if the results of the current study were replicated in large numbers across many universities, the results could be used to make decisions on what to focus on in when designing resources and services for student veterans, specifically with career development. The results would not downplay the need for career development services for veterans, but would show where funds and resources should be allocated. Using the CIP seven-step service delivery sequence, having the CTI scores for student veterans could show if resources needed to focus on challenging and altering negative career thoughts, or if resources could focus on additional steps in the delivery sequence. For example, resources and services dedicated to helping individuals learn how to solve career problems would not be a priority, as determined by statistically significant lower scores on the decision making confusion (DMC) scale. However, helping individuals learn how to balance their career aspirations with the obligations of outside influences, such as family, would be a priority, as measured by the external conflict (EC) scale.

More research is needed to ascertain an accurate picture of the career thoughts of student veterans. The current study could be replicated and implemented in many ways to

increase the data's generalizability. The study could be replicated with a larger sample of student veterans at the university to accurately represent the population of student veterans. The CTI could be given to student veterans and non-student veterans, such as the general student body, students with disabilities, and "non-traditional" students, to understand how career thoughts may be different or similar in different types of students. In addition, the study could be conducted in more than one setting for comparison of student veterans to other types of veterans, such as veterans receiving services through the VA, homeless veterans, or active military personnel. This research could begin to show how career thoughts may vary in veterans depending on where they are in the transition process and/or if they have encountered transition barriers.

Conducting more research on the occupational and academic needs is important to fully understand the needs of this population. Bullock et al. (2009) reported that little is known about many of the needs of veterans, specifically in regards to career development, and more research is needed to understand the issues veterans may encounter. The current study was an exploratory study and the results cannot be used for the benefit of program development until the study is replicated on a larger scale.

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Appendix 1

Demographic Questionnaire

Block 1

Default Question Block

How old are you?

- 19 - 25
- 26 - 30
- 31 - 40
- 41 - 50
- 51 or older

Are you male or female?

- Male
- Female

Do you have a service-connected disability?

- Yes
- No

If so, what range does your disability percentage fall under?

- Less than 30%
- 31% to 50%
- Greater than 50%

How many times have you been deployed to a combat zone?

- Never
- Two or less times

Three or more times

How many years have you been discharged from the service?

- Less than two years
- Two to five years
- More than five years

What is your declared major?

What was your high school grade point average (GPA)?

What were your scores on the SAT and/or ACT?

If applicable, what were your scores on the GRE and/or GMAT?

What profession do you hope to pursue after you graduate?

What was your job in the military?

What skills that you gained while in the service will translate into the civilian world of work?

Appendix 2

PAR License Agreement

PAR
Creating Connections. Changing Lives.

16204 N. FLORIDA AVENUE • LUTZ, FLORIDA 33549
Telephone: 813.968.3003 • Fax: 813.968.2598 • Web: www.parinc.com

LICENSE AGREEMENT

THIS AGREEMENT, made this August 6, 2012, by and between Psychological Assessment Resources, Inc., a Florida Corporation, with its principal offices located at 16204 North Florida Avenue, Lutz, Florida 33549, hereinafter referred to as PAR, and Kate R. Musgrove, with her principal offices located at Auburn University, 3084 Haley Center, Auburn, AL 36849-5218, hereinafter referred to as Licensee.

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In consideration of the mutual covenants and promises expressed herein and other good and valuable considerations, it is agreed as follows:

2) LICENSE

PAR hereby grants to Licensee, subject to the terms of this Agreement, a non-transferable, non-exclusive license to place the Test on Licensee's Website for the Limited Purpose described in Section 1 above. Licensee agrees to hold secure and treat as proprietary all information transferred to it from PAR. Licensee shall carefully control the use of the Test for the

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3) TERMS AND TERMINATION

The initial term of this Agreement shall extend from September 1, 2012 through December 31, 2012, and may be extended only by mutual agreement of the parties. Not withstanding any other provision of this Agreement, this Agreement may be terminated if any of the following events occur:

(a) Termination is mutually agreed to by the parties.

(b) Licensee defaults in the performance of any of its duties hereunder.

On the effective date of expiration or termination of this Agreement pursuant to subsections (a) and (b) above, all rights in this Agreement revert to PAR. Computer software programs written by or for Licensee remain the property of Licensee. Licensee warrants that upon expiration or termination of this Agreement under subsections (a) and (b) above, and except as set forth in any separate license agreement relating thereto, all portions of the Test licensed hereunder shall be removed from Licensee's Website. Failure to cease all uses of the Test shall constitute copyright infringement.

4) TERMINATION RIGHTS

In the event of termination pursuant to paragraph 3 above for any reason, PAR shall not be liable to Licensee for compensation, reimbursement or damages for any purpose, on account of any expenditures, investments, leases or commitments made or for any other reason whatsoever based upon or growing out of this Agreement.

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The computer programs developed by Licensee and used in any phase of administration and scoring of the Test shall be fully tested by Licensee and shall be encrypted and reasonably protected from access, intrusion and changes by persons who are not authorized agents of Licensee. In addition to the foregoing, Licensee shall exert all reasonable commercial efforts to prevent the Programs, and any accompanying code for the administration of the Test from being accessed, viewed or copied by others. Licensee warrants the accuracy of such scoring and reporting.

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PAR is the owner of all right, title and interest in the Test. Licensee shall acquire no right or interest in the Test, by virtue of this Agreement or by virtue of the use of the Test, except the right to use the Test in accordance with the provisions of this Agreement. Licensee shall not modify or revise the Test in any manner without written approval by PAR. All uses of the Test by Licensee shall inure to the benefit of PAR. Licensee agrees not to challenge or otherwise interfere with the validity of the Test or PAR's ownership of them.

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(a) brought by or against PAR, arising or alleged to have arisen out of the use of the Test by Licensee;

(b) sustained or incurred by PAR, arising or alleged to have arisen in any way from the breach of any of Licensee's obligations hereunder; or

(c) incurred by PAR in any litigation to enforce this Agreement, including litigation against Licensee.

10) ASSIGNMENT

Licensee shall not assign this Agreement or any license, power, privilege, right, or immunity, or delegate any duty, responsibility, or obligation hereunder, without the prior written consent of PAR. Any assignment by PAR of its rights in the Test shall be made subject to this Agreement.

11) GOVERNING LAW

This Agreement shall be construed according to the laws of the State of Florida of the United States of America. Venue for any legal action relative to this Agreement shall be in the appropriate state court in Hillsborough County, Florida, or in the United States District Court for the Middle District of Florida, Tampa division. Licensee agrees that, in any action relating to this Agreement, the Circuit Court in Hillsborough County, Florida or the United States District Court for the Middle District of Florida, Tampa Division, has personal jurisdiction over Licensee, and that Licensee waives any argument it may otherwise have against the exercise of those courts' personal jurisdiction over Licensee.

12) SEVERABILITY

If any provision of this Agreement shall, to any extent, be invalid and unenforceable such provision shall be deemed not to be part of this Agreement, and the parties agree to remain bound by all remaining provisions.

13) EQUITABLE RELIEF

Licensee acknowledges that irreparable damage would result from unauthorized use of the Test and further agrees that PAR would have no adequate remedy at law to redress such a breach. Therefore, Licensee agrees that, in the event of such a breach, specific performance and/or

injunctive relief, without the necessity of a bond, shall be awarded by a Court of competent jurisdiction.

14) ENTIRE AGREEMENT OF THE PARTIES

This instrument embodies the whole Agreement of the parties. There are no promises, terms, conditions, or obligations for the Test licensed hereunder other than those contained herein; and this Agreement shall supersede all previous communications, representations, or agreements, either written or verbal, between the parties hereto, with the exception of any prior agreements that have not previously been terminated by written consent of both parties or by one party if the terms of the agreement allow. This Agreement may be changed only by an agreement in writing signed by both parties.

15) NOTICES AND MODIFICATIONS

Any notice required or permitted to be given under this Agreement shall be sufficient if in writing and if sent by certified or registered mail postage prepaid to the addresses first herein above written or to such addresses as either party may from time to time amend in writing. No letter, telegram, or communication passing between the parties hereto covering any matter during this contract, or periods thereafter, shall be deemed a part of this Agreement unless it is distinctly stated in such letter, telegram, or communication that it is to constitute a part of this Agreement and is to be attached as a right to this Agreement and is signed by both parties hereto.

16) SUCCESSORS AND ASSIGNS

Subject to the limitations on assignments as provided in Section 10, this Agreement shall be binding on the successors and assigns of the parties hereto.

17) PARAGRAPH HEADINGS

The paragraph headings contained in this Agreement are inserted only for convenience and they are not to be construed as part of this Agreement.

18) AUTHORIZATION AND REPRESENTATION

Each party represents to the others that it has been authorized to execute and deliver this Agreement through the persons signing on its behalf.

IN WITNESS WHEREOF, the parties have executed this Agreement in duplicate on the date first herein above written.

ACCEPTED AND AGREED:

BY: Kate R Musgrove

KATE R. MUSGROVE

Title: Ph.D. Student

DATE: September 12, 2012

ACCEPTED AND AGREED:

BY:

R. BOB SMITH III, PH.D.

Title: CHAIRMAN AND CEO

DATE: 9-14-12

PAYMENT RECEIVED: CK # 792

PAR CUSTOMER No.: 54183

SIGNATURE OF PROFESSOR REQUIRED:

I hereby agree to supervise this student's use of these materials. I also certify that I am qualified to use and interpret the results of these tests as recommended in the *Standards for Educational and Psychological Testing*, and I assume full responsibility for the proper use of all materials used per this Agreement.

BY: E. Davis Martin

Printed Name: E. DAVIS MARTIN, JR.

Appendix 3

Participant Recruitment Email

Dear student,

I am a graduate student in the Department of Special Education, Rehabilitation and Counseling at Auburn University. I would like to invite you to participate in my research study to examine the career thoughts and demographic information of veterans attending Auburn University. You may participate if you are at least 19 years old, attending Auburn University as a student, and you are a veteran receiving Veterans Affairs (VA) educational benefits.

Participants will be asked to complete an inventory on career thoughts and a demographic questionnaire online through a provided link. The inventory will collect data on participants' thoughts on their careers. It will take approximately seven to 15 minutest to complete. The demographic questionnaire has 13 questions. It will take approximately five minutes to complete.

My goal with completing this study is to help define the career thoughts of veterans which will lead to better programs tailored specifically for the needs of each individual. I do not anticipate the study posing any risks or discomforts, because the data is being collected anonymously. If you would like to know more information about this study, an information letter can be obtained by clicking on the attachment in this email labeled "Electronic Information Letter – Musgrove Study." If you decide to participate after reading the letter, you can access the survey from a link in the informed consent letter attached.

If you have any questions, please contact me through email at ker0013@auburn.edu or my advisor, Dr. E. Davis Martin, through email at martiev@auburn.edu.

Thank you for your consideration,

Kate Racoff Musgrove, Ed.S., M.S., NCC

Appendix 4

Electronic Information Letter of Informed Consent

AUBURN
UNIVERSITY

DEPARTMENT OF
SPECIAL EDUCATION,
REHABILITATION AND COUNSELING

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

INFORMATION LETTER
for a Research Study entitled
"Examining the Career Thoughts of Veterans Enrolled in College"

You are invited to participate in a research study to assess the career thoughts and demographic information of veterans attending Auburn University. The study is being conducted by Kate Racoff Musgrove, graduate student under the direction of Dr. E. Davis Martin, Professor in the Auburn University Department of Special Education, Rehabilitation and Counseling. You were selected as a possible participant because you are a veteran attending Auburn University who receives Veterans Affairs (VA) educational benefits through the Auburn Student Veterans Association and are age 19 or older.

What will be involved if you participate? Your participation is completely voluntary. If you decide to participate in this research study, you will be asked to complete an inventory evaluating your career thoughts and a demographic questionnaire. Your total time commitment will be approximately 20 minutes.

Are there any risks or discomforts? The risks associated with participating in this study are none because the research will not use any deception.

Are there any benefits to yourself or others? If you participate in this study, you can expect to help the researcher examine the career thoughts and demographic information of veterans attending Auburn University.

Will you receive compensation for participating? No

Are there any costs? If you decide to participate, you will not incur any costs

If you change your mind about participating, you can withdraw at any time by closing your browser window. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Once you've submitted anonymous data, it cannot be withdrawn since it will be unidentifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University or the Department of Special Education, Rehabilitation and Counseling.

Any data obtained in connection with this study will remain anonymous. We will protect your privacy and the data you provide by collecting it anonymously and downloading the data onto the researcher's and statistician's computers which are password protected. After the study is completed the electronic data will be destroyed. Information collected through your participation may be used to fulfill an educational

requirement, published in a professional journal, and/or presented at a professional conference.

If you have questions about this study, please contact Kate Racoff Musgrove by e-mail at ker0013@auburn.edu or phone (334) 844-7676 or Dr. E. Davis Martin by e-mail at martiev@auburn.edu or phone (334) 844-7676.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Human Subjects Research or the Institutional Review Board by phone (334) 844-5966 or e-mail at hsubjec@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION ABOVE, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, PLEASE CLICK ON THE LINK BELOW. YOU MAY PRINT A COPY OF THIS LETTER TO KEEP.

Kate Racoff Musgrove August 15, 2012
Investigator Date

The Auburn University Institutional Review Board has approved this document for use from August 27, 2012 to August 26, 2013. Protocol #12-282 EX 1208.

https://auburn.qualtrics.com/SE/?SID=SV_6ETKXRbBcHAShJH