



## Are Faculty and Staff Ready to Support Student Veterans?

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A Survey of 14,673 Faculty and Staff  
at 20 Colleges and Universities

Co-Authored by

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# Are Campuses Ready to Support Students in Distress?

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## INTRODUCTION

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**Veterans and military service members represent an important portion of the higher-education population, with over 1 million veterans using their education benefits since 2008<sup>1</sup>.**

They share many attributes of other nontraditional populations, such as being adult learners and married college students; however, their experiences make them different from both traditional and nontraditional students. For example, many student veterans and military service members bring a wealth of unique military experiences to the classroom due to their interactions with foreign cultures and the ensuing world perspective that can lead to more robust classroom discussions<sup>2</sup>. In addition, soft skills developed through military service, such as goal setting, time management, and discipline, can aid student veterans in their studying and academic performance. However, student veterans may also bring to campus the negative aftereffects of their combat experiences in the form of post-traumatic stress (PTS), depression, and thoughts of suicide, as reported in the larger post-9/11 veteran population<sup>3-5</sup>.

Preliminary studies on the prevalence of psychological distress suggest that over 40% of student veterans screen

positive for post-traumatic stress disorder (PTSD), 24% screen positive for depression, and 8% endorse past-month suicide ideation<sup>6,7</sup>. The rates of PTS among student veteran and post-9/11 veteran populations are higher than the rates found in college students generally (9.0%)<sup>8</sup>. The depression rate among post-9/11 veterans is nearly even with the reported college student prevalence of depression of 12.1%, but the rate among student veterans appears to be much higher than college students in general.

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Depression severity, in particular, is associated with significantly lower grade point average among student

<sup>1</sup> Department of Veterans Affairs. (2014). Department of Veterans Affairs, Veterans Benefits Administration, Annual Benefits Reports, 2000 to 2013. Washington, D.C. Retrieved 12 1, 2014, from [http://www.va.gov/vetdata/docs/Utilization/EducNation\\_2013.xls](http://www.va.gov/vetdata/docs/Utilization/EducNation_2013.xls)

<sup>2</sup> Ackerman, R., DiRamio, D., & Mitchell, R. (2009). Transitions: Combat veterans as college students. *New Directions for Student Services*, 126, 5–14. doi: 10.1002/ss.311

<sup>3</sup> Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *JAMA: Journal of the American Medical Association*, 295(9), 1023–1032.

<sup>4</sup> Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *JAMA: Journal of the American Medical Association*, 298(18), 2141–2148. doi:10.1001/jama.298.18.2141

<sup>5</sup> Lapierre, C. B., Schwiegler, A. F., & LaBauve, B. J. (2007). Posttraumatic stress and depression symptoms in soldiers returning from combat operations in Iraq and Afghanistan. *Journal of Traumatic Stress*, 20(6), 933–943. doi:10.1002/jts.20278

<sup>6</sup> Bryan, C. J., & Bryan, A. O. (2014). Sociodemographic correlates of suicidal thoughts and behaviors among college student service members/veterans. *Journal of American College Health*, 63, 502–507.

<sup>7</sup> Rudd, M. D., Goulding, J., & Bryan, C. J. (2011). Student veterans: a national survey exploring psychological symptoms and suicide risk. *Professional Psychology: Research and Practice*, 42, 354–360.

<sup>8</sup> Read, J. P., Ouimette, P., White, J., Colder, C., & Farrow, S. (2011). Rates of DSM-IV-TR trauma exposure and posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy*, 3(2), 148–156. doi:10.1037/a0021260

<sup>9</sup> American College Health Association. (2014). American College Health Association-National college health assessment II: Undergraduate students reference group data report spring 2014. Hanover, MD: American College Health Association.

veterans, especially in the presence of elevated PTS symptom<sup>10</sup>. This same study found that depression, but not PTS, was also significantly associated with turning in assignments late, failing exams, and skipping classes. Relatedly, Ackerman<sup>2</sup> found that student veterans with PTS reported more difficulty with concentration and focus, thus affecting their academic performance.

Alternatively, faculty and campus-wide staff have more contact with student veterans and can provide referrals to on-campus support services for them, yet many colleges and universities do not provide training on veteran or military culture for their faculty or staff<sup>11</sup>, thereby limiting the ability of faculty and staff to provide help and referrals to student veterans and hindering student veterans' use of potentially beneficial campus support services.

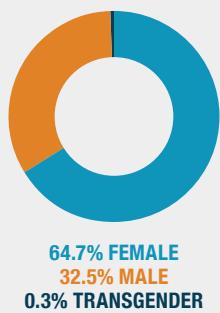
## THE SURVEY

Between September 2012 and April of 2017 Kognito surveyed 14,673 faculty and staff members from 20 geographically dispersed U.S. colleges and universities. Respondents were asked to complete the brief online survey as the first step in completing Kognito's evidence-based interactive military competency and mental health simulation entitled "Veteran on Campus for Faculty and Staff" which was purchased by their institution for purposes of professional development.

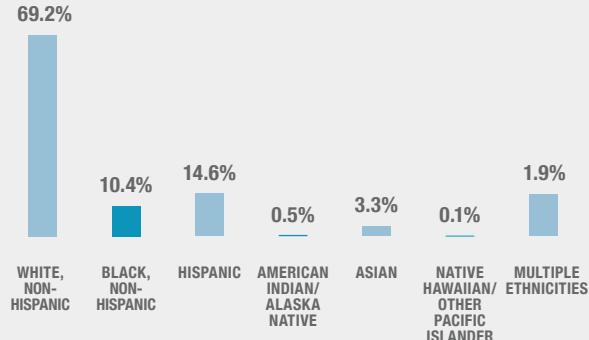
- No participant was required to take the survey or compensated for their participation.
- Participants average age was 43 ( $SD = 13.7$ )
- Average years working in education was  $M = 9.66$  ( $SD = 8.75$ )

## Demographic information

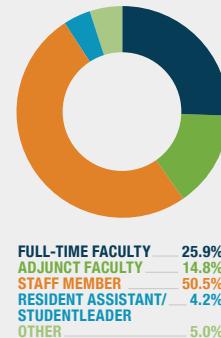
Gender of respondents



Race of respondents



Role of respondents



<sup>10</sup> Bryan, C. J., Bryan, A. O., Hinkson, K., Bichrest, M., & Ahern, D. A. (2014). Depression, posttraumatic stress disorder, and grade point average among student servicemembers and veterans. *Journal of Rehabilitation Research and Development*, 51, 1035-1046.

<sup>11</sup> Ryan, S. W., Carlstrom, A. H., Hughey, K. F., & Harris, B. S. (2011). From boots to books: Applying Schlossberg's Model to transitioning American veterans. *NACADA Journal*, 31(1), 55–62.

## SURVEY HIGHLIGHTS

The survey revealed that:

**70%+**

**More than 70%** do not feel adequately prepared to recognize when a student veteran is exhibiting signs of psychological distress including depression, anxiety, and thoughts of suicide.

**75%+**

**More than 75%** do not feel adequately prepared to approach such student veterans to discuss their concern.

**42%**

**Only 42%** said that they feel prepared to manage a classroom discussion around a veteran sensitive issue.

**44%**

**44%** said that they are not knowledgeable about the common challenges facing the student veteran population.

**30%**

**30% reported** that they are unlikely or very unlikely to discuss with a student veteran their concern about the signs of psychological distress they are exhibiting.

**95%+**

**More than 95%** said that it is part of the role of faculty, staff and administrators to help create a supportive environment for the student veteran population and to connect student veterans experiencing psychological distress with mental health services.

**~94%**

**Almost 94%** said that all faculty, staff and administrators in my academic institution should take a course on military competency and veteran's mental health.

The survey strongly suggests that while faculty and staff report wanting to create a supportive environment for student veterans and connecting students experiencing psychological distress with support as part of their role, a vast majority report not having the skills, knowledge, and self-confidence to follow through on these critical tasks. Institutions of higher education should tap into this motivated user group and engage them in effective learning experiences to build military cultural competency and mental health skills to become active participants in supporting student veterans as they pursue their academic degree and future career growth.

## AUTHOR BIOS

### Glenn Albright, Ph.D.

*Co-Founder and Director of Research, Kognito*

Dr. Glenn Albright is a clinical psychologist and former chair of the Department of Psychology at Baruch College, City University of New York. He is also co-founder and director of research at Kognito where his research evaluates the efficacy of game-based health simulations designed to bring about changes in health and mental health behaviors and can cost-effectively impact large numbers of geographically dispersed people that would benefit the most from such training. In his spare time, Dr. Albright volunteers his time running an equine psychotherapy practice for veterans with PTSD.

### Craig J. Bryan, Psy.D.

*Executive Director, National Center for Veterans Studies  
at The University of Utah*

Craig J. Bryan, PsyD, ABPP, is a board-certified clinical psychologist in cognitive behavioral psychology, and is currently the Executive Director of the National Center for Veterans Studies at The University of Utah. Dr. Bryan received his PsyD in clinical psychology in 2006 from Baylor University, and completed his clinical psychology residency at the Wilford Hall Medical Center, Lackland Air Force Base, TX. He was retained as faculty in the Department of Psychology at Wilford Hall Medical Center, where he was Chief of the Primary Care Psychology Service, as well as the Suicide Prevention Program Manager for Lackland AFB. Dr. Bryan deployed to Balad, Iraq, in 2009, where he served as the Director of the Traumatic Brain Injury Clinic at the Air Force Theater Hospital. Dr. Bryan separated from active duty service shortly after his deployment, and currently researches suicidal behaviors and suicide prevention strategies, and psychological health and resiliency. He currently manages numerous federally-funded projects in excess of \$10 million, to include studies testing cognitive behavioral treatments for suicidal service members, developing innovative methods to identify and detect high-risk military personnel and veterans, and disseminating effective treatments to health care providers and the public. Dr. Bryan has published over 120 scientific articles and several books including *Managing Suicide Risk in Primary Care*, *Cognitive Behavioral Therapy for Preventing Suicide Attempts: A Guide to Brief Treatments Across Clinical Settings*, and the *Handbook of Psychosocial Interventions for Veterans and Service Members: A Guide for the Non-Military Mental Health Clinician*. He is the lead risk management consultant for the \$25 million STRONG STAR Research Consortium and the \$45 million Consortium to Alleviate PTSD, which investigates treatments for combat-related PTSD among military personnel, and has served on the Board of Directors of the American Association for Suicidology. He is considered a leading national expert on military and veteran suicide. For his contributions to military mental health and suicide prevention, Dr. Bryan has received numerous awards and recognitions including the Arthur W. Melton Award for Early Career Achievement, the Peter J.N. Linnerooth National Service Award, and the Charles S. Gersoni Military Psychology Award from the American Psychological Association; and the Edwin S Shneidman Award for outstanding contributions to research in suicide from the American Association of Suicidology.



## About Kognito

Kognito is a developer of role-play simulations designed to prepare people to lead conversations in real life that result in measurable improvements in social, emotional, and physical health. Kognito suite of mental health simulations for PK-12, higher education, primary care, and acute care settings has been utilized by over 500 organizations. Its higher education programs are also listed in the National Registry of Evidence-Based Programs and Practices.

Learn more at [kognito.com](http://kognito.com).

## For Questions about the Survey:

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## About National Center for Veterans Studies at The University of Utah

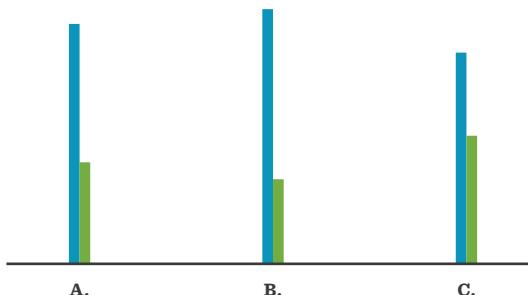
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Learn more at [tbd](#).

## APPENDIX

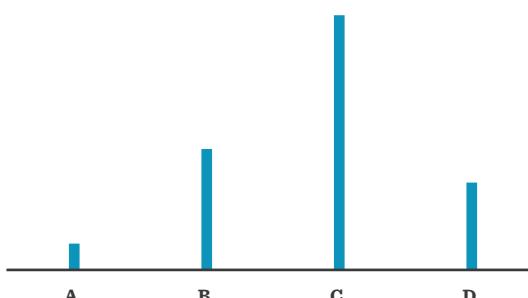
### #1: How would you rate your preparedness to ... (N=14,673)

	Very Low, Low, Medium	High, Very High
A. Recognize when a student veteran's behavior is a sign of psychological distress	70.07%	29.92%
B. Discuss with a student veteran your concerns about the signs of psychological distress they are exhibiting	75.06%	24.93%
C. Recommend mental health support services (e.g. counseling center) to a student veteran exhibiting signs of psychological distress	62.25%	37.75%



### #2: How likely are you to discuss with a student veteran your concern about the signs of psychological distress they are exhibiting (N=14,190)

A. Very Unlikely	5.38%
B. Unlikely	24.71%
C. Likely	52.05%
D. Very Unlikely	17.85%



### #3: How much do you agree/disagree with the following statements (N=13,882)

	Very Low, Low, Medium	High, Very High
A. I am knowledgeable about the common challenges facing the student veteran population	43.66%	56.34%
B. I feel prepared to manage a classroom discussion around a veteran sensitive issue	57.96%	42.03%
C. Part of the role of faculty, staff and administrators is to help create a supportive environment for the student veteran population	3.23%	96.76%
D. Part of the role of faculty, staff and administrators is to connect student veterans experiencing psychological distress with mental health services	5.51%	94.48%
E. All faculty, staff and administrators in my academic institution should take a course on military competency and veteran's mental health	6.11%	93.89%

