

Utilization of on-campus speech and language services by student veterans

By

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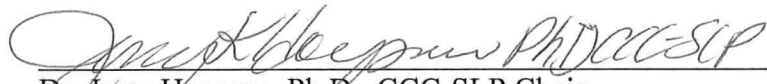
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DEDICATION

I dedicate my thesis to all active-duty, reserve, and guard service members and veterans of the United States Armed Forces in honor of their service to our country.

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CHAPTER ONE

INTRODUCTION

Transition from Military to Higher Education

A recent U.S. Department of Education questionnaire found that 96% of post-secondary institutions enrolled military service members, veterans, and/or dependents of military service members or veterans in the 2012-2013 school year (Queen & Lewis, 2014). The American Council on Education also recently reported an increase in the average number of active-duty military and veteran students enrolled in institutions of higher education. In their 2009 survey, the responding institutions enrolled an average of approximately 357 active duty military or veteran students. In the 2012 survey, the average enrollment rose to approximately 823 students. They state the increase is likely due to the enactment of the Post 9/11 Veterans Assistance Act of 2008 (also known as the new GI Bill), which provides veterans with support for educational expenses. This prevalence of military service members returning to higher education settings has prompted a need to examine the “veteran-friendliness” of educational settings. A large factor to be considered for veteran-friendliness is the presence of support staff and services to aid in the transition from the military to higher education (McBain, Kim, Cook, & Snead, 2012). If campuses hope to move toward veteran-friendliness, they must examine 1) the specific needs of the current group of returning student veterans, 2) programs and services that are currently being offered to meet those needs, and 3) factors that contribute to the utilization of those programs and services.

The Student Veterans Taskforce Members from the Institute for Learning and Teaching at Colorado State University identify several potential challenges for student

veterans, including: transition from military to university life (e.g., structured to less structured schedules, feeling disconnected from other students due to age and life experience), academic difficulties (e.g., having to re-learn study strategies), choosing a career path that is the “best fit” according to their experiences, and difficulties associated with health issues such as traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD; Armstrong et al., 2010). For the purposes of this study, only the academic difficulties associated with TBI will be examined.

Traumatic Brain Injury (TBI)

Traumatic brain injury (TBI) has been identified as one of the “signature injuries” of the Global War on Terror (GWT; Church, 2009). “TBI injury is more properly defined as an alteration in brain function manifest as confusion, altered level of consciousness, seizure, coma, or focal sensory or motor neurologic deficit resulting from blunt or penetrating force to the head...” (Bruns & Hauser, 2003, p. 2). A majority of traumatic brain injuries among active duty military personnel are sustained due to blast injuries in war zones (Langlois, Rutland-Brown, & Wald, 2006). The Defense and Veteran’s Brain Injury Center reported 26,561 military-related traumatic brain injuries in 2013 alone. The majority (83.5%) of those injuries were mild TBI (mTBI), as opposed to more severe injuries. mTBI is characterized by cognitive, physical, and emotional symptoms. Cognitive signs include: difficulty thinking clearly, concentrating, and remembering new information. Physical effects may be: feeling tired or slowed down, headaches, and unusual sleeping patterns. Finally, emotional changes include: enhanced irritability, sadness, and anxiety. Some of the symptoms occur immediately after the injury, but others may not be noticed until months later. Sometimes, the person with mTBI may not

understand why the symptoms are occurring, which increases the emotional anxiety (Centers for Disease Control and Prevention, 2010). If a person does not notice the symptoms or understand why they are occurring it may be because in mild TBI “subtle behavioral and neuropsychological changes may be the only symptom(s)” (Bruns & Hauser, 2003, p. 2). Furthermore, if a person does not identify their symptoms as being associated with TBI, then they will likely not seek treatment. This is one way the incidence rate of TBI may be perceived as lower than it truly is.

A typically reported annual incidence rate for TBI in developed countries is 200 per 100,000 people at risk. In some studies, occurrences of mild TBI are not counted for the incidence rate because they are treated with emergency room visits instead of being admitted to the hospital, or go medically unattended if the individual does not seek medical treatment. This creates an under-representation of mTBI from some sources (Bruns, Jr. & Hauser, 2003). It is important to know the signs and symptoms of mTBI so a person can receive help when it is needed.

Military TBIs often may be concomitant with post-traumatic stress disorder (PTSD) and their symptoms tend to overlap (Hoge et al., 2008; MacLennan, 2011). The Congressional Budget Office (2012) reported nearly 75% of veterans who received treatment for TBI at the Veterans Health Administration between 2004-2009 also had a diagnosis of PTSD. “PTSD is an anxiety disorder induced by exposure to a traumatic event, such as witnessing injury or death. It is characterized by symptoms that include reexperiencing the event, hyperarousal (irritability, anger, or hypervigilance, for example), and diminished responsiveness to or avoidance of stimuli associated with the trauma” (Congressional Budget Office, 2012, p. vii). It is important to note that although

this study will focus on academic challenges related to TBI, PTSD could be an additional factor to those challenges.

Academic Challenges Associated with Traumatic Brain Injury (TBI)

The above-listed symptoms of TBI can impact a student veteran's ability to be successful in their transition to the academic world. TBI could affect student performance due to difficulty in one or more of the following areas: attention, concentration, information processing, memory, and executive functions, e.g., problem solving, planning, and sequencing (American Council on Education, 2010). Kennedy, Krause and Turkstra (2008) surveyed college students with TBI to find which academic challenges they face due to their TBI symptoms. The following results were from the section of the survey that asked about cognitive challenges in areas like studying, time management, and in-class experiences. Of the students surveyed, 97% reported having to review material more than they used to. Over half of the students reported the following: getting nervous before tests (69.7%), getting overwhelmed while studying (66.7%), procrastinating (66.6%), forgetting what was said in class (66.6%), not understanding assignments (63.6%), having trouble paying attention in class or while studying (60.4%), and having trouble with time management (54.6%). The survey also asked if the students "would be interested in getting individualized academic help from a brain injury specialist," and 66.6% agreed they would be interested (Kennedy, Krause, & Turkstra, 2008). It becomes clear that some students present with a need for support in these academic areas. This leads to the next question: what kinds of accommodations and support are they currently being offered?

Academic Accommodations for Any Students with Traumatic Brain Injury

Hux and colleagues (2010) interviewed four young adults who had sustained severe traumatic brain injuries and later enrolled in post-secondary education. Close family members, friends, and/or professors were also interviewed. These participants reported several challenges faced by individuals with TBI upon returning to school. Most participants had difficulty with attention, concentration, memory, and/or organization of coursework. Each participant had an accommodation plan set by the post-secondary institution. Typical accommodations included: in-class note-takers, class outlines from instructors, extended time for test-taking, scribe or computer use for written responses on tests, separate testing environments, and priority registration. Some accommodations that were used less often were: course substitutions, tutoring, audio recording of textbooks, and short travel distances between classes. In some cases, the student discussed this plan with their instructor prior to the class beginning. In other cases, the instructor did not know of the plan until the student showed difficulty in the class or the instructor reported filing the plan without making any changes. This highlights the importance of early disclosure of their disability to instructors, if they wish to receive appropriate accommodations. It is also important to note that some individuals used the accommodations offered and others did not. This may have been due to social reasons (not wanting to seek help from others), personal reasons (not seeing a need for accommodation), or something else.

One caution discussed in this study is the concept of over-accommodation. An example of over-accommodation is an instructor giving their student a passing grade because of hard work instead of actual performance. When this is done, the student may

believe they are more prepared for their future career than they actually are. Some interviewees stated they believe the individual with TBI may receive passing grades during class due to accommodations but would not be prepared for the demands of the work environment they are entering. Hux and colleagues (2010) identified a discrepancy between the individual with TBI's self-perception of challenges and their close partner's perception of their challenges. The individuals with TBI tended to underestimate the impact of their TBI on social and academic performance. With this perceived lack of self-awareness, it is important that over-accommodation does not occur and create a false sense of preparedness for their future career.

Lastly, the article includes suggestions for individuals with TBI returning to school: taking smaller course loads (e.g., 12 credits maximum), taking a college preparation course early in the program, and finding a peer mentor that has had a TBI but is farther along in the college program (Hux et al., 2010). These are typical accommodations for any student with TBI, but it is also important to take a specific look at services available for military students with TBI.

Current Support Services for Military Students with Traumatic Brain Injury

McBain and colleagues (2012) surveyed nearly 700 institutions of higher education and found that over half (62%) of them offered programs and services that are specific to veterans. This number includes support services for any area of a veteran's transition to college, e.g., financial aid and academic advising. They found that only 35% of these institutions have staff specifically trained to work with "less visible" disabilities such as brain injuries. Queen and Lewis (2014) also report low numbers of support services for academic challenges associated with brain injury. They found that of the

campuses who enrolled military service members, veterans, or dependents of military service members or veterans, only 17% offered academic support/tutoring specifically for service members and veterans, 12% offered study skills workshops specifically for service members and veterans, and 15% offered “other support services” (including disability support services) specifically designed for service members and veterans (Queen & Lewis, 2014).

Although these numbers seem relatively low, McBain and colleagues (2012) stated that specialized programs for veterans are not always necessary or preferred. Some veterans at the American Council on Education’s summit in 2008 showed preference toward mainstream campus life rather than programs specialized for veterans. The same report also found an increase in the number of institutions who trained staff to support the specific needs of students with “invisible disabilities” such as brain injury (23% in 2009 to 36% in 2012). The authors theorize that since most institutions already have programs for students with “invisible disabilities,” they train staff to work with veterans within the existing programs rather than developing new programs. Overall, the number of institutions with programs specifically designed for veterans with brain injury is fairly low, but the number of trained staff within pre-existing campus programs is increasing.

With more attention currently being given to the development of campus support systems for student veterans, it is important to consider whether or not students will utilize the support services being developed. A handful of research articles discuss facilitators (factors that make something more likely) and barriers (factors that make something less likely) to utilization of support services. Not all articles use the terms ‘barrier’ or ‘facilitator,’ but barriers and facilitators can be gleaned from the information

they provide. It is also important to note that in the primary investigator's general review of the literature, more articles were found relating to barriers than facilitators to care. For this reason, there is less discussion of facilitating factors than barriers in this chapter. However; it can be assumed that the opposite of many barriers may be interpreted as facilitators.

Potential Facilitators for Utilization of On-Campus Support Services

Burnett & Segoria (2009) acknowledge the unique challenge service providers face when it comes to supporting today's student veterans. Several support services are available on most campuses, but may function independently from each other. These authors encourage collaboration across individuals and disciplines on campus and throughout the community to ensure that student veterans are well served. An example of this type of collaboration is the development of a strong relationship between the campus Veteran Service Officer (VSO) and the Disabled Student Services (DSS) department. This relationship is mutually beneficial; the VSO learns about PTSD, TBI, and other military-related disabilities while the DSS provider learns about military culture. The VSO may then recognize indicators of PTSD or TBI and connect student veterans with DSS providers. Due to the relationship with the VSO, the DSS provider will be better prepared to accommodate these students. A working relationship between veteran services and disability services may be one facilitator for a student veteran's use of support services.

Another way to integrate disciplines for the sake of serving student veterans is through in-services. Campus faculty and staff should be trained to accommodate students with combat-related disabilities. Giving student veterans a platform to speak their voice

on campus is a powerful way to increase awareness of veteran friendliness on campus. This can be done by holding student panels for the faculty and staff in-services (Burnett & Segoria, 2009). This connection between students and faculty/staff could increase the likelihood that students would seek help from support services offered on campus.

Campus disability service providers and Veteran Service Officers can also be in communication with local organizations and support services (e.g., Veterans of Foreign Wars (VFW) posts, VA hospitals). A connection with local veterans' organizations can increase the community's awareness of the needs of student veterans on campus. A connection with the local VA hospital or rehabilitation clinic can help smooth the transition between rehabilitation and post-secondary education (e.g., teaching study skills as part of the rehabilitation curriculum; Burnett & Segoria, 2009).

Confidentiality of services is another important consideration. Many student veterans are returning to school to study law enforcement. This is a career that would not allow a history of disability, so students may be reluctant to seek disability services. Disability service providers must be clear about the level of confidentiality they can provide for students who seek their services (Burnett & Segoria, 2009). Having clear communication about confidentiality may be a facilitator for some veterans to use campus support services.

Finally, Burnett & Segoria (2009) suggest a connection between student veterans and graduate education programs (e.g., social work, psychology, and occupational therapy). These types of programs require students to have supervised professional experience with clients prior to graduation. They can be utilized by student veterans who are in need of disability services. Although speech and language pathology graduate

programs were not specifically mentioned in this article, they do provide services relevant to the needs of some student veterans and should be considered when campus VSOs are making connections across campus.

A number of factors discussed above may make it more likely that student veterans would seek support services (see Table 1.1 for a summary of these factors). However, research suggests there are also several barriers to help-seeking in the veteran population. These barriers can affect a veteran’s decision to seek services from both on-campus and off-campus providers.

Table 1.1

Potential Facilitators to Utilization of Campus Services Identified in Literature Review

Facilitators	Research
Working relationship between veteran services and disability services	(Burnett & Segoria, 2009)
Positive relationship between students and faculty/staff	
Open communication about confidentiality of services	
Connection between local veterans organizations or support services and on-campus support services	

Potential Barriers to Utilization of Off-Campus Support Services

One example of an off-campus service provider is the Veterans Health Administration (VHA), which is run by the Department of Veteran Affairs (VA). The VHA provides care for military service-related conditions, including TBI. In 2012, the

Congressional Budget Office (CBO) released an article containing information about the VHA's treatment of PTSD and TBI for recent Overseas Contingency Operations (OCO) combat veterans. OCO veterans are those who served in Iraq and/or Afghanistan. In 2010, there were 1.3 million OCO veterans eligible to receive services for any type of military service-related injury through the VHA, and only 400,000 (31 percent) were treated. The article reported many veterans do not seek care from the VHA, and most seek additional care from non-VHA services.

Of the OCO veterans who received their first year of treatment through the VHA from 2004-2009, 72% had no TBI or PTSD, 21% had PTSD without TBI, 5% had TBI and PTSD, and 2% had symptomatic TBI without PTSD. Symptomatic TBI refers to the symptoms being present at the initial examination with the VHA. Less than 1% of these veterans had polytrauma, meaning trauma to multiple organs of the body. This data reveals that veterans with detected TBI made up about 7% of the OCO population (35,300 service members) who were served at the VHA during this time. The CBO article states that within the active-duty OCO population, 90% of TBI cases are mild. Mild TBI is reportedly difficult to detect due to a lack of clear medical diagnostic information and presence of other conditions with similar symptoms. The article authors also share that the rates of diagnosis of TBI by the VHA are not certainly representative of the whole OCO population. They comment, "some veterans might not seek care from VHA for various reasons—the stigma associated with having a mental health problem, for example, or the inconvenience of undergoing additional evaluation and treatment" (Congressional Budget Office, 2012, p. IX).

Low self-identification of TBI concerns is seen elsewhere in the literature. A telephone survey of nearly 2,000 individuals who had been previously deployed to Iraq or Afghanistan found that 19 percent of the participants reported problems within the last 30 days that correlate with a probable TBI during deployment. Of these participants, 57 percent of them had not seen a physician to evaluate or diagnose the TBI symptoms. The researchers looked further into reasons why they had not sought evaluation or treatment and discovered possible “barriers to care among those with a possible need for services.” They split the barriers into three categories: logistical, institutional or cultural, and beliefs and preferences for treatments. Barriers that were reported by a relatively high percentage of respondents include: “It would harm my career,” (43.6%) “My coworkers would have less confidence in me if they found out,” (38.4%) “It would be difficult to get childcare or time off of work,” (29.4%) “I would think less of myself if I could not handle it on my own,” (29.1%) and “I do not think my treatment would be kept confidential,” (29%) among others (Schell & Marshall, 2008).

Potential Barriers to Utilization of On-Campus Support Services

The next question to consider is: what factors contribute to utilization of these support services on a university campus? Kennedy et al. (2008) commented on their survey of college students with TBI, “A striking finding was the discrepancy between the number of students reporting problems and the number using campus-based services for students with learning disabilities. More than 80% of students reported problems with schoolwork, yet less than half had used campus disability services, and 20% claimed to be unaware of these services.” This information suggests that there is fairly low

utilization of campus-based services by students with TBI in general, and awareness is one possible barrier to utilization of these services.

Another possible cause of under-utilization of on-campus services is the use of off-campus services, like the VHA. McBain et al. (2012) report that 87% of universities and colleges offer referrals to off-campus support services, which may reduce the usage of on-campus services.

Some articles also suggest that stigma of receiving services or aspects of military culture (e.g. self-sufficiency, not showing weakness, “warrior mentality,” etc.) are possible factors influencing low levels of self-disclosure or help-seeking in returning service members (Blais & Renshaw, 2013; Weiss, Coll, & Metal, 2011).

One participant with a traumatic brain injury in the Hux et.al (2010) study shared the concern that professors did not believe she had a disability since it was not visible. She was also concerned that others would think she should not be attending college because of her disability. Although this participant was not a military service member or veteran, her concerns are relevant due to the general nature of TBI. This is a possible barrier to seeking help.

The relationship and attitude between student veterans and their classmates and professors can also affect their choice to use on-campus services. Veterans from one study reported classmates asking inappropriate questions regarding their service and professors being insensitive to military culture and topics (Burnett & Segoria, 2009). If this is the climate they experience on campus, they may be hesitant to seek help on campus.

It is clear the factors that contribute to utilization of services are complex and can vary depending on individual service members. A summary of potential barriers to off- and on-campus support services is provided in Table 1.2.

Table 1.2

Potential Barriers to Utilization of Services Off- and On-campus

Off-campus	Barriers	Research
	Only 31% of eligible veterans utilized VHA services	(Congressional Budget Office, 2012)
	7% of OCO veterans utilized VHA services	
	Some may not seek care due to stigma associated with mental health problems	
	Of 2000 service members deployed to Iraq or Afghanistan 19% reported symptoms but 57% did not see a physician	(Schell & Marshall, 2008)
	43.6% said "It would harm my career"	
	38.4% said "My coworkers would have less confidence in my if they found out"	
	29.4% said "It would be difficult to get childcare or time off of work"	
	29.1% said "I would think less of myself if I could not handle it on my own"	
	29% said "I do not think my treatment would be kept confidential"	

On-campus	Barriers	Research
	20% of students with TBI were unaware of campus services	(Kennedy, Krause, & Turkstra, 2008)
	Referrals (deferral) to off-campus service providers (87% of universities and colleges)	(McBain et al., 2012)
	Stigma and/or warrior mentality	(Blais & Renshaw, 2013; Weiss, Coll, & Metal, 2011)
	Professors may not understand a student's need for getting help if the disability is invisible	(Hux et al., 2010)
	Insensitivity or ignorance toward military students from classmates and faculty/staff on campus	(Burnett & Segoria, 2009)

A Specific On-Campus Support Service: University Speech and Language Clinic

The University of Wisconsin-Eau Claire (UWEC) Center for Communication Disorders (CCD) is a clinic which offers speech and language therapy services to people on the university campus and in the community. Services are delivered by undergraduate and graduate students from the department of Communication Sciences and Disorders. Typically, CCD student clinicians are receiving their education to become a speech-language pathologist or audiologist. Student clinicians are directly supervised by certified speech-language pathologists. Clients vary by age and disorder type (e.g., children with speech delays, teenagers with autism, adults recovering from stroke or brain injury). The clinic offers a service called cognitive rehabilitation therapy, which is geared toward assisting people with TBI. Goals of therapy focus on TBI-related academic difficulties like concentration, memory, and organizational skills. A typical schedule for services

includes 2 fifty-minute sessions per week for ten to twelve weeks. Cognitive rehabilitation at the UWEC CCD follows a coaching model, meaning the client is highly engaged in therapy goals and decision-making, while the coach is there to provide guidance and resources. Although this service is available to military students and veterans, there are currently no students from this population receiving cognitive rehabilitation services. In fact, a review of CCD client files revealed that only six individuals (3 males: 3 females; ages 20-51) with identified TBI had begun or continued to receive services at the CCD in the past five years (2010-2015). None of these files identified the individual's brain injury as being military-related and only one individual was identified as being a student of higher education during the time he/she received services. The reason(s) for lack of utilization of cognitive rehabilitation services at the UWEC CCD by the military student population remains unclear.

Purpose of the Current Study

The current study will specifically examine student veterans' utilization of cognitive rehabilitation services provided by the University of Wisconsin- Eau Claire Center for Communication Disorders. Previous research has suggested possible factors that contribute to a student veteran's decision to receive support services, but the specific reasons for low utilization of services on this campus remains unknown. It is possible that the student veterans at UWEC do not have a need for the services or that there are other unknown barriers or facilitators to their utilization of these services. The purpose of the current study is to examine the factors that contribute to utilization of on-campus speech and language services by the student veteran population at the University of Wisconsin- Eau Claire.

CHAPTER TWO

METHODS

Participant Recruitment

Participants included 11 military service members or veterans who were enrolled at the University of Wisconsin-Eau Claire (UWEC) for the 2014-2015 academic year. There were seven male and four female participants who had served or are serving in the Army, Army National Guard, Navy, or Marines. Their services ranged from Vietnam-era to Iraq/Afghanistan era. The intent was to recruit student veterans and active-duty military service members who had sustained a traumatic brain injury (TBI) but the sample was not limited to those who disclose a TBI. Since some military members may not disclose information about having a TBI, constraining participants to those with disclosed/identified injuries may have eliminated those with undisclosed/undiagnosed injuries. Military members without TBI can still offer insight about the transition from military culture to university culture and possible reasons why their peers may not be receiving services at the UWEC Center for Communication Disorders (CCD).

Participants were recruited via email (See Appendix A). The email, composed by the primary investigator, was forwarded by Miranda Cross-Schindler, Military Education Benefits Coordinator at UWEC, to all students who fit the participant criteria. The email contained general information about the focus group discussion and notification of a 20 dollar cash incentive for each participant involved in the study. The primary investigator sent a second email to those who chose to participate, containing more detailed information regarding the focus group discussion. In this email, participants were invited

to take part in a single focus group discussion held in the Mohican Room of the Davies Center on the UWEC campus.

Moderator

The moderator for this focus group discussion was the chaplain from Mayo Clinic Health System- Luther Campus in Eau Claire, Wisconsin. He served in the United States Military from 1974-2013 and has a wealth of experience working with members of the military. As a chaplain for the military as well as Mayo Clinic, he also has experience in counseling and facilitation of discussion. The moderator signed an agreement indicating his consent to abide by the guidelines of the current study (see Appendix B). He received training from the primary investigator regarding logistics of the focus group discussion, but remained blind to the hypotheses of the study.

Focus Group Meeting Structure

Upon arrival to the focus group discussion, consent was acquired from the participants (see Appendix C). Light refreshments were provided during this time. The primary investigator provided a brief introduction to the study, but remained outside of the room for the remainder of the discussion. This allowed participants to speak freely about services without reserve due to the presence of a CCD clinician. The moderator then began the discussion with brief introductions of self and participants. Then, the moderator discussed the logistics of the discussion and set conversation guidelines (see Appendix D). Lastly, he asked participants if they had questions before the discussion began.

Next, a 5-minute video was presented (see Appendix E for PowerPoint slides of video). This video was a case-study of a hypothetical student veteran who experienced academic difficulties due to a mild traumatic brain injury (mTBI). This case study was created by the primary investigator in partial collaboration with Miranda Cross-Schindler (Military Education Benefits Coordinator), who provided information about typical situations that arise on campus. The video presentation included a brief explanation of services offered at the UWEC Center for Communication Disorders which can aid student veterans who experience academic difficulties as a result of mTBI.

After showing the video presentation, the moderator began discussion by eliciting open comments about the video. The moderator then prompted discussion about possible factors a student veteran like the one in the case study would consider while deciding whether to come for services at the UWEC CCD. A written list of discussion prompts was given to the moderator (See Appendix F). The moderator's initial prompts were broad, open ended questions. If discussion was not stimulated by the broad prompts, more specific, direct prompts were available for him to use with personal discretion. Overall, the moderator's role was to have "constant minimal response with occasional probing and no evaluation" (Myers, 1998, p. 89). This enhanced the validity of the conversation by allowing participants the freedom to discuss thoughts of their choice. A time frame of 60 to 90 minutes was given to allow the moderator flexibility in determining the appropriate conclusion of the conversation. The focus group discussion lasted approximately 60 minutes (See Appendix G for discussion outline).

After the discussion, participants completed a brief, paper exit survey regarding potential topics covered during the discussion (see Appendix H). This survey was

designed to collect individual responses from each participant and validate potential themes that arose during group discussion. Participants were also given a handout with on-campus support services available to them (See Appendix I).

Transcription, Coding and Analysis of Data

Qualitative results came from three sources: field notes taken by the primary investigator (See Appendix J), manual codes of the discussion transcript, and data from the exit survey. Additionally, electronic coding using NVivo10 software was used to provide supplementary information.

The focus group discussion was recorded using a Sony HXR-NX5U NXCAM Professional Camcorder and one Olympus WS-520M Digital Voice Recorder. The voice recorder was used in case of recording error and to assure optimal audio fidelity. The primary investigator took field notes while viewing the video recording of the focus group discussion for the first time. The notes were taken on a secure, Communication Sciences and Disorders – Center for Communication Disorders/UWEC issued laptop computer.

Upon viewing the video a second time, the primary investigator transcribed the discussion using a secure, Communication Sciences and Disorders – Center for Communication Disorders/UWEC issued laptop computer. During the transcription process, the primary investigator segmented the discussion into codeable statements for the data analysis process.

Thematic analysis of the discussion transcripts was performed by the primary investigator along with two undergraduate students from UWEC's Department of

Communication Sciences and Disorders (CSD) who were blind to the hypotheses of the study. These students had already taken the Speech and Hearing Science course at UWEC, which instructs students about the research process. This also assures that students have completed the UWEC institutional review board human subjects protection training and received certification. An email distribution list containing students who had taken this course was created by the UWEC CCD's Academic Department Associate. The primary investigator sent an email via this distribution list containing information about the research study with an invitation to participate as a coding assistant. The students were asked to reply to the email stating their reason for interest in the study. The primary investigator read the reasons to screen out any students who had a significant bias which would affect the research results. The two students were selected after this process.

Coding in general is “the process of categorically marking or referencing units of text (e.g. words, sentences, paragraphs, and quotations) with codes and labels as a way to indicate patterns and meanings” (Gay, Mills, & Airasian, 2009, p. 451). The manual coding process used for this research was modified from the process described by Graneheim & Lundman (2004) and Howe, Worrall, and Hickson (2008). First, the primary investigator created a table in a Word Document with column headings labeled as follows: meaning units, condensed meaning units, possible codes. The rows were then divided into codeable statements of participants in the discussion. A basic codeable statement included all of the words a given participant said before another participant began to talk. In some cases, participants spoke about differing topics within a single conversation turn so the primary investigator divided the turn into two or three statements

for coding. The first column contained meaning units, or “constellation[s] of words or statements that relate to the same central meaning” (Graneheim & Lundman, 2004, p. 106). The second column contained condensed meaning units. Condensation is the process of shortening the participant’s meaning unit to the smallest form possible without losing the core meaning. The third column contained possible codes and categories for the meaning units. The table was then color-coded using the following key: green-facilitator, red-barrier, gray-irrelevant, yellow highlight-unsure. If a coder yellow-highlighted a statement he/she was unsure of, he/she was still required to code the statement before the consensus coding discussion so he/she was not influenced by the other coders’ responses. Yellow-highlighted statements were simply areas which were discussed in more detail to ensure clarity. All statements made by the moderator were gray to ensure they would not be included in analysis. Any statements that were irrelevant conversation amidst participants were also colored gray.

The selected coding assistants received direct instruction for the manual coding process from the primary investigator. A brief tutorial video created by the primary investigator was used for instruction (see Appendix K for mock transcript used in tutorial). After viewing the tutorial, the research assistants watched the video of the focus group discussion. The purpose of viewing the discussion before beginning the manual coding process was to gather context of the discussion that would not be gathered from a written transcript (e.g., body language, tone of voice).

The primary researcher independently coded the transcript before meeting with the research assistants. The research assistants received the document with the meaning units, condensed meaning units, and gray coding completed. However, the possible codes

column, barrier and facilitator color-coding, and yellow highlighting were left for them to complete independently.

For the purpose of this study, the codes were twofold. First, the researchers identified whether the meaning unit contained information related to barriers (factors that make something less likely to happen) or facilitators (factors that make something more likely to happen) of utilization of on-campus speech and language services by military students. Next, the researchers assigned a category label to the meaning unit. A meaning unit could fall into more than one category and thus be coded more than once.

Manual coding included both open and axial coding. “During open coding, the data are compared for similarities and differences and classified into emerging categories or themes. During axial coding, relationships among the emerging categories are conceptualized” (Agan et al., 2007, p. 262). First, each research assistant and the primary investigator worked independently to identify the meaning units as a barrier or facilitator and assign a label (open coding). Then, each person independently reviewed the barrier and facilitator labels he/she created and considered any relationships that may have emerged between them. This review allowed each person to double check his/her work and make revisions as they arose. Then, the two research assistants and the primary investigator came together to discuss the specific barrier and facilitator labels they identified. Each statement was considered and the group negotiated consensus about the specific label it fit under. After consensus coding was complete, the primary investigator independently grouped the specific barrier and facilitator labels into broad categories and sub-categories in order to more easily organize results. A summary of the manual coding process is as follows: 1) primary investigator segmented the discussion into meaning

units while transcribing it; 2) two coding assistants and primary investigator independently coded the transcript; 3) the same two coding assistants and the primary investigator compared codes and negotiated group consensus; 4) primary investigator developed categories and subcategories for manual consensus coding results, which were then compared to the field notes and exit survey results (See Figure 2.1).

All codeable statements were divided into “primary” or “secondary” statements by the primary investigator. Statements elicited after a broad, open-ended prompt by the moderator are primary statements. Statements made after a specific, direct prompt by the moderator are secondary statements (See Figure 2.2). The categorization of primary versus secondary statements did not affect the coding process, but was noted in the discussion of results. The purpose of this discussion is to provide the reader with a method of weighing the significance of a given statement. An unsolicited statement holds more power than a statement solicited by the moderator.

The exit survey consisted of two pages. The first page asked the question, “How much impact would the following factors have on your decision to receive services at the UW-Eau Claire Center for Communication Disorders?” These factors were then listed: “Awareness of services offered at the Center for Communication Disorders,” “Finances,” “Scheduling/time commitment,” “My (participant’s) use of services offered elsewhere.” Under each factor was a 100mm Likert scale with “Would not impact my decision at all” on the left end and “Would impact my decision greatly” on the right end. Participants were asked to “**Make a slash somewhere along the blue line to indicate level of impact.**” The second page asked participants to “Indicate the level to which you agree or disagree with the following statements.” These statements were then listed: “Prior to today’s

discussion I was not aware of these services,” “My military peers would think less of me if I received these services,” “I would think less of myself if I received these services,” “My current or future career reputation would be in jeopardy if I received these services,” “I do not believe information regarding my services would be kept confidential.” Under each statement was a 100mm Likert scale with “Completely Disagree” on the left end and “Completely Agree” on the right end. Participants were asked to “**Make a slash somewhere along the blue line to indicate level of agreement or disagreement.*”

NVivo10 software was used on a secure, Communication Sciences and Disorders – Center for Communication Disorders/UWEC issued laptop computer to transcribe the discussion and complete additional thematic analysis (e.g., word frequency counts) of the data. This software was chosen to increase efficiency of organizing the data and to further validate the results of manual coding.

Validation of Results

One way to validate results is through the method of triangulation. Triangulation of data in the most basic sense refers to collecting data from two or more sources to study the same phenomenon (Berg, 2001). Triangulation in this study was achieved through comparison and validation of data from three different sources: manual codes of the discussion transcript, field notes, and exit survey results (See Figure 2.3). The electronic thematic analysis by NVivo10 served as adjunct information. Triangulation was also achieved during the manual coding process by the two coding assistants and the primary investigator working independently and then coming together to negotiate consensus about coding results. Each previously mentioned source serves to validate the results of the other sources, which is the goal of triangulation.

Statement of Primary Investigator Bias

As a student of the University of Wisconsin-Eau Claire from 2009 to present and a student clinician in the UWEC Center for Communication Disorders, the primary investigator may hold bias toward certain hypotheses of the current study. The primary investigator also has a close family member who served in the military. These personal experiences may influence the perspective of the primary investigator during this research process.

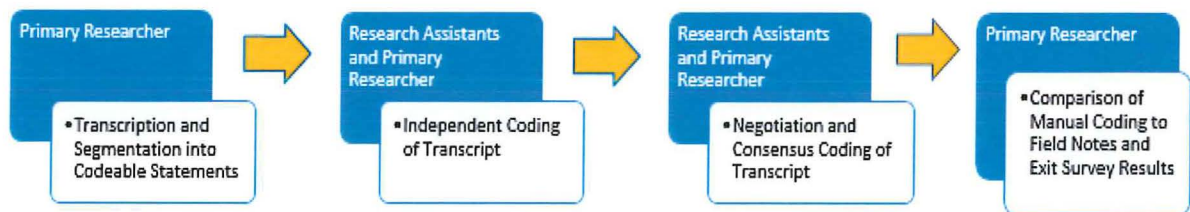


Figure 2.1. A flowchart depicting the manual coding process.

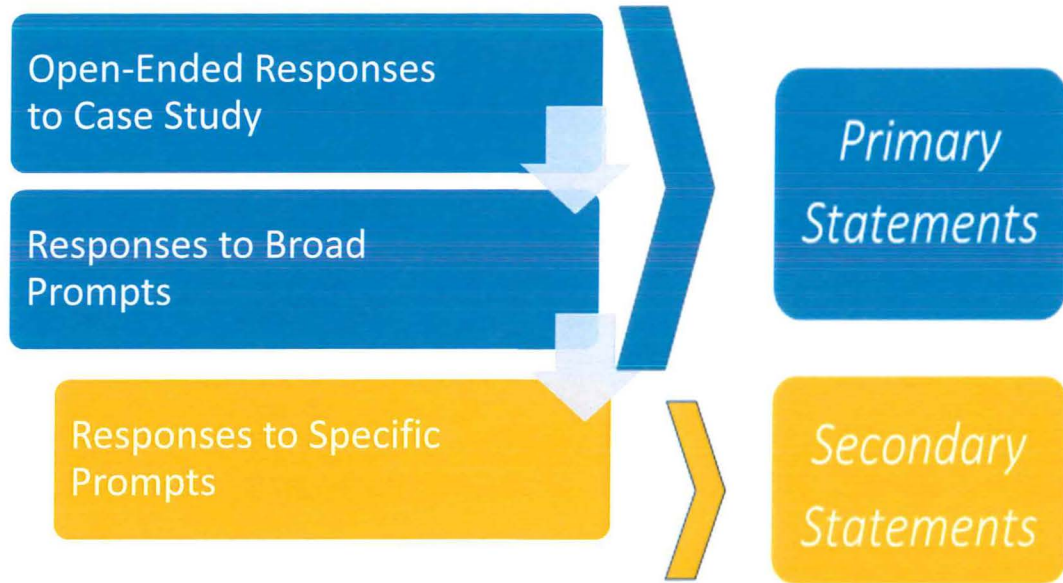


Figure 2.2. A flowchart differentiating primary versus secondary statements.

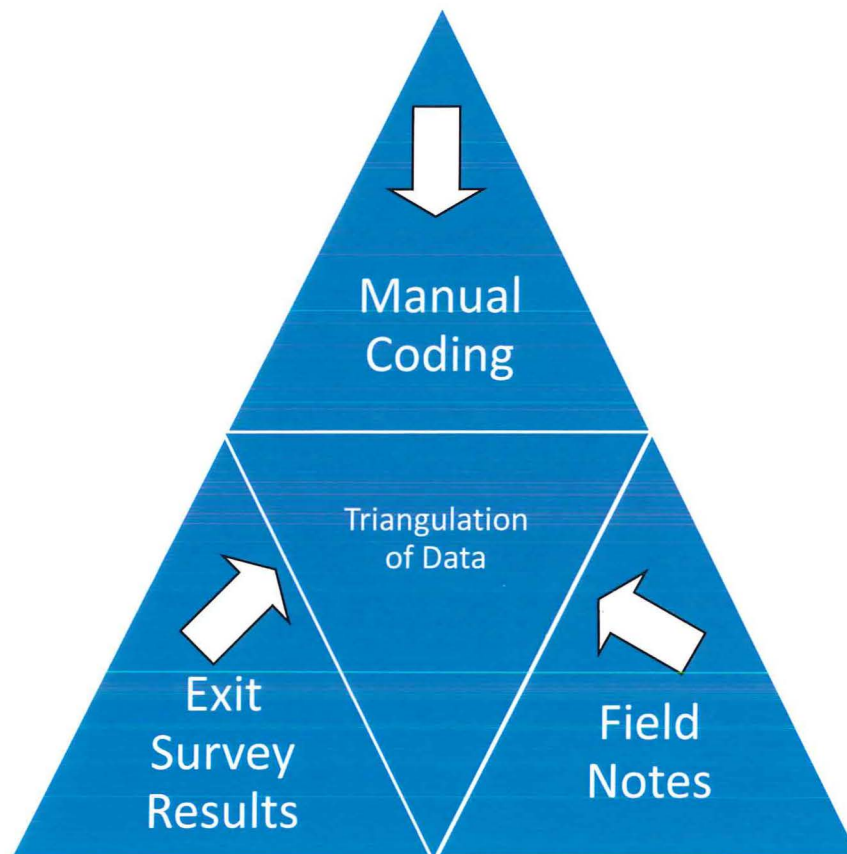


Figure 2.3. A flowchart representing triangulation of data obtained from three sources.

CHAPTER THREE

RESULTS

Manual Coding Results

Results from the manual coding process (Graneheim & Lundman, 2004; Howe, T. J., Worall, L.E., & Hickson, L.M.H., 2008) were divided into barriers or facilitators to utilization of on-campus speech and language services by university student veterans. There were 77 codeable statements within the entire discussion. Of those statements, 38% (29/77) contained only facilitators, 36% (28/77) contained only barriers, and 26% (20/77) contained both barriers and facilitators. 18 barriers and 19 facilitators were identified. These barriers and facilitators fell into seven broad categories: *Personal Influence*, *Marketing*, *Environment*, *Interpersonal Influence*, *Target Population*, *Societal Influence*, and *Logistics*. Multiple sub-categories were also identified. A summary of the broad categories, sub-categories, and examples of both barriers and facilitators are provided in Table 3.1.

Table 3.1

Summary of Manual Coding Broad Categories, Sub-categories, and Examples

Category	Sub-Category	Examples
Personal Influence	Intrinsic Factors	medical conditions, personality types, feelings
	Conflicting Commitments	marital status, family status
Marketing	Awareness of Services	where and how services are advertised
	Presentation of Services	terms, labels, and descriptions used in advertisement
	Availability of Other Relevant Services	overlap of services with academic skills center
	Orientation	who attends orientation, what information is provided and how
	Outreach to Non-Traditional Students	how students are made aware of on-campus opportunities
Environment	Location	accessibility, convenience
	Atmosphere	casual versus clinical, familiar versus unfamiliar
	Animal-Friendliness	service dog accessibility, availability of therapy pets
Interpersonal Influence	Service Provider Experience	service provider has prior military experience or not
	Endorsement of Services	endorsement from other veterans or veteran representative

Interpersonal Influence

Veteran Mentorships	availability of other veterans for assistance
Family Involvement	whether or not loved ones are involved in therapy services
Professors' Lack of Awareness of Students' Needs	professors' level of understanding of military students' needs
Service Provider as Advocate	if service provider advocates for students' needs in classroom

Target Population

Availability of Services for Broader Population	services only for veterans with brain injury versus services for any student with academic challenges
Accessibility of Services for Specific Populations	availability of services for females and Vietnam-era veterans

Societal Influence

Expectation of Military Standards	expectation that veterans are strong and handle challenges on own
Stigma	stigma surrounding the label of PTSD

Logistics

Time Commitment	specific amount of time versus indefinite services, service hours per week, length of sessions
Finances	price for services, availability of fee reductions
Service Set-Up	easy versus difficult set-up for services
Confidentiality	level of confidentiality of services

Barriers

The term 'barrier' refers to a factor that makes it less likely that something will occur. For the purpose of this research, the term 'barrier' refers to a factor that makes it less likely that student veterans would utilize support services from the university clinic. The following section outlines barriers identified within the seven broad categories:

Personal Influence, Marketing, Environment, Interpersonal Influence, Target Population, Societal Influence, and Logistics.

Barriers related to personal influence. A total of 5 out of 77 codeable statements (6.5%) contained barriers related to personal influence. These five statements correlate with the same barrier: *intrinsic factors*. *Intrinsic factors* refers to personal differences such as medical conditions, personality, and feelings (e.g., "If you're in the depths of depression...you're not able to ask for help," "Could be viewed...as a personal problem. Like a problem that you feel like you need to just overcome on your own," and another participant who identified feelings of embarrassment when seeking help).

Barriers related to marketing. Marketing barriers were found in 22 of 77 total statements (28.6%). Four barrier related to marketing were identified: *lack of awareness of services, presentation of services, availability of other relevant services, and lack of outreach to non-traditional students.*

Lack of awareness of services refers to students not being aware of: the existence of services, potential benefits of services, eligibility criteria for services, and other logistics of services (e.g., "...is this hypothetical or is this a real program?" "I had no idea any of this stuff was available," "They are trying to hit everyone, though, correct? Or...are they just going for brain-[injured students]?" and "...I think that a lot of us

would agree coming in...we didn't know about this.”). Such statements accounted for 59% of marketing barriers (13/22) and were identified in 16.9% of total statements (13/77).

Presentation of services refers to how services are presented in advertising (e.g., “The way it’s presented now makes it seem like it’s a medical disability...it kind of carries a stigma,” and “Even the term “student clinician” that really sounds medical to me.... sounds like I’m gonna get poked and prodded...”). This type of statement made up 22.7% of marketing barriers (5/22) and was identified in 6.5% percent of total statements (5/77).

Availability of other relevant services refers to students using other campus support services that offer similar programs (e.g., “This...seems to overlap somewhat with the academic services office...So...if I was having...academic problems, I would probably go there first,” and “If it was me that was having these problems I would go to the academic thing because right here it says brain injury or PTSD. Well, I don’t have either one of those, but I have these issues [academic challenges]. ‘Ok, well, I think they’re focusing on that or for people that have those issues, so I’m gonna go to the academic one on campus”). Such statements accounted for 9.1% of marketing barriers (2/22) and were found in 2.6% of total statements (2/77).

Lack of outreach to non-traditional students refers to non-traditional students expressing concern that they are unaware of on-campus opportunities. Only one statement pertained to this barrier, “I’m a non-traditional student. And other than a few emails, I got no information from veteran services at all. I have no idea what to do.”

Barriers related to environment. Barriers pertaining to environment were found in 6 of 77 total statements (7.8%). Two barriers related to environment were identified: *inaccessible location* and *atmosphere*.

Location refers to poor geographic accessibility (e.g., after discussing a different campus service that has an inaccessible location, one participant said, “Location is central.”) Such statements made up 50% of barriers related to environment (3/6) and were identified in 3.9% of total statements (3/77).

Atmosphere refers to the feel of the room or space where services are held (e.g., “Maybe the atmosphere...so it’s...kind of less clinical,” and a participant speaks of a setting that “doesn’t feel like a regimented institution.”) This type of statement accounts for 50% of barriers related to environment (3/6), and was found in 3.9% of total statements (3/77).

Barriers related to interpersonal influence. A total of 6 out of 77 statements (7.8%) contained barriers related to interpersonal influence. Three barriers were identified: *service provider without military experience*, *negative report of services*, *professors’ lack of awareness of students’ needs*, and *lack of family involvement*.

Service provider without military experience refers to the service provider and student not sharing a common background of military experience (e.g., “I know when I first got out, going to professors was tough. They haven’t gone through the same thing I have...the chaplain that I initially went to when I got out for depression had no prior military experience, so he had no clue how to deal with me,” and “Who’s running it? Are they- prior military or are they just regular civilian- that sort of thing?”) Such statements

accounted for 33.3% of barriers related to interpersonal influence (2/6) and 2.6% of total statements (2/77).

Negative report of services refers to a student hearing from another veteran that the services are not good. This was only spoken of once when the moderator asked, “How would the reputation of the services and the clinicians and the staff- could that be a factor?” and one participant replied, “It could be tarnished. I mean if Joe said it didn’t help him at all.”

Professors’ lack of awareness of students’ needs refers to professors not understanding military students’ experiences or their academic needs related to cognitive rehabilitation services. Only one participant commented on this by saying, “Because they’re- you know- as much as the university tries, there are some professors that still don’t understand, you know, quite what’s going on.”

Lack of family involvement refers to loved ones not being included in services. Only one participant commented on this topic saying, “Is there something that would involve his wife? You need that family support. If you don’t have that... [Rhetorical comment]”

Barriers related to target population. Of 77 total statements, 4 of them (5.2%) mentioned barriers related to target population. Two barriers related to target population were identified: *low accessibility of services for female veterans* and *low accessibility of services for Vietnam-era veterans*. Both of these barriers were mentioned by the same participant (e.g., “It’s worse for female Vietnam-era veterans. I’ve been out of the military- I’m Vietnam era...my first touch with the VA was two years ago,” and later said, “I think that’s been a big hole in the health system...services for female veterans.”

Statements relating to low accessibility for female veterans accounted for 75% of statements in this category (3/4) and were found in 3.9% of total statements (3/77), while those related to low accessibility for Vietnam-era veterans accounted for 25% of statements in this category (1/4) and were identified in 1.3% of total statements (1/77).

Barriers related to societal influence. Barriers related to societal influence were found in 6 out of 77 total statements (7.8%). Two barriers related to societal influence were identified: *expectations of military standards* and *stigma of PTSD label*.

Expectations of military standards refers to expectations placed on a veteran by the society or self which is related to their military experience (e.g., “he [participant’s husband with PTSD] won’t go in [for support services] because most military people are very strong and he feels it would be a weakness to ask for help,” “Mhmm. It’s a sign of- well it’s- stupid, but it’s... weakness. Like...did you say weakness [pointing to other participant]?”) These types of statements made up 83.3% of barriers related to societal influence (5/6) and were found in 6.5% of total statements (5/77).

Stigma of PTSD label refers to the stigma relating to labels of mental health conditions. Only one participant directly commented on this topic, “The moment you mention PTSD, 9 out of 10 veterans are gonna run away from that. It doesn’t matter what program it is. It could be the best thing for them. The stigma of that, especially now-a-days, is just terrible. So nobody wants to be associated with that acronym. Whether or not they have it. Most of them could- but just the stigma of it is so negative.”)

Barriers related to logistics. 5 out of 77 total statements (6.5%) contained barriers related to logistics. Three barriers were identified: *large time commitment*, *difficulty with service set-up*, and *lack of confidentiality*.

Large time commitment refers to the amount of weeks the program runs and the length of each therapy session. One participant commented on this, “Resources are very valuable... in the situation [referring to the case study that was presented] a 50-minute session for 10-12 weeks, that’s a lot of your personal resources going into it.”

Difficulty with service set-up refers whether students would have a hard time getting services started. Only one participant spoke about this, saying “I guess one thing would be how easy is it to set up the services?” followed by, “If it’s hard... people aren’t gonna wanna do it.”

Lack of confidentiality refers to information about services being released to other parties. This was mentioned only once when the moderator asked, “What about confidentiality? How important would that be?” and a participant replied, “Extremely.”

Summary of Barriers

A summary of identified barriers is provided in Table 3.2. Barriers derived from primary statements are listed above categories derived from secondary statements. Barriers which appeared more frequently in discussion are listed above categories coded less frequently.

Table 3.2

Summary of Barriers Related to Utilization of On-campus Speech and Language Services by University Student Veterans

Barrier Label	Example/s of Statements ^a	Frequency ^b	Primary ^c	Secondary ^d
Lack of Awareness of Services	"...I had no idea any of this stuff was available..."	13/77 (16.9%)	X	X
Presentation of Services	"The way it's presented now makes it seem like it's a medical disability...it kind of carries a stigma"	5/77 (6.5%)	X	X
Expectations of Military Standards	"Even the term "student clinician" that really sounds medical to me." "...he won't go in because most military people are very strong...and he feels it would be a weakness to ask for help"	5/77 (6.5%)	X	
Intrinsic Factors	"If you're in the depths of depression...you're not able to ask for help."	5/77 (6.5%)	X	X
Atmosphere	One participant preferred an environment where "...it's...kind of less clinical"	3/77 (3.9%)	X	
Inaccessible Location	"Location is central."	3/77 (3.9%)	X	
Service Provider without Military Experience	"...the chaplain that I initially went to when I got out for depression had no prior military experience, so he had no clue how to deal with me."	2/77 (2.6%)	X	

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Lack of Family Involvement	“You need that family support. If you don’t have that…”	2/77 (2.6%)	X
Difficulty with Service Set-Up	“I guess one thing would be how easy is it to set up the services? ...If it’s hard...people aren’t gonna wanna do it.”	2/77 (2.6%)	X
Large Time Commitment	“So like in the situation [referring to the case study that was presented] a 50-minute session for 10-12 weeks, that’s a lot of your personal resources going into it.”	1/77 (1.3%)	X
Stigma of PTSD Label	“The moment you mention PTSD, 9 out of 10 veterans are gonna run away from that... The stigma of that, especially now-a-days, is just terrible.”	1/77 (1.3%)	X
Low Accessibility for Female Veterans	“I think that’s been a big hole in the health system...services for female veterans.”	3/77 (3.9%)	X
Lack of Confidentiality	Moderator: “What about confidentiality? How important would that be?” Participant: “extremely.”	2/77 (2.6%)	X
Lack of Outreach to Non-Traditional Students	“I’m a non-traditional student. And other than a few emails, I got no information from veteran services at all. I have no idea what to do.”	2/77 (2.6%)	X

Availability of Other Relevant Services	“This even seems to overlap somewhat with the academic services office- I mean some of what they offer. So, I guess if I was having problems with...academic problems, I would probably go there first.”	2/77 (2.6%)	X
Professors’ Lack of Awareness of Student Needs	“...as much as the university tries, there are some professors that still don’t understand...quite what’s going on.”	1/77 (1.3)	X
Negative Report of Services	Moderator: “How would the reputation of the services and the clinicians and the staff- could that be a factor?” Participant: “It could be tarnished. I mean if Joe said it didn’t help him at all.”	1/77 (1.3%)	X
Low Accessibility for Vietnam-Era Veterans	“It’s worse for female Vietnam-era veterans. I’ve been out of the military- I’m Vietnam era...my first touch with the VA was two years ago.”	1/77 (1.3%)	X

Note. ^a Full transcript is available in Appendix L ^b Frequency was derived from the total number of codes assigned within the given category divided by the total number of codeable statements assigned throughout the entire discussion. ^c Indicates the category was identified within primary statements. Primary statements were elicited after a broad, open-ended prompt by the moderator. ^d Indicates the category was identified within secondary statements. Secondary statements were elicited after a specific, direct prompt by the moderator. See Appendix F for the hierarchy of moderator prompts.

Facilitators

The term 'facilitator' refers to a factor that makes it more likely that something will occur. For the purpose of this research, the term 'facilitator' refers to a factor that makes it more likely that student veterans would utilize support services from the university clinic. The following section outlines facilitators that were identified within the seven broad categories: *Personal Influence, Marketing, Environment, Interpersonal Influence, Target Population, Societal Influence, and Logistics*.

Facilitators related to personal influence. 2.6% of total statements (2/77) contained facilitators related to personal influence. Two facilitators were identified: *intrinsic factors* and *few conflicting commitments*.

Intrinsic factors refers to personal differences such as medical conditions, personality, and feelings (e.g., "...if my self-esteem gets low and something's bothering me I usually...speak up. I guess it just depends on the person..."). One participant spoke of this type of facilitator.

Few conflicting commitments refers to the student not having too many other responsibilities besides school. There was only one example of this when a participant stated "And I'm right on campus. If anything's going on, I just walked there. I'm not married. I don't have kids." In this case, the participant would not have the commitments of marriage and a family conflicting with the availability to come for services.

Facilitators related to marketing. Facilitators related to marketing were found in 3 out of 77 total statements (6.9%). Four facilitators were identified: *awareness of services, presentation of services, orientation relevant to all students, and services aid transition to academic setting for non-traditional students*.

Awareness of services refers to students being aware of: existence of services, potential benefits of services, and eligibility criteria. Several participants commented on this: "Seeing the results of that [the services] would be beneficial, too," "So that's maybe a good step to take. Getting it out there for people," "maybe when you get accepted to the university...part of that package...put in...a little list of services available," "If you put this [information about services] in her [military education benefits coordinator] office...you'd have your marketing right there," and "...PR is a big thing...I don't know if there's a poster for this up in the veteran's lounge?" Such statements made up 61.5% of facilitators related to marketing (8/13) and were found in 10.4% of total statements (8/77).

Presentation of services refers to how services are presented in advertising. Most comments related to the PowerPoint about the services shown at the beginning of the discussion, for which the participants had printed slides (e.g., "If maybe it was adjusted a little bit to...make it seem more like something that a lot of people could use," "The feeling I got when I first looked through it [PowerPoint slides] was it's kinda aimed at making you feel like you're sick and you need help... If you could...change the presentation of it might make it more palatable," and "The study skills. Emphasizing that- having it be more of again- less illness, more just helping you get by in school. I think that's a positive, the fact that they offer study skills." Statements like this accounted for 23.1% of facilitators related to marketing (3/13) and were identified in 3.9% of total statements (3/77).

Orientation relevant to all students refers to having orientation to the university be a place where all types of students can connect and know resources available to them.

After exchanges between participants about differing experiences with their orientation to the university (e.g., attending versus not attending orientation, receiving pamphlets or brochures, receiving e-mails), one participant concluded, "Ok that's step one- make orientation a universal crosspoint at this campus."

Finally, *services aid transition to academic setting for non-traditional students* refers to having the services be available to any non-traditional student who may have academic challenges (e.g., one participant stated "It's a really good building block" in reference to services being made available to any student who has been out of high school for a non-traditional period of time).

Facilitators related to environment. 17 of 77 total statements (22.1%) included facilitators related to environment. Three facilitators were identified: *accessible location*, *atmosphere*, and *animal-friendliness*.

Accessible location refers to a geographic location easily accessible by student veterans (e.g., "Location is central," "So it's [the building where services are located] just across the bridge? That's not bad," and "I'm right on campus. If anything's going on, I just walked there.") Statements like this accounted for 35.3% of facilitators related to environment (6/17) and were identified in 7.8% of total statements (6/77).

Atmosphere refers to the feel of the room or space where services are held (e.g., "Maybe the atmosphere....to have a friendly, warm atmosphere," "Try to make it...just a casual space," "Something not threatening," "...like they're at home.") Such statements made up 35.3% of facilitators related to environment (6/17) and were found in 7.8% of total statements (6/77).

Animal-friendliness refers to an environment that welcomes animals, specifically service-dogs and therapy pets (e.g., “Having animals there...Make sure that whatever facility you have is...service dog accessible,” “That’s another cool idea, even having a dog there. Campus pet,” and “...I know from personal experience that sometimes it’s easier to talk to somebody while you’re petting a dog rather than sitting there looking at’em not knowing what to do with yourself.”) This type of statement accounted for 29.4% of facilitators related to environment (5/17) and were identified in 6.5% of total statements (5/77).

Facilitators related to interpersonal influence. Facilitators related to interpersonal influence were noted in 15 of 77 total statements (19.5%). Four facilitators were identified: *service provider with military experience*, *endorsement of services*, *availability of veteran mentorships*, *family involvement*, and *service provider as advocate*.

Service provider with military experience refers to the service provider and student sharing a common background of military experience (e.g., “A feeling of equality...If you have somebody that has previous military experience that understands, that has been there, it’s gonna be easier for that vet to go in,” and “Who’s running it? Are they like- prior military or are they just regular civilian- that sort of thing?”). Statements like this accounted for 13.3% of facilitators related to interpersonal influence (2/15) and were identified in 2.6% of total statements (2/77).

Endorsement of services refers to fellow veterans or the military education benefits coordinator encouraging students to use the service (e.g., “But if he said... ‘Oh yeah it was great’ ...I’d go in there as well. I mean if it worked for me I’d recommend

it,” “In the military you depend on your buddies...if your buddies tell you something works...that’s more effective probably than anything,” “even if a part of the orientation could be having...a vet come in...and say...‘hey, you know, if there’s any veterans out here, here’s what’s available’,” “She [military education benefits coordinator] is incredible...if you threw this at her and then any veteran that came through her...” Such statements made up 53.3% of facilitators related to interpersonal influence (8/15) and were found in 10.4% of total statements (8/77).

Availability of veteran mentorships refers to having students further along in their program become a mentor for new students (e.g., “at [local technical college] they had...nursing student ambassadors...when the new nursing students came in they were assigned a volunteer nursing student...like a second year student. So...when the veterans came in... if [military education benefits coordinator] or whoever could offer that, offer someone to walk’em through what’s available for veterans and stuff’.) This was the only statement pertaining to veteran mentorships.

Family involvement refers to loved ones being invited to participate in services (e.g., “for orientation...if you’re married...I see you can invite spouses to come to the orientation as well...that way...she can see if there are services...and say ‘hey’...’he’s not getting out of bed in the morning, he’s not his usual self’... She can make the call and see if someone could come to there and talk to them about those services,” and “If you’re a single guy it’s one thing. But if you are...in a marriage situation where he’s been married now and he has a child. You need that family support.”) Statements like this accounted for 20% of facilitators related to interpersonal influence (3/15) and were identified in 3.9% of total statements (3/77).

Service provider as advocate refers to the service provider advocating for student needs and services within the classroom. Only one participant commented on this, saying “having an ally talking to professors sometimes to explain what you’re going through in the military would really help... having that person there, if you would want... to break that confidentiality to have them stop in and kind of explain you’re working on these things. That would be good.”

Facilitators related to target population. Out of 77 total statements, 3 contained a facilitator related to target population (3.9%). One facilitator was identified: *availability of services for broader population*. *Availability of services for broader population* refers to gearing the services toward any students with academic challenges rather than just those with brain injury (e.g., “Make it seem more like something that a lot of people could use,” and “This would be great just in general. Regardless of TBI and PTSD... This could be utilized effectively across the board.”) This was the only type of statement in the target population category.

Facilitators related to societal influence. No facilitators related to societal influence were identified. Recall that two barriers related to societal influence were identified.

Facilitators related to logistics. Facilitators related to logistics were mentioned in 7 out of 77 total statements (9.1%) mentioned. Four facilitators were identified: *small time commitment*, *low financial commitment*, *ease of service set-up* and *confidentiality*.

Small time commitment refers to the length of time services would run. Only one participant commented on this stating “I like that they say it’s typically for 10-12 weeks.

That gives, like, an ending point to it instead of just having a program that you need to commit to for your whole time here. That's nice, for it to be shorter."

Low financial commitment refers to the cost of services. Only one statement was made regarding this barrier, "'oh it's 25 dollars per semester but fee reduction requests are available' ...if there's hardships on him it's... definitely can play a positive role."

Ease of service set-up refers to students being able to easily go through the start-up process of getting services. One participant questioned the ease of service set-up, "I guess one thing would be how easy is it to set up the services?"

Finally, *confidentiality* refers to information about services not being released to other parties (e.g., one participant said "I know that HIPAA concretes everything...military can't get a hold of any sort of psychological or medical history. If you go outside the military to get it.") Statements like this accounted for 42.9% of facilitators related to logistics (3/7) and were found in 3.9% of total statements (3/77).

Summary of Facilitators

A summary of identified facilitators is provided in Table 3.3. Facilitators derived from primary statements are listed above categories derived from secondary statements. Facilitators which appeared more frequently in discussion are listed above categories coded less frequently.

Table 3.3

Summary of Facilitators Related to Utilization of On-campus Speech and Language Services by University Student Veterans

Facilitator Label	Example/s of Statements ^a	Frequency ^b	Primary ^c	Secondary ^d
Awareness of Services	“I had no idea any of this stuff was available...so that’s maybe a good step to take. Getting it out there for people.”	8/77 (10.4%)	X	X
Endorsement of Services	“Getting an endorsement from another vet who’s used the program or knows about it would be a good thing.”	8/77 (10.4%)	X	X
Accessible Location	Moderator: “What are...some of the other factors that would make it... more likely that Joe would come in for services?” Participant: “Location...location is central”	6/77 (7.8%)	X	X
Atmosphere	“Maybe the atmosphere...to have a friendly, warm atmosphere.” “Try to make it...just a casual space.”	6/77 (7.8%)	X	X
Availability of Therapy Pets	“That’s another cool idea, even having a dog there. Campus pet.” “I know from personal experience that sometimes it’s easier to talk with somebody while you’re petting a dog”	4/77 (5.2%)	X	
Family Involvement	“Is there something that would involve his wife? You need that family support.”	3/77 (3.9%)	X	X
Presentation of Services	“So if you could kinda change the presentation of it might make it more palatable.”	3/77 (3.9%)	X	X

Availability to Broader Population	“This would be great just in general. Regardless of TBI and PTSD...This could be utilized effectively across the board.”	3/77 (3.9%)	X	X
Service Provider with Military Experience	“If you have somebody that has previous military experience that understands, that has been there, it’s gonna be easier for that vet to go in”	2/77 (2.6%)	X	
Low Financial Commitment	“oh it’s 25 dollars per semester but fee reduction requests are available’ ...if there’s hardships on him...it’s- definitely can play a positive role”	2/77 (2.6%)	X	
Services Aid Transition to Academic Setting for Non-Traditional Students	One participant made this statement following a comment about services being applicable to anyone who has been out of high school for a while: “It’s a really good building block.”	1/77 (1.3%)	X	
Small Time Commitment	“I like that they say it’s typically for 10-12 weeks...that gives...an ending point to it...that’s nice, for it to be shorter.”	1/77 (1.3%)	X	
Ease of Service Set-Up	“I guess one thing would be how easy is it to set up the services?”	1/77 (1.3)	X	
Availability of Veteran Mentorships	“So...when the veterans came in... if [veteran representative] or whoever could offer that, offer someone to walk’em through what’s available for veterans and stuff”	1/77 (1.3)	X	
Service-Dog Accessible	“Make sure that whatever facility you have is...service dog accessible.”	1/77 (1.3)	X	

Confidentiality	“I know that HIPAA, concretes everything. You- military can’t get a hold of any sort of psychological or medical history. If you go outside the military to get it.”	3/77 (3.9%)	X
Option of having Service Provider Advocate for Student in Academic Settings	“Having an ally talking to professors sometimes to explain what you’re going through in the military would really help.”	1/77 (1.3%)	X
Intrinsic Factors	“...if my self-esteem gets low and something’s bothering me I usually...speak up. I guess it just depends on the person....”	1/77 (1.3%)	X
Orientation Relevant to All Students	“Ok that’s step one- make orientation a universal crosspoint at this campus.”	1/77 (1.3%)	X
Few Conflicting Commitments	“And I’m right on campus. If anything’s going on, I just walked there. I’m not married. I don’t have kids. I don’t want kids.”	1/77 (1.3%)	X

Note. ^a Full transcript is available in Appendix L ^b Frequency was derived from the total number of codes assigned within the given category divided by the total number of codeable statements assigned throughout the entire discussion. ^c Indicates the category was identified within primary statements. Primary statements were elicited after a broad, open-ended prompt by the moderator. ^d Indicates the category was identified within secondary statements. Secondary statements were elicited after a specific, direct prompt by the moderator. See Appendix F for the hierarchy of moderator prompts.

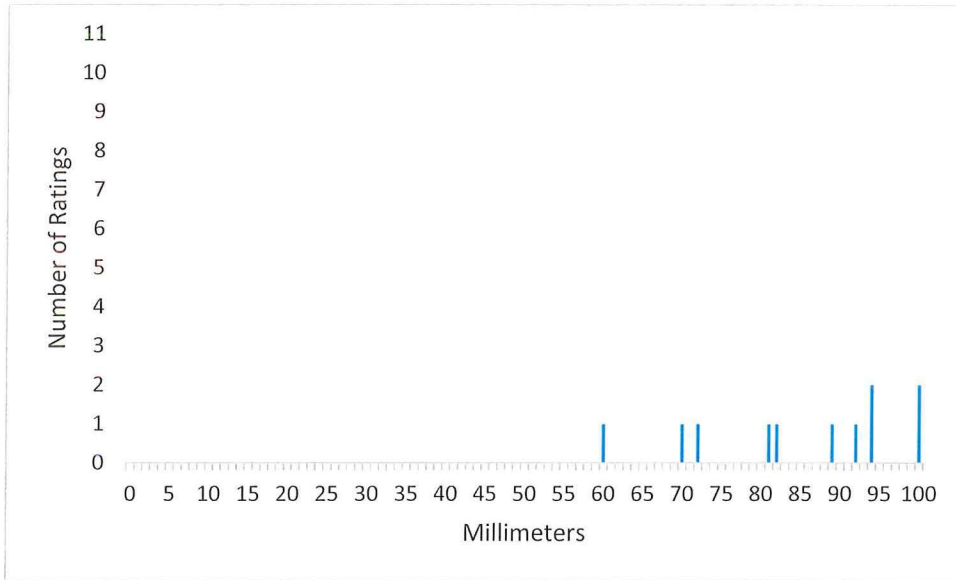


Figure 3.2. Ratings of participants in response to the factor labeled *Awareness of services offered at the Center for Communication Disorders*. This refers to how much knowledge participants have about services being offered. The mean rating in response to how much impact *Awareness of services offered at the Center for Communication Disorders* would have on participants' decisions to receive services was 84.9mm.

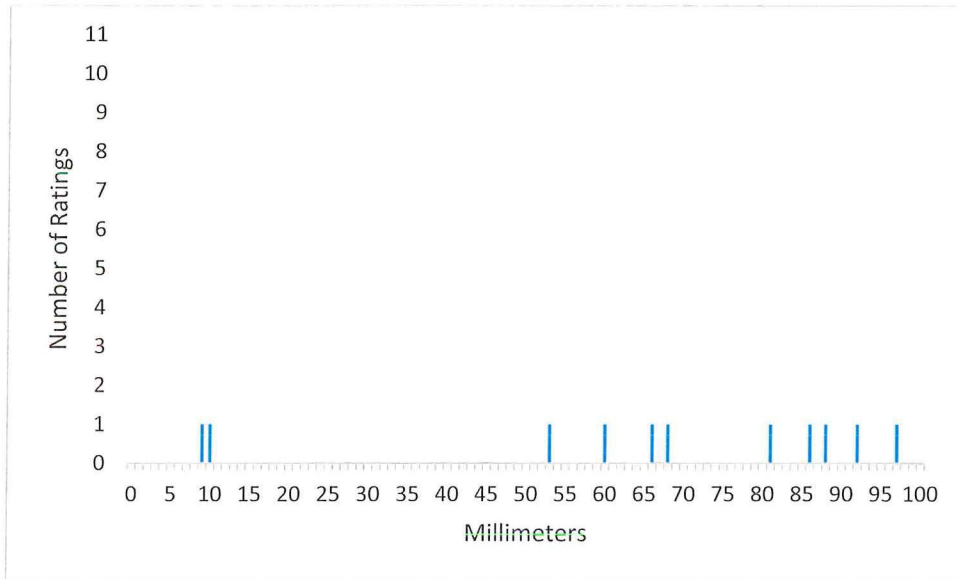


Figure 3.3. Ratings of participants in response to factor labeled *Finances*. The mean rating in response to how much impact *Finances* would have on participants' decisions to receive services was 64.5mm.

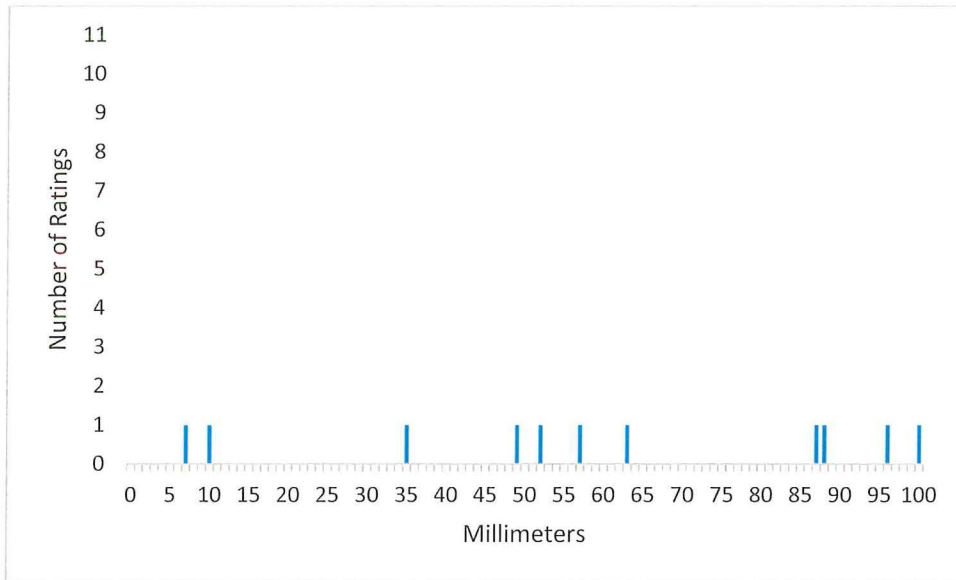


Figure 3.4. Ratings of participants in response to factor labeled *Scheduling/Time Commitment*. The mean rating in response to how much impact *Scheduling/Time Commitment* would have on participants' decisions to receive services was 58.5mm.

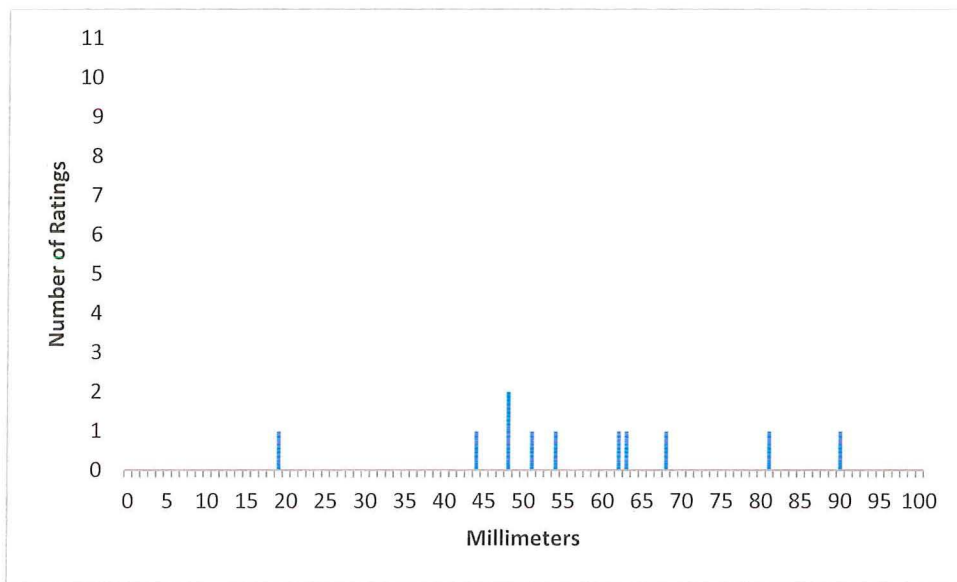


Figure 3.5. Ratings of participants in response to factor labeled *My (participant's) use of services offered elsewhere*. The mean rating in response to how much impact *My (participant's) use of services offered elsewhere* would have on participants' decisions to receive services was 57.1mm.

Indicate the level to which you agree or disagree with the following statements:

**Make a slash somewhere along the blue line to indicate level of agreement or disagreement*

Prior to today's discussion I was not aware of these services

Completely Disagree Completely Agree




Figure 3.6. Question and instructions for exit survey page two.

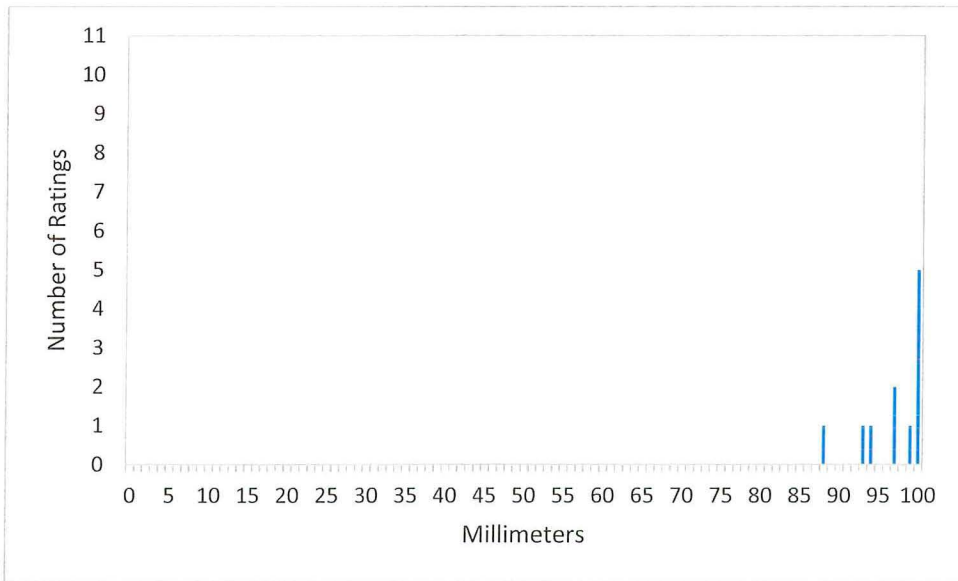


Figure 3.7. Ratings of participants in response to the statement *Prior to today's discussion I was not aware of these services*. The mean of ratings indicating the level to which participants agreed or disagreed with *Prior to today's discussion I was not aware of these services* was 97.1mm.

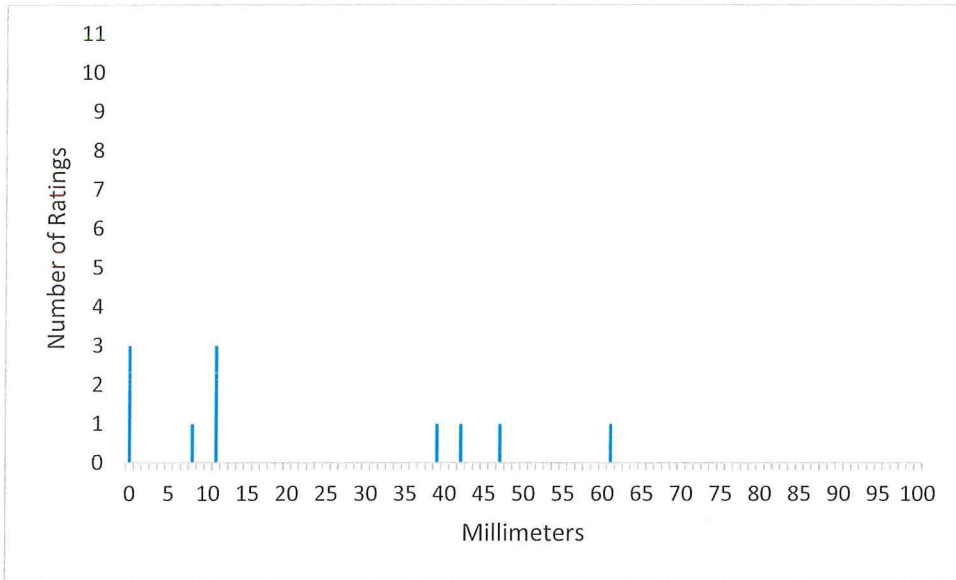


Figure 3.8. Ratings of participants in response to the statement *My military peers would think less of me if I received these services*. The mean of ratings indicating the level to which participants agreed or disagreed with “*My military peers would think less of me if I received these services*” was 20.9mm.

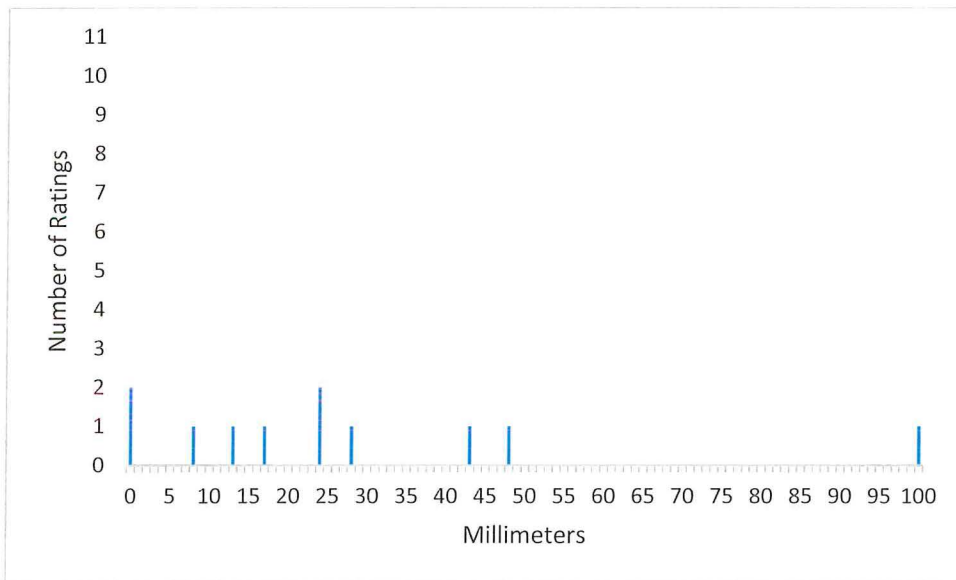


Figure 3.9. Ratings of participants in response to the statement *I would think less of myself if I received these services*. The mean of ratings indicating the level to which participants agreed or disagreed with *I would think less of myself if I received these services* was 27.7mm.

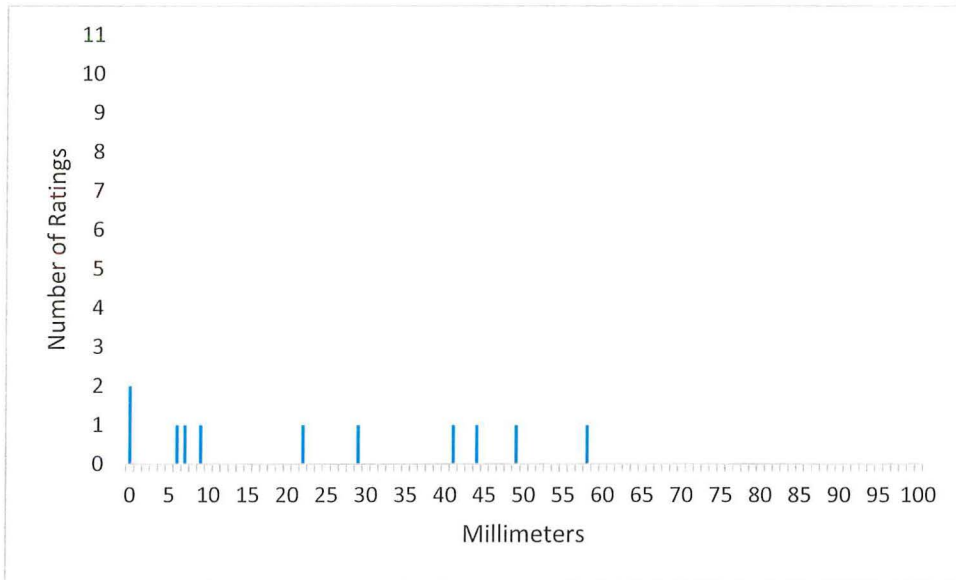


Figure 3.10. Ratings of participants in response to the statement *My current or future career reputation would be in jeopardy if I received these services*. The mean of ratings indicating the level to which participants agreed or disagreed with *My current or future career reputation would be in jeopardy if I received these services* was 24.1mm.

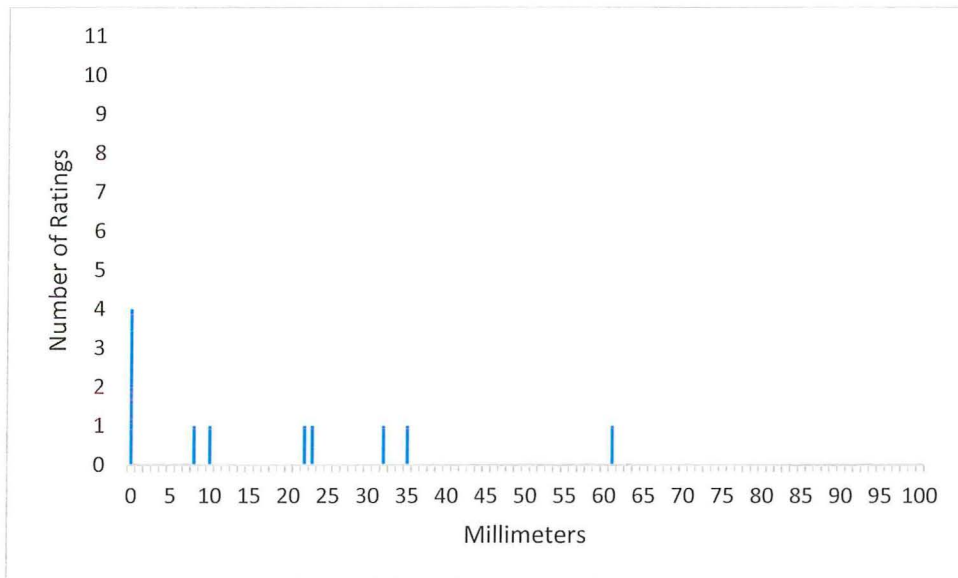


Figure 3.11. Ratings of participants in response to the statement *I do not believe information regarding my services would be kept confidential*. The mean of ratings indicating the level to which participants agreed or disagreed with *I do not believe information regarding my services would be kept confidential* was 17.4mm.

CHAPTER FOUR

DISCUSSION

Overview

Seven broad categories of barriers and facilitators were identified: *Personal Influence, Marketing, Environment, Interpersonal Influence, Target Population, Societal Influence, and Logistics*. Previous research had already identified a number of potential barriers to utilization of services by military students. The present research extends the ‘list’ of potential barriers and also specifically identifies potential facilitators. Throughout this paper, barriers and facilitators have been discussed separately. However, for this chapter, barriers and facilitators in each broad category will be discussed together in order to reveal relationships that arose between them.

Barriers were identified in each of the seven categories and facilitators were identified in six of the seven categories. While several of these factors were consistent with those identified in previous research, this study identified a broader range of potential contributors. The focus group design, coupled with a skillful moderator, encouraged a discourse which covered a variety of topics. Factors contributing to service utilization within each broad category are discussed below.

Personal Influence

Barriers and facilitators identified in this category related to both extrinsic and intrinsic personal factors. Extrinsic factors were marital and family status. Although the case study indicated ‘Joe’ had a wife and daughter, only one participant mentioned this topic near the end of discussion, explaining that not having a marriage and children opened availability to participate in campus events. This indicates not having *conflicting commitments* may be a facilitator to receiving care, and the opposite could also be true:

those with spouses and children may find it difficult to be responsible for both family and therapy services. In relation to family status, previous research by Schell & Marshall (2008) showed 29.4% of service-members agreed “It would be difficult to get childcare” in regards to receiving services for TBI. These extrinsic factors appear to be a barrier to some and facilitator to others.

Manual coding results showed most participants identified *intrinsic factors* as barriers to care (5 statements) and only one participant spoke of them as a facilitator, stating “I guess it just depends on the person.” The exit survey revealed differing data. For the statement “I would think less of myself if I received these services” the mean rating was 27.7mm, which is close to the ‘completely disagree’ end of the Likert scale, indicating this intrinsic factor is not a strong barrier to care. However, one participant, whose rating was at 100mm (completely agree), was a distinct outlier in the data. Previous research found results similar to the exit survey, as only 29.1% of service members with reported symptoms of TBI agreed to the statement “I would think less of myself if I could not handle it on my own” (Schell & Marshall, 2008). While some variance in opinion is noted, the intrinsic factors spoken of in the current study appear to only somewhat influence participants’ decisions to receive services. Another interesting note is the NVivo results in Figure 3.12 display the words “feel” and “think” as medium-sized words, indicating participants’ intrinsic thoughts and feelings did influence discussion.

Marketing

Factors related to marketing took up nearly 30% of total statements, which is relatively high given such a variety of topics in the current study. There were both

primary and secondary comments related to marketing, which suggests the factor was substantial enough to be discussed without specific prompts, and continued to be identified in other manners throughout conversation.

Within the marketing category, *awareness of services* was a great factor influencing service-seeking. Statements related to *awareness of services* accounted for 59% of marketing-related barriers and 61% of marketing-related facilitators. The primary investigator's field notes identified direct comments related to *awareness of services* (e.g., "I had no idea any of this stuff was available") and indirect comments related to *awareness of services* (e.g., "Is this hypothetical or is this a real program?"). The exit survey revealed strong findings regarding awareness, as well. When asked to agree or disagree with the statement "Prior to today's discussion, I was unaware of these services," participants shared a mean rating of 97.1mm on the Likert scale, which is only a few mm away from "Completely agree." In fact, five participants marked 100mm indicating complete agreement. Of all questions on the survey, this had the most amount of participants with the same rating. Another survey question asked if *awareness of services* would impact participants' decisions to receive services and the mean rating was 84.9mm (close to "Would greatly impact my decision.") This identifies awareness as a strong factor to seeking services. Previous research by Kennedy, Krause, and Turkstra (2008) also found awareness to be a factor for service utilization as 20% of college student participants with TBI were unaware of support services being available.

Where, how, and to whom services are advertised was another topic of discussion. Participants suggested having posters and handouts regarding services available during orientation, in the campus veteran's lounge, and in the military education benefits

coordinator's office. Each of these locations are highly trafficked by student veterans, making them prime locations for advertising. This is especially important since lack of outreach to non-traditional students was a stated concern. Participants wanted to know more about the qualification for services and results/benefits of services. This advertising is a facilitator to receiving services. It is important to note that UWEC does have brochures regarding support services available to students in the veteran's lounge. However, no advertising specifically addresses speech and language services.

Presentation of services was identified often, as well. The main notion throughout discussion was to make the presentation of services seem less geared toward medical disabilities and more to the general student population. Terms and definitions were important (e.g., "even the term 'student clinician' really sounds medical to me.") This factor was not found elsewhere in the primary investigator's review of literature.

In manual coding results, *availability of other relevant services* was identified as a barrier to seeking speech and language services. One participant mentioned another campus support service was better advertised than speech and language services, so the participant would choose the other program first. The exit survey asked how much impact "My (participant's) use of services offered elsewhere" would have on their decision for services. A mean rating of 57.1mm was reported (slightly closer to 'would greatly impact my decision'), suggesting the factor could impact a student's decision. Other research by McBain et al. (2012) indicated 87% of universities and colleges make referrals to off-campus service providers. If other services are being utilized to fulfill student's needs, this can be a reason for low utilization of speech and language services.

Environment

Environmental factors were largely divided into location and atmosphere. Preferred locations were easily accessible and familiar to students (e.g., veteran's lounge). Atmospheres described in a positive way included terms like: warm, friendly, casual, neutral, and 'like home'. These are facilitative statements. Atmospheres described in a negative sense included terms like clinical and threatening. These indicate barriers to care. *Animal-friendliness* was a surprising factor not found in the initial literature review, but was identified in a primary statement. Participants showed interest in having therapy pets during sessions and encouraged service-providers to make the environment service-dog accessible. Overall, environmental factors accounted for about 30% of total statements, indicating the factor is of interest to students.

Interpersonal Influence

Factors of interpersonal influence described relationships between military students and: service providers, other military students, professors, and family. Failure of university people to understand military experiences was identified as a barrier. Participants shared that service providers without previous military experience may be more difficult to approach for services and that some professors do not understand military experiences. This prompted a participant to suggest service providers act as advocates between students receiving services and their professors. Hux et al. (2010) noted this issue as well, indicating professors may not understand students' needs due to the invisibility of the disability. McBain and colleagues (2012) offer hope to the situation as their study revealed an increase in the number of institutions of higher education which offer staff-training for understanding specific needs of students with invisible disabilities.

Burnett & Segoria (2009) acknowledged disconnect between military students and the university community. They recommended a strong working relationship between veteran services, disability services, and other faculty/staff on campus. Each department can act as a bridge to other departments, which brings up the idea of endorsement. Participants in the current study strongly recommended endorsements from other military students and the UWEC military education benefits coordinator, whose name received a great response of positive comments and body language (e.g., head nods) when mentioned in discussion. Endorsement of services was identified as a facilitator to service utilization.

Family involvement in services was identified a few times, especially in regard to 'Joe's' wife. One participant commented she could help to: identify a need for services, be an advocate for her husband to receive services during university orientation, and provide support during therapy sessions. Hux and colleagues (2010) noted a difference in participants with TBI's perception of their own academic and social difficulties versus their close partner's perceptions. Since persons with TBI tended to underestimate the impact of their deficits, having a close loved one initiate and participate in services could be a strong facilitator to service utilization. Hoepner and Turkstra (2013) found that the discrepancy between ratings by the person with TBI and their partner can be mitigated through direct review of video recorded interactions. While this approach may not help to bring individuals with TBI to access services, it is a pertinent means of gaining stakeholder consensus once services are initiated.

Finally, the NVivo10 word frequency results (See Figure 3.12) identified 'somebody' as the most frequently used word in discussion. Along with 'somebody' as

the largest word, a few medium-sized words were 'coordinator', 'veteran', and 'professors'. Participants spoke frequently about people which indicates interpersonal or relational factors are likely considered in service utilization decisions.

Target Population

Target population factors were interesting in that participants suggested targeting a broader population and more specific populations. Several comments were made regarding generalization of services (e.g., making it available to any non-traditional as it can be 'utilized effectively across the board'). This topic was so popular, it extended outside of the formal discussion (e.g., after completing their exit surveys, two participants discussed the benefit of UWEC's GEN 100 course which aids the transition to college). This correlates with the participants' desire for presentation of services to emphasize general study skills instead of specific disability-related material. It may be identified as an indirect way to alleviate power of perceived stigma of disability services, as stigma was identified in the discussion as a barrier to service utilization. Specific populations which participants felt were under-targeted include female veterans, Vietnam-era veterans, and any non-traditional students. Though these specific populations were only mentioned briefly, it is important to note large barriers to care might exist for them.

Societal Influence

Societal influence was the only one of seven categories to be solely comprised of barriers. These mainly include expectations of military standards. For example, military or civilian society may hold the following expectations for members of the military: they need to be strong, they must handle problems on own, it's a weakness to ask for help). A very specific stigma was identified and discussed regarding post-traumatic stress disorder

(PTSD). Previous research had identified these societal influences as a barrier as well (Schell & Marshall, 2008; CBO, 2012; Blais & Renshaw, 2013; Weiss, Coll, & Metal, 2011). An interesting finding related to societal influence appeared in the exit survey. The question asked participants to agree or disagree with “My military peers would think less of me if I received these services.” The mean response was marked at 20.9mm, showing most participants disagreed with the statement. In fact, 3 participants ‘completely disagreed’ by marking 0mm and 7 of 11 participants marked at or below 11mm. Taking into account both manual coding results and exit survey results, it appears the stigma and expectation involved in service utilization does not come from military peers, but another source (e.g., perhaps society as a whole). Regardless of the source, societal influence has been identified as a barrier to service utilization.

Logistics

Logistic factors included time commitment, financial commitment, ease of service set-up, and level of confidentiality. Time commitment was identified as a barrier and facilitator, depending on the participant. One thought two fifty-minute sessions per week for 10-12 weeks required too many resources while another thought it was nice to have a shorter time period and definitive ending to therapy. On the exit survey participants indicated how much impact “Scheduling/Time Commitment” had on their decision to receive services. The mean rating for this question was 58.5mm, indicating somewhat of an impact.

Only a facilitator was identified for financial commitment as only one participant spoke of the matter stating the price for therapy is reasonable and having the option of a fee reduction was helpful. With a mean rating of 66.5 mm (closer to ‘would greatly

impact my decision) among participant responses, the exit survey revealed finances had some impact on participants' decisions for service utilization.

Ease of service set-up was only discussed by one participant, but it was a primary statement indicating the participant found it to be important. Service providers should take note that ease of service set-up impacts accessibility of services.

Discussion of confidentiality yielded mixed results. The topic was not independently initiated by participants, but appeared in secondary statements. One participant suggested confidentiality is 'extremely' important, while another was unconcerned due to HIPAA's security of medical records. On the exit survey participants mostly indicated disagreement with the statement, "I do not believe information regarding my services would be kept confidential," with a mean rating of 17.4mm and four participants marking 0mm. This suggests fear of confidentiality breaches would not be a barrier to care for some people. Schell & Marshall (2008) found similar data as only 27% of participants with TBI agreed with the statement "I do not think my treatment would be kept confidential." Although their study and the current study show participants' confidence in confidentiality of support services, this may be due to high levels of confidentiality being kept in the past. Thus, it is important for service providers to continue to have clear communication with prospective clients about confidentiality of services.

Implications

The current study identified several barriers to service utilization among military students as well as potential facilitators. Since none of the participants in the focus group discussion disclosed of having a TBI, it can be cautiously concluded military students

who do not self-identify as having a TBI or PTSD still have relevant insights regarding this population's use of support services. The above discussion provides specific suggestions which enable campus service providers (e.g., academic skills center, veteran services and associations, students with disabilities office, speech and language clinic, and any related organizations or departments) to better recognize the specific needs of today's group of military students and respond accordingly. A final summary of potential facilitators to service utilization can be found in Table 5.1. This knowledge can give insight into specific learning or training services needed to empower university faculty, staff, and service providers to work efficiently alongside military students to improve their experience with higher education.

Table 5.1

Potential Facilitators to Utilization of Campus Services Identified in Current Study

Potential Facilitators

Service provider with prior military experience

Low financial commitment with financial assistance available

Family involvement in services

Accessible and familiar location

Presentation of services (e.g., less disability based, more generalized)

Marketing/ increased awareness of services (e.g., brochures, posters, handouts)

Available to general student population with emphasis on improving study skills

Service providers reach out to non-traditional students

Easy to set up services

Endorsements from other military students and/or military/veteran coordinator

Casual, inviting, friendly, home-like atmosphere

Animal-friendly environment (e.g. service-dog accessible, therapy pets available)

High level of confidentiality

Personality of student is more likely to seek help

Few conflicting commitments for students (e.g., marriage, children)

Limitations

One limitation to the study is that the focus group discussion participants did not have disclosed TBIs. However, speaking with their peers allowed insight into military culture which could not have been drawn from the general population of students. Some participants may have had TBI or PTSD but were unlikely to self-identify. It is also likely the participants shared secondhand experience from peers who do fit the population being studied.

Another limitation is the study only consisted of 11 participants, while the UWEC military education benefits coordinator reported 304 students used military benefits during the 2014-2015 academic year. This is a fairly strong response in consideration of the pilot survey which was sent during the summer of 2014 to receive a demographic overview of military students on the UWEC campus. There were zero responses. Fortunately, there was a greater response for the focus group discussion.

Since it was a group discussion, there were participants who did not speak up as much as others and vice versa. This can be seen as a limitation, but it may have fostered an environment of free exchange as well. One of the reasons for the exit survey was to allow participants the chance to provide individual responses even if they did not express

the opinion earlier in discussion. On a related thought, answers on the exit survey may have been influenced by the focus group discussion which preceded it. If an entrance survey were created, it would have posed a risk of influencing the focus group discussion.

Finally, participants knew the discussion was being video and audio recorded, which may have influenced their conduct. Related to this, a few participants had their backs to the camera, reducing visibility of their interactions. Fortunately, the most active participants were facing the camera.

Conclusion

A variety of factors influencing military students' utilization of speech and language services were identified due to the variety of student situations (e.g., participants varied by age, gender, military branch, major in school). Every military student is unique, which makes the connection and communication between students, their peers, and faculty/staff a large priority so their individual needs can be known and responded to appropriately. Future research in this area could begin or continue to study: how much collaboration is currently happening between veteran services and other departments on a typical campus of higher education, the efficacy of faculty/staff training for military student/veteran awareness, differences between on-campus versus off-campus service accessibility, and the efficacy of treatment when loved ones are involved in therapy services.

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APPENDIX A

Recruitment Email



Prospective Research Participants,

Dr. Jerry Hoepner and Laura Michaelson, a graduate student in the Department of Communication Sciences and Disorders at UW-Eau Claire are conducting a study exploring factors that contribute to utilization of on-campus speech and language services by the student veteran population. The primary purpose of this research is to increase knowledge about the needs and/or preferences of student veterans.

You are invited to participate in this study if you are an active-duty military member or veteran that is enrolled at the University of Wisconsin- Eau Claire for the 2014-2015 academic year.

If you agree to participate, you will be invited to attend a focus group discussion held in the UWEC Veteran's Center, Schofield 20. The exact date and time will be determined based on participant availability. You will receive an email from the primary investigator (Laura Michaelson, MICHAELA@uwec.edu) to attain your availability for scheduling purposes. You will receive another email notification when the date and time are set. The interaction will include a short video about the experiences of one student veteran who is returning to college. The discussion will be in response to this video. The discussion will last approximately 60-90 minutes. There is a twenty dollar cash incentive offered to each participant involved in the study. This will be given on the day of the focus group, following the discussion. The discussion will be audio/video recorded for later data analyses. Note that you may limit use of video and audio footage to research analyses by checking "No" in the request for consent to use videos for professional presentations. Alternately, video and audio footage may be used in professional presentations, given your consent (by checking "Yes").

Your participation is entirely voluntary and declining to participate in no way jeopardizes your status at UWEC or the services you receive from UWEC. If you agree to participate, you may choose not to answer any discussion prompts, and you may withdraw your consent and discontinue your participation at any time. Your identity will be kept confidential. Transcripts of your portion of the discussion will be de-identified and associated with a number. Only the investigators and research assistants will be aware of your identity. All videotapes and forms will be kept in a secure place. If data from this study are presented or published, your identity will not be divulged in any way. Note that consent to use video or audio footage is by additional permission only and will be restricted to professional conferences. A consent form is attached to this email for your viewing purposes.

Please email Laura Michaelson MICHAELA@uwec.edu to express interest in participation.

If you have any additional questions about the purpose of this research, contact Dr. Jerry Hoepner, Department of Communication Sciences and Disorders, HSS 117, University of Wisconsin-Eau Claire, Eau Claire, WI 54702, telephone 715.836.3980.

If you have any questions about the treatment of human subjects in this study you may call or write Dr. Michael Axelrod, Chair, Institutional Review Board for the Protection of Human Subjects, Schofield 17, University of Wisconsin-Eau Claire, WI 54702, telephone 715-836-2373

Sincerely,
Laura Michaelson, B.S.

APPENDIX B

Moderator Agreement Form

Research Project

Title _____

Primary

Investigator _____

Focus Group Moderator Guidelines and Agreement Form

In signing below, I indicate my understanding of the following guidelines for moderation of this focus group:

- All information about research participants is to be kept confidential.
- Information referencing individuals or organizations in the community may come up in discussion and this information is to be kept confidential.
- All information regarding the research project is to be kept confidential.
- All information collected is not to be discussed or communicated outside of research meetings with the primary investigator and co-investigators or others specifically identified by the primary investigator.
- I will not ask questions of study participants for my own personal information but only to the extent and for the purpose of performing my assigned duties on this research project.
- I will not offer my personal thoughts or opinions before, during, or after the discussion.
- I will use the prompt sheet given to me by the primary investigator to guide discussion to the best of my ability. Additional prompting will be minimal and will not introduce new topics, but will follow the topics initiated by participants.

Moderator's Name (Please Print) _____

Moderator's Signature _____ Date _____

APPENDIX C

Consent Form

Research Participant Consent Form

Title of Investigation: Utilization of On-Campus Speech and Language Services by Student Veterans

Name of Principal Investigator: Laura Michaelson

This document is to certify that I, _____, hereby freely agree to participate as a volunteer in a research study as an authorized part of the educational and research program of the University of Wisconsin-Eau Claire under the supervision of Dr. Jerry Hoepner.

- I understand that potential benefits of participation in this study include: learning about campus support services and connecting with peers.
- I understand that there is minimal risk involved in this study. However, the emphasis of this focus group is related to the transition from military to college life. Hence, there is the possibility that discussion could provoke recall of unpleasant memories related to previous military experiences.
- I certify that to the best of my knowledge, I have no physical or mental illness or weakness that would increase the risk during participation in this investigation.
- I understand that I am free to decline to answer any questions during this focus group discussion.
- I understand that all data will remain confidential with regard to my identity and I do not have to disclose of my personal information during the discussion.
- I understand that the approximate length of time required for participation in this research project is 60-90 minutes.
- I have read the electronic copy of the procedures of this investigation and a description of any risks, discomforts and benefits associated with my participation. I have had an opportunity to email any questions or concerns to the primary investigator for clarification.
- I understand that participation in this research project is voluntary and not a requirement or a condition for being the recipient of benefits or services from the University of Wisconsin-Eau Claire or any other organization sponsoring the research project.

- I authorize the research team to use audio footage of my participation in this focus group discussion for professional conferences. Yes No
- I authorize the research team to use video footage of my participation in this focus group discussion for professional conferences. Yes No
- I understand that if I have any questions concerning the purposes or the procedures associated with this research project, I may email:

Laura Michaelson

Michaela@uwec.edu

I understand that it will not be necessary to reveal my name in order to obtain additional information about this research project from the primary investigator.

- I understand that if I have any questions or concerns about the treatment of human subjects in this study, I may call or write:

Dr. Michael Axelrod, Chair
 Institutional Review Board for Protection of Human Subjects
 Schofield 17
 University of Wisconsin Eau Claire
 Eau Claire, Wisconsin 54702
 Telephone: 715-836-2373

Although this person will ask my name, I understand that all inquiries will be kept in the strictest confidence.

- I UNDERSTAND THAT I AM FREE TO WITHDRAW MY CONSENT AND DISCONTINUE MY PARTICIPATION AT ANY TIME.

Signature of Subject

Date

Signature of Researcher

Date

(NOTE: When a signed document is used, a copy must be provided to the subject to have a record of the agreement to participate.)

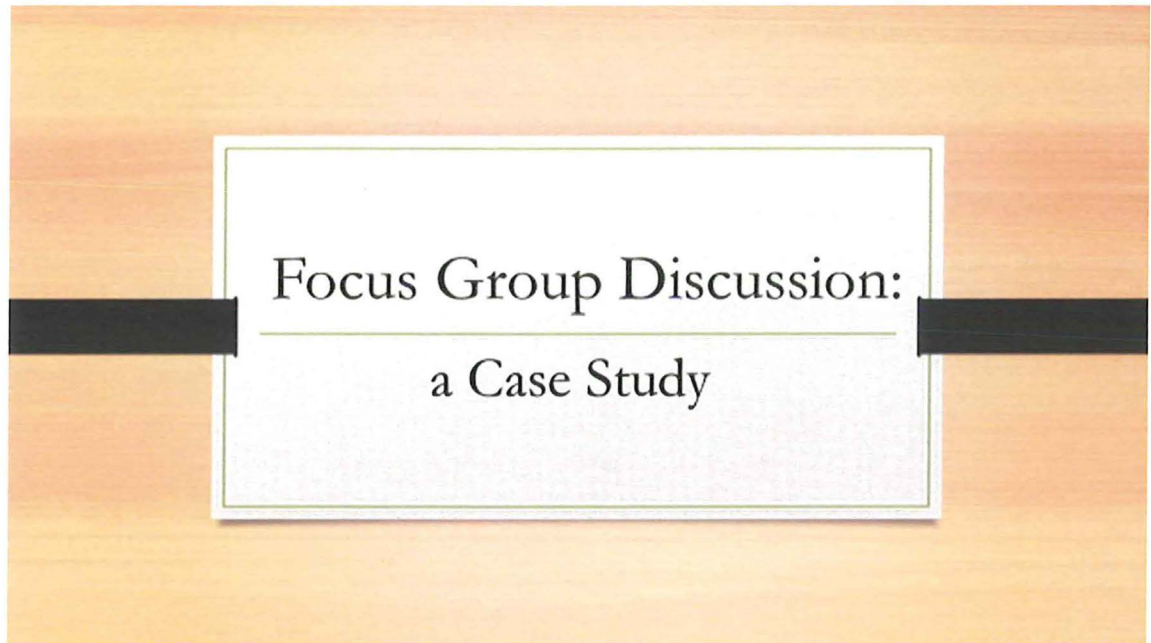
APPENDIX D

General Discussion Guidelines

- All information will be kept confidential
- You may reference personal experience or experiences of people you know-do not personally identify others please
- Casual conversation is encouraged. In general, try not to interrupt others, but also feel free to reply to what others are saying and add comments.
- It is ok to disagree with others, do so respectfully.
- If you have a major concern that you would not like to share with the group, you may discuss this with the primary investigator after our discussion

APPENDIX E

Case Study PowerPoint Slides

A slide titled "Meet Joe" with a light wood-grain background. A white rectangular box with a thin green border contains the text. To the right of the text is a photograph of a soldier in full combat gear walking away on a dirt road in a desert environment. Two black horizontal bars extend from the left and right sides of the white box.

Meet Joe

Age: 30

Gender: Male

Marital Status: Married, 1 daughter

Branch of the Military: Army

Military Service: 10 years, including a 1 year deployment to Iraq

Current Employment: Works for local construction company and is also a full time student

Mild Traumatic Brain Injury (mTBI)

Joe acquired a mild traumatic brain injury (mTBI) during his deployment in Iraq. This was a tertiary blast injury, as he was thrown from the site of an IED explosion into the side of his tank.

Symptoms of his mTBI:

Immediate: Confusion/disorientation for a few minutes, headache, nausea, drowsiness

Long Term:

- Attention/Concentration Difficulties
- Memory Difficulties
- Headaches

Transition to College



Joe used the Post 9/11 GI Bill to return to school to study Criminal Justice

Academic Challenges Related to mTBI

- **Attention/Concentration**- difficulty paying attention during class or concentrating while studying
- **Memory**- forgetting what was said during lectures, forgetting class material
- **Time Management**- difficulty with organization and planning, missing deadlines, being late for class



Kennedy, M.R.T., Krause, M.O. & Turkstra, L.S. (2008). An electronic survey about college experiences after traumatic brain injury. *NeuroRehabilitation*, 23, 511-520.

On-Campus Support Service

UWEC Center for Communication Sciences and Disorders

- Open to community and students on campus
- Services provided by student clinicians from the department
- Serves a variety of clients:
 - Children, adolescents, adults, and the elderly population
 - Speech, language, hearing, voice, accent modification, stroke, TBI

Cognitive Rehabilitation Services

Follows a *coaching model*: clients would be highly engaged in developing their own goals and the coach would be there to provide guidance and resources.

Some areas targeted in cognitive rehabilitation services:

- Attention/Concentration Strategies
- Memory Strategies
- Time Management/Organization Strategies
- Study Skills
- Metacognitive Skills (“thinking about thinking”)



Logistics of Services

Who qualifies for services?

- Students experiencing academic challenges (memory, attention, concentration) secondary to brain injury or post-traumatic stress disorder

How often does a person go for services?

- Typically would be one 50-minute session per week for 10-12 weeks

How much does it cost?

- \$25 per semester (fee reduction requests are available)

What factors would Joe consider when deciding whether or not to come for these services?

APPENDIX F

Moderator Prompt Sheet

Moderator Prompt Sheet*1) Invite Open Comments about Video*

Any initial thoughts about this case?

2) Broad Prompts

What are some factors that would make it more likely that Joe would come for services?

What are some factors that would make it less likely that Joe would come for services?

Specific Prompts

How much impact do you think the following factors have on his decision to go for these services?

- Awareness of these services
- Finances
- Scheduling/time commitment
- Peer perception of these services
- Self-perception/self-esteem
- Reputation
- Military Culture
- Career
- Confidentiality
- Use of services offered elsewhere

APPENDIX G

Focus Group Discussion Outline

Location: Mohican Room, UWEC Davies Center

Activity	Details	Time Allotted
<i>Settle In</i>	<ul style="list-style-type: none"> • Participant consent is acquired and questions about consent are answered (Laura will do this) • Moderator and participants mingle • Have light refreshments 	5 minutes
<i>Introductions</i>	<ul style="list-style-type: none"> • Moderator introduces self • Participants briefly introduce themselves (voluntary) <ul style="list-style-type: none"> ○ Name, Military Rank, Branch, MOS, combat tour, Academic Major 	5 minutes
<i>Logistics Discussion</i>	<ul style="list-style-type: none"> • Moderator sets discussion guidelines • Moderator answers logistical questions from participants 	5 minutes
<i>Video Presentation</i>	<ul style="list-style-type: none"> • Case study video is shown 	5 minutes
<i>Open Comments</i>	<ul style="list-style-type: none"> • Moderator invites open comments about the video “Any initial thoughts about this case?” 	Variable
<i>Broad Prompting</i>	<ul style="list-style-type: none"> • Moderator uses <i>broad prompts</i> from the given prompt sheet to facilitate more discussion 	Variable
<i>Specific Prompting</i>	<ul style="list-style-type: none"> • Moderator uses <i>specific prompts</i> from the given prompt sheet to facilitate more discussion. Prompt timing is chosen via personal discretion. 	Variable
<i>Wrap-up</i>	<ul style="list-style-type: none"> • Moderator wraps up discussion “Any final thoughts?” • Distribute “End Survey” 	Total Time: 60-90 minutes

APPENDIX H

Exit Survey

How much impact would the following factors have on your decision to receive services at the UW-Eau Claire Center for Communication Disorders?

**Make a slash somewhere along the blue line to indicate level of impact.*

Awareness of services offered at the Center for Communication Disorders

Would not impact my decision at all

Would impact my decision greatly



Finances

Would not impact my decision at all

Would impact my decision greatly



Scheduling/time commitment

Would not impact my decision at all

Would impact my decision greatly



My (participant's) use of services offered elsewhere

Would not impact my decision at all

Would impact my decision greatly



Indicate the level to which you agree or disagree with the following statements:

**Make a slash somewhere along the blue line to indicate level of agreement or disagreement*

Prior to today's discussion I was not aware of these services

Completely Disagree

Completely Agree



My military peers would think less of me if I received these services

Completely Disagree

Completely Agree



I would think less of myself if I received these services

Completely Disagree

Completely Agree



My current or future career reputation would be in jeopardy if I received these services

Completely Disagree

Completely Agree



I do not believe information regarding my services would be kept confidential

Completely Disagree

Completely Agree



APPENDIX I

Student Support Services Handout

Student Support Services

Veterans and Military Education Benefits

The Veterans and Military Education Benefits Office (Schofield 128), under the supervision of **Miranda Cross Schindler**, assists veterans in applying for their G.I. Bill benefits and advises them about other benefits available from the state and federal governments. Feel free to contact Miranda or her staff at **veterans@uwec.edu** or 715-836-3839 with any questions you might have before, during, or after your enrollment at UW-Eau Claire.

Student Counseling Services

Regular Office Hours:

Monday, Tuesday, Thursday, Friday: 8:00 a.m. - 4:30 p.m.
 Weds: 8:00 a.m.- 7:00 p.m. (Spring/Fall Semesters only)

Summer Hours:

Monday - Friday, 8:00 a.m. - 4:00 p.m.

Winterim Hours:

Monday - Friday, 8:00 a.m. - 4:00 p.m.

How to make an appt. with a counselor:

Call 836-5521 or stop by the office at 2122 Old Library.

Student Academic Support Services

Services for Students with Disabilities http://www.uwec.edu/SSD Centennial Hall 2106	836-5800
Academic Skills Center http://www.uwec.edu/asc/ Centennial Hall 2104	836-5844

Center for Communication Disorders Information

The Center for Communication Disorders offers excellent opportunities for student clinicians to work on-campus with clients of various ages with various needs. Cognitive Rehabilitation services geared toward individuals with traumatic brain injury (TBI) are some of the many services offered here. As the Department of Communication Sciences and Disorders is a fully certified program, all clinical activities in the Center are supervised by certified and licensed speech-language pathologists or audiologists.

Contact Ms. Kay Hagedorn, Director of Clinical Programs and Services, for questions and information hagedoke@uwec.edu or 715-836-4054

APPENDIX J

Primary Investigator Field Notes

Introductions

"wasn't planning to go to college, but I got the GI Bill, so here I am" – GI Bill can be a motivator for military members to return to school.

-variety of ages, genders, military branches/positions, life backgrounds, and majors. Each member of the military has a unique experience.

-another student mentioned the GI Bill when discussing his return to school.

Open Comments after the Video

-“he won't go in because most military people are very strong and he feels it would a weakness to ask for help” –speaking of a person who was reported to have severe enough PTSD that they thought he had a TBI –reminds me of warrior mentality.

-“resources are very valuable” –mentioned 50 minute sessions 10-12 weeks would be a lot of resources

-“equality...going to professors was tough-they haven't gone through the same things I have.” – previous military experience is important so they can relate.

-“the moment you mention PTSD, 9 out of 10 veterans are going to run away from that. The stigma now-days is just terrible. So nobody wants to be associated with that acronym”- wow, sounds like PTSD has a strong stigma- is TBI the same?

-weakness was a relatable term. “it's a sign of weakness” “that's actually the term he used ‘I'm not weak’”

-“could be viewed, too, as a personal problem. Like a problem that you feel like you need to just overcome on your own” –wanting to get through things independently. Not needing outside help. “How can I really be helped in that category?”

-fee reduction was mentioned as a positive factor (for possibility of financial hardship)

-“just one-on-one services or would it involve his wife?” – family support is needed!

-“Is this a hypothetical program or a real program?” – at least one student's lack of awareness

Broad Prompt- What would make it more likely that he would come in for services?

-location-easy to access

-“I had no idea any of this stuff was available...getting it out there is a good step to take”- awareness

-adding a list of available services to the packet students receive after being accepted

-less of a medical connotation and make it seem like a service a lot of people could use- even using the term “student clinician” sounds like a medical term.

-“being a veteran and being out of school for 4, 8, 12 years and then coming back to college.

This would be great just in general, regardless of TBI and PTSD. Cause anyone that's come back after 6 years, not out of high school, and suddenly you have 15 credits, I've not had a good freshman year. This could be utilized effectively across the board I feel.”

-10-12 weeks gives an end to the program, so it's not something you need to commit to the whole time you are at school

-“How easy is it to set up the services?” – ease of getting services

-“Who's running it? ...military or just regular civilian?” (looks at the person who discussed the importance of previous military experience for service providers)

-moderator brought up the fact that to have a service provider that has military experience, you may have to go to the VA (one participant shook her head no)

- “if you put this in her office....you’d have your marketing right there”- giving information about the speech and language services to the veteran representative on campus
- suggestion of having a student ambassador who is a veteran to help new student veterans know what resources are available
- endorsement of other veterans
- Atmosphere is important- friendly and warm, less “clinical”, more casual, service-dog accessible
 - later idea of using a neutral space to meet (specifically, a room off of the veteran center)
- “How about confidentiality?”**
- general group response by body language and some vocalizations seems like this is important.
- having the service provider be an “ally” for the student and help explain what they are working on in therapy to professors
- the material that is included in cognitive rehabilitation (e.g., memory) is not as important for one participant to keep confidential as opposed to other topics (e.g. anger)
- a hole in the healthcare program- services for women
- “Competing services?”**
- other academic skills help on campus that is more advertised so it is more likely they would go there
- “Reputation of services?”**
- mostly in agreement that if another military student recommends it, it is credible. –tied back to the “warrior ethos” because they depend on their buddies in combat, so they will trust them now again
- “Final thoughts”**
- a poster of this in the veteran’s lounge
- have vet rep talk about it at orientation
- most participants were non-traditional students, often they did not know about the resources
- after post 9/11 GI Bill is finished, Wisconsin GI Bill can be additional

APPENDIX K
Mock Transcript for Coder Training

Qualitative Analysis of Text- Coding Process

Example Transcript: Focus Group- What are the barriers/facilitators to travel in a Wisconsin winter?

Green-facilitator Red-barrier Gray-not relevant Yellow/highlighted-unsure

Speaker	Meaning Unit	Condensed Meaning Unit	Code
Moderator	How has this winter affected your travel?		I
Participant 1	It doesn't affect me much, I keep jumper cables in my trunk in case my car doesn't start in the cold.	Keep jumper cables in my trunk	Facilitator: preparation of emergency supplies
Moderator	I see		
Participant 2	Yeah, I keep a blanket and boots in my trunk, too. I go out more often knowing that I'll be prepared.	I keep a blanket and boots in my trunk...I'll be prepared	Facilitator: preparation of emergency supplies
Participant 3	Did you guys see the Packers play on Sunday? Wow, what a game!		
Participant 1	Uh huh. Anyway, I do hate that my car doesn't heat up very quickly. If the trip isn't needed ASAP, I'll skip it so I don't have to freeze my buns off. Unless it's a short trip.	...my car doesn't heat up very quickly ...unless it's a short trip	Barrier: quality of car Facilitator: short distance
Participant 2	Yeah, distance is key.	Distance is key	Barrier: long distance Facilitator: short distance
Participant 3	One time I had to drive in the middle of a blizzard. The snow was coming down like I was in a snow globe. It was flying into my windshield like that asteroids arcade game. It was so thick I couldn't see a thing in front of me. I've never seen so much snow in my life. Made it impossible to drive.	Had to drive in blizzard...snow was coming down...flying into my windshield...so thick I couldn't see a thing...made it impossible to drive	Barrier: snow
Moderator	Anything else someone wants to share?		
Participant 3	I drove 200 miles that night. Turns out, I was driving in circles the whole time!	Drove 200 miles...driving in circles	Barrier- long distance? Snow?

APPENDIX L

Full Discussion Transcript

Red – barriers to service access; green – facilitators to service access; Gray- not relevant

Transcript Begins: 19:26				
Open Comments [following case study video]				
	Transcript	Meaning units	Condensed meaning units	Codes
Moderator	So any initial thoughts about this case?			
Participant 1	Um, I know somebody very personally that I'm related to by marriage that it could be his story. Um and he won't go in because most military people are very strong.	I know somebody very personally that I'm related to by marriage that it could be his story. He won't go in because most military people are very strong.	This could be my husband's story. He won't go in because most military people are very strong.	Barrier: Expectation of military standards (strong)
	And he feels it would be a weakness to ask for help.	And he feels it would be a weakness to ask for help.	Weakness to ask for help.	Barrier: Expectation of military standards (weakness to ask for help)
	He- he's got PTSD so bad that they thought he had a TBI, but he doesn't it's just PTSD. And, um. He won't go for help because he can handle it. And he's been out- back from Iraq 3-4 years now and he's gettin' better but he's not healed yet.	He's got PTSD so bad that they thought he had a TBI, but it's just PTSD. He won't go for help because he can handle it. He's been out-back from Iraq 3-4 years now and he's gettin' better but he's not healed yet.	He has severe PTSD but no TBI. Believes he can handle it. 3-4 years out from Iraq... is getting better but not healed yet.	Barrier: Expectation of military standards (handle challenges on own)

Moderator	So it's a stigma.			
Participant 1	Absolutely	---	---	---
Participant 2	I think it's, um. I think as well it's like um. Resources are very valuable. So like in the situation [referring to the case study that was presented] a 50-minute session for 10-12 weeks, that's a lot of your personal resources going into it.	Resources are very valuable... in the situation [referring to the case study that was presented] a 50-minute session for 10-12 weeks, that's a lot of your personal resources going into it.	that's a lot of your personal resources going into it.	Barrier: time commitment (large)
	I mean not only embarrassment, but you know like...	Not only embarrassment...	embarrassment	Barrier: intrinsic factors (embarrassment)
Moderator	It's a commitment.			
Participant 2	Mhmm [head nod] yes.	Mhmm [head nod] yes.	---	---
Moderator	Good point			
Participant 3	A feeling of equality. Um, I know when I first got out, going to professors was tough. They haven't gone through the same thing I have so it's different going to, you know somebody that has had the experiences that I have. Um, even like a chaplain. You know, you guys [the moderator is a chaplain] as an example. Um the chaplain that I initially went to when I got out for depression had no prior military experience, so he had no clue how to deal with me. And, you	A feeling of equality. I know when I first got out, going to professors was tough. They haven't gone through the same thing I have so it's different going to, you know somebody that has had the experiences that I have, even like a chaplain. You know, you guys as an example. The	A feeling of equality... going to professors was tough....haven't gone through the same thing I have... somebody that has had the same experiences that I have...the chaplain that I initially went to...had no prior military experience, so he had no clue how to deal	Barrier: service provider without military experience Facilitator: service provider with military experience

	<p>know luckily there was a pastor who I had met who had been a chaplain during Vietnam and so he understood. And that was, so even something like this [referring to the case study which presented cognitive rehabilitation services at the UWEC Center for Communication Disorders], you know. If you have somebody that has previous military experience that understands, that has been there, it's gonna be easier for that vet to go in.</p>	<p>chaplain that I initially went to when I got out for depression had no prior military experience, so he had no clue how to deal with me. Luckily there was a pastor who I had met who had been a chaplain during Vietnam and so he understood. And that was, so even something like this case study, you know. If you have somebody that has previous military experience that understands, that has been there, it's gonna be easier for that vet to go in</p>	<p>with me... If you have somebody that has previous military experience that understands, that has been there, it's gonna be easier for that vet to go in</p>	
Moderator	<p>I think the point you raise is- every person in this room can relate to that. Um, it builds trust. It builds that initial, immediate connection you have with other military- it doesn't have to be the same branch, same MOS. But- but that's a valid point that you make- equality issue.</p>			
Participant 4	<p>I was gonna touch on what she said [speaking of participant 1] cause she nailed it pretty accurately. The moment</p>	<p>I was gonna touch on what she said [speaking of participant 1] cause</p>	<p>The moment you mention PTSD, 9 out of</p>	<p>Barrier: stigma of PTSD label</p>

	<p>you mention PTSD, 9 out of 10 veterans are gonna run away from that [head nods from participant 1]. It doesn't matter what program it is. It could be the best thing for them. The stigma of that, especially now-a-days, is just terrible. So nobody wants to be associated with that acronym. Whether or not they have it. Most of them could- but just the stigma of it is so negative.</p>	<p>she nailed it pretty accurately. The moment you mention PTSD, 9 out of 10 veterans are gonna run away from that [head nods from participant 1]. It doesn't matter what program it is. It could be the best thing for them. The stigma of that, especially now-a-days, is just terrible. So nobody wants to be associated with that acronym. Whether or not they have it. Most of them could- but just the stigma of it is so negative.</p>	<p>10 veterans are gonna run away from that...</p> <p>The stigma of that, especially now-a-days, is just terrible....</p> <p>So nobody wants to be associated with that acronym...</p> <p>the stigma of it is so negative.</p>	<p>Facilitator: awareness of services (potential benefits of program)</p>
Moderator	<p>Can others relate with that challenge. Of the- the perceived challenge. With the- going to see "the shrink". You know.</p>			
Participant 4	<p>Mhmm. It's a sign of- well it's- stupid, but it's... weakness. Like...did you say weakness [pointing to other participants]?</p>	<p>It's a sign of- well it's- stupid, but it's...weakness.</p>	<p>It's a sign of... weakness</p>	<p>Barrier: expectations of military standards (strong)</p>
Participant 1	<p>Well that was the term though that when you said it [pointing to her head like she had a thought]- that- exactly.</p>	<p>...that was the term though that when you said it- that- exactly. It's</p>	<p>It's actually the term he used "I'm not weak"</p>	<p>Barrier: expectation of military standards (strong)</p>

	It's actually the term he used, "I'm not weak".	actually the term he used, "I'm not weak".		
Moderator	Good point. Very very good points. Anybody else?			
Participant 5	Could be viewed too- as a personal problem. Like a problem that you feel like you need to just overcome on your own.	Could be viewed too- as a personal problem. Like a problem that you feel like you need to just overcome on your own.	Could be viewed...as a personal problem. Like a problem that you feel like you need to just overcome on your own.	Barrier: Intrinsic Factors (personal coping methods)
	And that maybe outside skills can't help you cause when you think of like memory and study skills. I guess I would question, "How could I really be helped in that category?"	And that maybe outside skills can't help you cause when you think of like memory and study skills. I guess I would question, "How could I really be helped in that category?"	When you think of...memory and study skills. "How could I really be helped in that category?"	Barrier: lack of awareness of services (potential benefits)
	So maybe seeing the results of that would be beneficial, too.	So maybe seeing the results of that would be beneficial, too.	Seeing the results of that [the services] would be beneficial, too.	Facilitator: awareness of services (potential benefits)
Moderator	So, are you saying that "I can kind of fix it myself" mentality?			
Participant 5	Mhmm	---	---	---
Moderator	Ok			
Participant 2	Well I think it- going out on the- factors to consider him to come in is, for uh, this exact situation. You know, like, "oh it's 25 dollars per semester but fee reduction requests are available" So	...going out on the factors to consider him to come in is...this exact situation..."oh it's 25 dollars per semester but	"oh it's 25 dollars per semester but fee reduction requests are available" ...if there's hardships on him...	Facilitator: finances (low financial commitment)

	like “hey!” You know, like if there’s hardships on him. You know it’s, definitely can play a positive role I would say.	fee reduction requests are available” So like “hey!” ...if there’s hardships on him...it’s, definitely can play a positive role I would say.	definitely can play a positive role	Facilitator: finances (financial assistance available)
Moderator	Mhmm.			
Participant 3	Is there- is there...are these just one-on-one services that we’re talking? Or is there- or is there something that would involve his wife?	...are these just one-on-one services that we’re talking? ...or is there something that would involve his wife?	is there something that would involve his wife?	Barrier: lack of family involvement Facilitator: family involvement
Moderator	That’s a good question.			
Participant 3	Because- I mean- without your... especially if you’re, if you’re a single guy it’s one thing. But if you are, you know in a marriage situation where he’s been married now and he has a child. You need that family support. If you don’t have that...	If you’re a single guy it’s one thing. But if you are...in a marriage situation where he’s been married now and he has a child. You need that family support. If you don’t have that...	You need that family support. If you don’t have that...	Facilitator: family involvement Barrier: lack of family involvement
Moderator	Yeah, um, now. I do believe. It did- services a variety of clients, children, adolescents, adults. So I think the answer would be “yes”			
Participant 3	K	---	---	---
Moderator	That- uh- on the first- on the front page of slides, the bottom right, where it says “on-campus support”. Yeah, but we’ll, we’ll, uh, clarify that. I’ll ask			

	[primary researcher] that a little bit later just to make sure.			
Participant 4	This is a real thing, correct? This isn't hypo- is this hypothetical or is this a real program?	This is a real thing, correct? ...is this hypothetical or is this a real program?	...is this hypothetical or is this a real program?	Barrier: lack of awareness of services
Moderator	The program?			
Participant 4	yeah	---	---	---
Moderator	It's absolutely real			
Participant 4	Oh, it's a real program, ok.	---	---	---
Moderator	Yeah. The scenario is hypothetical.			
Participant 4	ok	---	---	---
Broad Prompting				
Moderator	Any other initial thoughts? You [pointing to Participant 2] could have- could not have set me up better for our next. Because, um, we also wanna talk about what some of the factors are that would make it more likely for Joe to come for those services. And you mentioned the fact that the financial piece, they make it not difficult. Most- a reasonable person wouldn't say that 25 dollars a semester- um- would be difficult financially. Most people wouldn't say that. Especially when there's a possibility of reducing that as well. So it's affordable, could we agree			

	on that? [head nods around the table]. Ok, so what are some of the other factors that, again, getting back to the positives, looking at it more positively. What are- what are some of the other factors that would make it-um- more likely that Joe would come in for services.			
Participant 3	Location.	Location, Location	Location [inaccessible], Location [accessible]	Barrier: inaccessible location Facilitator: accessible location
Moderator	Ok.			
	I know that-that, here, I mean I-uh- it's not bad to use it- but I really hate using Student Health here. I don't live in the dorms, and unless you wait for the bus, um. I did the stairs with, uh, bronchitis. And that, and that sucks. [Student Health Services on this campus are at the top of a hill]. If it's, you know I'm assuming this is over at...	...it's not bad to use it- but I really hate using Student Health here. I don't live in the dorms, and unless you wait for the bus... I did the stairs with...bronchitis... and that sucks. If it's...I'm assuming this is over at...	I really hate using Student Health here. I don't live in the dorms, and unless you wait for the bus...I did the stairs with bronchitis and that sucks.	Barrier: inaccessible location Facilitator: accessible location (on-campus)
Moderator	It's the Water Street, on Water Street.			
Participant 3	So it's over that across- so it's just across the bridge?	So it's over that across- so it's just across the bridge?	So it's over that across- so it's just across the bridge?	Facilitator: accessible location
Moderator	Yeah			
Participant 3	That's not bad.	That's not bad.	That's not bad.	Facilitator: accessible location

Moderator	Everybody know where that is? Yeah? Good. So, location is good. Is that what I'm hearing?			
Participant 3	[head nods] Location is central.	Location is central.	Location is central.	Barrier: inaccessible location Facilitator: accessible location
Moderator	Alright. Good point. Anything else?			
Participant 6	It's like I've never, I had no idea any of this stuff was available. [head nods around the circle] You know what I mean? So that's- uh – maybe a good step to take. Getting it out there for people.	I've never, I had no idea any of this stuff was available. You know what I mean? So that's maybe a good step to take. Getting it out there for people.	...I had no idea any of this stuff was available...So that's maybe a good step to take. Getting it out there for people.	Barrier: lack of awareness of services Facilitator: awareness of services (marketing)
Moderator	So- what the point you're bringing up is, um, people knowing about it [head nod from Participant 6]. And if they don't know, it's hard to use something they don't know about. So. I don't know-marketing sounds kinda [moves head side to side like it's wishy-washy and participants around the circle nod their head]- yeah. Ah, but getting the word out.			
Participant 2	I was just gonna say, yeah, maybe, maybe do like a, um, like when you get accepted to the university maybe, you know, part of that package. Maybe put	I was just gonna say...maybe when you get accepted to the university...part of that	When you get accepted to the university...put in a little list of services available.	Facilitator: awareness of services (marketing)

	in like a little list of services available. I mean...	package...put in...a little list of services available.		
Moderator	Yeah, absolutely.			
Participant 1	Um, speaking from a “marketing” point of view. The way it’s presented now [referring to the case study and PowerPoint slides] makes it seem like it’s a medical disability. You know what I mean? It kind of carries a stigma.	The way it’s presented now makes it seem like it’s a medical disability...it kind of carries a stigma.	...makes it seem like it’s a medical disability...it kind of carries a stigma	Barrier: presentation of services (stigma of medical disability)
	If maybe it was just adjusted a little bit to, um, I dunno make it seem more like something that a lot of people could use. You know, I’ve had memory problems since I was- since I got out of the service 30 years ago.	If maybe it was adjusted a little bit too...make it seem more like something that a lot of people could use.	Make it seem more like something that a lot of people could use	Facilitator: presentation of services (to a broader population)
	Um. Uh- and I don’t know how you’d fix it but that’s just the feeling I got when I first looked through it was it’s kinda aimed at making you feel like you’re sick and you need help.	The feeling I got when I first looked through it was it’s kinda aimed at making you feel like you’re sick and you need help.	It’s aimed at making you feel like you’re sick and you need help.	Barrier: presentation of services (stigma of medical disability)
Moderator	Well, again, back to that stigma piece.			
Participant 1	Right. So if you could kinda change the presentation of it might make it more palatable.	If you could...change the presentation of it might make it more palatable.	Make it more palatable	Facilitator: presentation of services
Moderator	Good point			
Participant 7	Yeah, even the term “student clinician” that really sounds medical to me.	Even the term “student clinician” that really sounds medical to me.	The term “student clinician” that really sounds medical to me.	Barrier: presentation of services (stigma of medical disability)
Participant 1	Yeah			

Participant 7	It sounds like I'm gonna get poked and prodded, and yeah. [places palms out away from body in a "keep away" type of motion. Other participants laugh]	It sounds like I'm gonna get poked and prodded, and yeah.	It sounds like I'm gonna get poked and prodded...	Barrier: presentation of services (perceived as intrusive)
Moderator	Ok, yeah. So, uh. I'm- that point. The two points that you just mentioned. That-that kinda goes on to-uh- what would make it less likely.			
Participant 1	Oh, sorry.			
Moderator	That's ok. Because um, I'm actually kinda jotting those down as we talk about those. So. Again, terms, definitions, matter? Right? Yes?			
Participant 4	I like the veteran idea, but just being a veteran and being out of school for, 4-8-12 years, and then coming back to college, this would be great just in general. Regardless of TBI and PTSD. Cause anyone that's come back after 6 years, and not out-of-high school. And suddenly you have to- 15 credits- I did not have a good freshman year. Because well- that and a few other reasons- but you know. This could be utilized effectively across the board.	I like the veteran idea, but just being a veteran and being out of school for, 4-8-12 years, and then coming back to college, this would be great just in general. Regardless of TBI and PTSD. Cause anyone that's come back after 6 years, and not out-of-high school. And suddenly you have to- 15 credits- I did not have a good freshman year. This could be utilized	This would be great just in general. Regardless of TBI and PTSD...This could be utilized effectively across the board.	Facilitator: available for broader population

		effectively across the board.		
Moderator	So it's got a broad application.			
Participant 4	Very much so, yeah.	--	--	--
Other participants	[head nod in agreement]	--	--	--
Moderator	Good point.			
Participant 2	It's a really good building block.	It's a really good building block	Good building block	Facilitator: services aid transition to academic setting for non-traditional students
Participant 4	Absolutely	--	--	--
Participant 5	I like that they say that it's typically for 10-12 weeks. That gives, like, an ending point to it instead of just having a program that you need to commit to for your whole time here. That's nice, for it to be shorter.	I like that they say it's typically for 10-12 weeks. That gives, like, an ending point to it instead of just having a program that you need to commit to for your whole time here. That's nice, for it to be shorter.	I like that they say it's typically for 10-12 weeks...that gives...an ending point to it...that's nice, for it to be shorter.	Facilitator: time commitment (low, specific ending point)
Moderator	So those-so those are points of why Joe would be more likely to use the services. Anything else you could think of? Try to put yourself in Joe's position. What would make him want to use this? Obviously knowing about it is-			

	pretty far up the continuum of importance, knowing that.			
Participant 7	I guess one thing would be how easy is it to set up the services?	I guess one thing would be how easy is it to set up the services?	I guess one thing would be how easy is it to set up the services?	Barrier: difficult to set up services Facilitator: easy to set up services
Moderator	K			
Participant 7	If it's hard, then, people aren't gonna wanna do it.	If it's hard...people aren't gonna wanna do it.	If it's hard...people aren't gonna wanna do it.	Barrier: difficult to set up services
Participant 4	Who's running it? Are they like- prior military or are they just regular civilian- that sort of thing?	Who's running it? Are they like- prior military or are they just regular civilian- that sort of thing?	Who's running it? Are they like- prior military or are they just regular civilian- that sort of thing?	Barrier: service provider without military experience Facilitator: service provider with military experience
Moderator	Probably more...they're civilian clinicians. Now, it's possible that some of them would have prior military service. But, it wouldn't be a prerequisite. You know, safe to say. Because it- because it is kinda. It's in that student services kind of [unclear word]. And, you know. At some point you just. It is what it is. Uh, and so. The only way to avoid that would you know, like if you could do everything through the VA. But even- even a lot of VA docs are not, I mean. A lot of them are um-civilian.			

Participant 1	[shakes her head] yeah	--	--	--
Moderator	So. So I think your point would be that, um. Uh, you know if I was Joe, um. Somewhere along that path between me as a student and getting help here. Would be to shake the hand of a veteran. And that would introduce you or facilitate that somehow to say "this made a difference for me, this might be able to help you"			
Participant 4	Just, like if [campus veteran's benefits coordinator], you know who [coordinator] is I'm assuming.	--	--	--
Moderator	No, I don't.			
Participant 1	[says the coordinator's name]	--	--	--
Many participants	[agree with head nods and "mhmm"]	--	--	--
Participant 1	Yeah, I haven't met her.	--	--	--
Participant 4	Yeah [some unclear words]	--	--	--
Participant 3	She's amazing.	--	--	--
Participant 4	Yeah, she is incredible. But if you, threw this [information about the services] at her and then any veteran that came through her...	She is incredible...if you threw this at her and then any veteran that came through her...	She is incredible...if you threw this at her and then any veteran that came through her...	Facilitator: endorsement of services (veteran benefits coordinator)
Moderator	So, what's her role?			

Participant 4	She's in- she coordinates the-	--	--	--
Participant 3	She's the vet rep	--	--	--
Participant 1	Veteran Services	--	--	--
Moderator	Oh I know her, I met her a few years ago. Got it- thank you.			
Participant 4	Yeah. So if you put this in her office and you put up [unclear words] about this- you'd have your marketing right there.	If you put this in her office...you'd have your marketing right there.	If you put this in her office...you'd have your marketing right there.	Facilitator: awareness of services (marketing in a veteran-specific location) Facilitator: endorsement of services (veteran benefits coordinator)
Participant 1	Along those lines, at [local technical college] they had um, nursing student ambassadors. So that, when the new nursing students came in they were assigned a volunteer nursing student. You know, like a second year student. So if, you know, when the veterans came in , um, if [veterans benefits coordinator] or whoever could offer that, offer someone to walk'em through what's available for veterans and stuff so that'd be that inter-person that you were talking about .	Along those lines, at [local technical college] they had um, nursing student ambassadors. So that, when the new nursing students came in they were assigned a volunteer nursing student...like a second year student. So...when the veterans came in... if [veteran representative] or whoever could offer		Facilitator: availability of a veteran mentorship program Facilitator: endorsement of services (veteran benefits coordinator) Facilitator: endorsement of

		that, offer someone to walk'em through what's available for veterans and stuff so that'd be that inter-person that you were talking about .		services (other veterans)
Moderator	Ok, so. Both of those points. We would say that, if Joe had that available, Joe would be more likely to use the services.			
Participant 1	Yes, I think so. [nods own head, and other around the room nod heads] Getting an endorsement from another vet who's used the program or knows about it would be a good thing.	Getting an endorsement from another vet who's used the program or knows about it would be a good thing.	Getting an endorsement from another vet who's used the program or knows about it would be a good thing.	Facilitator: endorsement of services (other veterans)
Moderator	So having that endorsement as a good word from another vet gives it credibility. It- there's a trust there, there's a "it works", practical, it's applicable to military, um, they get the military. They understand the military mindset and the challenges of military. Which we all can very much understand that. The military "you get it" or you don't get it. Right? [head nods from some participants]. And if you've never served in the military you just-you just never had that experience. So it's not that you did anything wrong, you just never had that experience. So. Which is a very powerful, um, a very powerful			

	factor for military. Good. Very very good points. Anything else you can think of-uh that would make it more likely for Joe to come in?			
Participant 3	Maybe the atmosphere. I mean- not having seen what, what the atmosphere there is. But to have a friendly, warm atmosphere	Maybe the atmosphere...not having seen what...the atmosphere there is. But to have a friendly, warm atmosphere.	Maybe the atmosphere....to have a friendly, warm atmosphere.	Barrier: atmosphere (uninviting) Facilitator: atmosphere (inviting)
	so it's not so much- kinda going to the- the clinician idea of kind of less clinical. So, you know, coming to a room like this [small conference room on the university campus] would have been very difficult for me, you know 20 years ago. And, being able to talk about things.	so it's not so much- kinda going to the- the clinician idea of kind of less clinical. So, you know, coming to a room like this [small conference room on the university campus] would have been very difficult for me, you know 20 years ago. And, being able to talk about things.	So it's...kind of less clinical.	Barrier: atmosphere (clinical)
	So try to make it, you know maybe have it...I don't know if you could design a room, you know similar to someone's- just a casual space. You know, have it---	...try to make it...I don't know if you could design a room...similar to someone's- just a casual space.	Try to make it...just a casual space.	Facilitator: atmosphere (casual)
Participant 4	Something not threatening, kinda thing	Something not threatening.	Something not threatening.	Facilitator: atmosphere (non-threatening)

Participant 3	Very- I mean the- I think that- that- kinda in the broad range of health, that's one of the things you see with the nursing homes now is they're startin' to say, "Hey how do we make people more--			
Participant 1	Like they're at home.			
Participant 3	Like they're at home.	Like they're at home.	Like they're at home.	Facilitator: atmosphere (familiar)
	So having, having animals there I think that, that um. You know, make sure that whatever facility you have is- is service dog accessible.	Having animals there...Make sure that whatever facility you have is...service dog accessible.	Having animals there...Make sure that whatever facility you have is...service dog accessible.	Facilitator: service-dog accessible Facilitator: availability of therapy pets
Of Moderator	Mhmm			
Participant 3	Um	--	--	--
Participant 1	That's another cool idea, even having a dog there. Campus pet.	That's another cool idea, even having a dog there. Campus pet.	That's another cool idea, even having a dog there. Campus pet.	Facilitator: availability of therapy pets
Moderator	Those are great-			
Participant 3	Dogs or cats. You know. I tell, you know people with- that I've had talked to lately have been , "ah, yeah I'm so stressed, and I have finals coming up". And I'm like, "you know, the Humane Society has the adopt-a-cat room. Just	Dogs or cats. I tell... people...that I've had talked to lately that have been "ah, yeah I'm so stressed, and I have finals coming up". And	Dogs or cats?	Facilitator: availability of therapy pets

	go up there and sit for like 5 minutes and the cats are all friendly and they come around you- as long as you're not allergic. But.	I'm like, "you know, the Humane Society has the adopt-a-cat room. Just go up there and sit for like 5 minutes and the cats are all friendly and they come around you- as long as you're not allergic.		
Participant 1	I'm working in the greenhouse out there at [city name] which is the home environment. It's a whole new idea where they get up when they want, they pick what they wanna eat, they take their meds when they want, it's like being at home.	--	--	--
Moderator	Is that the [city name] VA?			
Participant 1	Yeah. They just built 2 new greenhouses. The second one's not open yet and I'll tell you what- the difference that we've seen in the residents- in just two months- is amazing in terms of, you know. Most of our residents have dementia and they've really improved.	--	--	--
Moderator	So there's more choices and more autonomy.			
Participant 1	They just- it feels more like home-	It feels more like home-	It feels more like home-	Facilitator: atmosphere (familiar)

	it doesn't feel like a regimented institution.	it doesn't feel like a regimented institution.	it doesn't feel like a regimented institution.	Barrier: atmosphere (clinical)
	And, and I know from personal experience that sometimes it's easier to talk to somebody while you're petting a dog rather than sitting there looking at'em not knowing what to do with yourself.	...I know from personal experience that sometimes it's easier to talk with somebody while you're petting a dog rather than sitting there looking at'em not knowing what to do with yourself.	I know from personal experience that sometimes it's easier to talk with somebody while you're petting a dog rather than sitting there looking at'em not knowing what to do with yourself.	Facilitator: availability of therapy pets Barrier: Intrinsic Factors (feeling alone during clinical sessions)
Moderator	Good point.			
Participant 3	That new [city name] VA is doing that as well. They're-	--	--	--
Participant 1	Well, we're building two more next summer but there's some bugs to work out, let me tell ya.	--	--	--
Specific Prompting				
Moderator	Yeah, I volunteer at the [city name] VA Sunday service once a month and, um. That's a phenomenal place. 72 bed skilled. Great place. What about confidentiality? How important would that be?			
Participant 3	Extremely.	Extremely.	Extremely.	Barrier: lack of confidentiality Facilitator: confidentiality
Moderator	So that would be, if you knew that what you brought in was gonna be			

	confidential and wasn't gonna be leaked out. Would that- would that be important to some of you?			
Participant 5	<p>It would to a point, um. But I think that I noticed on one of the front slides [on the powerpoint slides they were given] that professors, you know, turning in homework late and stuff. Um, having an ally talking to professors sometimes to explain what you're going through in the military would really help. Because they're- you know- as much as the university tries, there are some professors that still don't understand, you know, quite what's going on. So having that person there, if you would want, you know, if you want to break that confidentiality to have them stop in and kind of explain you're working on these things. That would be good.</p>	<p>But I think that I noticed on one of the front slides that professors, you know, turning in homework late and stuff. Having an ally talking to professors sometimes to explain what you're going through in the military would really help. Because they're...as much as the university tries, there are some professors that still don't understand...quite what's going on. So having that person there, if you would want... to break that confidentiality to have them stop in and kind of explain you're working on these things. That would be good.</p>	<p>having an ally talking to professors sometimes to explain what you're going through in the military would really help. ...as much as the university tries, there are some professors that still don't understand...quite what's going on... So having that person there...if you want to break that confidentiality to have them stop in and kind of explain you're working on these things</p>	<p>Barrier: professors' lack of awareness of student's needs</p> <p>Facilitator: option of having service provider advocate for student in academic settings</p>
Moderator	So you would be- you would be			
Participant 5	You would initiate	--	--	--

Moderator	Breaking confidentiality- as opposed to someone else.			
Participant 5	Yes- you would initiate it. Yep.	--	--	--
Moderator	Ok. That's an important distinction.			
Participant 5	But having that option to, open.	--	--	--
Moderator	Ok, good point.			
Participant 4	I don't see anything too inflammatory about any of these questions or strategies or tactics, I mean these aren't really dealing with- anger, PTSD. They're ap- they're memory problems. These are applicable to anybody. So, confidentiality- it's great, but it's not a dealbreaker to me.	I don't see anything too inflammatory about any of these questions or strategies or tactics, I mean these aren't really dealing with- anger, PTSD...they're memory problems. These are applicable to anybody. So, confidentiality- it's great, but it's not a dealbreaker to me.	I don't see anything too inflammatory about any of these questions or strategies or tactics, I mean these aren't really dealing with- anger, PTSD...they're memory problems. These are applicable to anybody.	Facilitator: confidentiality (with more serious topics)
Moderator	Ok, yeah. I appreciate your-			
Participant 1	The study skills. Emphasizing that- having it be more of again- less illness , more just helping you get by in school. I think that's a positive, the fact that they offer study skills.	The study skills. Emphasizing that- having it be more of again- less illness , more just helping you get by in school. I think that's a positive, the fact that they offer study skills.	The study skills. Emphasizing that... less illness , more just helping you get by in school. I think that's a positive, the fact that they offer study skills.	Facilitator: presentation of services (study skills) Barrier: presentation of services (stigma of medical disability)
Moderator	Now, do you have to have mild TBI to have study skill problems?			

Participant 1	No.	--	--	--
Moderator	<p>I don't think so. But in our scenario tonight, you know, uh, Joe. Joe didn't know he had a problem, until, I mean, that's- that's how this is set up. Is to help Joe whose-whose. Probably doesn't have the greatest sense of awareness of this, and yet here's the problems that he's having. He's married, he has a child. So it's not like he doesn't have family and support, and you know, structure in his life. But he's struggling. So again, as you kind of think through the scenario here tonight. You know, I know we're all trying-wanting to and should be making this adaptable and applicable to our own situation, but when you think about Joe tonight, you know. Um, that's an issue for him. Did someone else raise their hand? Ok. So we talked about, um, the financial piece. Um, we even talked about the perception of these services. I mean, you kind of touched on those in different areas. You know, what. The stigma piece, I think, is um. I will tell you, uh, coming out of active duty army that, um. Most soldiers do not even want to be seen walking into the medical clinic. Especially to go see a behavior health, mental health</p>			

<p>specialist. That's just- uh- that's just dripping with stigma. Even though it's because, they're worried. Soldiers and young enlisted people and officers too I guess I should say. Um, they're always worried it's going to get back to my commander. And then what happens. Or my person. And I won't be promoted or I won't get the next assignment, or whatever it may be. So, the stigma piece is really, is a difficult- and yet we're still- uh- we're still having issues with the military. And I think we will for a long time. It's just that idea, that warrior ethos- that's what we call it in the Army. That warrior ethos- that's you guys here- um. It's not always easy to admit that we need help. And we're having problems. So, and I think we've touched on all those tonight. So, um. Part of that military culture. It just is what it is. In every branch. Every branch has that. Which, on the one hand is good, but then anything that's really good, if you flip it on its- you know- 180 degrees. It can also be a weakness, right? I mean having that warrior ethos is important, that's what keeps you alive in combat. Sharp and ready. But then when you bring home with you and you go into a transition to a campus, civilian, academic setting. Um,</p>			
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	kinda gotta let go of some of that, kinda gotta reset yourself, don'tcha? To a new environment. So, and I think many of the points that you brought up tonight really touched on that. That piece. What about career? How would career factor into this? I wanna be a career Navy, career Air Force. How would that, you know, how could that interfere with-			
Participant 4	[unclear words]	--	--	--
Moderator	Getting help, being seen, getting therapy.			
Participant 4	Well, I know that- I know that HIPPA, concretes everything. You- military can't get a hold of any sort of psychological or medical history. If you go outside the military to get it.	I know that HIPPA concretes everything....military can't get a hold of any sort of psychological or medical history. If you go outside the military to get it.	...military can't get a hold of any sort of psychological or medical history.	Facilitator: confidentiality
Moderator	Well could that be a worry for Joe? He might not-			
Participant 4	It could be if he didn't know about it, yeah.	It could be if he didn't know about it, yeah.	It could be if he didn't know about it, yeah.	Barrier- lack of confidentiality
Moderator	Right? Something to think about, though. And the reason I- and the reason I raise that issue is because, um. In the introduction remember I said. You may know someone- it may be an			

	uncle, it may be a friend, it may be a Vietnam veteran. Um, I'm amazed. We still have Vietnam veterans that come in the hospital. They have no connection to the VA. They've never been assessed – they have problems. More problems than I can count. And, they're just out there. Completely out of the loop to know services.			
Participant 1	It's worse for female Vietnam-era veterans. I've been out of the military- I'm Vietnam-era, and um, my first touch with the VA was two years ago.	It's worse for female Vietnam-era veterans. I've been out of the military- I'm Vietnam era...my first touch with the VA was two years ago.	It's worse for female Vietnam-era veterans. I've been out of the military- I'm Vietnam era...my first touch with the VA was two years ago.	Barrier: low accessibility of services for female veterans Barrier: low accessibility of services for Vietnam-era veterans
Participant 3	Because females weren't looked on- there's a really good book I'd recommend it. And I read- "Home Before Morning"	--	--	--
Participant 1	I'll remember that.	--	--	--
Participant 3	And it has a female nurse who is stationed in Vietnam and she comes back and, you know, did her year of service after Vietnam and kind of dealing with her family. She ended up marrying a psychologist who said, "We	And it has a female nurse who is stationed in Vietnam and she comes back and...did her year of service after Vietnam and kind of dealing with her family.	"... we never thought of female vets having PTSD."	Barrier: low accessibility of services for female veterans (lack of awareness of prevalence of PTSD in female veterans)

	never- we never thought of female vets having PTSD.”	She ended up marrying a psychologist who said, “We never- we never thought of female vets having PTSD.”		
Participant 1	Nope, you didn’t have to be in Vietnam either to have issues to deal with, you know. So, yeah, I think that’s been a big hole in the health system- is, um, services for female veterans.	Nope, you didn’t have to be in Vietnam either to have issues to deal with...I think that’s been a big hole in the health system...services for female veterans.	I think that’s been a big hole in the health system...services for female veterans.	Barrier: low accessibility of services for female veterans
Moderator	That’s a- that’s a good point. And I wrote down the name of that book “Home Before Morning”.			
Participant 3	I’ll see if I can get you the author before the end of the night.	--	--	--
Moderator	Um, what about competing services that would offer the same thing? Somewhere else that you could get outside or off-campus, or. Would that be an issue at all? For Joe? Kinda like the guy that says, “I don’t want nothin’ to do with the VA, I’m gonna go see my civilian doctor, whatever.”			
Participant 7	This even seems to overlap somewhat with the academic services office- I mean some of what they offer. So, I guess if I was having problems with- you know- academic problems, I would probably go there first. Before going to	This even seems to overlap somewhat with the academic services office- I mean some of what they offer. So, I guess if I was having	This...seems to overlap somewhat with the academic services office...So...if I was having...academic	Barrier: availability of other relevant services Barrier: lack of awareness of

	<p>this [speech and language services on campus],</p>	<p>problems with...academic problems, I would probably go there first. Before going to this,</p>	<p>problems, I would probably go there first.</p>	<p>services (potential benefits)</p>
	<p>because they are much better advertised and I guess I associate, you know, academic problems more with that kind of service than- than maybe this one.</p>	<p>because they are much better advertised and I guess I associate... academic problems more with that kind of service than- than maybe this one.</p>	<p>because they are much better advertised and I guess I associate... academic problems more with that kind of service than- than maybe this one.</p>	<p>Barrier: availability of other relevant services Barrier: lack of awareness of services (marketing)</p>
<p>Moderator</p>	<p>Sure. Mhmm. And that's exactly what I'm referring to is, what else would- why would Joe not use this, or could use this, or want to use this. Because, maybe somewhere else there's a similar program that would get his attention first. So. Yes?</p>			
<p>Participant 4</p>	<p>It is exactly like she was saying. Like, if it was me that was having these problems I would go to the academic thing because right here it says brain injury or PTSD. Well, I don't have either one of those, but I have these issues. But I'm looking at that and I'm like, "ok, well, I think they're focusing on that or for people that have those issues, so I'm gonna go to the academic one on campus." Rather than waste their time essentially.</p>	<p>It is exactly like she was saying...if it was me that was having these problems I would go to the academic thing because right here it says brain injury or PTSD. Well, I don't have either one of those, but I have these issues. But I'm looking at that and I'm like, "ok, well, I think</p>	<p>If it was me that was having these problems I would go to the academic thing because right here it says brain injury or PTSD. Well, I don't have either one of those, but I have these issues.</p>	<p>Barrier: lack of awareness (eligibility criteria)</p>

		they're focusing on that or for people that have those issues, so I'm gonna go to the academic one on campus." Rather than waste their time essentially.	"ok, well, I think they're focusing on that or for people that have those issues, so I'm gonna go to the academic one on campus."	
Moderator	Good point.			
Participant 2	They are trying to hit everyone, though, correct? Or, I mean, are they just going for brain-?	They are trying to hit everyone, though, correct? Or...are they just going for brain-?	They are trying to hit everyone, though, correct? Or...are they just going for brain-?	Facilitator: awareness of services (eligibility clarification) Facilitator: available for broader population Barrier: lack of awareness of services (eligibility criteria)
Moderator	That's the goal. That's the goal.			
Participant 4	So it's not just for these types of TBIs or PTSDs?	So it's not just for these types of TBIs or PTSDs?	So it's not just for these types of TBIs or PTSDs?	Facilitator: available for broader population Barrier: lack of awareness of services (eligibility criteria)

Moderator	[nods head] How would reputation play into this-where, um, you know, Joe runs into one of his buddies and says, "Hey, I went there. Boy they really helped me" Or, heaven forbid, I went there and Joe's thinking about it and he says, "No, I tried that and it didn't help at all." How would the reputation of the services and the clinicians and the staff- could that be a factor?			
Participant 2	It could be tarnished. I mean if Joe said it didn't help him at all.	It could be tarnished. I mean if Joe said it didn't help him at all.	It could be tarnished. I mean if Joe said it didn't help him at all.	Barrier: negative report of services from other veterans
	But if he said that "oh yeah it was great" I would definitely, I'd go in there as well. I mean if it worked for me I'd recommend it.	But if he said that "oh yeah it was great" I would definitely, I'd go in there as well. I mean if it worked for me I'd recommend it.	But if he said that "oh yeah it was great" I would definitely, I'd go in there as well. I mean if it worked for me I'd recommend it.	Facilitator: endorsement from other veterans
Moderator	Cause hearing it from another veteran, it helped them, it worked for them.			
Participant 1	Yeah	--	--	--
Moderator	Is that something we could –definitely- would give- could give credibility. As opposed to just getting a flier in the mail or something telling you about this? To hear it from a person that said, "you know I had those problems. I went there. They were able to help me."			

Participant 1	Well, you talked about that warrior ethos. Not going outside for help. Because in the military you depend on your buddies. You know, and if your buddies tell you something works. You know, that's more effective probably than anything.	Well, you talked about that warrior ethos. Not going outside for help. Because in the military you depend on your buddies. You know, and if your buddies tell you something works. You know, that's more effective probably than anything.	In the military you depend on your buddies...if your buddies tell you something works...that's more effective probably than anything.	Facilitator: endorsement of services (other veterans)
Moderator	Good point. How bout, with Joe, and I know this is a word that gets used a lot, but Joe is temporarily- in fairness to Joe- but he's- his self-esteem is kinda down in the basement right now. How does that- how could that be a- a factor for him?			
Participant 3	If you're in the depths of depression, you don't want anybody to- you're not able to ask for help.	If you're in the depths of depression, you don't want anybody to- you're not able to ask for help.	If you're in the depths of depression...you're not able to ask for help.	Barrier: Intrinsic Factors (inability to ask for help due to medical condition)
	So it's- it's something that maybe, to say. I would almost say, for orientation- and if you're married. You know cause I see you can invite spouses to come to the orientation as well. You know, and that way, you know, she can see if there are services. And you have to say, "hey", you know, "he's not getting out of bed in the morning, he's not his	for orientation...if you're married. You know cause I see you can invite spouses to come to the orientation as well....that way...she can see if there are services. And you have to say, "hey"..."he's not getting	For orientation...if you're married...she can see if there are services...she can make the call and see if someone could come to there and talk to them about those services.	Facilitator: family involvement

	usual self". She can make the call and see if someone could come to there and talk to them about those services.	out of bed in the morning, he's not his usual self". She can make the call and see if someone could come to there and talk to them about those services.		
	I mean- do you have to go to CSD for that to happen or can they meet you someplace in a neutral area? Could they meet you- could they use one of the rooms, you know, off of- off of the veterans lounge- that's over in Schneider?	...do you have to go to CSD for that to happen or can they meet you someplace in a neutral area? ...could they use one of the rooms...off of the veterans lounge...?	...do you have to go to CSD for that to happen or can they meet you someplace in a neutral area? ...could they use one of the rooms...off of the veterans lounge...?	Facilitator: atmosphere (neutral)
Moderator	Mhmm. Good points.			
Participant 2	I was gonna say. I think it depends. I mean, if my self-esteem gets low and something's bother me I usually- uh- I usually speak up. I guess it just depends on the person. So I mean it could go- it's how you look at it.	I think it depends. I mean if my self-esteem gets low and something's bother me I usually...I usually speak up. I guess it just depends on the person. So I mean it could go- it's how you look at it.	...if my self-esteem gets low and something's bothering me I usually...speak up. I guess it just depends on the person....	Barrier: Intrinsic Factors (personality less likely to seek help) Facilitator: Intrinsic Factors (personality more likely to seek help)
Moderator	But it could be a factor.			
Participant 2	Yeah	--	--	--
Moderator	You know.			
Participant 2	Without a doubt.	--	--	--

Moderator	Ok. I just wanted to mention that to see if-um- that was something that you thought could be an issue or it's just not really applicable. It could be. Alright. Anything else we could think of tonight? Um, kinda how- how much impact do you think, um, some of the things we've talked about could be an issue for- kind of sticking with the scenario tonight. Or have we covered the bases pretty well?			
Participant 3	I think we've covered the bases. I mean the big thing is- I mean I think that a lot of us would agree coming in- um- we didn't know about this.	I think we've covered the bases... the big thing is... I think that a lot of us would agree coming in...we didn't know about this.	...I think that a lot of us would agree coming in...we didn't know about this.	Barrier: lack of awareness of services
	And so, you know, PR is a big thing to say, you know, have, I don't know if there's a poster for this up in the veteran's lounge?	...PR is a big thing to say... I don't know if there's a poster for this up in the veteran's lounge?	...PR is a big thing...I don't know if there's a poster for this up in the veteran's lounge?	Barrier: lack of awareness of services (marketing) Facilitator: awareness of services (marketing)
	You know, or, or even if a part of the orientation could be having. And I don't remember [veteran's benefits coordinator] coming into the orientation at all. But having a vet come in during the orientation and say "hey" you know. Not singling anybody out,	...even if a part of the orientation could be having.... And I don't remember [veteran's benefits coordinator] coming into the orientation at all. But	But having a vet come in during the orientation and say "hey" you know. Not singling anybody out, but say "hey, you know, if there's any veterans	Facilitator: endorsement of services (other veterans)

	but say “hey, you know, if there’s any veterans out here, here’s what’s available.”	having a vet come in during the orientation and say “hey” you know. Not singling anybody out, but say “hey, you know, if there’s any veterans out here, here’s what’s available.”	out here, here’s what’s available.”	
Participant 4	There was an orientation?	--	--	--
Participant 1	Yeah, I was gonna say. I didn’t know there was a veteran’s lounge. I’m a non-traditional student. And other than a few emails, I got no information from veteran services at all. I have no idea what to do.	I didn’t know there was a veteran’s lounge. I’m a non-traditional student. And other than a few emails, I got no information from veteran services at all. I have no idea what to do.	I didn’t know there was a veteran’s lounge. I’m a non-traditional student. And other than a few emails, I got no information from veteran services at all. I have no idea what to do.	Barrier: lack of awareness of services (marketing) Barrier: lack of outreach to non-traditional students
Participant 4	Yeah- I didn’t- I got a pamphlet with a brochure.	Yeah- I didn’t- I got a pamphlet with a brochure.	Yeah- I didn’t- I got a pamphlet with a brochure.	Barrier: lack of awareness of services (marketing) Facilitator: awareness of services (marketing)
Participant 2	I didn’t even get an acceptance letter- at all. [laughter]	--	--	--
Participant 4	Ok that’s step one- make orientation a universal crosspoint at this campus.	Ok that’s step one- make orientation a	Ok that’s step one- make orientation a	Facilitator: orientation relevant to all students

		universal crosspoint at this campus.	universal crosspoint at this campus.	
Participant 2	I was just telling him [participant 4] I didn't get an acceptance letter. I had to call to see, cause I had to get another transcript.	--	--	--
Moderator	How many of you do not live on campus- you're not a traditional student- you're commuting? [at least 5 of the 11] Ok, wow. A majority of the group. And that does create it's own set of issues doesn't it? It really does.			
Participant 3	There's things you don't find out about in all the activities. Unless you know, like. I- you still- I know that- last year you still lived- [pointing at another participant]	There's still things you don't find out about in all the activities.	There's still things you don't find out about in all the activities.	Barrier: lack of awareness of services (marketing) Barrier: lack of outreach to non-traditional students
Participant 8	Yep, I lived in [name of dorm on campus]. And I'm right on campus. If anything's going on, I just walked there. I'm not married. I don't have kids. I don't want kids. I do sports. Yeah.	Yep, I lived in [name of dorm on campus]. And I'm right on campus. If anything's going on, I just walked there. I'm not married. I don't have kids. I don't want kids. I do sports. Yeah.	...and I'm right on campus. If anything's going on, I just walked there.	Facilitator: accessible location Facilitator: few conflicting commitments