ASSISTING DISABLED VETERANS BACK TO EMPLOYMENT: VOCATIONAL REHABILITATION AND EMPLOYMENT

A Project

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Department of Special Education, Rehabilitation, School Psychology, and Deaf Studies
Abstract

of

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Gemes Mason Younce

Statement of Problem

Veterans with service connected disabilities are in need of successful vocational rehabilitation services. There is currently a growing population of veterans returning from military service with disabilities. Some of these veterans have severe disabilities that complicate the transitional process back to civilian life and employment. The purpose of this project was to develop a career development curriculum that better assists veterans seeking services through the Department of Veterans Affairs, Vocational Rehabilitation and Employment program. More specifically, this curriculum was developed to assist veterans with Posttraumatic Stress Disorder be more successful in transitioning back to employment. This curriculum is designed to enhance the veteran’s ability to become more successful in understanding the vocational rehabilitation and employment process.

Sources of Data

The research sources for this project included the literature available in peer-reviewed journals and articles, the Department of Veterans Affair’s reports, reports to
Congress, the World Wide Web, previous CSUS theses, and through the interviewing of peers and leaders in the vocational rehabilitation counseling field.

Conclusions Reached

A career development workshop was created for veterans with Posttraumatic Stress Disorder participating in the Department of Veterans Affairs Vocational Rehabilitation and Employment program.

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Guy E. Deaner, Ph.D.

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Date
ACKNOWLEDGMENTS

The idea for the project derived from my experiences both participating and working within the Department of Veterans Affairs Vocational Rehabilitation and Employment program. Through my interviewing of leaders, senior counselors, and thorough my experiences in the department, it has been identified that there is a dire need to expand on program services for disabled veterans who have difficulties understanding the vocational rehabilitation process. The current process can sometimes be too overwhelming for veterans with severe employment handicaps and PTSD. The expanding on the vocational rehabilitation and employment process will only improve services and lead to more successful outcomes. What I am presenting here establishes a more accommodating approach to better meet the needs of veterans in the program.
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Chapter 1

INTRODUCTION

The first idea for this project came to the author while he was working as a private contractor for Coley Vocational Services during Spring 2011. The author was working as a job search skill instructor providing services to disabled veterans participating in The U.S. Department of Veterans Affairs Vocational Rehabilitation and Employment (VR&E) program. The idea emerged when the author realized certain veterans were encountering severe difficulties when determining career goals consistent with their service connected disabilities. The population of veterans encountering extreme difficulties was veterans who had been diagnosed with Post Traumatic Stress Disorder (PTSD). Secondly, the idea for the project became more relevant when the author began working as a Vocational Rehabilitation Counselor (VRC) at VR&E during Fall 2011. During this time, the author was held accountable for providing VR&E clients with the best possible vocational rehabilitation counseling services. This employment allowed the author the internal integrity of questioning how VR&E could implement better career development services to veterans with PTSD. Through multiple discussions with VRC peers and intensive meetings with VR&E supervisors, it was decided the author would develop a project on providing better services to veterans with PTSD. The project would be to implement a career development workshop to veterans with PTSD.
Background

The United States (U.S.) involvements in current global conflicts have contributed to a rise of reported militarily acquired disabilities (Brodwin, Siu, Howard, & Brodwin, 2009). Most recently, The Global War on Terror (GWOT) has created a heightened public awareness of soldiers coming out of service with both mental and physical disabilities (Brodwin et al., 2009). The U.S. Department of Veterans Affairs (2010) reported that in California alone there were 276,373 veterans receiving disability compensation. Even more recently, a 2011 study revealed that an estimated 790,000 veterans were expected to seek disability benefits for service connected health problems between 2011 and 2012 (Resnik, Plow, & Jette, 2009). In 2009, The National Council on Disability reported that over 1.6 million American service members had been deployed to the GWOT, over 4,000 troops were reported killed, and over 30,000 returned with disabilities (Vaughn et al., 2009). Out of the 30,000 who had acquired a disability, an estimated 25-40% was reported to have returned with a less visible psychological injury known as Post Traumatic Stress Disorder (PTSD) (Vaughn et al., 2009).

The National Alliance on Mental Illness (NAMI; 2011) suggested the rise in the reported service connected disabilities is due to new medical and technological treatments readily available in the battlefield, expediting medical treatment response and allowing more veterans to survive and return home with service connected disabilities. This is an astonishing medical advancement that increases the survival rate of service members, but with the survival rates increasing, more research, services, and treatments
will be needed (NAMI, 2011). Service connected injuries are causing individuals to experience a decline in both physical and mental functioning while also contributing to an increased risk of developing disease, substance abuse, or suicide risk (Brodwin et al., 2009). PTSD has been indicated as a predominant service connected mental illness among veterans returning from the GWOT (NAMI, 2011).

Veterans with service connected disabilities are facing a magnitude of psychosocial constraints and need support services in place to assist their transitional process back into civilian life (Vaughn et al., 2009). Another recent research study revealed the readjustment process to community living has been extremely challenging for service members who have acquired PTSD (Resnik et al., 2009). Individuals diagnosed with a mental illness, such as PTSD, are also encountering complexities when trying to return to civilian employment (Caporoso & Kiselica, 2004). Veterans with PTSD are not only experiencing difficulties gaining employment, but are also experiencing difficulties sustaining employment due to the severity of the PTSD symptoms involved (Caporoso & Kiselica, 2004). Other researchers agreed mental illness plays a significant role in creating barriers to gaining and sustaining employment (Caporoso & Kiselica, 2004). It was found that the second largest and least successful population seeking services at U.S. State Vocational Rehabilitation offices were people with mental illness (Caporoso & Kiselica, 2004).
Purpose

The purpose of this project was to implement a career development workshop for disabled veterans participating in the VR&E program. More specifically, the project is a career development curriculum specifically designed to assist veterans with PTSD participating in a VR&E plan of services known as an Individual Extended Evaluation Plan (IEEP). The IEEP is a track of services offered by VR&E that allows a VRC to evaluate a veteran’s employment feasibility (U.S. Department of Veterans Affairs [VR&E], 2012). For a veteran to be placed in an IEEP, the veteran must have a serious employment handicap and their feasibility for returning to employment must have been determined uncertain. An IEEP allows for both the VRC and the veteran to determine if returning to employment is a reasonable goal. The IEEP also assists the VRC in evaluating if a veteran can perform, accomplish, and set work-related goals. IEEPs will sometimes included minimal training to assist veterans in gaining new skills while also providing an additional measurable outcome.

Once a veteran successfully completes an IEEP, a referral would be made to attend the career development workshop. The career development workshop is designed to present a more thorough understanding of how the VR&E program assists disabled veterans in returning to work. Currently, there is only a one-day orientation used to present and define the VR&E program. This one-day process can sometimes be too rapid or overwhelming for some veterans, especially for veterans with PTSD. The workshop is similar to the orientation process with respect to the duration of time the veteran will
spend in a classroom setting; however, this workshop focuses on how the veteran can maximize their success in the VR&E program instead of offering just a one-day introduction to the program. This will be accomplished by providing clear instructions on how to achieve success in the program, for example, illustrating how setting suitable employment goals is the first step of success in today’s competitive job market.

**Statement of Problem**

Currently, the Oakland Regional VR&E program does not have an in-house career development workshop to assist veterans with PTSD. The responsibility to provide career development services falls on the shoulders of each individual VRC responsible for determining what services are needed for their clients. The author suggests VRCs at VR&E do not have the resources and are not taking the additional time needed to better assist veterans with PTSD. This is due to numerous factors, such as a growing number of the veterans seeking services, VRCs not taking the time needed for providing adequate career development support, or the lack of personal knowledge on better methods to utilize when providing services to veterans with PTSD. Although in-house career development services for veterans with PTSD are lacking, VR&E is allowing for referral services offering additional career development services. For example, VRCs can currently provide referral services to VA approved training facilities offering career development courses. The only problem with providing referral services is that referral services for career development courses can be costly, and the budget for
referral services is not always guaranteed. Also, most training facilities in the Sacramento area are not currently providing specialized services for veterans with PTSD.

In a personal interview with Dr. Corson (August 2012), the Acting Vocational Rehabilitation and Employment Officer, he stated:

The Oakland Regional Office has experienced a growing increase of Chapter 31 applications over the past 5 years. There are currently around 3,300 veterans participating in VR&E plans of service. The VR&E program does not currently have a career development workshop to assist veterans with PTSD; however it is the duty of each VRC’s to fully evaluate and determine what services are needed to support the success of each veteran. Due to the fact that VR&E does not currently have a career development workshop, VR&E could benefit from adding a new career development workshop that provides a more successful delivery of VR&E services. Therefore, I support the implementation of this workshop, and will evaluate in the future if a broader scope of services can derive from this development.

**Definition of Terms**

The following is a list of terms defined as they are presented in this project:

*Active Duty Service Member*

Anyone who served in any branch of the U.S. Armed Forces full-time duty in the active military service (U.S. Department of Defense, 2012a)
Department of Labor (DOL)

The Department of Labor fosters and promotes the welfare of the job seekers, wage earners, and retirees of the United States by improving their working conditions, advancing their opportunities for profitable employment, protecting their retirement and healthcare benefits, helping employers find workers, strengthening free collective bargaining, and tracking changes in employment, prices, and other national economic measurements (U.S. Department of Labor, 2012a).

Department of Veterans Affairs, Veteran Benefit Administration (VBA)

The VBA administers all the non-medical benefits programs for veterans, dependents, and survivors: the compensation and pension programs; vocational rehabilitation for disabled veterans; various education and training assistance programs for veterans, dependents and survivors; loan guaranty programs for veterans and eligible surviving spouses; and a number of life insurance programs for veterans. VBA also provides a burial allowance for eligible veterans (California Department of Veterans Affairs, 2006).

Department of Veterans Affairs Veteran Health Administration (VHA)

VHA provides healthcare facilities for veterans, and in some cases their dependents or survivors. It is one of the largest healthcare delivery systems in the world. Nationwide, VA operates more than 170 medical centers, more than 80% of which are affiliated with a university school of medicine. VHA averages
nearly 100,000 inpatients per day (California Department of Veterans Affairs, 2006).

**Department of Veterans Affairs Vocational Rehabilitation and Employment Program (VR&E)**

The VR&E program provides needed services and assistance to Veterans with service connected disabilities to achieve maximum independence in daily living and to the maximum extent feasible to prepare for, obtain, and maintain suitable employment authorized by Congress under Title 38, Code of Federal Regulations, Chapter 31. The VR&E program is also referred to as the VetSuccess or Chapter 31 program (U.S. Department of Veterans Affairs [VR&E], 2012).

**Deployment**

Deployment encompasses all activities from origin or home station through destination, specifically including intra-continental United States, intertheater, and intratheater movement legs, staging, and holding areas (U.S. Department of Defense, 2012a).

**Disability Compensation**

This benefit program evaluates disability resulting from all types of diseases and injuries encountered as a result of military service. The degrees of disability determined by VA represent, as far as can practicably be determined, the average loss in wages resulting from such diseases and injuries and their complications in civil occupations. Generally, the degrees of disability specified are also designed
to compensate for considerable loss of working time from exacerbations or illnesses (U.S. Department of Veterans Affairs [VR&E], 2012).

Employment Feasibility

A term used by VR&E to measure if a veteran is able to return to suitable employment or if a certain occupational goal is achievable based on a veteran’s service connected disability (U.S. Department of Veterans Affairs [VR&E], 2012)

Employment Handicap (EH)

A term used by VR&E to determine a veteran’s entitlement to the program based on the fact that the service connected disability is the basis for why a disabled veteran cannot gain or maintain employment (U.S. Department of Veterans Affairs [VR&E], 2012)

Entitlement

A term applied to a veteran entitled to Chapter 31 benefits based on a service connected disability and an employment handicap (U.S. Department of Veterans Affairs [VR&E], 2012)

Global War on Terror (GWOT)

In response to the September 2001 terrorist attacks on New York's World Trade Center and the Pentagon, President George W. Bush launched the Global War on Terrorism. As it evolved, his objective was two-fold: to destroy al Qaeda, the Taliban, and other terrorist groups in Afghanistan and around the world, and to remove Saddam Hussein from power to forestall threats from his presumed
possession of weapons of mass destruction. GWOT includes Operation Enduring Freedom (OEF), Operation Iraq Freedom (OIF), and Operation New Dawn (OND) (U.S. Department of Defense, 2012b).

**Individual Extended Evaluation Plan (IEEP)**

A term used by VR&E to define a plan of services that evaluates if a service connected disabled veteran is both physically and mentally capable of to return to suitable employment (U.S. Department of Veterans Affairs [VR&E], 2012)

**Post Traumatic Stress Disorder (PTSD)**

Diagnostic criteria for PTSD include a history of exposure to a traumatic event meeting two criteria and symptoms from each of three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms. A fifth criterion concerns duration of symptoms and a sixth assesses functioning (American Psychiatric Association [APA], 2000).

**Serious Employment Handicap (SEH)**

A significant impairment of a veteran's ability to prepare for, obtain, or retain employment consistent with his or her abilities, aptitudes, and interests. The SEH must result in substantial part from a service connected disability. For veterans rated at 10% and veterans beyond their 12-year basic period of eligibility, the finding of an SEH is necessary to establish entitlement to VR&E services (U.S. Department of Veterans Affairs [VR&E], 2012).
Service Connected Disability (SCD)

Disability compensation is a monetary benefit paid to veterans who are disabled by an injury or illness incurred or aggravated during active military service. These disabilities are considered to be service connected (U.S. Department of Veterans Affairs, 2011).

Suitable Employment

Work within a veteran's physical and emotional capabilities and consistent with his or her pattern of abilities, aptitudes, and interests (U.S. Department of Veterans Affairs [VR&E], 2012)

Transferable Skills

Reasonably developed skills, knowledge, and abilities attained through training and experience (civilian and military) that relate to current employment opportunities in the labor market (U.S. Department of Veterans Affairs [VR&E], 2012)

U.S. Military Veteran

Veteran is an all-encompassing word that lumps every former service member into a group of special individuals (U.S. Department of Veterans Affairs, 2011).

Vocational Rehabilitation Counselor (VRC)

A Vocational Rehabilitation and Employment Service rehabilitation professional employee or contractor who provides or coordinates a wide range of rehabilitation
services which might include counseling, training, rehabilitation, and employment services (U.S. Department of Veterans Affairs [VR&E], 2012)

**Limitations**

This project had limitations to the specific time, geography, population, and author bias. The first limitation is with the time in which the workshop was created. Currently, there has been a need identified to assist veterans with PTSD due to recent military conflicts across the globe. In the future, there may or may not be a need to provide specific services to veterans with PTSD. The second limitation is related to the geographical location in which the workshop will be implemented. The geographical location is a limitation in that only veterans living in the Sacramento Metropolitan area will be assisted. Thirdly, the population for which the project was developed presents a limitation due to only consisting of veterans with PTSD who are currently participating in an IEEP through VR&E services. These three limitations currently preclude veterans in the Chapter 31 program living outside this geographical area, those veterans who have not been diagnosed with PTSD, and those not in participating in an IEEP in the VR&E program. This does not imply the results cannot be generalized to assist different veteran populations participating in Chapter 31 services in other locations.

The last limitation of this project is author bias. Being a current VRC in the Sacramento VR&E office and former participant in VR&E services has influenced the author’s personal experiences and opinions on the development of the project. The author has created the career development curriculum based on his interpretations of what
perspectives are to be covered in the workshop as well as to whom, when, and where the services are to be delivered. Author bias also exists because other service connected disabled veterans and/or VRCs may have a difference of opinion on what information should be covered in the career development workshop.

**Organization of the Project**

Chapter 1 presented an introduction, background, purpose, statement of the problem, definition of terms, limitations of the project, and the organization of the project. Chapter 2 includes the literature review used to define and explain how PTSD relates to the transitional issues disabled veteran are encountering through the review of textbooks, professional journals, peer-reviewed articles, national and government databases available on the world wide web, personal interviews, personal experience, and through other resources that provided information on assisting veterans with PTSD. Chapter 3 discusses the methodology of how the research, literature, and the author’s access at VR&E led to the development and implementation of the career development workshop. Chapter 4 provides a full summary of the project with recommendations for future research. An Appendix provides the curriculum to be used for the project’s career development workshop. The curriculum consists of a PowerPoint presentation including activities, a handout, videos, and online tutorials of internet resources.
Chapter 2
REVIEW OF LITERATURE

Introduction

Historically in America, persons with disabilities have been denied access to jobs due to discriminatory employment practices and procedures based on negative attitudes toward persons with disabilities (Thompson & Dickey, 1994). Chapter 2 covers current research that validates that veterans transitioning out of military service with disabilities are experiencing problematic issues reintegrating back into civilian life. The order of the chapter is to firstly provide some examples of how Post Traumatic Stress Disorder (PTSD) is defined. Secondly, the prevalence of PTSD among U.S. disabled veterans returning from the Global War on Terror (GWOT) is discussed. Thirdly, the significant difficulties disabled veteran are experiencing in transitioning from college campuses to civilian employment is presented, and lastly, the chapter concludes by suggesting that there is extreme value in integrating traditional vocational rehabilitation perspectives with career development theories.

Post Traumatic Stress Disorder

The current battles and conflicts abroad are contributing to the rise of attention to and awareness of the onset of combat-related PTSD injuries of American soldiers (Brodwin et al., 2009; Church, 2009). Although there has been an increase in the onset of PTSD during the GWOT, PTSD is often defined differently among researchers (Ramchand et al., 2010). For example, the NAMI (2011) defines PTSD as an anxiety
disorder that can develop after a person witnesses a traumatic event, which can take on many forms, such as experiences related to combat or military exposure. Similarly, the American Psychiatric Association (APA) *Diagnostic and Statistical Manual of Mental Disorders, 4th edition text revised (DSM-IV-TR; 2000)*, defines PTSD as a psychiatric condition triggered by exposure to an intensely distressing traumatic event and characterized by more than one month of re-experiencing, avoidance, and hyperarousal symptoms (APA, 2000). According to the *DSM-IV-TR (2000)*, the diagnosable criteria for PTSD are defined as follows:

Diagnostic criteria for PTSD include a history of exposure to a traumatic event meeting two criteria and symptoms from each of three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms. A fifth criterion concerns duration of symptoms and a sixth assesses functioning.

**Criterion A: stressor**
The person has been exposed to a traumatic event in which both of the following have been present:

1. The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.

2. The person's response involved intense fear, helplessness, or horror. Note: in children, it may be expressed instead by disorganized or agitated behavior.

**Criterion B: intrusive recollection**
The traumatic event is persistently re-experienced in at least one of the following ways:

1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: in young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
2. Recurrent distressing dreams of the event. Note: in children, there may be frightening dreams without recognizable content.

3. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated). Note: in children, trauma-specific reenactment may occur.

4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

5. Physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

Criterion C: avoidant/numbing
Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following:

1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma
2. Efforts to avoid activities, places, or people that arouse recollections of the trauma
3. Inability to recall an important aspect of the trauma
4. Markedly diminished interest or participation in significant activities
5. Feeling of detachment or estrangement from others
6. Restricted range of affect (e.g., unable to have loving feelings)
7. Sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

Criterion D: hyper-arousal
Persistent symptoms of increasing arousal (not present before the trauma), indicated by at least two of the following:

1. Difficulty falling or staying asleep
2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Hyper-vigilance
5. Exaggerated startle response
Criterion E: duration
Duration of the disturbance (symptoms in B, C, and D) is more than one month.
Criterion F: functional significance
The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Specify if:
Acute: if duration of symptoms is less than three months
Chronic: if duration of symptoms is three months or more
Specify if: With or Without delay onset: Onset of symptoms at least six months after the stressor.

Prevalence of Post Traumatic Stress Disorder

The growing concern surrounding the GWOT has led to new research development on veterans transitioning out of military service with newly acquired disabilities, such as PTSD (Brodwin et al., 2009; Church, 2009; Vaughn et al., 2009). According to the U.S. Department of Labor (2012b), over 3 million veterans had acquired service connected disabilities in which 26% of these veterans had served in military service since September 2011. Within this same population of veterans who have served in GWOT, a suggested 13-26% have been identified to have acquired PTSD during Operation Iraq Freedom (OIF) and Operation Enduring Freedom (OEF) (Morissette et al., 2011). A congressional research study found that across all services, there were 21,784 new PTSD diagnoses of non-deployed military personal compared to 66,935 reported cases from those deployed in the GWOT (Fischer, 2010). Another study found an estimated prevalence of PTSD at 13.8% or 226,000 of the veterans who served in OEF/OIF up to October 2007 (Golding, Bass, Percy, & Goldberg, 2009). Also in 2008, a study based on a telephone survey of 1,965 service members and veterans who had served during the GWOT found that 14% screened positive for PTSD (The Congress of
the United States Congressional Budget Office, 2012). This 2008 study also reported that higher rates were found among those who served longer deployments and were seriously injured during deployment. Similarly, Ostovary and Dapprich (2011) agreed that an estimated 13.8% of OIF/OEF veterans were experiencing symptoms related to PTSD.

One group of researchers decided to explore and find an explanation for why there was such variance across studies on the prevalence of military-related PTSD among veterans who served during the GWOT (Ramchand et al., 2010). These authors reviewed 29 studies that provided prevalence estimates on military-related PTSD. What they found was the variance in the estimates were due to sampling error, a difference in assessment tools used to identify what veterans had acquired PTSD, and how PTSD was defined differently by researchers (Ramchand et al.). Ramchand et al. (2010) suggested that current research could be more precise in reporting the prevalence of military-related PTSD if future researchers considered becoming more consistent in the methods used in defining PTSD, use well validated assessments for estimating PTSD prevalence in specific populations, and control PTSD estimates for differential exposure across samples. Similarly, Morissette et al. (2011) agreed that current research on reported military-related PTSD for those military personnel who have served during GWOT are only best estimates. For example, they found that the ambiguity in military-reported PTSD prevalence rates was due to only 50% of recently separated veterans seeking healthcare services through the VHA (Morissette et al., 2012). Although the reported rates of PTSD have been found to vary across studies, research on PTSD is consistent in
identifying that the increased onset of combat-related PTSD has led to the horrifying reintegration issues of veterans with PTSD (Brodwin et al., 2009; Church, 2009).

**Symptoms of Post Traumatic Stress Disorder**

It is extremely important to explore the symptoms occurring in PTSD cases so one can understand and conceptualize the impact on the veterans’ lives. Many aspects of life can be influenced or affected by the severity of PTSD symptoms, and knowing the personalized effects of PTSD will better assist relatives, loved ones, and employers in understanding and supporting the recovery process (Brodwin et al., 2009). The symptoms involved with PTSD have been found to create severe complexities with respect to an individual’s physical, mental, and social functioning abilities (Brodwin et al., 2009; Church, 2006; Vaughn et al., 2009). PTSD has also been found to cause changes in personality, thinking and sensation, and increase the risk of acquiring Dementia and other diseases or disorders (NAMI, 2011). Combat-related PTSD symptoms have been found to be related to physical (headache, tinnitus), emotional (irritability), and cognitive (diminished concentration or memory) symptoms (NAMI, 2011). Brodwin et al. (2009) suggested an individual’s personal relationships, occupational settings, and the levels of independence create severe transitional problems requiring the provision of adequate treatment and support services for veterans with PTSD.

One group of experts on PTSD conducted a study analyzing how changes in PTSD symptoms relate to veterans’ reported quality of life (Schnurr, Hayes, Lunney, &
McFall, 2006). The study population was 325 male veterans with chronic PTSD symptoms who participated in a randomized clinical trial of group therapy for PTSD. Schnurr et al. (2006) indicated a dire need for the study based on prior research suggesting that 59% of individuals diagnosed with PTSD had severe quality of life impairments. Schnurr et al.’s (2006) research results indicated veterans with higher PTSD severity experience a severely reduced psychosocial and physical quality of life. In conclusion, this research validates how the severity of PTSD symptoms impacts the quality of life of disabled veterans trying to successfully reintegrate into society.

Additional research on the severity of PTSD symptoms suggests researchers must also take into consideration the effects of the frequency and intensity of PTSD symptoms when determining appropriate interventions (Elhai, Palmieri, Biehn, Frueh, & Kathryn, 2010). Elhai et al. (2010) indicated it was extremely critical to use the appropriate assessment tools in identifying the unique difference between the frequency and intensity of symptoms before determining or beginning appropriate treatments for PTSD. Both of these groups of researchers identified the vitality of understanding how PTSD effects veteran lives differently based on their personalized experiences and the severity, intensity, and frequency of symptoms involved (Elhai et al., 2010; Schnurr et al., 2006). A quantitative meta-analysis of over 1,000 adults examined the Psychophysiology of PTSD symptoms and found PTSD is associated with persistent hyperarousal, exaggerated responses to startling sounds, and elevated responses to external and internal trauma reminders (Pole, 2007).
Congress held a hearing (2010) before the Military Personnel Subcommittee of the Committee on Armed Services House of Representative 111th Congress 2nd Session addressing the implementation of the requirement to provide a medical examination before separating members diagnosed with PTSD or Traumatic Brain Injury (TBI) and the capacity of the Department of Defense (DOD) to provide care to PTSD cases. In some cases, the effects of PTSD were found to be so devastating military members were being discharged from military service due to the severity of their PTSD symptoms. The purpose of the hearing was to hear the testimony about the Department of Defense’s efforts to implement Section 512 of the National Defense Authorization Act, Fiscal Year 2010, requiring the Secretaries of the military departments in certain cases to conduct a medical examination before administratively separating a member under less than honorable conditions if the member has been deployed overseas in support of a contingency operation (United States Congress Hearing, 2010). The DOD testimony conclusions were to effectively continue the goal of conducting accurate medical evaluations to U.S. military members before separating from service to ensure the implementation of proper medical treatments and additional services.

**The Transition: Education and Employment**

The number of veterans returning home with disabilities and seeking postsecondary education is expected to significantly increase over the next few years (Burnett & Segoria, 2009). Veterans returning home with disabilities want to be successful when transitioning into new civilian careers, and, in some cases, out-
performing their non-veteran peers (Ruh, Spicer, & Vaughan, 2011). In an interview with Jeff Weston, Director of California State University, Sacramento (CSUS) Veterans Success Program (June 2012), it was found that veterans at CSUS have traditionally held a higher overall GPA in comparison to the total student population. Although some sources are identifying that some veterans are gaining success, there is still a group of veterans transitioning out of service with disabilities and facing a wider spectrum of concerns, such as lack of education, unemployment, and disability awareness (Brodwin et al., 2009; Vaughn et al., 2009). The U.S. Department of Labor (2012b) reported that the unemployment rate for veterans with service connected disabilities who served on active military duty in the U.S. Armed Forces at any time since September 2001 was 12.1%; with the overall jobless rate at 8.3%. The 12.1% disabled veteran unemployment rate is 2.1% higher than the national highest month unemployment rate reported of 10% since 2001. This supports a rational basis regarding why 78,127 disabled veterans took advantage of the Department of Veterans Affairs Vocational Rehabilitation and Employment (VR&E) program in 2010 (U.S. Department of Labor, 2012b).

There has been very important research conducted examining the overall transitional process of U.S. veterans with disabilities back to civilian life and college (Ruh et al., 2009; Shackelford, 2009). Ruh et al. (2009) conducted a study on the transitional process of veterans seeking a higher education after returning from the GWOT. Based on their analysis, they suggested incorporating learning models and reasonable academic adjustments to educational structures would assist the transitional
process from college to work (Ruh et al., 2009). Ruh et al. (2009) found there were a total of 6 million veterans nationwide who had acquired a service connected disability at that time, and over 700,000 of that population was unemployed during any given month. They also found that the current GWOT has left over 260,000 veterans with service connected disabilities. Ruh et al. (2009) concluded the function and role of the Disability Service (DS) offices on campuses can play a detrimental part in assisting the academic achievement of disabled veterans. For example, they proposed the DS offices could assist in educating veterans on their legal rights pertaining to their disabilities, provide career guidance, counseling, assistive technology, and implement new educational programs designed to bridge the gap for the transition to employment (Ruh et al., 2009). What these authors concluded was that when adequate educational, emotional, and career support services were provided on campus, the veterans were more successful in the transitional process from education to employment (Ruh et al., 2009).

Shackelford (2009) also analyzed the transitional process of U.S. veterans with disabilities from education to employment. His focus was more on colleges and universities because they were experiencing the highest numbers of enrollments of transitional veterans in the past decade (Shackelford, 2009). What he found was that veterans were returning to campus with combat-related injuries that may or may not be visible and were experiencing an identity crisis and having trouble acquiring the proper documentation to receive supporting services on campus. Like Ruh et al. (2009), Shackelford (2009) also identified that the Student Disability Service (DS) offices played
a crucial role in this process. Shackelford (2009) argued that the DS offices must be prepared in dealing with the special issues that this population brings to the educational environment, such as disclosure concerns, assisting with the acquisition of proper documentation, addressing accommodation issues as presented per case, and staying on top of recent ADA Amendment Acts to ensure federal compliance. Numerous authors have particularly mentioned there was an increase in the opportunity for numerous disabled veterans to return to higher education and gain the experience needed to obtain a new career, but there is also a need for a structured network to be in place within the Student DS offices for assisting veterans with disabilities (Ruh et al., 2009; Shackelford, 2009).

Rumann and Hamrick (2010) conducted a qualitative research study exploring U.S. student veterans returning to campus after war zone deployments. They examined the structures in place that provided veterans with the ability to pursue higher education. These two researchers believed it was important to evaluate the means by which a veteran had access to funding and classes when trying to acquire higher education. Rumann and Hamrick (2010) interviewed veterans in the transition of returning to college after military service. What they found was veterans were most concerned with the infrastructures and policies on college campuses, such as reenrollment policies, lapses in student insurance, cancelation of financial aid, and the sequencing of class schedules. The veterans were basically looking for more academic support because being deployed and acquiring a disability was out of their control. One other important finding was on
the veteran and civilian interaction on campus. The interviews revealed veterans were being confronted with stereotypical or unethical dialog, which created an antisocial environment (Rumann & Hamrick, 2010). This research suggests a growing need for more veteran disability awareness, veteran support groups, and any additional services that could cater to our veterans in transition from college to employment.

Not surprisingly, the disabled veteran transitional phenomenon is not specific to American veterans. Another qualitative study conducted on a Canadian population found that military personnel participating in overseas missions were also subject to trauma that complicated the transition back to civilian life (Westwood, Mclean, Cave, Borgen, & Slakov, 2010). The research study examined the effectiveness of the Veteran Transitional Program (VTP) on PTSD symptom reduction and transitional support. The VTP was a residential group-based program designed to assist the transitional process back into civilization and focused on creating a safe understanding and supportive group environment, normalizing the soldiers’ military experiences, offering knowledge on the acquired disabilities and symptom management, reducing the symptoms, working on interpersonal skills and relationships, generating life goals and career exploration, and involving the family (Westwood et al., 2010). The researchers conducted one-on-one interviews with the veterans with combat-related trauma before, immediately after, and three months post-program to gain insight into this complex transitional process (Westwood et al., 2010). During the study, Westwood et al. found that 80% of the veterans with PTSD were also susceptible to the onset of major depression, anxiety
disorders, and alcohol or chemical abuse. Like the American studies, they found that this group of veterans with PTSD was 10 times more likely to be unemployed and earn 22% less than their peers. It was also found that each participant made improvement in at least one measurable aspect listed above after participating in VTP (Westwood et al., 2010). The study reiterates the need for proper transitional services, which can assist veterans in transition from education to employment.

Similarly, Church (2009) examined the transitional services for U.S. veterans on campus with war-related injuries, but identified a specific area of concern. In 2009, Church reported that 31% of veterans on campus were experiencing a Traumatic Brain Injury, Post Traumatic Stress Disorder, or Depression. The purpose of his research report was to encourage institutions of higher education to engage veterans by utilizing their strengths to facilitate a successful educational process (Church, 2009). His focus was in gaining the attention to be on the positive characteristics of the veteran, not the disabilities that may or may not be seen. Church’s (2009) idea was to create the most accommodating social environments to support veterans returning to campus. He suggested looking at strong attributes such as resilience, teamwork, self-esteem, mutual experience, trust, and an overall moral code of conduct increases the likelihood of success instead of failure. Other suggestions he made were in utilizing counseling centers, peer counseling, support groups on campus, and active involvement in some type of work study activity to increase the sociability and work experience of the veteran
(Church, 2009). His ultimate goal was to assist the veterans back to successful employment by providing a supportive educational environment (Church, 2009).

Veterans with disabilities are also facing extreme challenges becoming unemployed after separating from military service and seeking civilian employment (Ruh et al., 2009). Caporoso and Kiselica (2004) researched this phenomenon and found people with mental illness were reported to be encountering the most difficulty when going through this transitional process. It was found that people with mental illness were more likely to be unemployed, have less income, experience a diminished self worth, and have fewer social support networks (Caporoso & Kiselica, 2004). In some cases, they found the unemployment rates of those with severe mental illness have been as high as 85% due to being stigmatized and negatively perceived based on myths.

Stigma and myths are important to address because the internal organizational structure consisting of those who are making the hiring decisions may be influenced by these biased beliefs (Caporoso & Kiselica, 2004). Caporoso and Kiselica reported that the most common myths were that people with mental illness are perceived as being a danger to society and unable to maintain employment. These biased external factors are what create complexities in providing effective career development services to clients with severe mental illness (Caporoso & Kiselica, 2004). Caporoso and Kiselica (2004) propose counselors strategize effective career development services to meet the long and overdue needs of this population who have been continuously met with unsuccessful services. For example, Caporoso and Kiselica (2004) suggest a thorough initial
evaluation should take place that includes intensive examination of the clients’ medical documentation, evaluation of social support networks, review of work history, evaluation of the client’s perception, and administering operate assessments that include measures on career maturity and readiness for career decision making. This type of comprehensive initial assessment allows for both the client and service provider to be aware of what obstacles, prejudice, and self-indicating factors will need to be overcome to gain employment (Caporoso & Kiselica, 2004).

Assisting disabled veterans in successfully transitioning back to employment is also a vital concern of the Department of Veterans Affairs (Erbes, Kaler, Schult, Polusny, & Arbisi, 2011). Erbes et al. (2011) conducted an occupational functioning study researching the impact of mental health impairments on employment status and work role functioning in a cohort of National Guard Reserve service members after one year of returning from participating in the GWOT. This group was selected based on the evidence that reserve service members face a higher rate of acquiring PTSD. Their results indicated mental health diagnoses are associated with reduced role functioning in both work and school environments (Erbes et al.). The underlying cause of the barrier to employment was based on the individual symptoms of mental disorders that can cause an array of experiences, including fatigue, impaired concentration, loss of interest in activities, disrupted sleep, irritability, social withdrawal, vigilance, and behavioral avoidance. All such symptoms can interfere with work attendance and social relationships in a work setting (Erbes et al., 2011). Like Erbes et al., Sargeant (2009)
also reported that increases in the frequencies and duration of deployments and stressors associated with multiple exposures to combat areas create increased difficulties for reservists attempting to reintegrate into civilian employment and educational settings.

According to Ostovary and Dapprich (2011), over 1.9 million U.S. troops were deployed in military support of OIF and OEF. During this period, PTSD has been identified among the top four acquired disabilities of soldiers serving in OIF and OEF. Similarly to Caporoso and Kiselica (2004), Ostovary and Dapprich also found the transition into civilian employment and educational environments are complicated for disabled veterans who are sometimes misunderstood by the general population. Ostovary and Dapprich (2011) reported that PTSD symptoms such as hypervigilance, intrusive thoughts, severe anxiety, irritability, difficulty concentrating, and sensitivity to noise complicates the educational and occupational achievements of disabled veterans. Their conclusion was that veterans with PTSD face negative stigmas, which engages internal emotional suppression, thus leading to increased isolation, poor integration into social environments, and the lack of seeking out educational or occupational settings. Ostovary and Dapprich (2011) concluded that more functional relationships between the government and educational institutions, employers, leaders, professors, employees, students, and the community at large would create better transitional services for disabled veterans. Congress has addressed this concern in that all military service members involved in OEF and OIF who are being discharged from military service with service connected disabilities receive timely and effective vocational rehabilitation services from
the U.S. Department of Veterans Affairs (USDVA) Vocational Rehabilitation and Employment (VR&E) program (Crane, Scott, & Davis, 2008).

**Vocational Rehabilitation with Veterans**

Historically, Vocational Rehabilitation (VR) has been referred to as a specific type of services that enhances the employability of an individual who has functional limitations due to a physical or mental disability adversely affecting employment opportunities (Elliott & Leung, 2004). According to Elliot and Leung (2004), VR services have also strived to educate potential employers on first considering job modifications to accommodate disabilities and limitations before negatively stereotyping individuals with disabilities. In relation to U.S. disabled military veterans, VR perspectives were adopted by the U.S. government after a large number of military soldiers returned from WWI with physical disabilities (Elliott & Leung, 2004). The situation hit the U.S. government by surprise and invoked the implementation of continued government legislation mandating services and programs for disabled veterans. Federal Legislation for disabled veterans was initiated through the passing of The Soldiers Rehabilitation Act of 1918, designating specific funds to assist disabled veterans and eventually led to the development of the Veteran’s Bureau in 1921 that has evolved into the Department of Veterans Affairs (Elliott & Leung, 2004).

Since the 1920s, the U. S. Government has sought to fulfill the responsibility in providing VR support services and programs to aid disabled veterans (Crane et al., 2008). Currently, the USDVA is still the designated federal agency tasked with providing
continued programs and services targeted to serve disabled veterans and their families (U.S. Department of Veterans Affairs [VR&E], 2012). The VR&E is a division within the USDVA that was established for providing vocational rehabilitation counseling services to service connected disabled veterans nationwide. VR&E nationwide programs provide services and assistance to veterans with service connected disabilities allowing them to achieve maximum independence in daily living and prepare for, obtain, and maintain suitable employment; VR&E was authorized by Congress under Title 38, Code of Federal Regulations, Chapter 31 (U.S. Department of Veterans Affairs [VR&E], 2012). The VR&E program is also referred to as the VetSuccess or Chapter 31 programs. VR&E uses Vocational Rehabilitation Counselors (VRC) to provide VR services to service connected disabled veterans with assistance in returning to suitable employment and in increasing overall daily independent living skills.

Eligibility for VR&E services is not an automatic process for service connected disabled veterans. A veteran must have a service connected disability of 10% or more to apply for VR&E services, and a veteran must either have a disability rating of at least 10% with a serious employment handicap or a have a service connected disability of 20% with an employment handicap to receive VR&E services (U.S. Department of Veterans Affairs [VR&E], 2012). Veterans found eligible for VR&E services are invited to attend a VR&E orientation, as well as a full comprehensive initial evaluation by a VRC to determine entitlement into the program. If a veteran is found entitled, the veteran will
work with a VRC to determine a plan of services needed within the scope of the offered five tracks of services offered (U.S. Department of Veterans Affairs [VR&E], 2012).

The five tracks of services are as follows:

1. **Reemployment services** – This track of service is designed for individuals participating in the military reservist who were activated into active duty military service and are now separating from active duty looking to return to prior or other employment;

2. **Rapid access to employment services** – This track of service is for those disabled veterans who already have the skills, education, and/or training needed in today’s job market to gain suitable employment and are in need of job placement services;

3. **Self-employment services** – This track of service is explored for veterans with severe disabilities who would encounter severe limitations or burdens seeking employment through traditional paths, who need more flexible work schedules, or need a more accommodating work environment due to the severity of their disabilities;

4. **Employment through long-term services** – This track of services is for disabled veterans who need additional specialized training and/or education to obtain and maintain suitable employment; and

5. **Independent living services** – Independent living services are for severely disabled veterans who at this time may not be able to return to work and will be
evaluated for daily independent living needs. (U.S. Department of Veterans Affairs [VR&E], 2012)

Services across the above five tracks provided by the VR&E VetSuccess Program may include:

Comprehensive rehabilitation evaluation to determine abilities, skills, and interests for employment, Vocational counseling and rehabilitation planning for employment services, Employment services such as job-training, job-seeking skills, resume development, and other work readiness assistance, Assistance finding and keeping a job, including the use of special employer incentives and job accommodations, On the Job Training (OJT), apprenticeships, and non-paid work experiences, Post-secondary training at a college, vocational, technical or business school, Supportive rehabilitation services including case management, counseling, and medical referrals, Independent living services for Veterans unable to work due to the severity of their disabilities. (U.S. Department of Veterans Affairs [VR&E], 2012, para. 2)

Vocational Rehabilitation Counselors (VRC) at VR&E provide a wide variety of VR services to disabled veterans participating in the Chapter 31 program, but focus on providing comprehensive services and assistance to entitled veterans with service connected disabilities and employment handicaps, helping them achieve maximum independence in daily living, become employable, and obtain and maintain suitable employment (Crane et al., 2008). Once entitlement has been decided and before a track
of services can be selected, a VRC must perform one of the most critical steps in the process, evaluating employment feasibility (U.S. Department of Veterans Affairs [VR&E], 2012). Sometimes a disabled veteran may be entitled to VR&E services, but the veteran’s employment feasibility may be in question by the VRC’s evaluation. Employment feasibility can be impacted by numerous factors, such as long periods of unemployment, unstable work history, number of disabling conditions, age, gender, psychological state, chronic pain, financial instability, and anything else that prevents a barrier to employment (Crane et al., 2008). When a disabled veteran participating in VR&E services meet such criteria, a VRC may use the IEEP (extended evaluation) discussed earlier to measure a veteran’s feasibility (likelihood) of returning to suitable employment (U.S. Department of Veterans Affairs [VR&E], 2012).

To provide successful VR services to veterans with PTSD, a VRC will have to ensure that additional PTSD counseling treatments have been discussed and will be required as part of the VR&E process (DiRamio & Spires, 2009). For example, experts on counseling and rehabilitation agree that psychological counseling is the therapeutic foundation facilitating the psychosocial and behavioral growth assisting individuals in achieving successful vocational outcomes (Parker, Hansmann, Thomas, & Thoreson, 2005; Ryder, 2003). A few types of PTSD counseling treatments are available for veterans through the VHA; however, research indicates behavioral treatments emphasizing various methods of exposure therapy have been the most carefully studied and found to be the most successful (DiRamio & Spires, 2009). Disabled veterans who
seem to have the best recovery process are the ones who have strong social support networks such as friends, family, and dedicated professionals to assist this transitional process (Brodwin et al., 2009). Since veterans with PTSD have been found to be lacking strong social support networks, seeking PTSD treatment is a critical inclusion part of the vocational rehabilitation process (Brodwin et al., 2009; Church, 2006; Morissette et al., 2011; Vaughn et al., 2009). Most treatment options for veterans with PTSD include counseling to help service members develop coping skills, support groups, and antidepressant medication (DiRamio & Spires, 2009).

**Vocational Rehabilitation and Career Development**

According to Elliott and Leung (2004), VR service goals have been instrumental in assisting disabled veterans in attaining the highest possible level of functioning in personal, social, and vocational roles. However, traditional career development theories have been left out of the process due to idealologies that these theories were not applicable to persons with disabilities. Elliott and Leung (2004) strongly believe the integration of career development theories would enhance the VR process and offer new aspects to better assist people with disabilities. Today, additional career development counselors, professors, and professionals reinforce the logic that the integration of career development and vocational rehabilitation perspectives will maximize the vocational rehabilitation services to people with disabilities (Beveridge, Craddock, Liesener, Stapleton, & Hershenson, 2002; Shahnasarian, 2001).
In a research report on exploring different vocational impairments, Shahnasarian (2001) introduced a paradigm called “Career Rehabilitation” that integrates both career development and vocational rehabilitation perspectives to assist people with disabilities in returning to work. Shahnasarian (2001) suggested every VRC should consider adopting a life span approach that enforces a long-term career planning process, including evaluating individuals on career fulfillment instead of only emphasizing the VR’s traditional three goals of seeking higher education, skill training, and focusing on job placement support. Shahnasarian (2001) pointed out that this three-dimensional emphasis creates a missed opportunity for the implementation of additional career development theories, opening new doors of opportunity. For example, Shahnasarian (2001) suggested that the ideology of setting a strong career development foundation derives from one of the most popular career development theories of the 1950s known as “Super’s Theory.” Super (as cited in Shahnasarian, 2001) first defined a continuous life-long career development process in identifying the self-concept, testing the self-concept with reality, and with satisfaction of self and what is beneficial for society. According to Shahnasarian, taking the time in the initial steps of the VR process to acknowledge the self-concept and reality challenges will assist both the overall career achievement and fulfillment of people with disabilities (Shahnasarian, 2001).

Like Shahasarian, other career development professionals offer alternative conclusions on how integrating career development theories into vocational rehabilitation will better assist people with disabilities (Beveridge et al., 2002). Beveridge et al. (2002)
found all individuals, disabled or not, need different styles of interventions based upon what current life status or statuses they are in, and there is no one theory tailored to meet the needs of all individuals seeking services. However, Beveridge et al. (2002) present a six-part framework called “INCOME” that assesses people based on their psychosocial context, needs, interest, values, skills, abilities, aptitudes, and culture while also promoting empowerment of the client, not dependency. Similar to the earlier studies mentioned on the prevalence rates of PTSD, Beveridge et al. found variance across studies in how career development was defined and applied in theory. After an intensive review of over 20 studies defining career development, they concluded that the most cohesive definition of career development is a lifelong process that should include all aspects and a person’s life experiences, including working out a compromise between the self and the reality opportunities and limitation of the world (Beveridge et al., 2002).

More recently, Krumboltz and Levin (2010) have presented “Happenstance Theory” as a multifaceted framework for applied career development perspectives. This theory is suggested to provide inspirational results for anyone who applies the proposed methods as they transition through life’s long and dynamic career journey. “Happenstance Theory” is proposed as more than just another career development theory, but a dynamic way of life where the career seeker must always be fully engaged in the job hunt by readily taking action on unforeseen career opportunities, not being afraid of seeking career satisfaction, having awareness that career assessments are a continuous tool of learning through the process, and that achievement is measured by the success of
the client seeking the career development services (Krumboltz & Levin, 2010). In a personal interview with Dr. Al Levin (April 2012) about integrating vocational rehabilitation and career development theories for disabled clients, he stated

Happenstance theory is more about a way of life that someone adopts to continuously be both mentally and physically prepared and ready to take a stance when the unknown happens; and accepting this mentality as one journeys through the life long career process would be most beneficial for people with disabilities, especially if they are well prepared as disabling conditions may worsen over the lifespan.

Krumboltz and Levin (2010) suggest their career development approach can be applied universally by anyone seeking career counseling or vocational rehabilitation counseling services.

**Summary**

The review of literature began with a discussion on how there is a need to enhance vocational rehabilitation services to U.S. military veterans with PTSD. A brief definition of PTSD was presented along with how it occurs among disabled veterans who have deployed to and returned home from the GWOT. Following this was an overview on how the personalized experience of PTSD symptoms create reintegration issues for veterans with disabilities transitioning out of military service and into education and employment roles. Also, a short historical perspective was provided on how vocational rehabilitation services originated, have evolved, and are currently being provided to
service connected disabled veterans participating in the Chapter 31 program. Most importantly, the literature concluded that an integration of vocational rehabilitation counseling, career development theories, and additional specialized treatments for PTSD is necessary to achieve successful vocational rehabilitation outcomes for veterans with PTSD.
Chapter 3

METHODOLOGY

The idea to implement this project came to the author while working as a Vocational Rehabilitation Counselor for the VR&E office during the Spring semester of 2012. The Sacramento VR&E office had been experiencing an increase of veterans with PTSD applying for VR&E services. Through the author’s experiences and through the personal testimony of fellow VRCs, it was identified that a majority of veterans with PTSD were experiencing extreme difficulties while participating in VR&E program services. In collaboration with fellow VRCs and VR&E management, it was determined there was a need for in-house specialized services to assist this population in successfully transitioning back to the world of work. In an attempt to expedite these services, the author met with VR&E management to discuss the possible development of an in-house career development workshop to assist veterans with PTSD. Thereafter, the foundation for developing a one-day career development workshop was established to better serve veterans with PTSD who were participating in VR&E services.

“Understanding PTSD and Employment” will be the new pilot career development workshop (see Appendix) offered at both the Oakland and Sacramento VR&E offices. The current career development workshop is catered toward assisting veterans with PTSD gain maximized success while participating in the program. The literature review reflecting what reintegration issues veterans with PTSD face when transitioning from education to employment played a major role in validating the need to
develop this project (Church, 2009; Ruh et al., 2009; Rumann & Hamrick, 2010; Shakelford, 2009). In addition, the expert opinions on how integrating vocational rehabilitation and career development perspectives enhances career development services assisted in the creation of the workshop’s curriculum (Beveridge et al., 2002; Elliot & Leung, 2004; Shahnasarian, 2001).

Based on the author’s access as a current VRC within the Oakland VR&E Division, the following information was identified. As of September 1, 2012, 3,317 service connected disabled veterans were provided with vocational rehabilitation and employment services through the Oakland VR&E Regional Office. Out of this population, 254 veterans were participating in an extended evaluation measuring employment feasibility of which 91 were provided services by vocational rehabilitation counselors out of the Sacramento Satellite office. Out of these 91 veterans, 25 of them had been diagnosed with PTSD. This equates to 27% of this population; therefore, the Acting VR&E Officer Dr. Corson (personal communication, September 2012) identified a significant need to support veterans with PTSD who are entitled to successful vocational rehabilitation and employment services.

In addition, two key personal interviews were conducted that directly influenced the development of this project. First and most importantly, a series of interviews were conducted with Dr. Corson, Acting VR&E Officer during August 2012. These interviews led to the approval in supporting the implementation of the career development workshop within VR&E to support veterans with PTSD. Secondly, a
personal interview was conducted with Dr. Levin, California State University, Sacramento Career Counseling Professor, in April 2012. This personal interview led to the inspiration to create a career development workshop including additional career development theories that could be implemented in vocational rehabilitation to better serve veterans with disabilities. Both of these personal interviews assisted in laying the foundation of support and creating the ideas for the curriculum for the career development workshop.

Research for this project began in April 2012 and concluded in October 2012. The author analyzed, examined, and gathered an abundance of supporting information relevant to providing successfully vocational rehabilitation counseling services to veterans with PTSD. The data was systematically reviewed and is included in the career development workshop curriculum. The author obtained information from the CSUS online library research databases, personal interviews, peer-reviewed journal, articles, textbooks, information from the world wide web, workbooks, and other graduate projects that provided career development information that could better assist veterans with PTSD in transition. The Vocational Rehabilitation Counseling Masters Project Handbook was also used as a template in organizing the overall written structure of the project (Ortman, 2009).

The project is a one-day workshop that includes a more integrated approach in assisting veterans with PTSD transition to employment. It includes guided discussions and fun activities to enhance the learning process. Additional information will be
presented through lecture and a PowerPoint presentation on understanding how PTSD affects the career development process, how to identify PTSD triggers, and what skill sets veterans with PTSD will need to have to be successful in the Chapter 31 program. The workshop is structured to empower, guide, and instruct veterans with PTSD in the vocational rehabilitation process of successfully transitioning back to employment. The workshop expands on current Chapter 31 services by introducing and integrating new career development resources and perspectives not currently used in VR&E.

The project curriculum includes career development perspectives and activities from the books *What Color is Your Parachute: A Practical Manual for Job-Hunters and Career-Changers* (Bolles, 2003), *Luck Is No Accident: Making the Best of Happenstance in Your Life and Career* (Krombultz & Levin, 2010), and the *Veterans and Active Duty Military Psychotherapy Homework Planner* (Finley & Moore, 2011). Additional free online career assessments tools such as California Career Zone (2012) and California Career Café (2012) will be given as additional resources to assist in the vocational exploration activities. This project presents career development integrated with additional online career assessment tools that will be a great tool for enhancing the success of veterans with PTSD participating in VR&E services.

The information included in each section of the project was selected from all the information gathered through research after a thorough examination was conducted. A survey will be presented at the end of the workshop to measure the success of the workshop. In addition, an open forum discussion will be held at the conclusion of the
workshop to gain constructive feedback from the participants. Statistical data from the surveys and discussion will be taken from the workshop and evaluated by head VR&E officials to measure the outcome value. Upon completion, the project results will be reviewed by the VR&E Officer to determine if the career development workshop was a success, if it will be implemented as a new standard operating procedure, and whether or not it can be expanded to serve a larger population of participants being provided services out of the Oakland Regional VR&E offices.
Chapter 4
SUMMARY AND RECOMMENDATIONS

Summary

People with disabilities have always played a part in society, but how much accreditation and assistance services have they received? During the late 1900s, the U.S. began to acknowledge people with disabilities, and eventually legislation was passed granting equal rights under federal law (Americans with Disability Act, 1990). The Americans with Disability Act (1990) was passed with the intent that law would stimulate growth and create more disability awareness. Americans need to be aware of policies, procedures, and laws supporting people with disabilities. People with disabilities have since become more recognized and appreciated as a contributing part of American culture. The only downfall is that this legislation was long overdue. Now that the current Global War on Terror (GWOT) has created more veteran disability awareness, the U.S. government and supporting agencies have, with their best efforts, sought to assist veterans returning home in transition.

The Department of Veterans Affairs, Vocational Rehabilitation and Employment program has been established by our national government to assist veterans with service connected disabled veterans in overcoming the post war transition in gaining educational training and returning to work (U.S. Department of Veterans Affairs [VR&E], 2012). The VR&E program motto is to assist veterans on campus, at home, and in the community. The literature and research illustrated in this project indicates that disabled
veterans are experiencing reintegration issues in all three areas. The answer to the problem is that service veterans need successful vocational rehabilitation services when transitioning out of military service with newly acquired disabilities and seeking suitable employment. Vocational rehabilitation services are more than just career counseling services for people with disabilities. VR&E services can range from expanding disability knowledge and awareness to creating access to specialized equipment or devices, addressing transportation needs, assisting with legal concerns, providing adjustment counseling, assisting with attaining education, employment assistance, and offering additional medical services as needed.

The purpose of this project was to develop a career development workshop consisting of integrated vocational rehabilitation and career development perspectives suited to better guide veterans with PTSD through transitioning back to work. Currently, the Oakland Region VR&E Division does not have a specialized in-house curriculum-based workshop to assist veterans with PTSD. This project was created to implement the first pilot workshop called Understanding PTSD and Employment. This project was designed to assist Chapter 31 veterans in understanding how PTSD affects all aspects of life, especially when setting, gaining, and maintaining suitable employment goals. The review of literature began with a discussion on how PTSD is defined, how it exists among U.S. veteran populations, and how there is a current need for better assisting veterans with PTSD seeking government vocational rehabilitation services. A brief
historical review of the evolution of vocational rehabilitation services provided to U.S. military veterans followed.

Lastly, the author wanted to create this project to assist veteran with disabilities due to the challenges personally experienced as a service connected disabled veteran facing the greatly feared and ambiguous process from military service, back to civilian life, and trying to find the new employment. The author has experienced the biased beliefs and negative attitudes some people in society still hold that impact the lives of veteran with disabilities every day. The author suggests the process was not easy and may not have been possible without the social support networks in his personal life and the assistance of the Chapter 31 program. The author has found, as a service connected disabled veteran and as a new vocational rehabilitation counselor, a continued need to provide VR services to assist veterans with disabilities in transition so they too can be successful and experience a higher quality of life.

**Recommendations**

This author recommends the career development workshop be updated to serve a larger population of disabled veteran participating in VR&E services. This is due to the fact that vocational rehabilitation services and those individual seeking services are always subject to change. Also, the issues related to veterans’ disabilities will continue to change, leading to the need for new and improved services. In addition, vocational rehabilitation counselors must be prepared to continue their education and in-service training to match the need for services, as technology, clients, and service delivery
continue to advance over time. More importantly, additional qualitative and quantitative research needs to be conducted to explore and evaluate the best delivery of vocational rehabilitation counseling services. For example, the implementation of future research could lead to additional specialized services for veterans with disabilities encourage the funding of non-profit or veteran service organizations and enhance the overall quality of available resources to assist veterans in transition, especially those who are trying to better their lives through seeking vocational rehabilitation services.
APPENDIX

Understanding PTSD and Employment

Where Are We?
Understanding PTSD and Employment

A Career Development Workshop
Vocational Rehabilitation and Employment (VR&E)
VETSUCSESS
Chapter 31

Workshop Mission

- This workshop was created to better assist veterans with Post Traumatic Stress Disorder (PTSD) successfully transition through the vocational rehabilitation and employment program and back to suitable employment.
Workshop Rules

- Sign In
- Be Respectful to others
- Use restroom during breaks
- Be courteous- One person speak at a time
- Know and Understand common goal-Team Approach
- Maintain Confidentiality
- Keep area clean
- Be involved, participate, and ask questions

Career Development Workshop Agenda

- 800 am-830 am: Introduction
- 830 am-900 am: IEEP
- 900 am-1030 am: What is PTSD and What are my Triggers Activity and Discussion
- 1030-1045- Break
- 1045 am- 1130 am- How do my triggers impact my return to work process
- 1130 am -1230 pm Lunch
- 1230-100pm- Vocational exploration: Activity
- 100 pm- 200pm- Online resources/ Video
- 200 pm-230 pm-VA Next Steps worksheet
- 230pm-245pm Break
- 245pm-330pm- Conclusion Discussion
Individualized Extended Evaluation Plan

IEEP
- The following example and format for an IEEP is for guidance only. The draft IEEP should include at a minimum, the individual’s proposed:
  - Extended evaluation program goal
  - Intermediate objectives relevant to successful plan completion
  - Services and service provider contact information
  - Duration of services

- (U.S. Department of Veteran Affairs, [Yr ed] 20xx)

PROPOSED REHABILITATION TRACK:
Individualized Extended Evaluation Plan (IEEP)

Example of IEEP
- Program Goal:
  To determine if achievement of employment in the occupational goal of Counselor (DOT # 045) is reasonably feasible
  - Proposed Intermediate Objectives Necessary to Achieve Program Goal:
Objective 1:
Veteran demonstrates compliance with medical management treatment program for PTSD and other physical conditions so as to maximize participation and success in a rehabilitation program.

Services Provided:
- Medical and mental health evaluation and treatment
- Person or Institution Providing Services: VHA
- Duration of Services: Veteran will be provided these services for the duration of the rehabilitation plan

Objective 2:
Veteran demonstrates stamina and discipline to complete one Term of undergraduate academic courses at a full-time rate of pursuit

Services Provided: tuition, books, fees, supplies, subsistence allowance, case management
- Person or Institution Providing Services: XYZ College; Contact: Ms. Certifying Official; Phone: (202) 111-1234; email: coofficial@xyzcollege.edu; website: www.xyzcollege.edu
- Duration of Services: veteran will attend one term January-June 2012
Objective 3:

Veteran conducts vocational exploration activities related to proposed employment goal as a Counselor, who works with veterans

- Services Provided: referral to DOL resources for labor market information, job seeking skills development, resume writing assistance; VRC or contract case management assistance
- Person or Institution Providing Services: One-Stop Center; Mr. DVOP; (202) 123-6789; designated VRC or contract case manager
- Duration of Services: Veteran will be provided these services for the duration of the rehabilitation plan

Local Objective: Mandatory

Veterans participating in an extended evaluation (IEEP) who are being evaluated on their employment feasibility will be actively involved in one of the following work related activities:

1. VA Work Study
2. Informational Interviewing
3. Applying for Part time or Full time employment
4. Internships
5. Externships
6. Volunteer work
Where Am I Going?

Vetsuccess Process

Identify Track:

Employment Thru Long-Term Services: Establish vocational goal, and define services needed:
- Develop written plan of services IWRP
- On-going case management
- Provide employment services-VetSuccess.gov, Interview skills, Job placement assistance, Referral to One-Stop Career Center or Career training
- End goal: Suitably employed
Employment through Long term Services

- For individuals needing specialized training and/or education to obtain and maintain suitable employment
- Services may include:
  - Apprenticeships and Internships
  - On-the-Job Training (OJT)
  - Higher Education or Vocational Training
  - Tuition/fees/books/tools/supplies
  - Tutoring
  - Subsistence Allowance
  - Personalized case management Support

Entitlement

- A maximum of 48 months of entitlement (may need extension for IWRP if months used for IEEP)
- May be utilized within 12 years from the date of initial VA disability rating notification
- Exception for Veterans with a Serious Employment Handicap
How Do I Get There

1st: Understand Your PTSD

- A psychiatric condition triggered by exposure to an intensely distressing traumatic event and characterized by more than 1 month of re-experiencing, avoidance, and hyperarousal symptoms

- Symptoms are associated with persistent hyperarousal, exaggerated responses to startling sounds, and elevated responses to external and internal trauma reminders

(DSM-IV-TR[APA], 2000)
PTSD Triggers Activity


PTSD Triggers Activity

This activity is for veterans with service-connected PTSD whose quality of life and ability to function in one or more domains are markedly reduced by reactive PTSD symptoms being triggered in their lives. This activity uses a cognitive behavioral approach guiding veterans in planning to avoid being surprised by the triggers, to avoid them with practical, and use proven coping techniques when they are unavoidable.

- Activity: Goals of the exercise are to eliminate or reduce the negative impact trauma related symptoms have on social occupational and family functioning.
- Learn and use calming and relaxation strategies to return to the pre-trauma level of psychological functioning regain confidence and abilities as an effective individual
- Learn relapse prevention strategies to manage future PTSD symptoms
#1

• First it's important to get a clear picture of the kinds of situations, events, and objects that trigger PTSD symptoms. This will depend largely on the nature of your traumatic experiences, but if you have been dealing with this for a while you have a good idea of the general kind of situation that makes it hard for you to stay calm and positive.

• Please write out some common pattern you experience with your PTSD triggers.

#2

Looking over this information and reflecting on experiences identify some places and situations that are likely to trigger your symptoms, for example some people get uneasy in crowds why certain sites sounds or smells trigger memories and emotions for others. Please list some situations you have to deal with in the next month that may be upsetting for you in this way once you have done this divide them into categories:

• Situations can avoid without any problems
• Situations and can’t avoid or ones where avoidance would cause more stress in life and the symptoms triggered
• Situations you may encounter but can’t predict when and where
A.

- For the situation you can easily avoid the plan is simple unless you need to go there don't you see this is a reasonable strategy ankle of PTSD treatment is to stop being ruled by avoiding behavior but there's no point in going out of your way to be uncomfortable if anyone ask about changing your habits please describe how you will explain to them a simple! I don't really like crowds is fine

B.

Next come trigger situations that are impractical to avoid, maybe they are part of your daily life or they are important family locations for predictable stressful situations. There are some simple and basic things to do that will make the experience more pleasant for you I will present them here, and ask for you to fill in the details about your situations.

1. Family support
2. Take breaks
3. Departure plan
4. Avoid substance use
C.

Third we have the can not predicts situations. For these the best approach is to have some simple immediate action strategies you have though through

1. What can you do to stay calm when an unexpected situation takes you by surprise?

2. How do you stay in the Hear and Now?

- breathing and muscle relaxing routines
- people you can call or get a hold of
- activities to calm yourself after you were agitated – psychological and physical

PTSD and Employment

- How do my triggers and/or symptoms play a role the determination of a suitable career goal?

Problems:

1. Unsuccessful in determining suitable career goal
2. No achieving goal in assisting veterans in returning to work in an appropriate time frame
3. Career dissatisfaction- unable to gain or maintain
4. Wasted Entailment and tax payers dollars on wrong career path
Triggers Activity: Part 2

1. Make a list of the top 10 career areas identified on your Career Assessments Inventory (CAI).
2. Take away form the list the career area you believe you would not want to pursue after considering your symptoms and triggers.
3. Out of the career areas removed, explain why the career areas identified would not be suitable for you based on your specific PTSD triggers and symptoms.
4. Make a list of your top three career areas of interest most compatible with your triggers and symptoms.

Conclude For Lunch
1130 am- 1230pm
Welcome Back

Vocational Exploration
What Color is Your Parachute?


Activity: (p. 130) – Draw a picture or use symbols/labels of your ideal life, where you live, who’s with you, what you do, what your dwellings look like, what your ideal vacation looks like, etc.....

- Do not let reality get in the way! A magic wand has granted you all wishes come true.

Chapter 31 and Vocational Exploration

Traditional method: Next Steps

VRC and Veteran work together in exploring a career goal that is suitable, sustainable, marketable, and based on the veterans interest, abilities, and aptitudes.

Additional Steps

1. Broader exploration with additional recourses
2. Recognize Veteran Role and Responsibility
3. Set Goal for career satisfaction
Broader Vocational Exploration

NEW
California Career Zone:
http://www.cacareerzone.org/

California Career Café:
http://www.cacareercafe.com/veterans

Veteran Role and Responsibility

- Is it up to you or the VRC to complete educational or vocational training with VR&E support?
- In the end, who gets the job?
- Learn to always be prepared – job search, resume, informational interviews, the interview, and follow ups
- Ask for referrals if needed
- Learn to always be and look professional
- Take action when it presents- “Happenstance Theory”
“Happenstance Theory”

• Taking advantage of unexpected events influences careers
• Being more open minded about a career as a life long ever evolving process
• You can only control your actions and the way you respond to others
• Don’t be scared to strive for career satisfaction

What is Vetsuccess.gov?

• Specialized job bank and “Job Central” bank with access to over 4 million jobs
• National Association of State Workforce Agencies
• Direct Employers – Fortune 500 companies
• Job resource tools
• Resume Builder
• Interview Skills
• Career Resources
• Link to other VA benefits and services
• Online application for VR&E – Chapter 31 services
• Educational Benefits

When
Do
I
Begin

NOW
You Already Have

Handouts
1. Sign and Turn In Workshop participation Form
2. Take VA Next Step Form home for vocational exploration homework to complete
3. Schedule plan development appointment with your VRC within 30 days of completion of course
4. Use resources from today to assist vocational exploration process

Discussion

- Comments
- Questions
- Concerns
- Complaints
- Ideas
Additional Resources


Attachment

Handout: PTSD Triggers Activity

This activity is for veterans with service connected PTSD whose quality of life and ability to function in one or more domains are markedly reduced by reactive PTSD symptoms being triggered in their lives. This activity uses a cognitive behavioral approach to guide veterans in planning to avoid being surprised by the triggers, to avoid them with practical, and use proven coping techniques when they are unavoidable.

Activity Goals:
1. Eliminate or reduce the negative impact trauma related symptoms have on social occupational and family functioning.
2. Learn and use calming and relaxation strategies to return to the pre-trauma level of psychological functioning regain confidence and abilities as an effective individual
3. Learn relapse prevention strategies to manage future PTSD symptoms:

   Identify, Cope, and Avoid PTSD Triggers

One of the goals of treatment for PTSD is to enable us to live as unrestricted in life as we can by not having to hide from possible triggers for PTSD symptoms. Still it's more to plan ahead and avoid triggers if we don't need to expose ourselves to them as well as planning out to minimize our emotional discomfort when we meet triggers we can't avoid or predict. This activity will guide you in some simple planning that can improve your quality of life

1. First it's important to get a clear picture of the kinds of situations, events, and objects that trigger PTSD symptoms. This will depend largely on the nature of your traumatic experiences, but if you have been dealing with this for a while you have a good idea of the general kind of situation that makes it hard for you to stay calm and positive.

   Please write out some common pattern you experience with your PTSD triggers.

2. Looking over this information and reflecting on experiences identify some places and situations that are likely to trigger your symptoms, for example some people get uneasy in crowds why certain sites sounds or smells trigger memories and emotions for others. Please list some situations you have to deal with in the next month that may be upsetting for you in this way once you have done this divide them into categories.

   A. Situations can avoid without any problems
B. Situations and can't avoid or ones where avoidance would cause more stress in life and the symptoms triggered

C. Situations you may encounter but can't predict when and where

2. (A) For the situation you can easily avoid the plan is simple unless you need to go there don't you see this is a reasonable strategy ankle of PTSD treatment is to stop being ruled by avoiding behavior but there's no point in going out of your way to be uncomfortable if anyone ask about changing your habits please describe how you will explain to them a simple! I don't really like crowds is fine

2. (B) Next come trigger situations that are impractical to avoid, maybe they are part of your daily life or they are important family locations for predictable stressful situations. There are some simple and basic things to do that will make the experience more pleasant for you I will present them here, and ask for you to fill in the details about your situations.
   1. Family support
   2. Take breaks
   3. Departure plan
   4. Avoid substance use

2. (C) Third we have the “cannot predicts situations”. For these, the best approach is to have some simple immediate action strategies you have thought through.
   1. What can you do to stay calm when an unexpected situation takes you by surprise?

2. How do you stay in the “Here and Now”? Examples: (breathing and muscle relaxing routines; people you can call or get a hold of; activities to calm yourself after you were agitated –psychological and physical)
Survey

Purpose:
Please take time to reflect on this workshop to let us know what worked for you and what needs improvement. Your input is extremely valuable to the VR&E as we plan future career development workshops. Your responses to this survey will be kept confidential. Your shared input will improve our ability to evaluate the workshop’s content, and make adjustments as needed to meet the need of future veterans participating in VR&E workshops.

1. Why is your overall satisfaction of this workshop between 1 being the lowest and 10 being the highest?

2. What aspects of the workshop were the most valuable for you, and why?

3. What aspects were the least valuable, and why?

4. How has this workshop changed your thinking about returning to employment?

5. What do you consider to be the strongest characteristics of the workshop that assisted your learning experience?

6. How do you plan to use or apply what you learned?

7. Please comment on which of activities allowed you to interact or relate the other participants in the group?

8. Did you find value and needed information in attending the workshop?

9. Would you recommend this workshop to other veterans?
10. What would you add or change in the workshop?

Additional Comments for Discussion:
REFERENCES


Sargeant, W. (2009). Helping veterans transition into academic life through the creation of a university veteran support group: So we can better serve those who served us. Retrieved from ERIC database. (ED505889)


