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Letter from the Editor

The *Journal of Military and Government Counseling* (*JMGC*) is the official journal of the Military and Government Counseling (MGCA; a division of the American Counseling Association). This journal is designed to present current research on military, Veteran, and government topics. This is the last issue that I will be editing as a solo act. With the next issue, the journal will be published by Troy University under the editorship of Keith Cates. I will still be here, but with a different title. The journal will finally have a print issue and other changes are on the horizon. When I started the journal, I had two goals: to work up to four issues a year and to have a publisher. Both goals have now been met.

In the last issue presented the *MGCA Competencies for Counseling Military Populations*. This issue presents the first article addressing the addition of these competencies in counselor education programs. The second article brings an update on a cooperative program between the VA and civilian counselors in Arkansas. The third article presents a model for helping Veterans complete a nursing program. The final article is an evaluation of the Heroes & Horses equine therapy program.

As I pass the journal on to Keith and Troy University, I almost feel like I am giving up one of my granddaughters. No – not that bad, my John Wayne DVD collection might be more appropriate. The procedure for submitting articles have changed. The JMGC Guidelines for Authors and JMGC Editor and Manuscript Submission are now housed with Troy University.

Benjamin V. Noah, PhD
JMGC Founding Editor

Infusing Military Culture into Counselor Education

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Abstract

The number of United States service members in uniform, Veterans, and military families with mental health needs continues to increase. Military personnel and their families need qualified mental health providers who can evaluate, diagnose, and treat their unique mental health conditions. Meeting the mental health needs of the military community implies a need for counselor education programs to include military issues into student coursework. This article offers suggestions for infusing information about military culture into master's-level counselor programs and seeks to enhance the professional practice of current and future counselors. The authors provide an overview of military culture within the context of clinical practice and present a conceptual example guide for infusing military issues into three core curriculum domains.

Keywords: military, Veterans, military culture, curriculum

A growing body of literature suggests that active, reserve, and Veteran military personnel need qualified providers who can evaluate, diagnose, and treat their mental health conditions with cultural sensitivity (Carrola & Corbin-Burdick, 2015). Approximately 22 million Veterans who served in World War II, the Korean War, the Vietnam War, and the Persian Gulf War live in the United States (Department of Veterans Affairs [VA], 2016). More than 2.6 million military personnel have engaged in combat missions since the Global War on Terror (GWOT) began in 2001 (Department of Defense [DoD], 2015). Currently, 2.2 million men and women serve in active units or reserve units of the U.S. Military along with 1.23 million family members (DoD, 2015).

Military personnel often experience depression, posttraumatic stress (PTS), traumatic brain injury (TBI), alcohol and drug addiction (ADA), anxiety, and suicidal ideation following exposure to combat related trauma (Cantrell & Dean, 2005; Glasser, 2011). Not all military personnel have mental health problems (Glasser, 2011; Kanel, 2011). However, studies indicate

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service members from all eras have experienced physical and emotional challenges while serving in the military (Brooks, Laditka, & Laditka, 2008; Pew Research Center, 2011). Nearly half of all service members experience significant physical and mental health problems after they leave the military (Reynolds & Osterlund, 2011).

Mental health challenges among service members overwhelm available resources in the military community (Currier, Stefurak, Carroll, & Shatto, 2017; Hall, 2016; Lambert & Morgan, 2009; Schultheis, & Glasmeier, 2015). The DoD and the Veterans Health Administration (VHA) strive to support the mental health needs of service members and their families in a timely manner (Institute of Medicine [IOM], 2013; National Academies of Sciences, Engineering, and Medicine [NASEM], 2018). Studies indicate a growing demand for mental health care in the military community and request for culturally relevant, civilian mental health providers to support this demand (Chan, 2014; IOM, 2013). Consequently, as the demand for civilian mental health providers grows, the possibility of current and future professional counselors working with service members also rises (Lambert & Morgan, 2009).

Meeting the mental health needs of the military community implies a need for counselor education programs to infuse military issues into student coursework in order to better prepare new clinicians for clinical work with military populations (Lambert & Morgan, 2009). The current writing attempts to inform counselor educators about the nature of military culture, provide suggestions for the inclusion of military issues in counselor education, and enhance the professional practice of current and future licensed professional counselors. The current article begins with a discussion aimed at highlighting the demand for mental health professionals who understand military culture and examine the concept of military counseling competence. The current authors provide subsequent discussion aimed at counselor educators by providing information regarding the challenges of military life and treatment needs within the military community. Finally, this article presents a conceptual guide for infusing military issues into classroom instruction and coursework.

Current Mental Health Needs of Service Members

Glasser (2011) described the common effects of war across 40 years beginning with WWII and ending with the war in Afghanistan. According to Glasser, the military responded to symptoms of mental distress among service members as a physical condition that was treatable with rest and relaxation. The treatment of choice for combat troops in Vietnam remained medication-induced sleep and return to duty (Glasser, 2011). More recently, the military introduced the term *combat stress reaction* (CSR) in describing a range of mental and physical concerns presented by Veterans of the GWOT during Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF; Blaisure, Saathoff-Wells, Pereira, Wadsworth, & Dombro, 2012).

The Department of Defense (DoD) casualty report in 2017 indicated that 6,921 U.S. service members died in the line of duty. Another 52,540 returned to their families physically disabled (DoD, 2017). An estimated 320,000 service members received a traumatic brain injury (TBI) diagnosis in the years 2001 through 2016 (Defense and Veterans Brain Injury Center, 2017). Further, an additional 138,000 reported symptoms attributable to posttraumatic stress disorder (PTSD; Fisher, 2015). Additionally, completed suicide statistics among military service

members differ demographically (e.g., age) when compared to the general U.S. population (American Foundation for Suicide Prevention [AFSP], 2018; DoD, 2018).

Nearly 80% of the service members receiving inpatient treatment for an adjustment disorder between 2000 and 2012 had no deployment experience prior to their inpatient care (Armed Forces Health Surveillance Center [AFHSC], 2013). According to AFHSC, 21.9 % of service members hospitalized for PTSD never deployed prior to their hospitalization. In 2011, the Army Times published a report which noted over 50% of the Army National Guard members who completed suicide in 2010 had no combat experience (Substance Abuse and Mental Health Services Administration [SAMHSA], 2011).

The Need for Qualified Mental Health Professionals

Literature calls attention to the paucity of qualified clinicians able to diagnose and treat the mental health needs of Veterans and their families (IOM, 2010; Tanielian et al., 2014). *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014* identified a need for trauma-informed mental health providers who are familiar with military culture (SAMHSA, 2011). This SAMHSA report also encouraged the inclusion of military and Veteran issues into core curricula and academic standards. Subsequently, SAMHSA submitted a report to congress expressing a profound need for well-trained and qualified mental health providers (SAMHSA, 2013). The *Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues* (2013) noted a pattern of limited training in evidence-based practices across mental health professions.

Tanielian et al. (2014) indicated that mental health providers lack understanding of military culture and evidence-based training practices used to treat mental health conditions affecting the military population. A study conducted by Leppma et al. (2016) examined the professional competency standards of military psychologists who provide counseling services to Veterans and their families. Results of the study prompted the following statement:

> Because very few of the experts within our panel reported receiving specialized training to work with this population from within their graduate programs, it seems that there is no standardized approach to training graduate students in the multicultural competencies necessary for working with Veterans. (p. 90)

Nearly half of the participants indicated that graduate programs did not prepare them to address military culture or they received very little preparation to work with the military population (Leppma et al., 2016).

The Importance of Counselor Educators and Supervisors

Professional counselors promote mental health wellness and education as well as diagnose and treat clinical mental health conditions (American Counseling Association [ACA], 2014; American Mental Health Counselors Association [AMHCA], 2016). Existing literature suggests counselors need an understanding of the military as a culture within the context of professional counseling (Cole, 2014; Hall, 2016; Weiss, Coll, & Metal, 2011). Discrepancies among counseling program curricula have promoted questions about the knowledge and skills of licensed counselors as well as the ability of the profession to provide competent clinical

treatment for military personnel and their families (AMHCA, 2016; IOM, 2010). Thus, DoD regulations excluded professional counselors from independent practice in military settings (IOM, 2010).

A study commissioned by IOM (2010) found no difference between the qualifications of counselors and all other mental health providers about diagnosing and providing quality treatment as independent mental health practitioners. In 2011, DoD regulations changed; thus, allowing licensed counselors who graduate from counseling programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) to practice independently as mental health providers (DoD, 2014).

Counseling programs are a key element in the preparation of qualified professional counselors (CACREP, 2016). Likewise, counselor educators determine policies, procedures, curriculums, and monitor student training (CACREP, 2016). Thus, counseling programs and counselor educators have a critical role in preparing future professional counselors to address the mental health needs of the military. Furthermore, counselor education and supervision (CES) programs at the doctoral level are required to inform students of techniques in devising cultural strategies when providing supervision services (CACREP, 2016). According to the *ACA Code of Ethics* (2014), counselors providing supervision obtain continuing education in topics focusing on both counseling and supervision skills.

Although this article focuses on infusion of military culture in master's-level curricula taught by counselor educators, it is worth acknowledging that doctoral students in CACREP accredited CES programs engage in internship activities that include at least three of the following: (a) counseling; (b) teaching; (c) supervision; (d) research and scholarship; and (e) leadership and advocacy (CACREP, 2016). Doctoral students with knowledge of or experience in providing services to military-affiliated clients can assume the task of supervising master's-level students working with military clients in practicum and internship settings. Subsequently, faculty members supervising both need to obtain knowledge of military culture and the clinical issues presented by military clients (ACA, 2014).

Cultural Significance

Members of the counseling profession recognize individuals within the larger context of society (Ratts, Singh, Nassar-McMillian, Butler, & McCullough, 2015). Worthington, Soth-McNett and Moreno (2017) found that clients have a positive perception of counselors who practice from a multicultural perspective. In addition, clients demonstrated better outcomes, attendance, and self-disclosure when working with culturally sensitive counselors. Zalaquett, Foley, Tillotson, Dinsmore, and Hof (2008) indicated that accrediting agencies such as the Council for Accreditation of Counseling and Related Educational Programs (CACREP) provide both students and faculty with requirements relative to cultural competency. Weiss, Coll, and Metal (2011) suggested that counselors working with the military build a multidimensional perspective of culture that encompasses an understanding of worldviews operating within the military communities. Furthermore, Hall (2011) argued that "Unless we understand how the unique characteristics of the military impact the service members and their families, we cannot work effectively with them" (p. 4).

Military Culture

Military culture encompasses the philosophy and organizational qualities of a unique subculture of American society that exists based on a common understanding of war (Strom et al., 2012). Members of this culture understand and experience combat training, disaster response drills, and executing war as a normal way of life. This culture represents the mindset and spirit of a warrior whose commitment to a common mission remains a matter of life or death (Dalessandro, 2009).

Counselors working with military populations should understand the *mission first* and *others-before-self* mindset embraced by service members (Weiss, Coll, & Metal, 2011). Duty, honor, and country illustrate the standard of action expected of all warriors (Dalessandro, 2009). A speech delivered by Army General Douglas MacArthur (as cited in Dalessandro, 2009) described the significance of duty, honor, and country in the life of a warrior. According to MacArthur, the overall mission of a warrior has been and will remain national defense. MacArthur stated, "The soldier, above all other men, is required to practice the greatest act of religious training – sacrifice" (pg. ix). Duty, honor, and country build character, shape warriors into gatekeepers of national defense, develop strength, and encourage bravery in the face of fear.

Commitment to duty, honor, and country also fosters group cohesion among service members. Authors of current literature have documented the influence of group cohesion as well as stigma and secrecy in the military culture (Carrola & Corbin-Burdick, 2015; Weiss et al., 2011). Counselors should consider the influence these factors may have on the therapeutic relationship.

Curriculum Standards and the Military

Counselors "empower diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (ACA, 2014, p. 3). The wellness model serves as the theoretical foundation and basis for holistic practice in clinical mental health counseling (Carrola & Corbin-Burdick, 2015). This model promotes cultural sensitivity, psychological growth, and physical health. Furthermore, the model's developmental approach encourages optimal health through prevention and intervention, which Carrola and Corbin-Burdick suggest applying to counseling military personnel and their families.

One way for counselors to address the cultural needs of military personnel would involve integrating coursework on military issues into existing master's-level counseling curricula. Strategies for addressing special topics such as military culture in graduate programs include developing a sequence of specialized courses leading to certification or infusing the topic into existing courses (Conyne, Newmeyer, Kenny, Romano, & Matthews, 2008). Creating specialty certification requires expert knowledge and time; therefore, the latter option is more cost effective (Conyne et al., 2008).

Programs accredited by CACREP infuse multicultural and diversity issues across specialties and throughout essential knowledge areas (Foster, 2012). Research shows a need for counseling support from a multicultural perspective when working with the military (Blaisure et

al., 2012; Hall, 2016; Leppma, et al., 2016). Infusing military culture into core counseling curricula offers a comprehensive approach to understanding military issues (Carrola & Corbin-Burdick, 2015; Foster, 2012). Consequently, counselor educators who infuse military culture into existing counseling program curricula enable students interested in future clinical work with military populations the opportunity to focus on military topics when completing assignments and projects.

All students enrolled in CACREP accredited counselor education programs focus on mastering knowledge and skills in the context of eight core areas regardless of counseling specialty (CACREP, 2016; Foster, 2012). Core curricula must demonstrate learning opportunities in the following areas: professional identity, social and cultural diversity, human growth and development, career development, research and program evaluation, helping relationships, group work, and assessment (CACREP, 2016).

Instructional Strategies

The following discussion illustrates the application of current CACREP standards (2016) relative to infusing military issues into core knowledge areas. Licensure as a professional counselor requires proficiency in areas specific to clinical knowledge and skills in addition to basic counseling knowledge; therefore, this discussion will focus on the following three of the eight core clinical mental health counseling domains; foundational aspects of the counseling profession, social and cultural diversity, and skill building in the helping relationship. For the purpose of discussion within the constraints of a single article, the authors place emphasis on the aforementioned three courses because:

- aspects of foundations curriculum encourage students to begin considering specialty areas in the counseling field;
- aspects of military culture can be easily infused in course discussion of social and cultural diversity, emphasizing culture-specific identity development; and
- aspects of the helping relationship can be adapted to include culturally relevant techniques with intake procedures to include unique statistical information for accurate suicide assessment (CACREP, 2016).

The clinical practice skills discussed will reflect *Standards for the Practice of Clinical Mental Health Counseling* established by the American Mental Health Counselors Association (AMHCA, 2016) and CACREP (2016) standards.

Foundations in Mental Health Counseling

Although, the name varies by counseling programs, foundations in mental health counseling will usually represent the first class taken in a master's-level clinical mental health counseling (CMHC) program. This course serves as a brief introduction to the field of counseling and specialty areas (CACREP, 2016). Students learn about the history of counseling as a profession, the counseling process, the skillset of effective counselors, and employment options for counselors. The course also presents an opportunity for educators to increase the knowledge base of counselors-in-training by introducing topics in relation to military culture. Foster (2012) documents a succinct history of counseling as a profession. Educators should note the role of World War I and World War II as catalysts in the development of vocational and

guidance counseling leading to mental health awareness and professional counseling (Foster, 2012).

The overarching goal of infusion for this course is to develop student awareness of the military community as unique. Service members or their family members may request counseling support as individuals, parents, and couples from school counselors, community mental health counselors, or counselors in private practice (Lambert & Morgan, 2009). These factors increase the likelihood that future counselors will encounter military personnel in need of services. Lambert and Morgan (2009) suggested that counselors and other mental health providers understand the treatment of service members and military families about the following: (a) stressors within the context of military culture; (b) the use of evidence-based assessment instruments; and (c) best practice for treating combat veterans, including counseling strategies that incorporate family members with a focus on building strong therapeutic alliances.

As the demand for counselor awareness of military culture increases, requests for coursework on military issues at the master's level become a necessity. Military-focused class assignments can provide an overview of military culture including marriage and family, psychological, substance abuse, career, and disability concerns. Educators can infuse articles regarding current trends affecting the military into student reading assignments and encourage those students interested in working with military populations to focus on military topics for required written assignments. Likewise, students can conduct a literature review of peer-reviewed articles concerning the needs of this diverse population in preparation for future encounters. Counselor educators can also encourage counselors-in-training to expand their military-specific training outside of the classroom, as is typical when discussing future clients from other cultures. For example, the Center for Deployment Psychology offers an online course focusing on military culture for health care clinicians (Monfared, 2013).

Counseling programs prepare students for work with diverse populations in various settings including schools, universities, community mental health agencies, private practice, and government organizations (AMHCA, 2016). Educators can use this course to identify students interested in working with military populations. Once advisors and other faculty identify students expressing a desire to work with military populations, assignments can help students connect with additional learning opportunities that will advance their knowledge relative to military populations. For example, students can interview a licensed professional counselor currently working with military or Veteran personnel. Additionally, foundations instructors can include information from the most current *VA Handbook 5005/106* (2018) to inform counseling students of the basic requirements for providing counseling services to the Veteran population, which also includes pay rate considerations.

Social and Cultural Diversity

The practice of multiculturalism spans all aspects of the counseling profession including counselor education and supervision (CACREP, 2016). Counselor educators and supervisors assume the task of equipping counselors-in-training with the awareness, knowledge, and skills necessary for future practice as culturally competent counselors (Hipolito-Delgado, Cook, Avrus

& Bonham, 2011; Suthakaran, 2011). Moreover, awareness of multiculturalism helps students recognize diversity and social justice advocacy concerns in American society.

The U.S. Military holds many of the same characteristics as American society; therefore, some scholars describe military life as a small-scale version of the United States (Weiss, Coll, & Metal, 2011). This perspective views members of the armed forces as civilians reflecting the cultural identity and values of American society. However, military personnel and their families live by a unique set of codes, customs, and courtesies that are different and distinct from other civilian subcultures (Blaisure et. al., 2012).

Obtaining knowledge about military issues can help students feel comfortable working with this population (Arredondo, 1996; Hall, 2011). Strategies for building student knowledge of military culture should focus on identifying characteristics that contribute to military life challenges. These strategies would encompass stressors not limited to the service member but include their family members as well. In addition, students should have awareness of the collectivist dynamics of military culture.

The military community remains a culture of cultures. Each department of U.S. Armed Forces has its own subculture with branch-specific laws, disciplinary systems, languages, and opportunities for advancement. Each branch of the military represents a microcosm of American society with members sharing multiple identities according to race, gender, ethnicity, age, and sexuality. Hall (2016) argued that counselors must understand and practice multiculturalism with respect to the military community. Students need to examine their attitudes, knowledge, and skills as future multicultural counselors prior to working with this population. As with any culture, students may have unexplored biases about the military that could interfere with the counseling process.

Unlike civilians, military personnel adhere to a strict hierarchical system; the Chain of Command (Hall, 2011). Understanding distinctions among military personnel such as branch of service, rank, and military occupational specialty (MOS) can provide counselors with useful information about the service member and his or her military experiences (Hall, 2011). For example, military rank and grade structure (a letter and number) create distinctions between officer (leadership) positions and enlisted (subordinate) positions. Officers and enlisted service members have different responsibilities and potential stressors, but they work together as a collaborative unit (Redmond, Wilcox, Finney, Barr, & Hassan, 2014). Distinct roles, expectations, and experiences can alter the cultural perspective of service members (Hall, 2011; Kanel, 2015). This could impact assessment outcomes, treatment interventions, and service quality by clinicians in the field.

Multicultural counseling professionals learn alternative treatment methods that are culturally sensitive or make appropriate referrals to providers who are familiar with the client's culture. Rapisarda, Jencius, and Mcglothlin, (2011) found that experiential training increases cultural empathy and improves cultural sensitivity in the counseling process. Experiential learning encourages self-awareness and builds multicultural competency through group experiences such as role-play. Role-play exercises using a vignette focused on military life can present opportunities for students to identify concerns associated with military life and the

mindset of military personnel. For example, in Pederson's (2004) *110 Experiences for Multicultural Learning*, the author included brief experiential activities that focus on student self-awareness associated with perceived stereotypes, which can be adapted with permission to focus on the military community. Additionally, Pederson directly addressed the military with a suggested role-play activity focusing on communication levels in the military culture. Pederson's activity encourages students to discuss military rank and branch in a cultural context and then discern to what degree interviewing techniques are adapted once the student reframes military communication styles into cultural categories (Pederson, 2004). Furthermore, revisiting Weiss, Coll, and Metal's (2011) suggestion that life in the military represents a small-scale United States, counselor educators can infuse historical information from a military *culture-of-cultures* perspective to highlight minority service member issues within the military structure (e.g., Logue & Blanck, 2008).

Counselors need more than knowledge of military culture to effectively help military personnel and their families. Multicultural counseling professionals understand the cultural context of counseling interactions and strive to practice multicultural competence. The next course discussed attempts to help students apply knowledge of counseling theories and techniques to counseling military populations.

Counseling Skills: The Helping Relationship

Education and training about military culture means future counselors understand barriers to mental health care including language, trust, mental health stigma, and the warrior ethos (Blaisure et. al., 2012; Carrola & Burdick, 2015; Hall, 2016). Incorporating military issues into skill development courses can help students apply evidence-based counseling theories, military-specific assessment techniques, and other case conceptualization skills to issues affecting military clients. For example, counselor educators can emphasize how military culture discourages military personnel from talking about feelings and emotions and seeking treatment for mental health issues remains stigmatized as a dishonorable act (Hall, 2016; Vincenzes, 2013). However, the military is making efforts toward destigmatizing mental health conditions by promoting mental health prevention and intervention services (Kanel, 2015).

Relative to military-specific assessment for case conceptualization purposes, recognizing military-related stress is a necessity when considering clinical issues affecting military personnel and their families (Carrola & Corbin-Burdick, 2015; Vincenzes, 2013). Military personnel face uncommon stressors such as combat-related stress, post-deployment reintegration, and readjustment to civilian life. Large numbers of military personnel receive a diagnosis of mental health conditions in response to stress. Mental disorders remained the leading cause of hospitalizations among active duty and reserve military personnel from 2000 through 2012 (Armed Forces Health Surveillance Center [AFHSC], 2013).

Depression, adjustment disorder, alcohol abuse and dependence, posttraumatic stress disorder (PTSD), bipolar disorder, and substance use disorder account for the majority of hospitalizations during this period (AFHSC, 2013). Clinicians diagnosed over half of the service members hospitalized with a co-occurring mental disorder. Seventy-seven percent of the service members diagnosed with PTSD had a co-occurring mental diagnosis (AFHSC, 2013).

Approximately 28% of service members hospitalized for PTSD and 29% of Veterans diagnosed with PTSD had a co-occurring alcohol or substance use disorder, and 33% had three or more co-occurring diagnoses (AFHSC, 2013).

Carrola and Corbin-Burdick (2015) recommended exploring barriers beyond combat operations and military exposure for case conceptualization. Limiting case conceptualizations to military-related issues can lead to generalizations about military personnel and produce reinforced stigmas. For instance, the rate of suicide in the military community gives cause for concern. Statistics show the rate of suicide in the military community is higher than the civilian population (Waliski, 2013), thus, indicating a relationship between military-life stress and the rate of suicide. Garvey, Messer, and Huge (2009) found that suicide in the military positively correlates with mental health concerns prior to enlistment in the military including a diagnosis of mental health disorder, history of abuse, and previous suicide attempt. In contrast, research cited by Carrola and Corbin-Burdick note a connection between suicide and mental health unrelated to military life. Subsequently, Carrola and Corbin-Burdick indicated that biopsychosocial assessments are most effective when counselors inquire about the client's personal history and military-related history regardless of military affiliation. Studies indicate a network of complex factors including biological, social, financial, cultural, and mental interactions can lead to suicide (Defense Suicide Prevention Office, 2017). An infused curriculum will address suicide among the general population as well as risk factors specific to military culture.

The Centers for Disease Control and Prevention (CDC) recognize suicide as a global and a national health crisis in the United States (Stone et al., 2017). Statistics indicate suicide remains one of the top ten causes of death in the U.S. and the second leading cause of death among civilians 10 to 34 years of age (National Institute of Mental Health, 2015). Statistics have shown that men in general complete acts of suicide three times more often than woman complete suicide. The most common methods used by men in general, as well as male service members, were non-military issued firearms (54%) and suffocation, respectively. However, drug and alcohol overdose was more common among civilian women and females in the military (Stone et al., 2017; Defense Suicide Prevention Office, 2017).

The significance of counselor educators acknowledging and distinguishing military-related statistics from civilian statistics regarding suicide cannot be overstated. The Department of Defense Quarterly Suicide Report (DoDQSR) through 4th quarter 2017 indicated 285 deaths by suicide among active duty military personnel and 219 among reserve component service members, including the National Guard, for a combined total of 504 suicides (Parisi, 2018). This rate demonstrates a gradual increase in suicides among service members when compared to the previous 2 years of reports; 480 combined suicide deaths in 2015 and 482 in 2016 (Parisi, 2018). The number of service member deaths by suicide constitutes only one aspect of yearly statistics; other demographics such as age differ from national statistics.

According to the American Foundation for Suicide Prevention (AFSP, 2018), the age demographic for the highest number of completed suicides in 2016 belonged to adults ages 45-54; the second highest rate belonged to individuals 85 years of age and older. However, according to the *CY 2015 Department of Defense Suicide Event Report* released in 2016, the highest rate of service members representative of all branches and components who completed

suicide fell into the 20-34 age demographic. Accordingly, counselor educators need to provide counselors-in-training with unique military-related statistics to ensure appropriate assessment of military populations without applying global statistics to assessment procedures.

Implications for Counselors

Graduates of CACREP accredited counseling programs can expect to work in a verity of settings including community mental health, private practice, government agencies, and government contracting. An understanding of military culture can prepare counselors for future encounters with military affiliated clients (Hall, 2016). Garvey, Messer, and Hoge (2009) reviewed the mental health files of 1.35 million active duty personnel reporting mental health problems in 2000. This study established a baseline for comparing the use of mental health care prior to OIF and OEF. The study included clinical and nonclinical (V-code) diagnosis. Results showed a significant increase in service utilization when researchers included nonclinical codes. Growing mental health needs among service members in uniform, Veterans, and military families increase the need for mental health providers in clinical and non-clinical work environments.

The Department of Veterans Affairs (2018) revised its guidelines for the independent practice of clinical mental health counseling in the military community. The VA standards call for a graduate degree, master's or doctorate, in clinical mental health counseling (or related field) from a CACREP accredited counseling program, independent clinical licensure, and a designated scope of practice. These guidelines establish accreditation requirements and minimal standards for independent practice. However, a review of the 2009 and 2016 CACREP standards do not include competencies that specifically address the cultural and mental health needs of the service members. Likewise, the 2009 and 2016 CACREP standards do not specifically address cultural needs of the military community.

Understanding military culture in the counseling profession expands the knowledge and skills of licensed counselors. Military counseling competency can reduce the risk of harm to clients, improve the quality of services available to the military community, promote cultural competence among current and future counselors, as well as build a stronger counseling profession. Future counselors should be aware that military personnel might opt to access support through the VA and/or civilian providers. Because of this, future counselors need education and training in preparation for connecting military clients to mental health services within VA and civilian resources. Hall (2016) suggested current and future counselors develop an understanding of military culture and the psychological impact of military life on the military family.

Conclusion

This manuscript attempted to provide suggestions for the infusion of military issues in counselor education programs. A discussion about military culture highlighted the demand for mental health professionals who understand service members and the military family. Counselor educators and supervisors received an overview of aspects of military culture and treatment needs within the military community. Foundations in mental health counseling, social and

cultural diversity, as well as counseling skills relative to the helping relationship were discussed as examples in offering a conceptual model for infusing military issues into course curriculum. The discussions presented also promoted multiculturalism in keeping with the military institution. Counselor educators can utilize this model to expand the knowledge of students as future counselors.

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Counselors Assisting Veterans to Engage in Services: A Rural Community-Engaged Program

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Abstract

This professional practice article describes a pilot project known as Counselors Assisting Veterans to Engage in Services (CAVES), which used a train-the-trainer approach to facilitate the sharing of Veterans Administration (VA) resources with non-VA counselors, and in turn empowered counselors to develop support programs in their communities. CAVES is a partnership between members of Central Arkansas Veterans Healthcare System (CAVHS) and Arkansas Counseling Association (ArCA). CAVES aimed to empower the ArCA leadership and the community, and to provide outreach to link counselors to mental health and suicide prevention educational webinars. Pilot results indicate CAVES is a viable community-based mental health support program that should be further investigated for its potential impact on Veterans, military service members, and their families.

Keywords: counseling, Veteran, community engagement, rural community, suicide

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Veterans are a high-risk population for suicide, especially those living in rural areas with limited legislation that encourages firearm safety (Anestis, 2016; Anestis, & Anestis, 2015; Anestis, & Capron, 2016; Miller, & Hemenway, 2008). Veterans in rural areas represent 24% of the national Veteran population and 32% of the total enrolled Veteran population in the VA healthcare system (VHA Office of Rural Health [ORH], n.d.). Veterans living in rural areas, such as Arkansas, face a variety of unique barriers to access and utilization of mental health services, partly due to their geographical isolation. Examples include, but are not limited to, the following barriers: lack of transportation to VA locations, long wait times for appointments, and perceived stigma of seeking mental health assistance.

Although 80,000 Veterans utilize the Veterans Integrated Service Network (VISN)-16 South-Central VA Health Care Network for mental health services each year, Gasper, Liu, Kim, amd May (2015) reported that more than 32% of respondents in VISN-16 indicated that it was difficult to get to their local VA facility. Additionally, 46.7% of respondents reported that a VA provider offering specific healthcare services was not available locally. It is critical to increase access and acceptability of seeking mental health services for rural Veterans. The importance of access is underscored by the fact that an estimated 1,250 Veterans who receive care at Veterans Health Administration (VHA) facilities attempt suicide each month, and 15% of all Veterans who survive a suicide attempt will make another suicide attempt within the next 12 months (Bossarte, 2012; Office of Patient Care Services and Office of Mental Health Services, 2011). These alarming statistics demonstrate the importance of providing accessible mental healthcare to Veterans living in isolated, rural areas. This paper describes the lessons learned from a 6-month pilot project designed to engage non-VA counselors in the support, triage, and treatment of rural Veterans. This project focused on improving counselors' access to Veteran-relevant mental health services by linking them to professional education conferences and webinars sponsored by the VA's South Central Mental Illness Research, Education, and Clinical Center. Information about VA referral procedures, services, and resources were provided throughout these trainings. In turn, counselors were asked to work with the CAVES team to develop supportive activities in the communities in which they reside. With the guidance of CAVES team, counselors also learned how to refer Veterans to VA services.

The VA has made strides to improve access to healthcare and improve suicide prevention efforts. For example, a 2011 report detailed the VA's efforts to identify barriers to obtaining VA-based healthcare and to investigate the effectiveness of existing access-focused VA programs with respect to removing such barriers (Kehle, Greer, Rutks, & Wilt, 2011). Other efforts to increase access have been undertaken by officials at specific VA facilities, such as the VA Eastern Colorado Healthcare System. Colorado VA leadership has reduced appointment wait times by recruiting or retraining staff, and by utilizing telehealth options (Shrader, 2016). Suicide prevention efforts have increased, and there are more suicide prevention coordinators employed by VA facilities that are charged with linking VA resources to communities and providing

educational outreach. Although the VA is making progress, counselors' access to mental health-related educational resources needs further improvement. Similarly, counselors need better access to information about VHA referral resources for Veterans living in rural communities.

A promising approach to increasing Veterans' access is to build collaborations between the VA and other community organizations. For instance, Waliski and Kirchner (2013) formed a partnership between the Central Arkansas VHS, the Arkansas Counseling Association (ArCA), the Arkansas National Guard, and the Arkansas Board of Education. One of the sub-goals of this coalition was to provide education to counselors about healthcare and Veteran-friendly resources in communities where Veterans reside. Similarly, Waliski, Ray, and Kirchner (2013) collaborated with the Department of Defense, CAVHS, and the Arkansas Department of Education to identify the medical and psychiatric needs of Operation Enduring Freedom (OEF)/ Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) families, and to help school counselors locate resources for these individuals. By engaging the counselors within Veterans' neighborhoods via community outreach efforts and forming alliances with the VA, it may be possible to improve healthcare access and outcomes for our service men and women.

The CAVES Program

The Counselors Assisting Veterans to Engage in Services (CAVES) was a pilot program funded through the VA Office of Rural Health, managed through the VA Center for Mental Healthcare and Outcomes Research (CeMHOR) and partnered with the Arkansas Counseling Association (ARCA). The Arkansas Counseling Association is a branch of the American Counseling Association with a membership that includes mental health, school, addictions, rehabilitation, and faith-based counselors.

CAVES provided an infrastructure to promote partnerships among VA staff and non-VA counselors by using a professional organization to link education and resources to those front-line individuals who are in contact with Veterans, military personnel, and their families. Therefore, the goal of CAVES was to establish a vehicle for counselors to share Veteran-related resources with one another, disseminate evidence-based mental health practices, and enhance collaborations among mental health agency leaders. To accomplish this goal, the CAVES team provided VA-based education and training to non-VA mental health counselors. Finally, the CAVES staff collected information about rural Veterans who seek non-VA mental healthcare to better understand their pattern of service utilization. By identifying the resources those Veterans seek within their local communities and within the VA system, we gained a better understanding of the mental health services that are important to rural Veterans.

The CAVES program also provided infrastructure for shared learning between community counselors and the VA. Specifically, CAVES staff encouraged counselors in Arkansas to utilize VA and community resources to build programs that support Veterans, active duty military service members, and their families. By collaborating with non-VA affiliated counselors working in rural communities, the CAVES team aimed to increase mental health service options for rural Veterans.

The CAVES program was built on an existing partnership that began in 2009 between the Arkansas Counseling Association (ArCA) and the Central Arkansas Veterans Healthcare System

(CAVHS) and CeMHOR. In 2009, CAVHS and CeMHOR provided a 2-day workshop to educate school counselors about the needs and available resources for families serving in Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND). The efforts in 2009 provided training focused on familiarizing non-VA counselors with VA services, and encourage them to use those resources and informing them about deployment and post-deployment issues.

Outcomes tentatively suggest that this workshop was informative for the participants. For instance, workshop attendees experienced an increased ability to recognize the impact of war on the mental health of Veterans and their families. Furthermore, the participants were able to identify key issues for OIF/OEF/OND families and identify counseling techniques and strategies for addressing those concerns. In studies conducted prior to the implementation of the CAVES program, follow-up surveys and phone calls indicate that workshop participants are better able to serve Veterans as a result of information they learn (Beautrais et al., 2007; Fagan, Kiger, & van-Teijlingen, 2010; Gould & Kramer, 2001; Mann et al., 2005). Therefore, the CAVES program expanded on proven strategies for providing training to non-VA counselors about Veteran-related mental health and suicide information. This paper describes our protocol, as well as lessons learned, from using community-engaged strategies to support Veterans in a rural southern state.

Project Description

Setting

Previous collaborative efforts (Waliski, Kirchner, Shue, & Bokony, 2012; Waliski & Kirchner, 2013; Waliski, Ray, & Kirchner, 2013) suggest that community-engaged programs may assist counselors in using VA resources and research findings to assist Veterans, military services members, and their families. When surveyed, more than 315 ArCA members requested information from CAVES about future opportunities to support current and former members of the U.S. Armed Forces (Waliski & Kirchner, 2013). This existing partnership between members of the CAVHS and the ArCA allowed for the development of the CAVES project, an extensive community-engaged program, for a short duration of time.

Participants

Following the *Principles of Community Engagement* (National Institutes of Health [NIH], 2011), this project targeted non-VA counselors who provide mental health services and emotional support in community mental health clinics or Arkansas public schools. The *Principles of Community Engagement* (NIH, 2011) offers tools that can be used in mobilizing the members of a community to partner in research initiatives. Strategies of this approach promote the engagement of all partners and include bi-directional communication, planning, and problem solving to ensure successful implementation.

Participants were members of the ArCA who were interested in receiving education about military-related issues and providing outreach to Veterans, military service members, and their families. A total of 382 non-VA counselors participated to varying extents. The majority of

participants attended the ArCA annual conference, which included training about military personnel and Veteran mental health. Additionally, 24 of the participants attended a two-day Leadership Development Institute (LDI) that described the mission, aims, and expectations of the CAVES project. Finally, 82 participants engaged in a survey to gain the perspective of non-VA counselors about the needs and concerns of Veterans, military personnel, and their family members.

Specific Aims

During the 6-month duration of this pilot, the project team had three main aims. First, the VA project team used a train-the-trainer model to engage the ArCA leadership and educate them about the following topics: mental health issues experienced by Veterans; the VA healthcare system; available services and on-line resources; and how to refer Veterans to VA-based care. This first aim encouraged the ArCA leadership to share information with its members, and offered them consultation from VA project team members upon request. This aim was accomplished through a leadership development institute. A description of the training and the pre-post evaluation survey results are described in the results section under the heading "Specific Aim 1: Engaging the ArCA Leadership."

Our second aim was to introduce the CAVES project to the ArCA members as part of the organization's annual conference. The VA project team provided several education sessions on how to assist Veterans and the services available. Additionally, throughout the conference ArCA leadership encouraged its members to engage their communities into supporting Veterans, military service members, and their families. Therefore, this aim encouraged counselors to use the education and consultation opportunities provided through the project and develop programs and activities to support Veterans in the communities in which they reside. Please see the "Results" section for "Specific Aim 2: Engaging the Community" for demographic information about the ArCA members and their opinions of the needs of Veterans, military service members, and their families. Lastly, we recorded one counselor's results – she developed an outreach project for Veterans in her community, which is described in the "Results" section entitled "Specific Aim 2: Community Outreach."

Our last specific aim was to build an infrastructure to deliver VA-sponsored webinar trainings to non-VA counselors. This infrastructure would assist counselors with referring Veterans to the VA for care. These trainings would focus on the needs of Veterans and the best mental health practices for assisting Veterans. A description of the activities and the lessons learned through this 6-month pilot program is provided in the Results section of this article**.**

Results

Specific Aim 1: Engaging and Empower the ArCA Leadership

The CAVES project team directed a 2-day Leadership Development Institute (LDI) for 24 non-VA counselors, 20 from the ArCA, and 4 from the national Military and Government Counselors Association, which is a division of the American Counseling Association. This LDI took place on the North Little Rock VA campus. In addition to informing non-VA counselors

about the CAVES project and planning for implementation, the training institute provided training on the following topics: introduction to the VA mission, posttraumatic stress disorder (PTSD), addictions among Veterans, Veteran-related technological resources for counselors, and VA volunteerism; which described how non-VA counselors can serve their country as well as encourage others to serve. Because of the various training activities, project participants demonstrated increased awareness of Veterans' issues in a variety of knowledge domains, as evidenced by their self-reported answers to a LDI pre-post training evaluation questionnaire. Table 1 provides the results of this evaluation conducted prior to and immediately following the LDI. Results indicated increased awareness of the VA's mission from mental health issues reported in patients and about the CAVES project.

Table 1. *ArCA Leadership Development Pre- and Post-CAVES Training Questionnaire Items and Percentage of Respondents Endorsing Each Item*

Questions	Responses pre-CAVES Counselor Training, *n* (%)	Responses post-CAVES Counselor Training, *n* (%)
"I am aware of the VA's mission to serve Veterans."		
Agree	9 (39)	6 (25)
Strongly agree	6 (26)	18 (75)
Total	15 (65)	24 (100)
"I am aware of mental healthcare standards within the VA."		
Agree	8 (35)	10 (42)
Strongly agree	0 (0)	10 (42)
Total	8 (35)	20 (84)
"I am knowledgeable about mental health issues faced by the military and Veterans."		
Agree	9 (39)	9 (38)
Strongly agree	6 (26)	14 (58)
Total	15 (65)	23 (96)
"I am aware of different technology approaches counselors can use with Veterans."		
Agree	2 (9)	12 (50)
Strongly agree	0 (0)	9 (38)
Total	2 (9)	21 (88)
"I am aware of different volunteering opportunities within the VA."		
Agree	2 (9)	6 (25)
Strongly agree	0 (0)	16 (67)
Total	2 (9)	22 (92)
"I have a good understanding of the CAVES project."		
Agree	0 (0)	7 (29)
Strongly agree	0 (0)	13 (54)
Total	0 (0)	20 (83)
"In my professional practice I have served members of the military and their families."		
Agree	5 (22)	9 (38)
Strongly agree	8 (35)	9 (38)
Total	13 (57)	18 (76)
"I believe that ArCA membership serves members of the military, Veterans, and their families."		
Agree	7 (30)	9 (38)
Strongly agree	6 (26)	15 (58)
Total	13 (56)	23 (96)
"I understand how my leadership within ArCA helps members gain access to useful information aimed at serving members of the military."		
Agree	10 (43)	8 (33)
Strongly agree	6 (26)	15 (63)
Total	16 (69)	23 (96)

Specific Aim 2: Engage and Empower the Community.

Training. For more than 50 years, the ArCA Annual Conference has been providing education to its members. As part of the annual ArCA conference in 2015, the VA CAVES team brought in guest speakers to provide breakout sessions about Veterans' mental health issues, suicide prevention, VA benefits, and how to access care. Additionally, the VA distributed bracelets and magnets with the Veterans Crisis Line number, and a program guide listing contact phone numbers for all VA programs in Arkansas. There was also a VA booth with other resources and marketing items. The CAVES team distributed questionnaires to conference attendees that visited the CAVES project booth to gain their opinions about CAVES and the needs of Veterans, military personnel, and their families. It is unknown how many participants visited the booth, but 382 attended the ArCA annual conference and 82 questionnaires were returned.

The ArCA conference attendees were asked to complete a questionnaire inquiring about the services they most often provide for Veterans and their opinions of the needs of Veterans, military service members, and their families. Eighty-two participants completed a questionnaire. Of those, 55 were school counselors, 16 were marriage and family counselors, seven were licensed associate counselors, and four listed themselves as "other." Seventeen percent (n = 14) stated that they serve Veterans in their practice and 47% (n = 39) stated that they serve Veterans' children or family members. Counselors were asked to identify the three top unmet needs that they observed in military and Veteran families. Individual counseling (60%, n = 49) was identified most often followed by family counseling (58%, n = 48) and resource information (39%, n = 32). Other identified needs were as follows: financial assistance, communication to school by parents concerning life changes that may impact the child, and academic assistance for Veterans and their children.

Community outreach. Counselors were encouraged to develop and implement support programs in their communities that would provide support to Veterans, military service members, and their families. Support projects could be projects within their work settings, community organizations, schools, or churches. In response, one ArCA community college counselor collaborated with the CAVES team to provide a one-day Veteran's Resource Fair. The college administrator provided full support including a meal for Veterans and invited community legislators, business leaders, non-profit organizations, and Veteran organizations to set up booths at the fair. The fair provided information to Veterans about federal and state benefits, employment and educational opportunities, and service projects. The project reported the following: $600 in costs to the college, more than 250 logged volunteer hours, approximately $3,000 in donated merchandise and services to be raffled at the event, and 49 booths representing state and community businesses, and organizations offering services or benefits to Veterans, military personnel, and their families. These results show that when working collaboratively to engage community, University, and the local VA, combined resources CAVES Project provided mutually satisfying opportunities for the Community, the VA, and Veterans.

Specific Aim 3: Provide Educational Outreach

The "Care Act" allows Veterans to receive care from providers outside of the Veterans Healthcare System. Therefore, for non-VA counselors to provide quality care they must be aware of the unique needs and experiences of this population. The VA offers its mental health providers online opportunities to learn about evidence based treatments and resources for Veterans. Aim 3 focused on linking non-VA counselors to their existing educational opportunities. Ten ArCA leaders where provided instructions to register for an identified webinar, login and complete the webinar, then report on their experiences of this process. This process identified challenges including, login difficulties in accessing the webinar and the test at the completion of the training due to the VA firewall. While most people were able log in successfully, two could hear the presentation, but not view the webinar, and two were not able log-in at all. This project did not have funding for a full internet technology (IT) evaluation of the problems, but after speaking generally with the IT experts, we determined that the problems could probably be resolved by providing more specific log in directions, and informing participants about the the webinar platforms being used and the suggested internet browser systems. Despite the difficulties, the online training proved to be a viable vehicle for linking non-VA counselor's to online webinars.

Discussion

This project served Veterans residing in the rural state of Arkansas which ranks 14th nationally for suicide (American Foundation for Suicide Prevention, 2018). There is potential for reaching approximately 134,750 rural Veterans by targeting non-VA counselors in Arkansas who often serve in communities where rural Veterans and their family members reside. Therefore, members of the CAVHS choose to partner with the ArCA to identify the potential impacts of collaborative efforts in building supportive communities for Veterans, military service members, and their families. Aims for this project were to engage and empower the ArCA leadership, to engage and empower the community, and to provide outreach that will link counselors to mental health and suicide prevention educational webinars.

We chose to educate non-VA counselors about mental health issues most often reported by Veterans, the VA healthcare system, the available services and online resources, and how to refer Veterans to care since rural Veterans score among the lowest in the country on measures of perceived health status (Gasper, Liu, Kim, & May, 2015) and the Community partners combined with VA can better meet the needs of Veterans.

One challenge of providing webinar training to the public is the amount of time it takes to register a participant and making sure the individual receives continuing education credit. While the VA has the capacity for provide phone call in numbers and online links to webinars for non-VA employees, it cannot feasibly provide and monitor the continuing education of all individuals that may be interested in attending webinars once made public. This study project investigated the outcome of a webinar being provided by the VA and the advertising of the webinar to non-VA counselors and the tracking of CEU being governed by a professional organization. The CAVES project provided access to the webinar and the training materials and because the ArCA assisted by registering its members, evaluating their proficiency, and provided the continuing education credit. Over a period of six-months, the CAVES team worked with the ArCA

webmaster to advertise and test the feasibility and acceptability of training non-VA counselors with VA-approved evidence-based trainings. Through these efforts, VA links to services were added to the ArCA website, and the ArCA leadership team was able to link to the VA to conduct two mental health webinars. We were able to solve these issues once they were identified. Therefore, the results of Aims 3 efforts were promising for educating non-VA counselors and warrant further testing with a larger, national sample size that focuses on accessibility, acceptability, and feasibility of the partnered approach to online training opportunity.

Based on our investigation, non-VA counselors were eager to develop and implement community activities and services upon receiving the appropriate resources. Therefore, utilizing professional organizations and licensure boards to unify training opportunities has great potential. With the appropriate time to develop and test the infrastructure and delivery methods, the CAVES project could increase the knowledge of VA mental health treatments, resources, and research among non-VA mental health counselors serving rural communities. Fully developed, the CAVES could: (a) improve the quality of care for Veterans in rural and highly rural areas by increasing knowledge of VA-developed, evidence-based treatments and resources among non-VA-employed counselors; (b) further development a partnership prototype for advancing collaborations between the VA and community professionals, which would provide Veteran-relevant continuing education to mental health professions; (c) build a database of non-VA counselors who are willing to participate in Veteran-relevant research studies examining the mental health needs of rural Veterans; and (d) CAVES could also serve as a mechanism to work through difficulties of interfacing VA systems with external resources to provide smoother access to continuing education for professionals interested in serving Veterans, service men and women, and their families.

Limitations

To our knowledge this is the first study that utilized a partnership between the VA and a mental health professional organization to educate non-VA counselors about mental health issues sometimes experienced by Veterans, the VA healthcare system, the available services and online resources, and how to refer Veterans to care. As with any innovative approach the existence of limitations arises. The primary limitation was that there was only six months of funding available to pilot the idea. Contracting, hiring staff, assuring funding was on-site to spend, and setting up meetings with large groups of people took approximately three months to organize. The success experienced from this project took dedicated staff working above and beyond a 40-hour work week to complete the stated aims. It is unclear the true potential of this project given the time and resources needed for full implementation. A second limitation is that this study engaged a partnership with a branch of the American Counseling Association in which the primary investigator for the project had previously lead as president. It is unclear if results would be similar if the partnership would have included a different mental health professional organization or one in which there was no previous understanding or existing relationship.

Conclusion

The CAVES project was developed on the premise that building community protective factors will decrease risk factors for mental health crises and suicide. Therefore, CAVES is a

potential program for improving Veteran access to quality community mental healthcare and to building support for the prevention of suicide in rural areas. CAVES provides information on VA evidence-based practices via webinars, and facilitates of the process of making VA referrals, when appropriate. The National Action Alliance for Suicide Prevention suggests a collaborative approach to preventing suicide in our nation that includes education, sharing resources, and improving suicide surveillance in the public and private sectors (U.S. Department of Health and Human Services and Office of Surgeon General and National Action for Suicide Prevention, 2012). The CAVES program utilizes this approach with non-VA counselors and encourages these counselors to do the same within their communities.

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ENACT: A Model to Counsel Student Veterans by Telephone to Help Them Succeed as Nursing Students

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Abstract

Over a million Veterans are returning from deployment and decide to further their education. Veterans who served in the medical filed during their military service might find great opportunities to continue their health care education. This article addresses Veteran students completing an online nursing degree. Veteran students might need extra support and the development of specific skills to attain academic success and be on par with civilian students in the field. We propose ENACT as a counseling model to build alliance with the student Veterans by acknowledging their experience, getting things done by gentle nudging, and helping them to transcribe their commitment to action to their academic life. We created the ENACT model based on Carl Roger's unconditional positive regard for the client, and on economics' Nudge Theory, believing they have the potential to succeed with helpful nudges.

Keywords: Student Veterans, ENACT model, nudge theory, higher education

Active and retired military personnel are increasingly enrolling in universities to further their education. To start, the education benefits available to Veterans are often a significant factor in individuals' decision to join the military immediately after high school. Benefits available through the GI Bill provide students with financial support for higher education (Sinski, 2012). In 2009, there were approximately 500,000 student Veterans receiving educational benefits (Kirchner, 2015). The number increased by approximately 50% in 2014, when more than 945,000 student Veterans used their GI benefits to pursue advanced educational opportunities. That number is estimated to continue increasing by 20 % in the next ten years (Olsen, Badger, & McCuddy, 2014). This surge in Veterans and military personnel seeking education is largely driven by the return of troops from the wars in Iraq and Afghanistan (Parks & Walker, 2014). The current situation resembles that of the post-Vietnam war when the

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government recommended that counselors, faculty, and staff in postsecondary institutions engage in Veteran-focused professional development to support the large number of Veterans entering college upon returning home (Breedin, 1972).

Veterans, active, and retired military personnel with working experience in health-care settings often use their educational benefits to attend health-care related programs such as nursing. In spite of the lack of concrete numbers of how many Veterans or military personnel are attending nursing school, many online and face-to-face programs are concentrating efforts on retention and support of this special population of students (Kirchner, 2015).

Purpose

The purpose of this paper is to present the Engage, Nudge, Acknowledge, Commit, and Transcribe (ENACT) model as a tool to counsel online student Veterans. The theoretical description and case example presented in this paper reflect our work tele-counseling e-military nursing students (enrolled on-line). This paper examines the role of the ENACT counseling model in supporting student Veterans who are transitioning out of military service into higher education settings, addressing their concerns, and facilitating academic success.

Student Veterans

The term *Veteran* refers to a person who actively served in the military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable as listed in United States Code 38 (Pine & Russo, 2009). The term *student Veteran* refers to individuals from all branches of military service studying across colleges and universities in the United States. Student Veterans range widely in age, from 18 to 65, with an average age of 33 years (Whiteman, Barry, Mroczek, & MacDermid Wadsworth, 2013). The average age of nonveteran/civilian students is 22. In addition to being older, student Veterans are more likely to be first generation college students, presenting additional challenges for their academic success (Kim & Cole, 2013).

Student Veterans belong to the category of nontraditional students, those who return to school after having taken a break from education to pursue other interests such as entering the work force, having a family, raising a family and taking care of parents (Orgen, 2003). Some of the main characteristics of nontraditional students include, but are not limited to: delayed entry to college by at least one year following high school, having dependents, being a single parent, being employed full time, being financially independent, or attending school part time (Ross-Gorden, 2011).

When considering that traditional college students face higher psychological distress than the general population because of their struggles with academic, financial, interpersonal, and cultural challenges (Räsänen, Lappalainen, Muotka, Tolvanen, & Lappalainen, 2016); it becomes easier to understand why many student Veterans experience adjustment to college as a big and difficult transition (Pellegrino & Hoggan, 2015). Educators and support staff would benefit from being aware of programs and services available to student Veterans to promote positive experiences, enjoyment of their college experience, and academic success. Most importantly,

counselors working in college settings with student Veterans need to find interventions that effectively address the needs of this population of students (Himmerich & Myers, 2015).

Theoretical Framework: ENACT

ENACT is a model based on the person-centered philosophy of Carl Rogers and the theory of Choice Architecture used in behavioral economics (Thaler, Sunstein, & Balz, 2014). Choice architecture refers to the idea that adjustments in the physical and social environments within which people make choices can influence their behavior (Hollands et al., 2013). Nudge theory proposed by Thaler and Sunstein (2008) relied on choice architecture to promote changes and improve decisions related to health by altering physical and social environments and introducing nudges (prods or reminders) as catalyst for change.

In health related practices the terms choice architecture and nudging might refer to a wide variety of intervention across a diversity of environmental contexts, including microenvironments (Hollands et al., 2013). More specifically, Thaler and Sunstein (2008) defined a nudge as "any aspect of the choice architecture that alters people's behavior in a predictable way without forbidding any options or significantly changing their economic incentives" (p. 6). In other words, nudges are not commands, mandates, or prohibitions. Nudges must be easy to avoid without incurring in any economic penalty. For example, moving cigarettes away from the line of sight counts as a nudge while banning smoking or charging more taxes does not.

Basic principles of nudge theory can be helpful in assisting students to achieve academic success. Veteran students accept their situation, commit to schoolwork and translate their work experience into action. They write their own story to success. The ENACT model uses interventions that include phone calls, leaving books outside the night before a study session, or using notes and other reminders as gentle nudges to promote successful study habits.

It is important to highlight that this model actively appreciates and values diversity in college campuses by acknowledging the backgrounds and experiences of diverse students. Recognizing their service and their expertise in the medical field shows Veteran students the school's understanding of the military culture, battlefield skills, and deployment related stressors. Counselors using the ENACT model recognize and validate student Veterans by listening to their stories and understanding the unique stressors faced by student Veterans in higher education. ENACT assumes that student Veterans are intrinsically motivated and they need to engage in a conversation that allows them to see themselves as part of the solution. Through the processes explained bellow, the model offers them empowerment, and increases their willingness to work with professors in order to achieve their goal.

Engage. Engaging refers to the first major step in the process in which counselors make attempts to reach out to students. This step may require more effort and perseverance on the part of the counselor. Engaging student Veterans could prove an arduous process. It requires building trust, a process that could be affected when counseling students over the phone. Based on our experience, it takes an average of three to four attempts from initial contact until a formal appointment can be scheduled. Discussing with Veterans the need for help with study skills

might necessitate a subtler approach. We have found there is strong resistance at this stage. Unconditional positive regard is required to successfully navigate this stage. It also requires validating their experience and appreciating their service. Engaging students to take ownership in their success requires patience and perseverance. The goal is to create a partnership with the counselor that would help them pave their path to success. Many student Veterans start college with important experiences to integrate to their academic lives: managing groups of employees or military personnel, experience following directions and working according to instructions, and consistency even through time-intensive or time-consuming tasks. On the other hand, Veterans are trained to act and understand the world in a way consistent with military values, which might not always translate to the academic environment. The most common challenges we have encountered include: not being used to discuss their academics struggles, especially those related to adjustment to college; and struggling to apply critical thinking and analytic skills when instructions are not clear, due to their ability to follow strict and direct orders.

Nudge. Nudging is a concept that exists in the behavioral, political, and economic sciences. Theorist proposed that indirect suggestions and subtle positive reinforcement can influence the behaviors and decision-making process of people. This influence can be as effective or more than other more direct ways of enforcement to achieve compliance. It was proposed and popularized by Thaler and Sunstein (2008), who defined it as any feature of the choice architecture that might create changes in people's behavior in a predictable way without relying in prohibition or financial penalties.

Nudge theory has been used for diverse issues, from promoting healthy behaviors to improve student's academic performance (Castleman & Page, 2015). Nudge theory's strength is twofold when working with adult students: nudging allows for freedom to make decisions without losing autonomy, and it offers a guide to make right decisions and staying on track, possibly avoiding costly errors and delays (Thaler, 2008). There are two different systems of nudges. In System 1, the counselor does not inform of the intention of the reinforcement, and in many cases the clients may not be aware they are being nudged. System 2 is more explicit in explaining to the client that they are being nudged. It happens in the form of gentle reminders to increase behavior that is conducive to overall wellness or achievement of goals. The client is given the information about nudging and how it may benefit them to move towards a positive behavior. This latest system, more effortful and transparent, better aligns to the ethical considerations of the counseling profession (Kaplan, 2016). System 2 involves educating clients about what is being done. The first step required is to engage students in a conversation to promote more positive behavior. The conversation can take place face-to-face, or in the case presented, by telephone. It requires the counselor to make use of basic counseling skills and unconditional positive regard. Nudging might involve persuasion, which includes suggestion, self-instruction, information, and self-exhortation.

Acknowledge. Acknowledging is key to building a trustful, effective relationship that allows counselors to help clients move towards their goals. This step involves helping the client to explore and identify their goals and values, and promote acceptance of the need for behavioral change or restructuring in their thinking pattern. For example, polarity thinking is one important challenge faced by many student Veterans; it is common for them to perceive the world in an all-or-nothing, black-or-white manner. It also takes commitment to acknowledge and accept a new

role in which they no longer have an official position of authority, and instead need to follow professors' directions and rules. This might sound like a paradox being that military students are trained to follow instructions from the hierarchy. In conclusion, transitioning to civilian life requires acknowledgement, commitment, and work to be able to translate student Veterans' skills into their new environment. The students benefit from acknowledging their need for improvements when it comes to study skills, approach to test taking, or learning new life abilities to help them better adjust to student life.

Commit. When the goals are identified and the life values have been acknowledged it is time to commit to action. This step takes place with the help of professors and counseling support. Student Veterans are generally committed to action and they express their desire to do the right thing. Committing also involves self-care. Students can benefit from learning mindfulness activities that would help them overcome test taking and other school-related anxieties.

Transcribe. For this critical step of the process to succeed all the other steps must be effective. This step marks the culmination of the process by helping individuals move into the action period. In this phase students transcribe learning into action, utilizing acceptance of their situation in order to work towards achieving their goals. This step requires student Veterans to be committed and willing to follow through by accepting help from their professors, counselors, retention specialists, tutors, and other resources provided by the school. For this step to be effective faculty members and support staff should facilitate the student perception of getting the support they need.

Each step can be time consuming. The process is also unique to each student, requiring more effort from some than others. Successful completion of each step varies between students, usually in relation to their willingness to accept help and perform better in the academic environment. The process is not necessarily linear. Students and counselors may go back and forth between each step, depending on the response of the students and their willingness to commit to action.

Case Study

The following case study serves only as an example of how to implement the ENACT model when counseling student Veterans. Johnny is a fictional character based on our actual experiences working with student Veterans enrolled in an online nursing program:

Johnny was in the military service for over 25 years in medical services, 20 of which he performed as an army noncommissioned officer. He served as an optician medical assistant and he was in charge of 20 people. He retired in his 50s and soon became tired of working odd jobs. He spent time in a hospital as a nursing and medical assistant. He enjoyed the job and became frustrated from not being able to do more patient care. Taking advantage of his army benefits, he enrolled in an online program, but it was difficult for him to get back in the habit of studying. He had good practical knowledge of patient care principles, but he had been out of school for a number of years and he needed to develop new study skills to pass his didactic exams.

Johnny has relational problems with his girlfriend and had already gone through a divorce. He also experienced posttraumatic stress disorder (PTSD) symptoms. All the nursing didactics were new to him. He expressed having very good clinical skills, but found himself facing challenges when writing papers or using current APA style.

As part as a support program implemented by the retention team, Johnny was assigned to work with a counselor who set out to explore how to assist him in being successful in his nursing education. The counselor discovered he needed support to improve study skills, reduce test-taking anxiety, improve writing skills, and turn in homework in a timely manner. Johnny also recognized he was not accustomed to dedicating long hours to study. Because he was an online student, the counselor's first plan of action was to call him on a regular basis for a period of eight weeks. In the first week she called him on the phone to introduce their services and herself. His reply was not encouraging; he believed he did not need any help. She expressed her understanding if he didn't need any help, and that she would still talk to him once a week just to find out how things were going. The counselor explained that even though he didn't need any help, talking to someone about his school could be a helpful practice in ways he couldn't anticipate at the moment. He agreed to her calling him every week. The second week he answered right away. They talked about his Army experience and the duties he used to perform. With all honesty, she acknowledged and appreciated his service to the country and his invaluable experience. When talking about his experiences in the Army he communicated much pride on the "boys." He said he missed those days when everyone watched each other's back. He also talked about his PTSD and how it was difficult to study when having flashbacks. The session lasted about an hour and it seemed productive. The counselor sensed him being open to conversation. But this was not the outcome every week. Regardless of his attitude during the conversation, she continued to call him every week. It is important to be consistent with the nudges and to foment trust and reliability.

The third week Johnny was candid about his concerns and told her about his difficulty in learning to write papers. He also revisited his PTSD. His counselor reassured him of the possible benefits of working together, and directed the conversation to an exploration of his personal goals. She was able to solidify their therapeutic relationship and he allowed her to schedule their calls every week at the same time. The time seemed appropriate to continue the ENACT model steps and nudge him about improving his study skills. They worked on improving test-taking skills and learning to do research on various topics related to his schooling. She gently used to nudge him to get his work done. As their meetings continued, they engaged in more conversations about John's life, his triumphs and failures.

One day, after four weeks of calls without answer, he decided to talk to his counselor about something that had been bothering him. Johnny explained how he "froze-up" when seeing questions and he thought it was related to PTSD. He also found the questions difficult to answer because they used examples that did not relate to his "real life." The counselor proposed they could study questions together every week. Following her advice he started keeping a log of his study time.

There were days when he talked about how difficult his life was after returning from deployment. He lost some of his team members, and many of the survivors suffered from PTSD

or physical injuries and amputation. Those were the images that came to mind when studying, which resulted in feelings of sadness and grief. After the seventh or eighth sessions, Johnny started to be expectant of the counselor's calls. He emailed her often to share small achievements, especially during weekends. She often acted as a buffer and connection to his professors and his course work. He felt she understood his struggles, saying that she had become a "fixed point" in his life.

Some days the call lasted only five minutes, and some days their conversation would last for up to an hour. He often said, "I appreciate the fact that you call." He was sharp, but his anxiety made him less successful. They developed a plan and a schedule to work on reducing his anxiety. During their call meetings they started practicing guided mediation. One day he enjoyed walking near his house and used that time as his meditation. He recognized walking gave him a sense of peace and control. He slowly started making friends and started to attend church services. As he started meeting more people in the church he became more open to talk about his concerns. There was a noticeable change every week in his willingness to talk.

He called the counselor's office one day and said that he finally had a mental image of him working as a nurse. He expressed "the image was very real and I will make that happen. I have seen a lot in life and have come through in every situation, this too shall happen."

There were leaps of changes in Johnny as weeks continued. Because the counselor always called him on Monday's afternoon, he would joke with her by saying "if it is Monday, you will call!" The sessions became more productive and he started to get prompt in submitting assignments. She taught him strategies to relax and encouraged him to do mindfulness breathing when we were not practicing meditations on the phone. He found that to be very beneficial. He completed all his late assignments in a year and appeared for his final exam. They worked twice a week on test taking strategies; they also made it a point to practice mindfulness regularly. He was able to continue to submit his assignments on a regular basis. He took his exit exam and passed it in the first attempt.

Implications for Practice and Research

There are clear implications for the use of the ENACT model in college counseling, including faculty, college counselors, and other staff members who work with Veterans. Implementing the ENACT model can promote behaviors that will facilitate academic and personal success and wellbeing. It is important to adapt the model, especially the nudges, to the unique needs of each student Veteran. Veterans have unique needs and often face difficulties with home and life demands. Balancing home life, work life, and school life are common major factors affecting academic and personal success. Because Veterans are non-traditional students, often times there is a need for support while they adapt to schoolwork, the use of academic technology, and the acquisition of skills such as improved reading comprehension and writing. But, student Veterans are not often comfortable seeking help. Reassuring them and making them partners in their success promotes the help-seeking behavior fundamental to their success. Student Veterans also need to attend to other issues, including physical and mental health care. Counselors must be aware of the need for flexibility and adapting to their schedule, which might translate into working together on the evenings or weekends.

In terms of research, quantitative and qualitative analysis are recommended to study whether some specific interventions or nudges are more effective than others and for which issues. Some nudges might be more effective in promoting healthy academic behaviors, while others might assist in decreasing symptoms of PTSD, being intimidated by college life, or lack of personal and academic life balance. Research into cultural and contextual factors that might play a role in the implementation of the ENACT model is also necessary. We also recommend the research into the implementation of the ENACT model within different disciplines of study, and with students enrolled in a face-to-face program.

Conclusion

The ENACT model has helped student Veterans reach their goals, manage PTSD, and promote wellness when taking exams or completing clinical assignments while enrolled in an online nursing program. An important part of the improvement has come from accepting the fact that it is okay to seek help in the areas of deficiency. A key component of ENACT relates to empowering clients, acknowledging their prior service and validating them, engaging them into a partnership that can help them commit to their own success.

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Heroes & Horses

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Abstract

Numerous Veterans are attracted to adrenaline promoting activities after separating from the military; this is even more prominent for those who experienced combat-related deployments. Even though there is a great deal of research pertaining to therapeutic services within nature-based settings to include animal-assisted and more specifically equines, the research does not indicate the attractiveness specifically for Veterans as a whole population, the effectiveness, or program outcomes with the intervention being solely horses in nature in managing mental health challenges they face being a Veteran. This program evaluation intends to fill those gaps through interviewing members of a program designed to offer a therapeutic setting for veterans. Heroes & Horses is an equine ecotherapy based program for Veterans in Central Pennsylvania. Even though the research is small and centralized to one specific program, the researcher hopes this ignites a trend for ongoing program evaluation pertaining to ecotherapy work with Veterans.

KEYWORDS: Veteran, equine-assisted therapy, program evaluation

A Veteran is defined as "a person who served in the active military, naval, or air service regardless of length of service, and who was discharged or released therefrom;" excluding dishonorable discharge (Title 38 of the Code of Federal Regulations). In 2014, there were 19.3 million Veterans living in the United States; of these Veterans, 8.3 million reported having a service-connected disability (U.S. Census Bureau, 2015). More specifically, medical records of Veterans indicated

> One in three patients was diagnosed with at least one mental health disorder—41 percent were diagnosed with either a mental health or a behavioral adjustment disorder. The diagnosis rate for posttraumatic stress disorder (PTSD) was 20 percent followed by 14 percent for depression, yet studies show that depression is under-diagnosed in this population (National Alliance on Mental Illness [NAMI], 2009, p. 1).

Mental health providers working with Veterans must be aware of some alarming statistics regarding this population: (a) from 2001 to 2014, Veterans Health Administration (VHA) users with mental health conditions or substance use disorders (SUD) had increased from 27 percent to

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41 percent and (b) VHA users had an average of four Veterans die per day from suicide in 2001 and has since increased to six per day by 2014 (U.S. Department of Veteran Affairs, 2016). A notable consideration to highlight is that these numbers only represent Veterans who use the VHA benefits; the statistics do not address Veterans who do not utilize VHA services or past service members who are ineligible for VHA services.

Currently, over 2.6 million Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) post-9/11 combat Veterans have sought VHA mental health services; most prevalently for posttraumatic stress disorder (PTSD), depressive disorders, and anxiety disorders (Miles et al., 2017). With the 20 year anniversary of the 9/11 terrorist attack quickly approaching, mental health providers working with the Veteran population must be knowledgeable that service members who have enlisted post-9/11 will be eligible for active duty retirement after fulfilling their 20 years of service (Military.com, 2017). Furthermore, of statistical importance, mental health providers should be aware that the rate of suicide was highest among younger Veterans (ages 18-29) and lowest among Veterans ages 60 and over in the year 2014 (U.S. Department of Veteran Affairs, 2016). Understanding the mental health challenges these Veterans may face is only one aspect of providing effective treatment options. Of equal importance is understanding treatment modalities which promote positive outcomes for the Veteran population.

Combat Veterans have reported seeking adrenaline heightened activities to replace the combat rush they lost post-separation from the service (Bethhauser, 2014; Rogers, Mallinson, & Peppers, 2014). Many of these activities occur in nature; outside activities resemble a comfort area for them in comparison to the traditional counseling office (Hawkins, Townsend, & Garst, 2016). Providing Veterans therapeutic services in nature may diminish some of the stigmatization associated with mental health treatment for this population. Service members are known to view themselves as warriors; they have been trained to be able to quickly place their feelings to the side as they are needed to remain mission ready at all times (Weiss, Coll, & Metal, 2011). Inability for the service member to remain mission ready can result in their command deeming them unfit for duty (Weiss et al., 2011). Just because the service member separates from the military does not mean the warrior mentality stops. Understanding how to provide Veterans with effective therapeutic opportunities to address the mental health challenges they face as a Veteran is a necessity.

When researching Veteran ecotherapy opportunities, very little is produced in only addressing the impact the environmental approach has on the mental health challenges experienced by the Veterans with horses (equine therapy). Most research explores a specific therapeutic approach with Veterans while being immersed within the nature or an ecotherapy activity's effectiveness in addressing mental health symptomology for Veterans which did not include work with horses solely. For instance, the thesis titled *Ecotherapy Adventure and REBGT for Returning Veterans with Disabilities* found that rational emotive behavioral group therapy within a nature setting promoted a greater sense of psychosocial-emotional well-being while alleviating some of the physical, mental, and polytraumatic symptoms accrued during wartime (Honeychurch, 2016). This study notes effectiveness of the REBGT intervention in conjunction with ecotherapy. The Veteran participants in Poulsen, Stigsdotter, Djernis, and Sidenius's research (2016) indicated that nature had no demands of them unlike their daily living

environments; this notion alone supported them with the ability to be self-sufficient, create and define what their own personal shelter in nature is, and navigate without their diagnosis which presented as a restorative theme for the participants. These participants did not complete any work with horses. Hawkins, Townsend, and Garst (2016) found that positive outcomes for Veterans participating in river-running and therapeutic fly fishing as well as other structured outdoor recreational activity. However, there was no reference to specific work with horses among Veterans solely without considering therapeutic modality approaches just like in Honeychurch's research.

Veterans diagnosed with posttraumatic stress disorder (PTSD) reported many positive outcomes to taking part in nature based-experiences such as gardening, walking, and sitting in nature (Poulsen, Stigsdotter, Djernis, & Sidenius, 2016).Veterans diagnosed with PTSD have experienced a reduction in symptomology, specifically hyperarousal, when equine therapy is part of their treatment plan (Malinowski et al., 2018). Furthermore, Veterans reported their quality of life as a Veteran improved when utilizing equine assisted activities as part of their mental health treatment (Lanning & Krenek, 2013). However, no research was found solely focusing on Veterans working with equines without the assistance of other therapeutic approaches.

Air Force Senior Airman Laura Turner, 310th Space Wing reported on March 27, 2018 that Pikes Peak Therapeutic Riding Center in Colorado Springs Colorado is offering equine-assisted therapy to those covered by TRICARE. Amy May, a PATH-certified therapeutic riding instructor and equine specialist in mental health and learning, believes "the program has affected local Veterans most by giving them a chance just to be present with the horse" (Turner, 2018, Therapy Teams, para. 2). However, no formal research has been found to be conducted to substantiate this notion. Numerous news articles were found indicating positive remarks from Veterans participating in similar programs; however, no formal program evaluation or research was found to explore the Veteran experience with the horses in addressing mental health challenges related to being a Veteran.

Sivashov (2018) found, from an extensive literature review, that animals and humans can benefit from one another through an interpersonal connection which has to be managed with consideration of nature's variables. When considering solely the horse in nature intervention, no specific research was found for Veterans. However, there were many studies indicating the benefits of equine therapy for those with physical or intellectual disabilities. For individuals diagnosed with autism spectrum disorder, adaptive and executive functioning in children has improved when equine therapy was used as a complementary intervention strategy (Borgi et al., 2016). Limited research indicates that horse-back riding alone can improve leg stability and functioning (gait) for children diagnosed with Down syndrome (Coffey, Knight, & Wax, 2015). However, this specific focus may be more relevant to hippotherapy research. Hippotherapy is the treatment with the help of a horse that is specially trained physical and occupational therapists use for clients with movement dysfunction (American Hippotherapy Association, 2016). Horseback riding for individuals with intellectual disabilities, who receive no other interventions, was found to improve reaction time and cognitive processing (Giagazoglou, Arabatzi, Kellis, Liga, Karra, & Amiridis, 2013). These findings support a need to explore effectiveness with Veterans as physical and intellectual disabilities due to service related injuries can result. In 2014, the United States Census reported that 3.8 million Veterans qualify for disability services

due to service related injuries (U.S. Census Bureau 2015). In 2017, the Department of Defense reported that 379,519 service members have been diagnosed with traumatic brain injury (TBI) as a service related injury (Defense and Veterans Brain Injury Center, 2018).

> The conflicts in Iraq and Afghanistan have resulted in increased numbers of Veterans who have experienced traumatic brain injuries (TBI). The Department of Defense and the Defense and Veteran's Brain Injury Center estimate that 22% of all combat casualties from these conflicts are brain injuries, compared to 12% of Vietnam related combat casualties.
>
> 60% to 80% of soldiers who have other blast injuries may also have traumatic brain injuries. (Summerall, 2017, paras. 1-2)

Many service members have the opportunity to retire after supporting efforts in Iraq and Afghanistan in the upcoming years, this reality supports that time is of the essence for counselors to understand how to most effectively service Veteran clients.

A great deal of information pertaining to current programs, to include but not limited to, agriculture, hiking, animal-assisted, and equine therapeutic programs are available for Veterans across the country. A simple Google search can derive a plethora of opportunities. However, research to substantiate the effectiveness of the programs was very limited. Perhaps limitations may be due to ethical guidelines practice/organization standards (liability issues), funding (required for equipment and space), and understanding (advocacy and research can help increase use as an intervention). Additionally, limits to understanding the effectiveness of horsework with Veterans is due to the fact that previous research does not solely explore the nature element with working with horses; other research looks at equine therapy as an aspect of the treatment for the Veteran. Therefore, this study was intended to specifically highlight the impact nature and work with horses has as an intervention when working with Veterans to treat symptomology the Veteran finds troublesome; specifically, mental health challenges associated to being a Veteran. This research's participants were not involved in other mental therapeutic interventions during their program participation. Questions explored were: (a) can nature alone be therapeutic? and (b) can exposure to horses in nature be therapeutic?

Purpose of the Study

The transition from active duty to Veteran in which service members reintegrate into society as civilian status can present challenges. When service members separate from active duty, they have to make changes in almost all aspects of their lives; the way they think, talk, act, believe, and even the way they interact with other people (Gaither, 2014). This topic is important for counselors to understand as many service members who enlisted after the September 11, 2001, attack on the United States will be eligible for military retirement after serving their 20 years in 2021 (Military.com, 2017). The purpose for this study was to explore an ecotherapy program's effectiveness with helping Veterans cope with these mental health challenges. More specifically, the study allowed for an understanding of how equine therapy could be utilized to help Veterans manage life after they served. A great deal of research is available regarding the remarkable effectiveness for ecotherapy's equestrian therapy with the special needs populations (i.e., Autism spectrum and children with disabilities; Borgi, et al., 2016; Coffey, 2015; Giagazoglou, 2013) but there were no known studies that evaluated the implications when solely applied to the Veteran population. The researcher intended to answer the question "How do

Veterans in a nature-based program, which includes equine therapy, perceive the effectiveness in helping them to cope with mental health challenges associated to being a Veteran?"

Ecotherapy

Ecotherapy is a therapeutic modality that includes the natural world (Buzzell & Chalquist, 2009). Ecotherapy can be seen as a therapeutic approach in which a client's mental and physical well-being is improved through utilizing nature as an intervention. This therapy approach stems from Theodore Roszak's ecopsychology. Rozark's (1995) book, *Ecopsychology: Restoring the Earth, Healing the Mind*, further supports the notion that nature is utilized as the intervention in which client growth is measured. According to the American Psychological Association (APA), ecopsychology:

> Explores humans' psychological interdependence with the rest of nature and the implications for identity, health and well-being. Ecopsychology topics include emotional responses to nature; the impacts of environmental issues such as natural disasters and global climate change; and the transpersonal dimensions of environmental identity and concern. (APA, 2017, para. 1)

Understanding the power nature can have over a person can defy our current scientific thought process. Suggesting that nature can be healing also leads one to consider how does nature allow a person to become sick/experiencing negative symptomology in the first place. In fact, environmental psychology research is heavily focused on the connection between mind, body, and the self-world dualism that exploring human relationship with nonhuman (nature; Fisher, 2002). This may be why so little research is representative of nature being the sole researched intervention.

There are many forms of nature-based therapy. Ecotherapy can take place in natural spaces, such as in a park, or be man-made, such as in a garden (Kaplan & Kaplan, 1989). Nature-based interventions can be approached in various ways: (a) horticulture, (b) outdoor recreation/gaming, (c) mindfulness, (d) sport-based, and (e) work with animals. For the purpose of this research, focus was on available nature-based therapeutic approaches currently offered for Veterans.

Military and Ecotherapy

Depending on where one lives can impact the type of ecotherapy offered to Veterans. For instance, winter sport-based activities are offered in areas which are exposed to the elements required of such winter-sports (i.e., snowmobiling and skiing; Cordova et al., 2008). Locales where the weather is mild allow for some activities to be offered on a more-year-round basis (i.e., bicycling, hiking, and gardening).

When entering a Google search for ecotherapy for Veterans, a plethora of options present; limits need to be set to find those more specifically associated with one's location. This search then became more difficult as associations created for this purpose do not span the United States. However, if interested in gaining information about a specific nature-based activity, then the activity needed to replace the word ecotherapy in the search (e.g., agriculture for Veterans in

Pennsylvania and horticulture for Veterans in Pennsylvania). When looking for opportunities for Veterans in the state of Pennsylvania, numerous horticulture opportunities presented (i.e., Homegrown by Heroes and Troops to Tractors). Sports-based programs were more difficult to find as the specific sport had to be noted in the search (e.g., running for Veterans in Pennsylvania); however, there were still many options (Red, White, Blue [RWB] Team, Project Healing Waters Fly Fishing, Trout Unlimited Veterans Service Partnership, Veteran's Yoga and Meditation for Veterans, and Veterans Yoga Project [also produced when searching mindfulness for Veterans in Pennsylvania]). Assisted animal therapy for Veterans in the state of Pennsylvania also produced numerous opportunities (i.e., Dog T.A.G.S. Program and Pets for Patriots). When specifically researching equine therapy for Veterans in Pennsylvania, numerous opportunities presented (i.e., Horses of Hope: Heroes & Horses Program, Operation We Are Here, Building Bridges, Equines for Freedom, and Horses Help Returning Veterans Combat PTSD). The amount of nature-based therapeutic activities focused on servicing the Veteran population suggests there is a need and Veterans are attracted to this therapeutic modality. However, where is the research to indicate the effectiveness of the ecotherapy as the intervention for Veterans? This is limited; many programs are offered but program evaluation is not provided. Such a dilemma sparked Westlund (2015) to complete four in-depth interviews with Veterans to uncover how nature has impacted their post-military experiences; connections between nature and recovery to include hiking, fishing, farming, and building relationships with dogs and/or horses. Westlund found that the Veterans' interviews displayed the common theme that nature-based activities provided them with an opportunity for recovery.

From Chalquist's (2009) review of research for ecotherapy's treatment efficacy findings summarized the following:

1. Disconnection from the natural world in which we evolved produces a variety of psychological symptoms that include anxiety, frustration, and depression. These symptoms cannot be attributed solely to intrapsychic or intrafamilial dynamics.
2. Reconnection to the natural world—whether through gardens, animals, nature walks outside, or nature brought indoors—not only alleviates these symptoms, but also brings a larger capacity for health, self-esteem, self-relatedness, social connection, and joy.
3. Reconnection also works across treatment modalities to replace a pathological sense of inner deadness or alienation from self, others, and world with a rekindling of inner aliveness and enjoyment of relatedness to self, others, and world (p.7).

These conclusions suggest ecotherapy as a therapeutic modality can offer numerous benefits. However, when looking at Veterans and noting their specific challenges post-separation from the military, there is a lack of evidence to substantiate the encouragement for counselors to step outside of the office setting. When the therapist goes outside with their client, the client is offered the opportunity to experience the world they face on a daily basis in spite of their diagnosis in a much more realistic manner which prompts exploration of their world's variables, both strengths and obstacles (Sivashov, 2018). Understanding the specific needs, attractiveness, as well as reported effectiveness to the Veteran population is not only a necessity in promoting wellness both mentally and physically for Veterans but also is essential to preventing the current mental health statistics for this population in the future. If research can be conducted now concerning the specific needs, attractiveness, as well as reported effectiveness, hopefully these statistics will decrease for those service members preparing to retire post-9/11 from the services.

Animal-Assisted Therapy

Animal assisted therapy research examines how animals help people. Positive outcomes reported as a decrease in mental health symptoms has been attributed to the animal being able to provide the person with support while also keeping the person active (e.g., walks with dogs; Beck, Gonzales, Florie, Sells, Jones, Reer, & Zhu, 2012; Fike, Najera, & Dougherty, 2012; Lanning & Krenek, 2013). This specific type of research is especially true for Veterans who experienced combat and trauma. In January of 2016, the U.S. Department of Defense (DoD) released instructions regarding guidance on the use of service dogs by service members to include therapy dogs. Yet, there is no research to document the effectiveness.

Equine therapy. Staudt and Cherry (2017) noted, from their extensive literature review, that animal assisted therapy has been known for quite some time yet interventions have been implemented without evidence supporting their effectiveness. Furthermore, it is only recently that horses have been integrated with mental health treatment. From nine studies total, Staudt and Cherry (2017) found that equine therapy was effective in addressing trauma and PTSD symptoms for both children and adults. Positive outcomes were also found specifically regarding horse work with Veterans. The Saratoga WarHorse Connection program offers Veterans an interactive environment in which the Veteran gains a sense of empowerment from forming a relationship with the horse (Nevins, Finch, Hickling, & Barnett, 2013). The Saratoga WarHorse program research focused only on the Veteran and Horse without others in the pen; results indicated fewer and decreased intensity of psychological symptoms (Nevins et al., 2013). In another study where there were three groups of five to six adults with multiple horses at one time for six sessions, each lasting two hours, similar positive outcomes were also noted. At the conclusion of six sessions, participants reported a significant decrease in PTSD symptoms, emotional distress, anxiety symptoms, and alcohol use regardless their initial comfort with horses (Earles, Vernon, & Yetz, 2015).

Heroes & Horses. Heroes & Horses is a program developed in the Spring of 2015 with the mission

> To help get as many Veterans hands on horses as possible. Provide peace and outlets to calm anxiety through equine assisted activities. Build a brotherhood and connections to talk and find a new inner peace. One Veteran at a time. (Heroes & Horses program director, personal communication, October 25, 2017)

The program director explained that this program is an expansion of Horses of Hope. In 2009, Horses of Hope was started so that individuals with special needs would have access to the very unique services of therapeutic riding and equine assisted activities. "Horses of Hope promotes the physical, cognitive, emotional, and social well-being of people with special needs through equine-assisted activities. We strive to encourage individuals to meet their full potential, giving hope one individual at a time" (Horses of Hope, 2017, home).

Horses of Hope leases a farm to provide its services. Currently, this is the second farm leased since their inception.

> We feel Horses of Hope would benefit from owning its own property for many reasons, but most importantly to offer a sense of stability to our riders, especially our Veterans. When we had to move from one property to another, it affected our riders' sense of

> belonging (Heroes & Horses program director, personal communication, October 25, 2017).

Many had gotten attached to the farm and the routines there. There was a lot of anxiety in getting used to the new farm. It was explained that even the horses took a bit of time adjusting themselves to being in a different environment.

When Heroes & Horses began, there were three members, one Professional Association of Therapeutic Horsemanship International (PATH Intl.) certified program instructor, and one program director. PATH Intl. (2017) is a federally registered non-profit credentialing organization formed to promote equine-assisted activities and therapies (EAAT) for individuals with special needs. PATH Intl. accredits centers and certifies instructors. The Heroes & Horses program recruited members by word of mouth utilizing various connections made through local Veteran outlets and offices (i.e., local Veterans of Foreign Wars [VFW] benefits Office and local military softball game honoring Veterans; Heroes & Horses Program director, personal communication, October 25, 2017). Each season, the Veterans start by working with the basics of working with a horse with the intention to have the Veterans have their hands on the horses as much as possible (Heroes & Horses Program director, personal communication, October 25, 2017). During this stage, the instructor teaches the Veterans relaxation techniques while using horses. Normally, basics are practiced for five to six weeks; however, the amount of time the Veterans spends with the basics varies as their needs differ. After successful completion of understanding the basics, the Veterans take part in ground work with the horses. During this stage, desentization is experienced by the Veterans and connections are established between the horses and Veterans. This stage usually lasts anywhere from five to six weeks but once again varies depending on the Veterans' needs. The final stage includes the option for the Veteran to ride the horses. On average, riding does not usually occur until the third month of working with the horses. "Everything depends on the Veterans level of comfort and ability to relax. Some take longer. If the Veteran is always agitated, so will the horse; and then it takes longer to get both to relax. The horse teaches the Veteran to relax by being the Veterans' mirror (Heroes & Horses Program director, personal communication, October 25, 2017).

Methods

Selection of the generic qualitative approach allowed the opportunity to gain understanding of the participants' experiences of their nature-based equine therapy as a Veteran. Generic qualitative research is an interpretive description of a non-categorical approach simply seeking to discover experiences of the people involved (Caelli, Ray, & Mill, 2003). This allows for researchers to interpret meanings people bring to their lived experiences in a naturalistic setting (Denzin & Lincoln, 2005). Convenience sampling was utilized for interviews.

Target Population and Participant Selection

In the state of Pennsylvania (PA), 4.6% of the population in 2014 was considered a Veteran; compared to the United States, PA ranked as the 8th state in the number of Veterans, (PA Center for Workforce Information and Analysis, 2016). Since Combat Specialty Operations was the third most frequent indicated military occupation specialty code (MOS) for the state of PA, Veterans who were active duty enlisted service members (PA Center for Workforce

Information and Analysis, 2016), studying nature-based therapeutic approaches with the Veteran population appeared fitting; according to previous noted research, Veterans with such a MOS indicate to seek adrenaline replacing activities.

Due to limited research funding, the researcher contacted a local program director for a nature-based equine therapeutic program for Veterans, called "Heroes & Horses" located in central PA. The program director was delighted to have the program highlighted as it was hoped perhaps the findings can be utilized in efforts of program evaluation for the future of the program. After, gaining initial permission from the program director, the researcher sought IRB approval.

The program consisted of one program director, one instructor, twelve members, and volunteers whom the Veterans feel comfortable working with whenever they were available. The program began in the spring of 2015 with originally three members and one PATH Certified instructor. Due to lack of funding directly impacting (a) staffing and (b) number of horses available for work (e.g., limited by the ethical guidelines, standards for certification, and accreditation standards of PATH Intl [2014], a horse can only be worked for six hours), the program can only be offered twice yearly for approximately 12 weeks at a time with a maximum of 12 members. In order to gain insight concerning the impact the particular program has for central PA Veteran residents, the interview was offered to all those working for and all members of the program.

In order for all perspectives to be considered of the program's impact for Veterans, the researcher set the goal of having the participation of the program director, instructor, and a minimum of three Veteran members. In order for participation, the individual must have been actively involved in the Heroes & Horses Program at the same site for a minimum of ten hours of sessions and not currently, or while in the program, seeking mental health services elsewhere for Veteran related concerns. Having five interviews of participants who have had a great deal of exposure to the program would allow for multiple perspectives to be considered for various points throughout their involvement while also allowing for across participant theme analysis. The interviews were intended to produce rich quality through in-depth exploration of the participant experiences to allow for saturation to occur (Fusch & Ness, 2015; Patton, 2002).

Once IRB approval was received, the researcher emailed the Heroes & Horses program director a recruitment advertisement asking that the email be shared with the instructor and Veteran members. All interested individuals were asked to indicate to the Heroes & Horses program leader and/or their instructor if they were interested in participating; names and phone numbers were collected by the director and instructor and provided to the researcher. After all individuals in the program had the opportunity to decide on volunteering to participate, the Heroes & Horses leaders contacted the researcher with the interested participants' contact information. The interested participants were contacted via phone by the researcher with the contact information they shared with the Heroes & Horses leaders when indicating their interest. Participants the purpose of the study was explained as gaining insight regarding their experience in the Heroes & Horses program; the informed consent was reviewed and the interested participant was made aware they will have an opportunity to review this form when meeting for the interview. They were also made aware that in order to participate in the study, they needed to

sign the informed consent form prior to being interviewed. They were additionally reminded that even after signing the form they had the ability to withdrawal their participation at any time. Participants were asked if there was a mutually convenient time to meet for an interview (place was mutually agreed upon to afford both the participant and researcher safety as well as afford the participant confidentiality).

Participants were explained within the informed consent process any information they provide in this study that could identify them, such as their name, age, or other personal information would be kept confidential. Each participant was told their data will be coded. Therefore, all notes taken will not reference their name. Additionally, if they shared any other names during their interview process, their names were removed. These steps were taken to safeguard the participants as well as the other indicated person's confidentiality. Each participant was also told that in any written reports or publications, no one will be able to identify them.

Data Collection

Once participants reviewed the informed consent, had an opportunity to ask any questions, and then sign the informed consent, participants were interviewed regarding their experience with the Heroes & Horses program. Participants had the option to either (a) complete the interview questions on their own via written form and allow the researcher to ask for clarifying and elaborating questions or (b) complete the interview verbally with the researcher. Those who chose to complete the interview with the researcher had their responses recorded verbatim. Those who chose to complete the interview by responding in writing to the interview questions had their own words utilized for data analysis. Data collection process allowed participants to share their experiences in their own words (Fossey, Harvey, McDermott, & Davidson, 2002), which safeguard the actual representation of participants' experiences and remove researcher bias (Lincoln & Guba, 1985). The researcher had no known connections to the program, members, director, or instructor prior to initiating the research idea. Throughout the research, no connections to participants or the organization were experienced except for the role of researcher. However, to further safeguard against researcher bias, the researcher conducted member checking (Lincoln & Guba, 1985). Furthermore, the interview technique provided the researcher with authentic transcriptions of participants' experiences (Kvale, 1996). The interview technique was a naturalistic and contextual-based approach, providing researchers with an opportunity to identify common themes/experiences for individual participants and among participants, because the participants were able to provide personal experiences from their point of reference (Kvale, 1996).

Analysis

The Miles and Huberman (1994) thematic data analysis model was utilized; consisting of three procedures: (a) data reduction, (b) data display, and (c) conclusion drawing first for each participant interview independently and then among all interviews. Step one required the interviews to be transcribed in order to denote the verbatim conversation of both the participants and the researcher (Gay, Mills, & Airasian, 2009). Within the transcript, identifying information was removed and replaced with the word *removed* to avoid identifiers (American Counseling Association [ACA], 2014, G.4.d). The transcripts were then read at least twice to ensure

researcher comprehensive understanding. Each word in each transcript was carefully analysed; the irrelevant information from the interviews was then discarded utilized black highlighter within each interview (data reduction). Within each individual transcript, high-frequency words were highlighted and common statements were circled. High frequency words and/or statements were assigned a theme, or category. Related statements were organized under each designated theme (data display). The transcript was then reread to check for appropriate categorizing and/or missing content. Each theme derived was representative of the whole text. Themes were collated to derive conclusions (data drawing and conclusions); special attention was made to indicate similar and contrasting statements (Miles & Huberman, 1994). Prior to across participants' transcript thematic analysis, member checking occurred. Each participant was called to review researcher findings and judge the analysis for adequacy of findings. At this point in time, the participants had the opportunity to make any clarification and/or modifications to ensure trustworthiness of the researcher's conclusions (Lincoln & Guba, 1985). Once all participants approved the researchers independently derived themes for their interview, the researcher began across participant analysis. Repeated phrases among participants were then identified and sorted to uncover themes. The themes were then sorted to identify categories. Additionally, data analyses considered the participants' age, gender, cultural affiliations, military connectedness, service branch, MOS, rank, and combat deployment variables when contrasting findings; allowing for comparisons between program participants (Patton, 2002).

Participants

The participants' age ranged from 47 to 71 years. Participants consisted of service members, service members who were also military children as well as parents of service members, siblings of service members, and a service member spouse who was also a parent of a service member and military child. The military branches represented included the Army, Navy, and the Marine Corps. Participants consist of both male and females. There was a total of five participants for this program evaluation (31.25% of program members and/or staff); three were members and two were instructors and one of those was also a director. This amount of participant involvement allowed for saturation to be reached (Patton, 2002). All participants experienced the deployment of either the service member or themselves as the service member a minimum of one time. The maximum number of deployments was unknown as one of the participant's Military Occupation Specialties (MOSs) of 11-Bravo Infantry with specialty of Force Reconnaissance required numerous deployments at a moment's notice, which varied in lengths. The other MOSs included aviation and infantry; all which varied in specialties. Ranks ranged from E-3 to E-5 with seven to 20 plus years of service. Location of deployments included, but was not limited to, Afghanistan, Africa, Germany, Kuwait, Korea, Saudi Arabia, and Vietnam. Some deployments were noted as 30 days while others ranged between eight and nine months.

Results

The overall theme derived from the analysis was the idea of this program being *life changing* for the participants. The three thematic categories that emerged from the analysis were (a) personal change experienced as a direct result of participation with the Heroes & Horses program, (b) both positive and negatives of the program, and (c) would want other Veterans to

know about the Heroes & Horses Program. For each of the thematic categories explored, the idea of being *life-changing* was the overarching emphasis. This section reviews each category.

Personal Change

All participants noted the experience with the Heroes & Horses program to have benefited them in some manner. One member noted this program provided him with a "calm spot." They further elaborated to note that "the horses gave [him] a safe place to help me understand my feelings and to explore myself… the horses did not judge me, they just accepted me. Everyone is different but the horses didn't care and didn't expect me to be like the other guy." "Horses know when you are having a bad day without saying anything but they still accept you." Another participant also shared that they benefited from this program because the "horses never judged me; I needed that." This participant shared having extreme anger issues as a direct result of PTSD as well as experiencing times of being suicidal prior to them beginning their work with the horses. "My anger isn't even half as bad as what it used to be. I didn't like being around people or big crowds… After connecting with a horse that changed." The participant described the horse feeling their paining and them being able to be in tune with the horse. The participant explained that when he was ready to ride the horse after connecting through groundwork, he still did not need to say anything. He explained that as he rode the horse, the horse would mirror his breathing. In order to bring the horse to a calm state he had to be in a calm state. This experience allowed the participant to begin to "reconnect." The participant explained that this experience provided him with the ability to "learn to manage my anger" and begin to manage "connecting with people again." One participant highlighted "the broken horse fixes the broken Veteran, thus fixing itself." Another participant experienced something similar by sharing this program helped "build my confidence." The program has allowed me to "become much more self-assured with personal goals." The participant further noted the program provided the opportunity to "work through challenges". This reflection was shared in respect to not only personal challenges but also the ideal of collective challenges experienced by Veterans. This idea was continuously stressed throughout all interviews as a positive attribute to the program. Similar to studies with other populations as well as with Veterans explored earlier, this program has offered participants improvements with cognitive processing with a decreased intensity of psychological symptoms while allowing them to still feel like the warrior they are.

Positives

In fact, all participants noted the benefit the program offered for comradery concerning the military lifestyle. After working with the horses in the barn and they sit for lunch, "we talk about our experiences and trials we are going through." "Not only does working with other Vets facilitate [working through challenges] but working with horses together in particular seems to help put things in perspective."

One participant shared that the program offers a place where the "Veterans find a new team," them and the horse and the Veterans collectively with their horses. One participant said the simple idea of just getting together with other Veterans knowing they know what you been through without having to say anything and the horses there to also accepting you "makes me feel like a team again. Not only with the horse but other Veterans." One participant continued on

with this notion sharing that the other Veterans become "friends you can talk to." One participant shared, "We build great friendships and teamwork at Heroes & Horses and learn to use what is learned at the farm in everyday life." The participant further stressed, "No one is ever left behind or to feel alone. Our team is magnificent." Participants who never fulfilled the role of service member noted members often spoke about the program offering them a "greater sense of belonging, a sense of empowerment, increased confidence as well as an increase in physical fitness and mobility." As other studies noted, this program offers participants the ability to be a warrior while experiencing the comradery they once had as a service member. On the contrary to the positive attributes of the program, one main adverse experience was noted by all participants.

Negatives

All the participants stressed the fear of not knowing when the program would cease to exist due to lack of funding. One participant shared that "the owner of the property can say at any time to leave. It happened before. We had to move horses quickly. It was quite difficult. Not having a place of our own yet due to lack of funding makes me worry every day that one day I may not be able to continue. Having a stable place to offer services would "offer a sense of stability to our riders, especially our Veterans." When the program had to move to another farm in the past, the riders' sense of belonging was negatively impacted. "Many Veterans are dealing with a lot of emotions and at Heroes & Horses we try to not add to their burdens by making a lot of abrupt changes. They are looking for stability and a place to find some peace and calm." In the past relocation, disruption to progress was attributed to both the Veterans and the horses having to readjust themselves to a different environment. "We want Heroes & Horses to be a place of comfort, where people can forget that they may be a little different than most and where they can come and be accepted and loved by our amazing horses, instructors and volunteers. A sense of belonging is extremely important and to continually have to move or have the feeling that we are not in a permanent location, gives our program a sense of uneasiness that is unfortunate."

Another shared if the program has to "shut down due to lack of funding, I will not be able to continue to grow." Another participant said since the funding isn't available to have an indoor arena, "raining days" and "bad weather" doesn't allow them to spend time with the horses each week in the ring. The director shared hopeful plans to have an indoor arena someday, so that when it rains, the program doesn't have to cancel. However, in the same sentence, fears of the inability to supply the service due to lack of funding was noted. Plans for a separate barn and activity area, just for Veterans was shared. The participant noted this space would provide Veterans a place to further the relationship with their horses.

> Not only will they have relationships with our horses during lessons, but we would like our Veterans to also help care for our "retired" horses when they are no longer able to be lesson horses. Instead of having to "rehome" our horses after retirement, our vision is to have a separate barn and pastures for their retirement and our Veterans will help with their care. They will then be able to continue that much needed relationship with their beloved horse for many more years.

Another shared they wish they knew they had a "forever home." Some participants wished more Veterans could participate but understood there is not enough horses due to budget restrictions. Overall, the principal concern appears to be for all participants that funding may be the cause of their involvement with this program to end.

Other Veterans

All participants noted they wish Veterans would give the program a chance because it can "change" them. One stated this program can "help them in countless ways, many of them indescribable." Another shared, "I was a nonbeliver but then I did it and it totally changed me for the best." Another noted, "all it will take is a chance, and then you'll know it works." Veterans "will be amazed at what these animals can do just by looking in their eyes and letting them tell you how to find your soul for healing." "Not only does working with other vets facilitate this but working with horses in particular seems to help put things in perspective."

Discussion

All participants noted the Heroes & Horses program being beneficial to work with Veterans. Noted positives of the program were not only the offering of a space for comradery but also a place where they didn't have to speak. Work with horses was noted as a means to help Veterans regain confidence in themselves with building relationships, which further supporting them in building relationships with others. This experience was noted to be a team effort; first between Veteran and horse but then later between Veterans and horses collectively. Most importantly, stressing the overarching theme of this program being life changing for the Veterans needs to be stressed. Participants noted this program had helped them experience a sense of relief from the service related mental health challenges they have faced. Similar to the results of other studies with Veterans, as well as other populations, this program has offered participants improvements with cognitive processing with a decreased intensity of psychological symptoms while allowing them to still feel like the warrior they are.

Having a forever home would give the Heroes & Horses program a sense of stability that it needs. Participants noted many hopes and dreams that will only be recognized when the program has ownership of their own property for the program. Additionally, the shared desire to expand the program to other Veterans can only become a reality when the funding is available.

Limitations

Some possible participants indicated they did not want to volunteer for this study right now. One person elaborated to indicate that he is in a good place right now and does not want to "take any chances on triggers." Such communications suggests that the program has been working for this individual and possibly discussing his journey thus far may bring him back to a place where he started, which is unwanted and not intended with the mission of the program.

Another limitation to the study was the lack of comparable programs. The research was not funded and, therefore, limited travel. However, even if there was funding available to gain more insight from other program experiences, the number of programs themselves is limited due to the cost of supporting the program's existence. As noted in the results section, 100% of participants shared one of the negatives was the idea of not knowing when the program would no longer continue due to lack of funding. Even though, this is a smaller program, in the year 2016, it cost $59,445.49 to run the program for the year (see Appendix). The property lease alone cost $7,200.00 annually; this did not include insurance ($3,047.50) or property improvements

required to maintain a program at this site ($5,620.25; i.e., maintenance, and PortaPotty rental). Additionally, the site needs to maintain PATH qualification ($2,093.52), which required properly trained instructors. Even though, the larger majority of the program was operated from volunteer work, there were a few hourly paid employees required for the program to maintain their certification ($11,256.67). When the one site closed its doors as a rental property, the program had to fund $2,221.85 for their horses to be boarded during the transition to the new site. In addition to these costs, care of the horses is also needed (i.e., food and veterinary care). A limitation to gaining more insight regarding such programs may be due to the substantial costs required to run such programs. There is a need for more funding for such programs in order to gain more insight into the experiences of service members utilizing ecotherapy post-separation from the military.

Implications for Research

The financial burdens stressed from this program evaluation may provide insight to why more extensive research is not available regarding this topic. However, moving forward, if programs, whether large or small, could collect data concerning the experiences of Veterans with their localized programs, more data can be available for cross-analysis. Having organizations identify how Veterans in their nature-based program, which includes equine therapy, perceive the effectiveness in helping them to cope with mental health challenges associated to being a Veteran does not burden financially. For instance, having pre and post discussions with the Veteran regarding their experience with the Veteran mental health challenges can be a starting point in noting trends for other programs. Using the feedback from Veterans can also promote evaluation of other programs to utilize to continue to strengthen the program offerings. Findings can also be helpful in documenting success which can aid programs in receiving grant funding.

Implications for Counselors

As the post 9/11 Veteran population continues to separate from the service branches and prepares for retirement, understanding the most effective practices for this population in addressing service related mental health challenges is a necessity. With research indicating Veterans are more comfortable receiving mental health services outside of the counseling office setting in nature settings, counselors are encouraged to step outside of their own comfort zones and begin to advocate with their sites to best meet this population’s needs. Additionally, counselors looking at specifically serving this population may want to advocate for local nature-based therapeutic settings to conduct program evaluations for the purpose of possibly utilizing as a referral if found effective. Another thought, may be to partner with nature-based therapy organizations to be available for Veterans who may benefit from additional support from a trained mental health specialist. This is a creative idea for an interdisciplinary team; however, if most effective for clients, it should be considered.

Conclusion

It is apparent from the results this program, Heroes & Horses, can offer numerous positive outcomes for Veterans. However, until supportive funding is made available to such programs, research concerning program effectiveness will continue to be limited. It is this

researcher's hope that this research may ignite other programs to seek program evaluation to substantiate their needs while highlighting the benefits their program can offer Veterans.

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APPENDIX. Actual Budget vs Proposed Budget

Revenue:	**Actual 2015**	**Actual 2016**	**Proposed 2017**
Donations	$10,323.40	$14,238.18	$18,000.00
Riding Fees	$ 4,035.00	$6,593.00	$7,000.00
Fundraising	$20,349.20	$22,891.75	$25,000.00
CCUW Grant	$7,625.00	$5,625.00	$8,500.00
CCF Grant	$10,000.00	$7,500.00	$5,800.00
T-shirt sales	$2,245.37	$1,480.00	$1,600.00
Grant/Other			$6,000.00
Personal Loan		$1,000.00	
Board Refunded	$754.52		
Transferred from Savings	$12,000.00		
Total	**$67,332.49**	**$59,327.93**	**$71,900.00**
Expenses:	**Actual 2015**	**Actual 2016**	**Proposed 2017**
Horse Expenses:			
Board/Property Lease	$11,490.36	$7,220.00	$7,800.00
Feed/Hay	$3,355.69	$4,484.00	$5,000.00
Farrier, Hay Del., Supplements	$2,442.00	$1,975.00	$2,500.00
Vet	$726.00	$1,343.00	$1,000.00
Misc	$1,104.72	$3,010.86	$1,000.00
Boarding during transition to new site		$2,221.85	$-
Office:			
Phone/Internet	$596.84	$50.11	$1,500.00
Copy/Print/Postage	$335.38	$974.00	$750.00
Supplies	$1,764.62	$194.27	$500.00
Quickbooks Payroll		$540.00	$400.00
Website		$-	$500.00
Employees:			
Payroll	$14,941.21	$7,788.05	$15,000.00
Payroll Taxes	$2,638.67	$1,098.62	$3,000.00
PAUC	$345.26		
Workers Comp	$1,713.00	$2,370.00	$3,000.00
Insurance	$2,237.00	$3,047.50	$3,000.00
Site Improvement:			
Maintenance:	$12,718.51	$2,874.75	$2,500.00
Run in Shed		$2,063.00	$2,400.00
Toilet, maintenance			$750.00
PortaPotty, rental		$682.50	$500.00

PATH	membership	$700.00	$1,200.00	$600.00
	certification		$400.00	$1,500.00
	travel		$493.52	$1,200.00
	training			$1,000.00
Fundraising Expenses		$6,218.34	$6,688.54	$8,000.00
Misc		$1,097.72	$535.62	$500.00
BCO		$150.00	$100.00	$100.00
Loan Repayment:			$1,000.00	
Grant Purchases			$6,683.31 (toilet)	$2,000.00
Gifts			$247.00	
Meals			$24.99	
Returned Check			$135.00	
Total:		**$64,575.32**	**59,445.49**	**$66,000.00**

Acronym Definitions: Clinton Country United Way (CCUW), Clinton County Community Foundation (CCF), Pennsylvania Unemployment Compensation (PAUC), and Bureau of Charitable Organizations (BCO)