



VETERANS ON CAMPUS

Avoiding and Addressing
Mental Health Crises

A NaBITA Mini-Paper

The Panel:

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INTRODUCTION

With well over a decade of sustained military involvement by the United States, postsecondary institutions have now seen many waves of high enrollment by veterans transitioning back into civilian life and seeking to make the most out of their GI Bill benefits. For the most part, educational institutions have welcomed these students — who come with guaranteed tuition funding and the focus and motivation needed to succeed academically — with open arms. However, many student-veterans, and most notably those who have seen active combat, arrive on college campuses with mental health challenges that can hinder their success. When combined with the stress of college, these mental health issues can become crises that can disrupt the learning environment and pose risks to both the veterans and others. Institutions need to address mental health from a proactive and preventive standpoint, and also be ready to respond when concerns become crises.

NaBITA convened a virtual panel of campus practitioners and experts across a variety of disciplines with a shared interest in supporting student-veterans. Below, they provide an array of perspectives, insights, and advice on how to best avoid and address mental health concerns among this student population and how to support student wellness, academic achievement, and safety.

THE ISSUES

Members of our virtual panel were asked the following questions:

- Why is the mental health of veterans on college campuses such an important issue?
- How does your work expose you to some of the veteran-related issues colleges and universities are dealing with and what are the biggest challenges with which veterans need help?
- What can educational institutions do to keep student-veterans' mental health problems from escalating into crises?
- Where should preventive efforts aimed at student-veterans live? Is there any one office on campus that is best equipped or positioned to carry out this task, or should such efforts be distributed throughout the institution? Why?
- How should institutions best respond to mental health crises once they occur?
- What areas are particularly challenging when it comes to supporting veterans? Is significant progress being made or are promising practices emerging in any particular area?
- How can we address questions of limited funding, buy-in, and campus awareness to effectively prevent and address mental health crises among student-veterans?
- Is there anything you have learned from working with student-veterans that can benefit your colleagues in Student Affairs, Veterans Services, and Behavioral Intervention Teams?

As the panelists reviewed and responded to the questions, it became clear that a great deal of intersection and contextual overlap existed between the prompts. Therefore, the paper is organized based on the themes that emerged from on the panelists' answers.

THE PANEL

Loren O'Connor, Ph.D. is the Assistant Vice Chancellor for the Office of Accessible Education and Counseling Services at Brandman University. He is also an Assistant Professor in the School of Education and a member of the Behavioral Intervention Team. Dr. O'Connor's areas of interest include program creation and implementation, serving student-veterans, and crisis response. He is a frequent national and international conference presenter on issues related to students with disabilities, disability rights and advocacy.

Perry C. Francis, Ed.D. currently serves as a Professor of Counseling and Clinic Coordinator at Eastern Michigan University. His areas of professional expertise include ethical issues in counseling and suicide assessment and intervention. Francis is an active member of the American Counseling Association and the American College Counseling Association, having served in leadership roles for both organizations in the past.

Sylvia Galvan Gonzalez, M.S., NCC, LPC-S serves as the Executive Dean of Counseling, District, at Austin Community College. Having lead responsibility for the district's BIT teams, this past year she has focused on redesigning the District's 11 Behavioral Intervention Teams to a 3 BIT regional model. Sylvia also maintains lead responsibility for several district wide prevention programs. She has served as a Clinical Counselor and Psychology Professor at both two- and four-year institutions, and taught student development and various psychology courses.

W. Scott Lewis, J.D. is a Partner with The NCHERM Group. He is also a Co-founder and Advisory Board Member of NaBITA, the National Behavioral Intervention Team Association. Previously, he served as a Special Advisor to Saint Mary's College in Indiana, and as Associate Vice Provost at the University of South Carolina. He is also one of the most in-demand higher education risk management consultants in the country, and has trained thousands of faculty and staff members.

Karen B. Phinazee, M.A. is the Sr. Dean of Student Development/Deputy Title IX Coordinator at Wake Technical Community College, where she has worked since 1990. She is the chairperson of the institution's Behavioral Assessment Team. Phinazee is an Advisory Board Member for NaBITA, and has presented on behavioral intervention and student conduct issues at community colleges.

Brian Van Brunt, Ed.D. is the Senior Vice President for Professional Program Development at The NCHERM Group. He is a Past-President of the American College Counseling Association, and the Past-President and current Executive Director of NaBITA. He also serves as Managing Editor of the *Journal of Campus Behavioral Intervention*. He has been the Director of Counseling at two institutions and has authored various books including, *Harm to Others: The Assessment and Treatment of Dangerousness* and *A Faculty Guide to Addressing Disruptive and Dangerous Behavior in the Classroom*.

AN ISSUE WORTH PRIORITIZING

WSL: There's the human rights side of this and then there's the financial side. On the human side, our combat veterans wrestle with mental health issues much more than their peer groups. It's important that we address these problems head-on because it's the right thing to do. On the financial side, we have many students who we hope can raise the money, who we hope can get financial aid, and who we hope have jobs that allow them to get through school; veterans come with guaranteed money, real life experience, and skills. They have already proven that they have the motivation and focus to achieve their goals and are coming in with a plan. These are students we really want.

LO: Since the United States has been involved in combat zones for more than 13 years, thousands of veterans are enrolling in institutions of higher education, and this trend will continue for a number of years to come. In addition to psychological disorders, numerous veterans coming to our campuses also have traumatic brain injury, hearing loss, PTSD and/or varying degrees of mobility challenges. Having multiple disabilities can be difficult and stressful for the student veteran. Disclosing a disability is not part of their culture and they frequently are not aware of the support that an Office of Accessible Education Services can provide to them.

PCF: Anxiety and depression remain the top two issues that motivate students to seek counseling services, and research indicates that the complexity of these issues, as well as other concerns, are increasing along with the use of counseling services on college campuses. While counseling centers do their best with their limited resources, student-veterans' unique set of mental health issues often require treatment and care that exceed the counseling center's ability or scope of practice. When left untreated, the consequences can negatively impact student-veterans' ability to be successful in their academic work, as well as their relationships with fellow students, campus faculty, and staff. When this happens, veterans' full potential as students is impaired and their future beyond the classroom is at risk.

KBP: In my view, veterans have very specific needs, one of which is to be understood. It's difficult for most people who have not been in combat or in the military to relate to

that experience. Also, because there is a unique bond amongst military personnel due to shared experiences, helping them connect to one another is important.

SGG: It's important not to focus on only one aspect, but to see our students through a holistic lens. While mental health problems on college campuses are important for all students, it is important to help the veteran student population through other difficult challenges they may face, including: transitioning to their own home environment; working through culture shock; dealing with career and job attainment issues and personal challenges; and going through the grief process.

BVB: While we will spend a good portion of this paper highlighting the unique mental health challenges facing veterans on campus, it is important to view this population like any other student population. Student-veterans are not a homogenous group, but rather individuals with individual experiences. While some may return from service with symptoms of post-traumatic stress disorder and struggle to integrate, others may return excited for the opportunity to study and will flourish. While some may have difficulty adjusting to an environment of open discussion with varied and often conflicting opinions, others may have a special appreciation for that and thrive in this environment.

AREAS OF CONCERN

LO: For many student-veterans, it is the first time in a college setting, and they face challenges adjusting to civilian life, being repeatedly deployed, working, and being a parent and/or spouse while simultaneously keeping up in the classroom. Most of my students report that the Veterans Administration (VA) is difficult to navigate and they often do not receive appropriate counseling services. Many have ongoing medical problems that require appointments, surgeries, and medication, which requires working with the VA system, and that can be very frustrating and confusing.

SGG: In working with veterans, the most common issues I've encountered are related to the stress and anxiety of transitioning to civilian and student life, classroom behavior, and anger and frustration. Coupled with challenges typical of some rural campuses — such as the lack of a veterans' office on campus, extracurricular activities for veterans, and staff with special training/expertise in VA benefits — obstacles can certainly overwhelm students.

PCF: Difficult transitions from soldier to civilian or persistent mental illness can lead to hyper-vigilance, inability to make connections with other students, and difficulty moving from a soldier identity to a student identity. This can impact academic performance, as well as how student-veterans integrate onto campus. Other issues center on access to support and services from the government. A delay in obtaining services and financial support can impact student-veterans' access to needed classes, and in some cases, lead to student-veterans dropping out of school rather than persisting to graduation.

WSL: Access to counseling and the stigma attached to seeking out help are big problems, as with many other adult student populations. Community colleges — and especially those with more than 1,800 students — that do not have counseling services should really move in the direction of creating a counseling center to serve all students.

KBP: Unfortunately, one of the most pressing issues I see has to do with funding cuts. This always becomes a challenge when you are looking at providing robust services to a specific group of students.

BVB: When it comes to veterans, we may have certain biases that either help or hinder our work. Some may assume that all veterans have PTSD or substance abuse problems, and others may assume that veterans are prone to aggressive behavior or are unable to think outside of the box. We must be aware of our personal bias and avoid making assumptions. Each veteran is a person with subjective and unique experiences. Our provision of mental health services, disability or academic support, or behavioral intervention, must be tailored to their unique experiences and needs.

PREVENTION THROUGH HOLISTIC SUPPORT

KBP: Often, we come up with programs and services without asking the individuals who we are servicing what works best for them. With that in mind, institutions should provide services to veterans that are specific to their needs to promote a culture of inclusion, respect, civility, and understanding. It's important that communication lines are open, to always promote success, provide resources to support veterans, and clearly convey expectations and the college's core values.

WSL: We need to be providing our veterans early outreach and asking questions such as, "Do we have a safe place for our veterans and their families to gather?" and "Is there a student organization or other way for student-veterans to connect with their peers?" Having such a place where veterans can go to study, access tutoring, and attend programming is so important. Someone from counseling services, for example, could go in and talk to a group about the resources available for them, and foster conversation around their shared experiences. When telling veterans that it might be helpful to go see a counselor or disability services, it's much more effective if there are peers who can say, "You know, I went in, and it was not so bad. They can really help you."

PCF: Veterans often will not reach out to or accept help from someone who has not been in the armed forces. Having staff members in various offices who have been trained to work with student-veterans helps to reduce stress and, consequentially, supports better mental health. Likewise, having one or two veterans who can endorse or recommend appropriate campus services is helpful. Institutions also need to create policies and procedures that recognize that student-veterans are often not in control of

the benefits available to them. So, rather than remove a student-veteran from a class due to non-payment of tuition, allow a longer waiting period until benefits can be approved. While this appears to be more about helping veteran navigate the VA bureaucracy, it is also about reducing stress that may exacerbate mental health issues.

LO: Our university is working on designing a new veteran program specifically for students with TBI, PTSD, and other psychological issues. They would receive weekly contact from a counselor and/or veteran outreach coordinator, who will be tasked with creating positive communicative relationships for stress reduction and providing support via counseling in mini-steps rather than waiting for a crisis. Prevention is much better than intervention, so referrals to appropriate agencies, tutoring, and faculty mentoring will also be offered. Brandman is also working on creating a Virtual Veteran Resource Center, which will also connect veterans to support and to other veterans.

SGG: There has to be a willingness to support these students through crisis. If students' behavior is "reported" as misconduct, consider treating the case as a concerning behavior "referral" and offering support via the Behavioral Intervention Team. Focus on and address the presenting issues and do not place or attempt to address what is not there. Advocate for changing or implementing policies to assist and remove barriers for students facing potential crises. Hire professionals whose expertise or area of interest are working with veterans and provide training to existing staff who want to work with this population. Also, provide training to instructional faculty on classroom management, mental health issues, and how to de-escalate situations.

BVB: Awareness of trigger events that can accompany PTSD is a good starting place regardless of someone's veteran status because not only veterans can suffer from PTSD. It is normal to see a heightened startle reflex as a response to loud noises or abrupt changes in the environment for individuals with PTSD. A startled individual with more severe PTSD may jump up, shout, hit the floor, or run from the room. For those with less severe PTSD, such stimuli may create simple annoyance, frustration, or difficulty concentrating. Prevention really is a key to addressing disruptive behavior. We can prevent potentially problematic behavior from escalating through early identification of the behavior and appropriate referral. This may involve training faculty and staff members about common difficulties veterans may experience when returning to the classroom, and the awareness of techniques to calm someone in distress such as cycle breathing, listening rather than lecturing, and offering options through a solution-focused framework.

CONSIDER YOUR SUPPORT DELIVERY APPROACH

BVB: Ideally, it is helpful to have a dedicated office with staff, training, and a budget that can spread preventive messaging throughout campus in a systemic way. Simply asking each department to develop a heightened ability to respond to veteran issues can be

difficult because programming, training, and education efforts tend not to happen without a centralized process. Each department has its own set of priorities and concerns. However, a veteran's affairs office can become isolated, or it may lack the ability or inclination to spread its message throughout campus. While having a single department to coordinate quality training and educational efforts is valuable, we need staff members in that department to adopt a train-the-trainer philosophy.

KBP: I'm of the mindset that services for veterans should be housed in student affairs. However, when resources and programs are ingrained in the fabric of the institution, where they are housed isn't as important as how veterans are being served. Also, institutions have to ensure that there is not a negative stigma attached to the office through which services are provided. Promoting wellness should be the focus.

PCF: A student-veteran who currently struggles with PTSD may benefit greatly from a support group in the veteran's services office, may be eligible to receive an accommodation for additional time or a different location for exams from the disabilities resource center, and may be eligible for tuition support from the VA that goes through the financial aid office. If each of these services is successful in providing support to the student-veteran, the mental health issues may never become a barrier to that student's success. With regard to mental health treatment, it takes a team effort to ensure that a variety of services are available on and/or off campus. It's important that all the services know about each other and can refer student-veterans for specific issues that may reduce stress and thus help create a safe and supportive environment for them. However, having one person or office for student-veterans to go to so they can either access needed services or be pointed in the direction of these service is most beneficial.

WSL: Like all good things, preventive efforts for veterans should span many areas including counseling, health services, student life, and of course the veteran's office on campus. All of these areas can collectively do more working together and share what a good friend refers to as "time, talent, and treasure." Depending on the specific program or initiative, you can look across these areas to find someone who may be best suited to serve as the point person, but the commitment must be shared equally. At the same time, why not make the most out of your Veterans Administrator? Often, this person is a veteran too, which may make student-veterans feel more comfortable. Regardless of approach, the President must support prevention efforts.

LO: Our Office of Accessible Education and Counseling Services (<https://www.brandman.edu/accessible-education>) integrates these two essential student services in one place. On any campus, accessible education services and the counseling center should be working together to serve student veterans so there is no miscommunication and students don't get lost. We need to provide a straightforward way for veterans to access support, and clear, direct communication is a must.

SGG: The one-stop center works if it is all-inclusive of the services required to meet the needs of veterans, including mental health services and help during crisis situations. Ideally, I believe that mental health or preventive services would best be offered by a counseling and/or social services center, or by a center specifically focused on providing prevention programming and counseling to all students, including special populations. But the reality is that this concept may be too costly and difficult to accomplish for a multi-campus college serving multiple student populations. In this situation, it may be best if services are distributed.

DEFUSING CRISES TO GET STUDENTS BACK ON TRACK

KBP: Providing veterans in mental health crisis with appropriate interventions can occur through the same office that handles behavioral concerns and problematic student conduct. However, it's critical for team members to have knowledge of the mental health challenges that veterans are facing and the best ways to address them.

SGG: We must follow our protocol for such circumstances. The goal is to provide immediate assistance and support to the student in crisis, and time is a critical factor.

WSL: We may want to bring the veterans administrator into the fold, just as if we were dealing with a student-athlete, we would reach out to athletics staff for information. This is something we should be doing when it comes to members of any closed community. If the veteran's administrator has not had much interaction with a student, perhaps there is a professor or academic advisor with whom the student really connected. Find those points of contact, because such individuals may have more in-depth knowledge of the student's experiences and situation. If we've done a good job, the BIT has already been in contact with the family for support and information and all are working together toward a positive outcome.

LO: Designing a comprehensive support program is an excellent step. However, the faculty, administrators, and Behavioral Intervention Team members should also have special training and protocols for supporting student veterans. The majority of student veterans qualify for and could benefit from disability services and counseling, so these offices need to work closely together, especially to help a student who has reached the crisis stage. The transition from military to civilian life is major; then becoming a university student is even more significant and challenging.

PCF: The job of any good Behavioral Intervention Team is to be cognizant of the resources available on campus for all students who may be demonstrating, through overt disruptive behaviors or academic failures, a need for support. Student-veterans may also have outside services available to them as a direct result of their service that can be obtained through the VA or other governmental agencies. Those responding to

mental health crises on campus should be aware of those resources to make appropriate referrals.

BVB: There are some key units on each campus that should receive enhanced training on identification and intervention of mental health crises, including counseling and psychological services, the BIT, health services, financial aid, the registrar's office, parking and transportation, campus police, and residential life. I could see the counseling center pairing with veterans' affairs to create a unified training module to assist student-vets in crisis. This module could explain how to identify at-risk behavior, how to ask questions, and how to intervene and refer students to help. Having such education couched within the structure of the BIT would also allow for more direct follow-up with struggling veterans.

OVERCOMING RESOURCE CHALLENGES

BVB: Tie support services into the retention work that is so central to the institution. If we are reaping the benefits of enrolling veterans on the admission side of the fence, then keeping them enrolled by providing appropriate mental health and support services really is in the school's best interest.

KBP: Educating our local governing bodies about the need for funding for our veterans is one avenue for addressing limited funding. Other avenues include working smart to maximize the resources that we are given, and collaborating with local organizations that provide resources to the veteran population. We should also look for grant opportunities. Finally, seek veterans as volunteers to help support the institutional efforts geared towards student-vets.

PCF: As noted, preventing mental health crises before they happen is more desirable than trying to respond to crises as they happen. This requires creating comprehensive services that address not only mental health, but also academic, social, and career needs as well.

WSL: Appeal to both the human and financial side of this. These students made a choice that put themselves in harm's way. We need to recognize that. Second, veterans tend to be better students because they've gotten through basic training, sometimes officer school, and accomplished difficult missions. They have purpose, leadership training, professional skills, and life experience. With the right support, these students can help us boost overall retention rates.

LO: With regards to creating greater awareness, I work closely with our marketing department and social media team to do stories on our student veterans. We have designed posters and brochures for our 26 campuses along with presentations to our staff and faculty. Our "Wall of Heroes" is a wonderful video interviewing our student

veterans and gaining excellent insight from their stories and input. This is a way to recognize them, as well as make others, both veterans and nonveterans alike, see that this is an institution that appreciates, welcomes, and supports student-veterans.

PROMISING PRACTICES

BVB: While education efforts designed to address the most common problems experienced by veterans on campus are helpful, it is just as important to avoid making assumptions about how individuals may feel or the challenges they may face. I also think veterans appreciate help from other veterans. Many of the best practices I have seen have worked well because those teaching or providing education have also served in the military.

KBP: For some veterans, it can be a challenge to sit in classes on topics in which they have a wide base of knowledge. Therefore, it would be beneficial both to institutions and to veterans if avenues were provided for them to get credit for knowledge acquired from their military training and/or experiences. This would provide veterans with an impetus to continue their educations or finish degrees while contributing to the college's completion rates.

PCF: As previously noted, veterans are more accepting of help from other veterans who can empathize with their struggles. Some institutions have either created a veterans office staffed by a veteran or hired a veteran whose job portfolio includes working with student-veterans and helping develop resources specifically tailored to this population. This is an area of progress. When it comes to mental health issues, there is a need to either ensure that the counseling center staff has the training necessary to work with those issues more common in the veteran population (e.g., trauma, PTSD, anxiety, etc.) or ensure access to a VA center that offers mental health services. Additionally, having counseling center staff members leave their offices and just “hang out” in the veteran's office to “chat” can help develop a sense of trust and familiarity with the counselors, allowing student-veterans to seek counseling services.

WSL: Take a look at Iraq and Afghanistan Veterans of America (<https://iava.org/>), which does a lot of good work recognizing campuses that support their vets. The Veterans' Administration lists institutions that are ahead of the curve in this area as well. Finally, colleges should plan for the startle reflex. For instance, I lived near a campus that was hosting a pre-bowl game and some military helicopters were flying in. These helicopters make a very distinct sound, and as they flew overhead and the windows rattled, all I could think was, “Please tell me someone reached out to the student-veterans and gave them a heads up.” In classes where killing and war are discussed, trigger warnings can be helpful. Faculty members should also be taught about common startle reflex triggers to avoid them and so they don't overreact. We want them to report concerning behavior to the BIT, but we also want them to know what isn't out of the norm for

someone who has been in active combat. This is something I touch upon whenever I do any sort of classroom management training. I also talk about not calling out veterans, holding them out as being representative of all veterans, or over-recognizing them.

LO: Most veterans will not disclose or ask for help from disability services or from their professors. We try to nudge veterans into seeking help for themselves by marketing our Office of Accessible Education and Counseling Services via articles and brochures, both online and on-ground; and including information in all new student packets. We designed a brochure for all students, and a separate one just for veterans, that in addition to explaining the types of services and accommodations available and how to access them, features images they can relate to and thanks them for their service. Again, prevention is so important with this population, as with other special student populations.

SGG: The following are some changes my institution has implemented based on success other campuses have experienced:

- Assigned a Student Services Dean who partnered with the Executive Director of Financial Aid to take lead responsibility for our efforts in helping to support veterans. One of their accomplishments includes obtaining a grant used to hire a VA Specialist.
- Opened a one-stop veterans resource center that is centrally located and offers support services such as VA certification and advising.
- Assigned a VA Specialist to three other campuses in different areas of the city to help student-veterans with academic and financial aid advising.
- Provided professional development on a regular basis for advisors and counselors on the challenges veterans face and how we can best support this student population.
- Hired a staff member who is a veteran and encouraging him to take the lead for a team whose goals include implementing activities for our student-veterans. We have held two very successful Veteran's Day events honoring veterans.

KEY TAKEAWAYS

Student-veterans may be quite unique in some ways, but also quite similar to other student populations you already serve in other ways. While services designed to support them should take that fact into consideration, perhaps one area of commonality among all such services should be a focus on mental health. This should not be the sole responsibility of your campus counseling center or veterans' office. Below, our panelists offer some general advice that can help everyone across campus who interacts with veterans regularly create an environment that supports wellness and mental health among these students.

- **Ask veterans about their experiences and frustrations.** This is often appreciated and can lead to good conversations. It should go without saying that some questions are not appropriate to ask without a relevant, contextual reason for bringing them up. —BVB
- **Listen to what is being said by veterans enrolled at your institution.** It's equally important to pay attention to what is not being said. Veterans, like other students, want to be treated with respect. We can learn a great deal from just looking at our processes from the perspective of the veteran and obtaining student-veterans' input before making decisions that will impact them. —KBP
- **Recognize commonalities with other nontraditional students.** We should see veterans as nontraditional students, and focus our attention on addressing their specific needs along with others who fall within that category. —KBP
- **Avoid treating veterans as victims or giving them any special treatment.** The vast majority have successfully negotiated the transition from the armed services to civilian life. While the incidence of PTSD and other anxiety disorders is tragically higher than in the general population, not all veterans have PTSD or anxiety disorders. What they often need is help negotiating being a student. —PCF
- **Help veterans connect with someone who understands them.** When help is offered, they are more open to that offer if it comes from someone who knows of their experiences first-hand. —PCF
- **Know what to look out for.** While the military has made significant progress in normalizing mental health treatment, there is still resistance to asking for help. Overcoming this obstacle takes patience, compassion, and respect across the institution. Teach faculty and staff members which symptoms can indicate that a referral to counseling would be helpful. —PCF
- **Avoid overreactions.** Not all veterans are suicidal or homicidal. You can't over-characterize them based on the extreme actions of a rare few. There are certain issues we need to be aware of, but only so that we can be more supportive. —WSL
- **Work situations using a holistic and collaborative approach.** This means collaborating with faculty when working on concerning behaviors or classroom management issues, and making appropriate determinations on exactly what are the real issues facing a student. Collaborate with the student as well and work on a student success or a safety success plan. —SGG
- **Use a framework that the veteran student will understand.** As an example, a student whose major is automotive technology may get the idea of developing a "toolbox" and "tools" to use with the mental health triggers. It's all about ensuring that you're both speaking the same language. —SGG
- **Be consistent in providing support availability.** A student presenting in crisis or a student experiencing psychological/emotional distress will take precedence over other circumstances, and a counselor should be made available to help. —SGG

While visiting the NaBITA website, the authors encourage you to explore its resources and to consider becoming NaBITA members. NaBITA serves as a membership association, a clearinghouse for resources, and a mechanism for sharing and disseminating best practices for an emerging field. You will find that NaBITA membership is distinguished by a strong value-inclusive philosophy. NaBITA membership offers a community, a newsletter and a listserv. NaBITA's members experience added value through discounted and free webinars and seminars, free or discounted registration to the NaBITA Annual Conference, access to a Q&A panel of behavioral intervention experts, and behavioral intervention documentation, including a member library of more than 300 practical documents and resources on successful models, sample policies, protocols, training tools and tabletop exercises. Learn more at www.nabita.org.

