The Rippling Effects of Post Traumatic Stress Disorder: Understanding the Effects of Trauma on Veterans in the Academic Environment

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- Learning Outcomes
  - Understand the psychological impact of trauma
  - Become familiar with symptoms of PTSD
  - Become familiar with criteria for diagnosing PTSD
  - Be able to discuss the impact of PTSD in the academic setting
  - Identify effective approaches to support veterans with PTSD

What does trauma mean?
A traumatic event is one in which a person experiences, witnesses, or is confronted with actual or threatened death or serious injury, or threat to the physical integrity of oneself or others

(The American Psychiatric Association’s Diagnostic & Statistical Manual [DSM-IV]).
Understanding Psychological Trauma

Psychological trauma occurs in the wake of a sudden, unexpected, overwhelmingly intense event that a person experiences outside of their normal human experience.

The individual’s experience of the event is what determines whether it was traumatic, not the event itself.

Traumatic experiences
- Are external but quickly become incorporated into the mind
- Shatter a person’s assumptions about the world
- Leave individual feeling powerless and helpless
- Create overwhelming fear and feelings of being in an unsafe world

Potentially Traumatic Events
- Natural disasters
- Physical assault
- Sexual assault
- Property loss
- Physical loss
- Violent agency
- Loss by death
- Loss of relationship
- Bearing witness to tragedy
- Portent of danger
- Threatened loss
- Loss of status
Understanding Trauma of War

The trauma of war is the shocking confrontation with death, devastation, and violence.

War-zone experiences
- Threat of imminent or actual death
- Witnessing of bodies and body parts
- Witnessing horrific injury, carnage or fatalities
- Extreme exposure to fire, dust, exhaustion

The more prolonged, extensive, and horrifying a service member’s exposure to war trauma, more likely she or he will become emotionally worn down and exhausted from the stressors of combat.

Difficulty recovering from trauma of war can lead to PTSD, also formally referred to as
- Soldier's heart
- Shell Shock
- Combat Fatigue
- War Neurosis

Effects of war trauma

What causes PTSD to develop?

During a traumatic experience you adopt new coping mechanisms that are survival-oriented for the situation you’re in. The problem emerges after the trauma when these approaches and responses are no longer functional.

Recovery involves recognizing what responses are functional and getting rid of the ones that are harmful.

“Trauma quickly reprograms your reactions, and recovery is a process of deprogramming.”
Brain Physiology

Fear Structure

A fear structure is a program for escaping danger that includes information about:

- The feared stimuli
- The fear responses
- The meaning of stimuli and responses

Trauma Memory

- Specific fear structure that includes representations of:
  - Stimuli present during the trauma
  - Physiological and behavioral responses that occurred during the trauma
  - Meanings associated with these stimuli and responses

* Associations among stimulus, response, and meaning representations may be realistic or unrealistic.
**Early PTSD Symptoms**

- Reminders in daily life trigger the trauma memory and the associated perception of “danger” and “helplessness”
- Activation of the trauma memory is reflected in re-experiencing symptoms and arousal
- Re-experiencing and arousal motivate avoidance behavior

**DSM-IV Criteria for PTSD**

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

1. Criterion A: Stressor
2. Criterion B: Intrusive recollection
3. Criterion C: Avoidant/numbing
4. Criterion D: Hyper-arousal
5. Criterion E: Duration
6. Criterion F: Functional significance
• Re-experiencing and avoidance are core responses to trauma
  • are manifested in the form of a variety of cognitive, affective, behavioral, and physiological experiences and symptoms

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<tr>
<th>MODE</th>
<th>REEXPERIENCING</th>
<th>AVOIDANCE</th>
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<tr>
<td>Cognitive</td>
<td>Intrusive thoughts</td>
<td>Amnesia for trauma</td>
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<td>Intrusive images</td>
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<td>Affective</td>
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<td>Behavioral</td>
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<td>Physiological</td>
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<td>Multiple Modes</td>
<td>Flashbacks</td>
<td>Complex activities in dissociated states</td>
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<td>Nightmares</td>
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Symptoms of PTSD that interfere with academic performance

• Emotional Effects
  • Dissociation-perceptual experience events “dissociate”, “spacey”, “automatic pilot”
  • Anger/Irritability
  • General anxiety
  • Compulsive behavior patterns
  • Feeling constantly threatened & unsafe
  • Blunted affect

• Cognitive Effects
  • Impaired concentration
  • Impaired decision-making ability
  • Memory impairment
  • Worry
  • Easily distracted
  • Symptoms of ADHD

• Physical Effects
  • Fatigue/low energy
  • Hyperarousal
  • Headaches
  • Gastrointestinal problems
  • Elevated startle response
  • Chronic unexplained pain

• Interpersonal Effects
  • Social isolation & withdrawal
  • Conflict in relationships
  • Vocational impairment
  • School impairment
Coexisting Disorders
Individuals with PTSD may also have the following disorders

- Substance abuse
- Personality disorders
- Depression
- Anxiety
- Dissociative Disorders
- Eating Disorders
- Obsessive Compulsive Disorders
- Social Phobia

Trauma Informed Approach

- Understand, anticipate, and respond to the special needs that a trauma survivor may have in a particular setting.
- Emphasizes physical and emotional safety, choice, empowerment and trustworthiness.
- Provide services in a way that will avoid inadvertent re-traumatization.
- Acknowledge that symptoms expressed by survivors are related to traumatic experiences and often cause mental health, substance abuse, and other health problems.

Supportive resources

- Support services
  - Counseling Center
  - Community VA services
    - Take the “shrink” out of counseling
    - Getting information and potential support
    - Learning ways to problem solve and cope with stressors
  - Psychoeducation for students recently diagnosed
    - Learn about common reactions to trauma
    - Factor that prolong post traumatic stress reactions is avoidance
    - Getting help early will help minimize symptoms
  - For those less likely to seek help with PTSD, encourage seeking primary evaluation for specific symptoms such as insomnia
    - More complaint of insomnia
    - Less stigmatizing
    - Willing to seek care
Classroom situations that might trigger prior experience of trauma

- Door slamming
- Loud noises (i.e. cough, sneeze, etc.)
- Lighting
- Instructors hovering and pacing
- Working in groups/close proximity with others
  - Identify and remove environmental triggers such as particular smells or noises

Tips for accommodations

- Hypervigilance
  1. Do not approach students from behind or from a position where they may not see you
  2. Preferential seating & allow increased personal space
  3. Don’t use laser pointers
  4. Avoid surprise noises
  5. Instructors should be easy to approach so students feel safe
  6. Avoid singling out student

Tips for accommodations

- Impaired attention & concentration
  - Additional time for exams
  - Separate area to test
  - Reader
  - Divide test up into different sections
  - Mark on exam rather than separate sheet of paper
  - Recorders/note takers/copies of lecture notes
  - Provide structure and as much predictability as possible
    - Clear timeline with preliminary assignment due dates
Other accommodations

1. Flexibility of attendance
2. Flexibility to leave class
3. Alternate methods for student participation
4. Increase faculty awareness
5. Multiple modes of content delivery
6. Provide class materials in advance
7. Assess student learning using multiple methods
8. Provide opportunities for students to submit assignments for feedback prior to the final grade.

References


