## IV. NON-VISIBLE ISSUES: PTSD, Crisis, Transition

When veterans return home they trade the operational stress of their mission on the battlefield, respect among peers, and the hardships they experienced on deployment, for the stresses of a workplace environment where discussion, compromise or dissent is expected, where they are just one person among hundreds, and people want to talk or complain about things the veterans think are unimportant --Cynthia Rasmussen, keynote speaker at the MATForce "Homecoming: From Warrior to Citizen" conference, as quoted by Lisa Irish, in "Veterans find help with transitioning into civilian life" The Daily Courier, 4/2/2012



## **ABSTRACT**:

This chapter is a very basic primer on the realities and buzzword myths about PTSD, with related details about the presence of crisis and transition in some student veterans in the classroom. The information is designed to inform early alerts by an instructor, enable an understanding of the context of some actions and reactions in public/in the classroom related to the three, and gain the vocabulary to best explain incident context to specialists when referring student veterans for appropriate help. Faculty should always defer/refer to counseling when warning flags go off for any of these three.

## **Three top learning goals:**

1) Understand the context and varied forms of PTSD, to better detect, accommodate, and refer the student veterans in need;

2) Provide a vocabulary to best discuss/explain incidents and their context to specialists, when referring student veterans for appropriate help or consulting with academic affairs support services;

3)Suggest practices that enable a route from first day self-identification to acceptable forms of accommodation (take a moment, recover from an incident, documentable excused absence, find a safe space, etc. ) that minimally affects the ongoing shared classroom environment, while providing respite and necessary support for student veteran needs.

### **BRIEFINGS**:

PTSD is the buzzword that flashes in the mind of instructors when there is out of character behavior, a sudden outburst, suspected emotional crisis, conflict, acting out, a panic attack, signs of high stress, confrontation or 'bizarre' behavior in the classroom, and the source is identified as or is self-identified as a student veteran. PTSD is real. It is HOWEVER NOT as common as more traditional problems that

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affect EVERY type of student at some point. PTSD affects only a small portion of student veterans as a daily issue in the classroom. More often than not it is triggered by a variety of situations – an experience, an anniversary, an alignment of events. A student suddenly slams down his books in an otherwise quiet classroom. A cell phone goes off with a ring tone that includes gun shots. In a science lab or engineering class, the smell of burning metal in an experiment. A discussion in a politics or English class that suddenly leads to a topic that leads a student veteran to discuss something extreme or violent from their experience. Has there ever been a case of a student veteran talking up (inventing?) details about PTSD as a passive aggressive act of intimidation in the classroom, or an excuse? Rare, but has happened. Many of the scenarios and some information are available in other chapters (eg First day/First Office hour), but are repeated here because quickly reacting and referring for help with PTSD can restore decorum to a class, all the way to helping a student veteran find relief from deep crisis, to preventing self harm.

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## 4 Samples scenarios

# **Faculty TIP 1)**: A really quick overview of the common symptoms of PTSD:<sup>1</sup> and link for TBI (Traumatic Brain Injury)

- Chronic hyper-vigilance
- Recurring flashbacks
- Frequent nightmares
- Persistent insomnia
- Emotional numbness
- Difficulty concentrating
- Outbursts of anger

"PTSD feels like a haunting. You can't negotiate with yourself that it's not rational... It takes control. Most important thing is that it's not forever. Feels like it Feels like a hostile divorce. But it can be adapted and dealt with and controlled."<sup>2</sup> For an excellent source of all types of information and resources on PTSD for active, reserve, guard and student veterans, highly recommend: <u>http://www.realwarriors.net/active/treatment/ptsdmyths.php</u>

Solution **Buzzword: Resilience** -- ability to become strong, healthy and successful in spite of stressors, transition: is a way to address, label, goals of dealing with PTSD even w/those who don't want to self identify as PTSD. However, Vet students often maintain a façade of adjustment until an issue affects their 'T minus goals'. As faculty, you might have to leverage support services to help.

**TBI (Traumatic Brain Injury) issues:** TBI issues (most common, memory issues, mental processing speed, confusion, issues with reasoning or synthesis of ideas) are the purview of disability services – see them for more information/ individual registered student needs, cognitive issues, and required accommodations. For general information: (<u>http://www.brainline.org/</u>).

**Faculty TIP 2):** What PTSD isn't: The classroom can often become proxy for anger from other causes of stress, conflict, and transition difficulties. Still, PTSD is not an excuse for outbursts, issues of personality conflict, bad classroom behavior. However, these issues can mount and find expression through PTSD reactions. "David was anxious, nervous, afraid of being hurt,. He was busy looking for danger, pacing, exhibiting behavior that might be expected from any animal of prey in an unfamiliar environment"<sup>3</sup>

Typical steps of transitioning through diagnosed PTSD: <sup>4</sup>: "Transition steps: separation, direct clinical treatment, (social

<sup>&</sup>lt;sup>1</sup> "Bootstrap: Yoga Based Stress Management for Troops and Veterans." <u>http://www.bootstrapusa.com/approach-bootstrap-kit.html</u> <sup>2</sup> Margaret Bellafiore. "From Combat to Campus". Academe (Journal of American Association of University Professors). Volume 98, Number 5 . September-October 2012

<sup>&</sup>lt;sup>3</sup> Purple Mountain Institute. <u>http://purple-mountain-institute.org</u>

<sup>&</sup>lt;sup>4</sup> "Veteran Symposium Presentations Feb 24 2014." University of Louisville.

https://louisville.edu/studentaffairs/vets/VITAL%20Symposium%20Feb%2024.ppt/view

worker, e tc), care coordination (seamless access to benefits, 'warm hand over'), and navigation (navigation of VA and school bureaucracies)"

But very often, PTSD isn't diagnosed and rated as a disability. Active duty members/members awaiting redeployment are loathe to declare PTSD regardless of syllabus requirements/need for classroom accommodation because of perceived risk of damage to career and/or security clearances. Very often student veterans are not even aware of their issues until triggered. See **Faculty Tip 12 & 13 b**elow for a sample list of types of assignments and some of the disciplines where PTSD can appear, with effect ranging from needing a moment to panic attack to disruption to rarely, feelings of self destructiveness.

### Faculty TIP 3): a variant of PTSD (Post 9/11) with different source dynamics and stronger build up of depression and anger has started to

**become more common**. The new generation PTSD is linked to some veterans living simultaneously in civilian space through skype/social media and combat life. Composite from post-performance discussion of BaseTrack Live<sup>5</sup>: "Cell phone and social media deploys with them [troops]...new variant of PTSD because they are aware that life goes on LIVE or nearly live and they are ineffective. Family ill, family and loved ones die. The famous dear John letter. Well now in between action and black out periods they get to see on facebook who the spouse or girlfriend has hooked up with, pictures of kids and friends having fun while they are dealing with the suck." The Cell phone and tablet now deploy along with the service member, and the dissonance of having to be hypervigilant while being tethered to the realities back home creates a psychic wound that is ripe for growing a variant of PTSD in some post 9/11 student veterans. ] For more information, google keywords: PTSD "social media" troops.

### Faculty TIP 4): Startle Response+ How to safely awaken/rouse a

**student vet asleep in class**: Don't do sudden things to a student veteran (removal of headphones from behind, presentation where student burst into room, wake up a sleep vet student, run a shock/surprise event, etc). For instructors giving exams or applying Socratic method teaching techniques and walking around: do not sneak up behind, and If you are walking around during a test or visiting groups engaged in active learning, make sure student veteran sees you. Most importantly: **If a student veteran is asleep in class** and you need to rouse him/her to pay attention, for a change of topic or switch in activities, or because class is OVER: **call him/her by last name**. The military style reference by last name will rouse, but within the context of being called to attention in the military -- WITHOUT risking reflex or defensive reaction. Small tip, but very effective and useful.

#### Faculty TIP 5): anxiety attacks can chain react or 'domino effect' -

observed in one veteran by other veterans/active duty, can throw them off / can amplify the disruption in class and thus increase the need for the first and if necessary others to 'take a moment' outside of class to regroup and seek further help (see counseling as a walk-in, workout to 'get the poison out', etc).

<sup>&</sup>lt;sup>5</sup> BaseTrack Live. Collaboration between the theater company En Garde Arts and service members from 1st Battalion, 8th Marine Regiment (Technical production on Sept 6 2014). ASU's Paul V. Galvin Playhouse.

## Faculty TIP 6): Recovering from a public PTSD incident/trigger: Teacher

needs to disarm or scuttle the post-trigger PTSD situation to avoid public overreaction, cognitive overload, or the embarrassment and confusion of the student veteran in class. *See chapter 3: In-class Behavior* for some ideas and for scenarios to discuss in faculty development/faculty learning center activities.

## Faculty TIP 7: PTSD can be triggered by discussion topics outside of

**war and politics and violence**: "PTSD not just from fear and habituation, but can be from moral injury: witnessing morally injurious things (social injustice in other countries, discovering mass graves, genocide, treatment of women)<sup>6</sup>. **Sample NON Class content PTSD trigger: phone ringer or construction**: a phone ringer that samples dubstep, drumstep songs; samples of gunshots in an industrial or rap song and other sudden explosive or gunfire-type sounds; passing by a nearby construction site (or one within earshot of the classroom) when there is a sudden machine sound of heavy equipment or nailguns, for example, can trigger a survival reaction, hypervigilance, and/or onset of a PTSD incident. Again, see **Faculty Tip 12 & 13** below for a sample list of types of assignments and some of the disciplines where PTSD can appear.

#### Faculty TIP 8): Change in social status and structure/routine disruptions

**becomes frustration as a transition byproduct**: Transition leading to social status reset, after so much time physically and socially apart, can be the root of many problems in the classroom, including fitting in, concentrating, taking academics seriously: "Vet return to entry level as civilian after achievement in the service...Injured don't get to separate and say good by to their battle buddies and military families. ...Family was functional without vet: suddenly vet is back home and his ways have to change to 'fit' in as 'roomie' for family... don't know their place in family 2.0"<sup>7</sup> Once returned, family always represent a commitment that comes first: kids, sickness, dependents, fights, satellite roles and interplay between everyone's roles and personalities. Programs for reintregration exist, but 'one size rarely fits any' in the complex dynamics of transition – especially with the veteran in the new haze of student status: "Yellow Ribbon programs: before arrival of veteran, debrief family of changes to come for family reintegration... TAPS: transition assistance programs are often limited or disregarded."<sup>8</sup> An example of a TAP to help transitioning service members, including Guard and Reserve members demobilizing after 180 days or more of active service, adjust to life after the military: "GPS... <u>http://www.benefits.va.gov/tap/...</u>an example of standalone GPS training online class on higher education or entrepreneurship:

http://jko.jten.mil/courses/tap/TGPS%20Standalone%20Training/start.html or visit Red Cross Post Deployment

<sup>&</sup>lt;sup>6</sup> "Veteran Symposium Presentations Feb 24 2014." University of Louisville. <u>https://louisville.edu/studentaffairs/vets/VITAL%20Symposium%20Feb%2024.ppt/view</u>

<sup>&</sup>lt;sup>7</sup> AZ Coalition for Military Families, 5<sup>th</sup> Annual Symposium, April 2014, Phoenix, AZ.

<sup>&</sup>lt;sup>8</sup> AZ Coalition for Military Families, 5<sup>th</sup> Annual Symposium, April 2014, Phoenix, AZ

services: <u>http://www.redcross.org/find-help/military-families/deployment-services/postdeployment-preparedness-homecoming</u>]<sup>9</sup>

Another source of conflict and frustration comes from change in location, move, or family living situation reorganization: "The geographic mobility that the military expects of active-duty families can be a source of both stress and excitement. Active-duty military personnel must move on average once every two to three years, meaning that military families move 2.4 times as often as civilian families." <sup>10</sup> New living quarters, new state application for schools, out of state status for dependents' tuition and benefits, licenses, arrangements for child support, etc – Not PTSD. Definitely frustration that may manifest as exhaustion or anger in the classroom.

Finally, there often is frustration from no career 'major' exploration: whatever major was 'marketed' to them in the general field (what's diff between computer science and IT certificate or major?) is what they may declare and start courses towards. Student veterans are especially out of the loop because they were not attending career days and similar 'high school to college' orienteering activities.

How does this all apply to faculty doing their roles as instructors? Simple. Spot, ask, sit down, refer. DO not become counselor. Walk a student veteran over if necessary to support services. Your action at this point will down-the-line make the student veteran or military service person a better student and more likely to stay in class and at your college.

## **Faculty Tip 9):** Social media cues or eLearning discussion board cues or in-class interaction 'casual comment' signs of trouble with PTSD

towards suicidal behavior: As this applies only to instructors using social media or discussion boards as part of their teaching technology, read more if relevant at: <u>https://ed4online.com/blog/veterans-and-ptsd-social-media-cues-part-2-noah-perkins</u> <u>http://www.realwarriors.net/active/treatment/suicidesigns.php</u>

#### Faculty TIP 10): Service learning and community partnerships are excellent vehicles of transition or launch pads for positive contribution and integration into the community: Positivist veterans believe in 'direct action'. If something is broken, someone steps up to fix it. Not write about it, post about, share about it, blame about it, complain about it.

DIRECT ACTION. In academics they find more examples of ideological, indirect action preceived as 'half hearted engagement,' which often leads to disillusionment and stereotypes against academia as 'well meaning but not doing'. Service learning puts the student veteran back in a mission outside of their immediate selves, and can be among the

<sup>&</sup>lt;sup>99</sup> Brandon L. Moore. Baylor University "Enablers and Inhibitors to Completing College." 6<sup>th</sup> Annual Veteran Symposium for Higher Education. Feb 2014

<sup>&</sup>lt;sup>10</sup> Clever, Molly and David R Segal. "The Demographics of Military Children and Families." Military Children and Families Journal, Volume 23 Number 2 Fall 2013. <u>http://futureofchildren.org/publications/journals/article/index.xml?journalid=80&articleid=588&sectionid=4089</u>

most effective types of learning experiences (regardless of discipline/major). Two examples out of many of student veterans with PTSD or other military related conditions, connecting from student and professor networks at college and then onward with the community as non-profits or 'giving back' entrepreneurial **'mission after missions'** projects include **1)the Human Cooperative**, which 'seeks to reduce the amount of organic matter being sent to landfills/encourage community gardens/farming) (<u>http://istart.org/startup-idea/social-entrepreneurship-green/the-human-cooperative/23806</u> and <u>https://www.facebook.com/TheHumanCoop</u> ) and **2)Wounded Wodders**, a non profit which seeks to "providing adaptive CrossFit to our Nations combat wounded and injured veterans " (<u>http://www.woundedwodders.org/about/founders/</u> and <u>http://www.woundedwodders.org/about/</u> )

## **Faculty TIP 11):** Pre-arranging a hand signal between student/faculty to notify the other of 'need to take a moment' and/or 'take it down a

**level'**: If you have the benefit of a pre-emptive student veteran visit (syllabus → first day, or during an office hour visit) explaining they may/have had anxiety attacks, transition/ anger issues, physical symptoms (eg Bell's Palsy sudden onset), risk of triggers based on expected next class content, are pending a vital phone call (condition of a battle buddy downrange, etc), are early alerting the instructor that they are rated or in treatment for PTSD, or any other particular worry that may require the student vet leave the class immediately...or if the instructor has had an issue of too much enthusiasm from the student veteran, of tending to take over a conversation via the military angle, of slipping into inappropriate language or reference for the classroom, boisterousness, or other issue which is outside standard operating decorum for the classroom, one of the most effective ways to attract the attention of the student veteran to 'take it down a level' or for student veteran to let instructor know they 'need to take a moment' is to develop a hand signal between them<sup>11</sup>. This minimizes distraction/disruption to the class for a vet/military related reason, reduces embarrassment for the student veteran needing to act media res in class, and a passive control by the instructor for a student veteran straying outside of class etiquette control. It can be something similar to a raised hand with 3 fingers up, or a pause and 3 times tap on side of glasses, or a pause and tug 3 times on a tip. Most who served are familiar with use of hand signs for private communication. Can also use an alternative name call – for example, instructor addressing the student by LAST name if standard classroom procedure is to use first names.

## Faculty TIP 12): A few types of class activity that could potentially carry PTSD triggers

Simulation Case studies creative demonstrations Walkthroughs Roleplays/reenactments (eg Natural disasters simulation) Creative writing/personal exploratory writing

<sup>&</sup>lt;sup>11</sup> This tip put to great use by Composition instructor, Diane Chardon (<u>diane.chardon@cgc.edu</u> )

Journalistic topics related to war

Group presentation

[again, imperative is accommodation/not exceptions. Problems are usually in non-major required classes with demos etc, as most student veterans in a major are more likely to expect what occurs that could be a trigger.]

## Faculty TIP 13): [A non-comprehensive SAMPLE LIST ACROSS VARIOUS DISCIPLINES THAT COULD BE PTSD TRIGGERS – for effect on senses, content material, etc]

Biology:	Cardiology simulations:
	Dissection (frog, cow eye, fetal pig, etc)
	Bone fracture simulation/testing
	Nocturnal behavior simulation (simulating being blind)
	Visible Human
	Deep brain stimulation
	Animal captivity and response
	study of nurtured/abandoned animals
	Skull identification
	Crime scene/forensics
	Bioterrorism
Business:	International business/cross cultural communication
	Human Trafficking
	smuggling/trade during wartime
	Global economic crisis
	Cultural misunderstandings
	Human rights
Chemistry/Physics:	Explosions/combustion demos, popping balloons, firecrackers
	Gases
	Use of Burners
	Remote control frequencies
	Riding rollercoasters
Psychology	Abnormal Psychology
	Abuse of children
	Re-enactment of the Stanford Prison Experiment
	Ethics
	Sensory perception
Engineering:	Soldering/metalwork
	Disaster/tolerance simulation
Nursing:	Study of Auscultation (breathing sounds)
Criminal Justice	Victim walkthrough/roleplay
	profiling
	Interrogation
	Prison studies
	Death penalty/treatment of minors
ETC	

## 4 Sample SCENARIOS\* relevant for NON-VISIBLE ISSUES: PTSD,

## Crisis, Transition

for instructions on how to use Sample Scenarios, go to HOW TO USE TOOLKIT chapter/module and read: "How to use SCENARIOS: Teachable Moments strategy or as Faculty Development exercises"

SCENARIO 1:	Student vet says he/she is entering a medical or judiciary related situation. Asks, what kind of documentation do you need for my absences to be excused?
SCENARIO 2:	A door slams and student vet assumes a defensive position; a phone ringtone sounds that samples a gun and student goes under the table. Class freezes and student veteran emerges embarrassed. How does class instructor recover the class?
SCENARIO 3:	Student vet appears flushed, anxious, jittery, sweaty or tearful in class, but when asked if okay after class, says/does nothing
SCENARIO 4:	Student veteran is asleep in class and class is ending or an activity is about to begin. How should you wake them up?

\*Where are the solutions? There are too many different ways to 'solve' each, agreeing and disagreeing, similar and dissenting, so instead you have 1)the scenario 2)suggested steps in Chapter <u>"HOW to USE Toolkit"</u> to find your own localized solutions. Forcing people to start discussions - active learning -- rather than reading/skimming what I thought/found worked in MY location/culture is the key to action and owning the problem and approaches. Only homegrown solutions SOLVE WITH PURPOSE