

# FAST FACTS FOR FACULTY

An educational tool for faculty on the go.

Designed to offer practical information to facilitate teaching & interacting with diverse learners, including students with disabilities.

Spring 2009

## *Did you know?*

A study done by the University of Virginia hospital's Neurology Department found that 24 percent of the head injury victims who were treated there were college students. Further, the National Head Injury Foundation (NHIF) reports that 60 to 70 percent of head injury victims are between the ages of 15 and 39. (Russell & Sharratt, 1992, p. 5).

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## NAVIGATING THE WORLD OF COLLEGE FOLLOWING TRAUMA

The featured topic for this issue of "Fast Facts for Faculty" is brain injury (to be referred to as Traumatic Brain Injury (TBI) and encompasses acquired brain injuries) and Post Traumatic Stress Disorder (PTSD). Immense national higher education discussion has centered on disabilities among returning soldiers from Iraq and Afghanistan; this issue aims to examine TBI and PTSD among college students who were former soldiers and those in general. Specifically, this issue will provide practical suggestions and insight to better equip professors when teaching learners who may have PTSD and/or TBI and staff members who may interact with this growing population of students in the co-curricular arena.

**Q: Why is it important for SJSU Faculty and Staff to become knowledgeable about individuals with PTSD and TBI?**

Given the increasing prevalence of students diagnosed with TBI and/or PTSD, this issue of Fast Facts recognizes that professors will have students in their classes grappling with the aftermath of enduring a traumatic event(s) and injury (Russell & Sharratt, 1992). As a result, professors, student affairs professionals, and others need to have research-based strategies they can employ to assist students with head injuries and PTSD succeed in their efforts to learn and interact with others.

*Continued on the next page.*

***"People living with the effects of PTSD and injury are not always going to look 'disabled.' PTSD is extremely debilitating and an invisible barrier. There is no typical set of symptoms and the disorder is like continual mental, emotional, and physical torture. Most people with PTSD are so 'stuck' in trauma that even when someone is not in a traumatic situation, they still fear victimization."*** – SJSU student and veteran with PTSD.

## SOME DEFINITIONS...

### Post-Traumatic Brain Disorder (PTSD)

Post-traumatic stress disorder is an anxiety disorder. Stressors can be intentional human, unintentional human, or acts of nature/natural disasters (Schiraldi, 2000, p. 5). PTSD results from exposure to an overwhelmingly stressful event or series of events, such as war, rape, or abuse. "PTSD is a normal response by normal people to an abnormal situation," (Schiraldi, 2000, p. 3).

### Traumatic Brain Injury (TBI)

Traumatic head injury is an "insult to the brain, not of a degenerative or congenital nature but caused by an external physical force, that may produce a diminished or altered state of consciousness, which results in impairment of cognitive abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. These impairments may be either temporary or permanent and cause partial or total functional disability or psychosocial maladjustment," according to the National Head Injury Foundation, 1986, (as cited in Russell & Sharratt, 1992, pp. 6-7).

Individuals with TBI may experience "difficulty in one, two, or all three major brain functions – cognitive (thinking), behavioral (social), and sensorimotor (physical)" (Russell & Sharratt, 1992, p. 7). The severity of the damage to the brain rests on the degree of injury to or trauma to the brain, where the blow or trauma occurred in the brain, and, finally, how the knowledge and skills were stored in the brain (Russell & Sharratt, 1992).

## WHAT IS THE PREVALENCE OF PTSD AND TBI AMONG THE TRADITIONAL COLLEGE-AGED POPULATION?

- An estimated 5.2 million American adults ages 18 to 54 have PTSD (Schroeder & Dawe, 2007, p. xv).
- A study done by the University of Virginia hospital's Neurology Department found that 24 percent of the head injury victims who were treated there were college students. Further, the National Head Injury Foundation (NHIF) reports that 60 to 70 percent of head injury victims are between the ages of 15 and 39. (Russell & Sharratt, 1992, p. 5).

## WHY DOES ATTENTION NEED TO BE GIVEN TO THIS TOPIC AND THIS POPULATION?

According to the United States Department of Education, only three percent of veterans who began a four-year program in 1995 graduated in 2001 in comparison to an overall graduation rate of 30 percent. Thus, such statistics suggest the existence of barriers to academic progress endemic among the growing population of college students who formerly served in the military.

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"Persistent demands for oral response in open classroom settings can be perceived as a threat. Stress-induced panic results in forgetfulness. This can be an extremely embarrassing experience..."

- Recent SJSU alumni with PTSD

# Dimensions of TBI & PTSD: Social and Emotional

SOCIAL/EMOTIONAL CHARACTERISTICS OF TBI & PTSD	RESEARCH-BASED CLASSROOM PRACTICES AND STRATEGIES	AN INSIDER VIEW: SJSU STUDENTS WITH PTSD AND TBI SPEAK OUT
<ul style="list-style-type: none"> <li>• Aggression</li> <li>• Depression</li> <li>• Anxiety</li> <li>• Irritability</li> <li>• Moodiness (mood swings)</li> <li>• Fear</li> <li>• Withdrawal from others</li> <li>• Suspiciousness, paranoia, &amp; misperception of the intention of others</li> <li>• Poor social judgment, impulsive or inappropriate social behavior - <i>TBI only</i></li> <li>• Disinhibition of emotional reactions, thoughts, or actions - <i>TBI only</i></li> <li>• Loss of the self-critical attitude - <i>TBI only</i></li> <li>• Childish or silly behaviors, euphoria - <i>TBI only</i></li> <li>• Emotional liability, inappropriate laughing or crying - <i>TBI only</i></li> </ul>	<p><b>Behavioral Control (feelings)</b></p> <p>In the case of a student with a brain injury, “[t]he executive control functions which monitor and control feelings and behaviors may have been damaged. The student will be in the process of relearning self-control.” Regarding a student with PTSD, certain situations and/or lecture discussion topics may trigger flashbacks or arouse symptoms of fear and panic.</p> <ul style="list-style-type: none"> <li>• <b>Devise a signal</b> – In a private, one-on-one meeting with the student with a TBI, devise a signal to be used between you and the student during class. “When you use the signal, it will alert the [student] that s/he needs to correct the behavior or leave the classroom. The [student] can use the signal before leaving your classroom when s/he has been unable to control the overload and must temporarily remove him/herself from the classroom. Knowing that you understand and accept leaving removes another of the stress factors that many [students with TBI] have.”</li> <li>• <b>Provide a list of appropriate classroom behavior and rules for the entire class:</b> Provide a list of direct and clear rules for classroom behavior and interaction as well as behavior on field trips, etc. and explain the list in detail.</li> <li>• <b>Allow for class exiting</b> - Allow the student with PTSD to leave the classroom should a topic or other event trigger a PTSD-related symptom(s). Again, knowing that you accept the student’s need to leave the classroom removes an amount of stress for the student.</li> </ul> <p>Russell &amp; Sharratt, 1992, pp. 44-45</p>	<p><b>Special attention to creating and monitoring group work dynamics is important:</b></p> <p>“Lower tolerance of stress, working with people increases anxiety and hyper-arousal (fear, aggression, emotion, etc.). Fear of conflict is huge. There is a strong desire to isolate.” - <i>Student with PTSD and physical injuries</i></p> <p><b>Class exiting when needed:</b></p> <p>“Proximity to others can result in extreme emotional pain and distress. Allow the student to withdraw from class if necessary.” – <i>Recent alumni with PTSD</i></p> <p><b>The need for a safe classroom environment and preferential seating</b></p> <p>“People with PTSD need to be reminded that no more harm will come to them.” - <i>Student with PTSD and physical injuries</i></p> <p>“PTSD students need to be able to constantly monitor the physical environment in order to feel safe. Therefore positioning in the classroom is significant and the student should be allowed to sit where s/he feels most comfortable.” – <i>Recent Alumni with PTSD</i></p> <p><b>Alternate methods of student engagement and classroom participation:</b></p> <p>“Persistent demands for oral response in open classroom settings can be perceived as a threat. Stress-induced panic results in forgetfulness. This can be an extremely embarrassing experience that reduces student confidence in learning ability and the likelihood of engaging in open classroom discussion.” – <i>Recent alumni with PTSD</i></p>



# Dimensions of TBI & PTSD: Physical

Physical CHARACTERISTICS OF TBI & PTSD	RESEARCH-BASED CLASSROOM PRACTICES AND STRATEGIES	AN INSIDER VIEW: SJSU STUDENTS WITH PTSD AND TBI SPEAK OUT
<ul style="list-style-type: none"> <li>• Fatigue</li> <li>• Disrupted sleep</li> <li>• Headache</li> <li>• Tension</li> <li>• Decreased muscle strength - <i>TBI only</i></li> <li>• Loss of coordination - <i>TBI only</i></li> <li>• Difficulty with vision, speech, hearing, smell, or taste - <i>TBI only</i></li> </ul>	<p><b>Communications</b></p> <ul style="list-style-type: none"> <li>• <b>Students with difficulty finding a word in class</b> – “If the student is trying to answer a question in front of the class, supply the word, if you know it, and then let the student continue.”</li> <li>• If alone with the student when s/he is unable to find a word, try a technique such as “teach the [student] to say the word s/he can think of that is closest to the word s/he wants. Then say another word that is close to that word. Keep her/him saying words until s/he finds the word s/he was originally looking for.” Do aloud at first and then silently once mastered.</li> </ul> <p>Russell &amp; Sharratt, 1992, p. 45</p>	<p><b>Physical symptoms impede performance:</b></p> <p>“Physical injury compounds all problems, particularly those with PTSD. Pain, fatigue, limitations, and depression has severely impacted my ability to perform in obtaining my degree.” - <i>Student with PTSD and physical injuries</i></p>



# Dimensions of TBI & PTSD: Mental/Cognitive

MENTAL/COGNITIVE CHARACTERISTICS OF TBI & PTSD	RESEARCH-BASED CLASSROOM PRACTICES AND STRATEGIES	AN INSIDER VIEW: SJSU STUDENTS WITH PTSD AND TBI SPEAK OUT
<ul style="list-style-type: none"> <li>• Concentration and attention difficulties</li> <li>• Heightened distractibility</li> <li>• Confusion</li> <li>• Amnesia (usually loss of recent memory)</li> <li>• Slowed processing (slowed memory or retrieval) – <i>TBI only</i></li> <li>• Difficulty with abstract or complex thinking - <i>TBI only</i></li> </ul>	<p><b>Class Structure</b> Class structure, and as much predictability as possible, is very important for students with a brain injury and PTSD.</p> <ul style="list-style-type: none"> <li>• Provide a clear timeline with preliminary assignment due dates and final due dates</li> <li>• Create an outline for class lectures</li> <li>• Allow for audio recording lectures</li> <li>• Reduce unnecessary external distractors (Fraser &amp; Clemmons, 2000, p. 119)</li> </ul> <p><b>Cuing</b></p> <ul style="list-style-type: none"> <li>• When lecturing, say “This is important” and “The next point is.”</li> <li>• At the close of the lecture, sum up main points and why they are important (helps the student organize their notes).</li> <li>• Use color to help students retain the information and emphasize important items on handouts, or more than one color as a method of organizing information (some students have found color coding flashcards to correspond with important points in the lectures to be effective, i.e. green - key items in the lectures; pink - reasons why something was important, white - for examples, and blue - what remained that might be needed.” (Russell &amp; Sharratt, 1992, p. 40-41)</li> </ul> <p><b>Directions</b></p> <ul style="list-style-type: none"> <li>• Give verbal as well as simple 1, 2, 3, steps rather than in paragraph form.</li> <li>• Pause when giving instructions or asking questions to allow time to process information and response time.</li> </ul> <p><b>Multistep problem solving</b> Sequencing represents a common problem for students with TBI and, to some extent, those with PTSD.</p> <ul style="list-style-type: none"> <li>• Have the student tell you each step aloud as s/he does it</li> <li>• Provide instruction in formal problem solving techniques: “identification of the problem, review of alternative solutions, selection of a response, and verification of a solution” (Russell &amp; Sharratt, 1992, p. 47). This formulaic approach can also be used when involving the student in an evaluation of his/her classroom behaviors.</li> </ul> <p>(Russell &amp; Sharratt, 1992)</p>	<p><b>Pain and side effects of medication often pose added barriers:</b></p> <p>“Medication to treat PTSD and injuries has played a large role in altering my ability to remain consistent in attending class and thinking clearly.” - <i>Student with PTSD and physical injuries</i></p> <p><b>Audio-recording lectures helps combat attention and concentration difficulties:</b></p> <p>“Retaining lecture content is difficult. Recording lectures and then transcribing them is labor-intensive, but a very effective study aid.” – <i>Recent alumni with PTSD</i></p> <p><b>Problem-solving assistance is important:</b> “When I thought there is no way to succeed, SJSU staff has always revealed possibilities of working through the difficult circumstances and keep going.” - <i>Student with PTSD and physical injuries</i></p> <p>“<b>Color coding</b> my text books and my personal time calendar. That helps me with my organization issues.” – <i>Student with TBI.</i></p> <p><b>Recognition that things take more time following a TBI:</b></p> <p>“I wish that [TBI] although it appears to be invisible, were better understood as a true cause of the person with [TBI] to have to slow down a great deal. Without such an understanding, it makes taking college classes significantly more difficult.” – <i>Student with TBI.</i></p>





# Dimensions of TBI & PTSD: Spiritual

SPIRITUAL CHARACTERISTICS OF TBI & PTSD	RESEARCH-BASED CLASSROOM PRACTICES AND STRATEGIES	AN INSIDER VIEW: SJSU STUDENTS WITH PTSD AND TBI SPEAK OUT
<ul style="list-style-type: none"> <li>• Shame</li> <li>• Discouragement</li> <li>• Hopelessness</li> <li>• Apathy, lack of concern, and lack of motivation</li> <li>• Despair</li> </ul>	<p><b>Referrals for disability management:</b></p> <p>“The feelings of frustrations and anger can be overwhelming to the [TBI and PTSD student], at times. Having someone who truly understands that it is the injury [or traumatic event(s)] causing the problems and not the student being obstinate or obstructive is very important to the student. This does not mean that the student should be allowed to be disruptive or to display unacceptable behavior,” however, as all SJSU students, regardless of one’s disability, are held to the University’s Student Code of Conduct (see <a href="http://www.sa.sjsu.edu">http://www.sa.sjsu.edu</a>).</p> <p>Upon a student’s disclosure of PTSD and/or TBI, and/or recognition of symptoms to you, provide the student with a referral to campus resources during a one-on-one, confidential setting:</p> <ul style="list-style-type: none"> <li>• Counseling Services</li> <li>• Disability Resource Center</li> <li>• (See campus and community referral list on page 8)</li> </ul> <p><b>Assistance in embracing a changed self:</b></p> <p>Faculty and staff can help guide a student’s recovery journey by offering “[u]nderstanding and acceptance” of who [the students are] <i>now</i>” which “can help remove the shame and allow these students to regain the self-esteem, sense of self-worth, and self-respect many of them seem to have lost as a result of the” brain injury and traumatic event(s) (Russell &amp; Sharratt, 1992, p. 42).</p> <p>Of note, “[a head injury may take] only a second to occur, but it takes years to return most survivors to their preinjury quality of life. Many professionals gave five to seven years as the time frame they have found to be necessary for the healing and relearning to be accomplished and incorporated into the personality” (Russell &amp; Sharratt, 1992, p. 43).</p>	<p><b>Self-confidence and memory impacts:</b></p> <p>“I have been challenged by a serious drop in self-confidence and my short-term memory has been deeply impacted” – <i>Student with TBI.</i></p> <p><b>Self-and ability justification/rationalization is tiresome and deflating:</b></p> <p>“I believe that [TBI] needs to be better understood by faculty. Just because we look normal, does not mean we are. And, it is very stressful to have to constantly try to explain where we are after, or during, our recovery.” – <i>Student with TBI</i></p> <p><b>The invisibility of the disability creates its own issues:</b></p> <p>“PTSD is an ‘invisible’ disability. Denial of the condition is a common symptom. After all, when looking into a mirror, an otherwise normal-looking person is staring back. PTSD victims are qualitatively different from other students, but are often unwilling or unable to call attention to their condition. Therefore, an otherwise normal-looking student may be experiencing acute interpersonal pain and an overly steep learning curve.” - <i>Recent alumni with PTSD.</i></p> <p><b>Lowered self-worth -</b></p> <p>“Those inflicted with PTSD tend to be hypersensitive and highly self-conscious, often with extremely negative self-worth.” – <i>Recent alumni with PTSD.</i></p> <p>“Irrational anger combined with chronic suicidal depression result in a potent emotional cocktail that often interferes with the learning process.” - <i>Recent alumni with PTSD.</i></p>

Additional Sources (Charts): Schiraldi, 2000, p. 441; Pepping & Roueche, 1990, as cited in Fraser & Clemmons, 2000, p. 98



TIP: PRINT CHART FOR READY REFERENCE! NOTE: STRATEGIES FEATURED IN THIS CHART WILL ENHANCE LEARNING FOR ALL STUDENTS.

## Faculty and Staff Support and Flexibility are Key to Student Persistence:

“I have always found instructors to be compassionate in providing accommodations with testing (extra time), seating and allowing me to do what I need to do to care for myself. These have been really important for me. I am still trying to accomplish my degree because of the support I’ve received.”

*- SJSU student with PTSD and physical injuries*

## PTSD AND TBI COMMUNITY AND CAMPUS RESOURCES

**Q:** What do I do if a SJSU student discloses that s/he has TBI and/or PTSD and needs help?

**A:** Pass along these nearby resources to your student:

### Campus Resources

- Counseling Services, Admin. 201, 408.924.5901
- Disability Resource Center, Admin. 110, 408.924.6000
- Kay Armstead Communicative Disorders Clinic, Sweeney Hall 115, 408.924.3679

### Community Resources

- Services for Brain Injury  
<http://www.sbicares.org>  
Phone: 408. 434.2277
- VA Palo Alto Health Care System features the following regional treatment centers:
  - Polytrauma Rehabilitation Center (some examples of polytrauma include Traumatic Brain Injury (TBI), Hearing Loss, Amputations, fractures, burns, and visual impairment)  
<http://www.polytrauma.va.gov>  
Phone: 650. 924.3259
  - The National Center for Post Traumatic Stress Disorder  
San Jose Vet Center  
278 North 2nd St.  
San Jose, CA 95112  
[www.ncptsd.va.gov](http://www.ncptsd.va.gov)
- The PTSD Information Line: 802.296.6300  
Phone: 408.993.0729  
(e) [ncptsd@va.gov](mailto:ncptsd@va.gov)

### CLASSROOM MODIFICATIONS TO FACILITATE LEARNING FOR ALL STUDENTS, INCLUDING THOSE WITH BRAIN INJURY AND/OR PTSD, MAY INCLUDE:

- Early notification of projects, exams, and assignments to reduce stress
- Flexible attendance requirements, when appropriate
- An encouraging, validating, academic environment
- Alternative testing arrangements in a quiet room
- Assignments available in electronic format
- Web page or electronic mail distribution of course materials and lecture notes

Source: <http://www.washington.edu/doi/>

# DISABILITY RESOURCE CENTER

**Location:**

ADM 110

**Hours:**

M & T - 9 am-5pm

W - 10 am-5pm

Th & F - 8 am-4pm

Phone:408.924.6000

TTY: 408.924.5990

Fax: 408.924.5999

Website:www.drc.sjsu.edu



## DEAF & HARD OF HEARING PROGRAM

**Location:**

IS 222

**Hours:**

M & T - 9 am-5pm

W - 10 am-5pm

Th & F - 8 am-4pm

Phone: 408.924.6542

TTY: 408.924.5990

Fax: 408.924.1714



## ADAPTIVE TECHNOLOGY CENTER & ALTERNATIVE MEDIA CENTER Call 808-2124 to set up a tour!

**Location:**

Dr. Martin Luther King, Jr. Library, 2<sup>nd</sup> Floor

**Hours:**

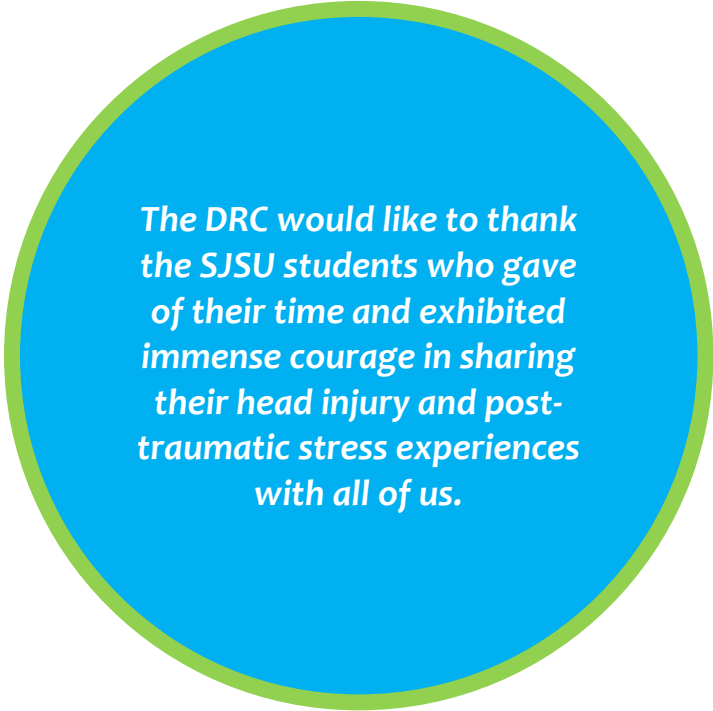
M-Th: 8am – 7:45pm

F 9am-3:45pm

S 12pm-4:45pm

Contact DRC at [info@drc.sjsu.edu](mailto:info@drc.sjsu.edu) with any Q's *OR* "Fast Facts" topic ideas.





*The DRC would like to thank the SJSU students who gave of their time and exhibited immense courage in sharing their head injury and post-traumatic stress experiences with all of us.*

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