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Student Trauma in the Classroom

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Abstract

Trauma-related disruptive student behavior has risen sharply. With the increase in the number of students experiencing traumatic events, and the number of U.S. veterans entering college, disruptive behavior may worsen. The purpose of the present study was to explore faculty experiences with student traumatic behavior, as well as their training to deal with such behavior.

Introduction

The impetus for this study began with a conversation among faculty from various departments about recent incidents of disruptive student behavior in the classroom. All faculty had received rude emails, several faculty had students say things to them such as, "I am not going to stand for the grade you gave me on this paper." Several faculty had been approached in their capacity as 'advisor,' but found that what the student in question really needed was a qualified counselor to help them deal with serious mental health concerns. One faculty member was even in fear for her safety walking to and from class. Furthermore, none of the faculty felt prepared to handle these instances and all felt like they were 'floundering' a bit trying to figure out the best way to handle these student issues. As a result, it became clear that a research study on faculty experiences with disruptive student behavior and their preparation for dealing with such issues was needed. The research discussed here presents the initial findings of that study (Klein, Pritchard, Alison-Bowers, Book, Birdsall, & McMullen, 2008).

Disruptive student behavior (ranging from talking in class to insubordination and intimidation) has risen sharply in college classrooms in recent years (Amada, 1986; 1992), with some estimating that incidents have doubled or tripled in both frequency and severity in past decade (Schneider, 1998). Facing a severe student disruption in class can be a faculty member's worst nightmare. Although most college faculty members are well-versed in their own disciplines, they typically do not receive classroom management training skills in graduate school (Anderson, 1999; Seidman, 2005). Thus, confrontations with disruptive students inside or outside of the classroom can be very upsetting for faculty because they have not been trained to cope with such instances, and may not even be aware of the ethical, legal, or even university policies and procedures for dealing with disruptive or confrontational students (Hernandez & Fister, 2001; Lamb, 1992). In addition, such disruptions can easily hinder the relationships between faculty and other students in the class. In fact, when college students were asked to list things that inhibited their learning while in college, the number one answer was disruptive behavior of fellow students in class (Seidman, 2005). Disruptive student behavior in the classroom has even been linked to problems with student retention (Seidman, 2005). Thus, disruptive student behavior seems to impact students as much as, if not more than, college instructors (Amada, 1986; Seidman, 2005).

As they find themselves having to deal with increasing amounts of uncivil student behavior both in and out of the classroom, many faculty are wondering where this increase in bad student behavior is coming from. Although large class sizes and lenient classroom policies can help contribute to some disruptive classroom behavior (e.g., cell phone usage, eating or drinking in class), many of the disruptive behavior concerns stem from student physical or mental health issues (e.g., emotional distress, medication, illness, drug use, sleep deprivation) well-beyond instructor control (Hernandez & Fister, 2001; Kuhlenschmidt & Layne, 1999; Seidman, 2005). Furthermore, a significant number of these instances are caused by students with serious untreated mental disorders (e.g., bipolar, schizophrenia) (Amada, 1992; Kuhlenschmidt & Layne, 1999).

One understudied contributor to mental health-related disruptive student behavior is student exposure to traumatic events. Research indicates that between 67% and 95% of college students will experience a traumatic event at some point in their lifetime (Bernat, Ronfeldt, Calhoun, & Arias, 1998; Vrana & Lauterbach, 1994). In fact, over one-third of college students report having experienced four or more traumatic events in their lifetimes (Vrana & Lauterbach, 1994). Although the prevalence of PTSD is only 1% in the general population (Helzer, Robins, & McEnvoy, 1987), 4%-6% college students meet PTSD diagnostic criteria (Bernat et al., 1998). Traumatic experiences have become so common-place in college student samples, that one study reported it was "rare" for students to not have experienced at least one traumatic event in their lifetimes, and "relatively common" for students to have experienced more than three separate traumas in their lifetimes (Vrana & Lauterbach, 1994, p. 298). Furthermore, students who experience traumatic events, especially those that experience multiple traumas, are more likely to report symptoms of anxiety, depression, and post-traumatic stress disorder (Vrana & Lauterbach, 1994). In addition, 80% of those with PTSD experience other forms of mental illness (Helzer et al., 1987). All of these symptoms can contribute to disruptive behavior (Hernandez & Fister, 2001; Kuhlenschmidt & Layne, 1999; Seidman, 2005).

Not only is trauma exposure becoming commonplace in the general college population (Vrana & Lauterbach, 1994), but with an increase in the number of U.S. veterans taking advantage of the G.I. bill, it is likely that the number of students having been exposed to traumatic events may increase in the near future. In fact, colleges are being told to prepare for a 20% increase in enrollment of veterans returning from Iraq and Afghanistan (Munson, 2007), which may increase further given the latest G.I. bill recently passed by the House of Representatives (Goshen, 2008; Koopman, 2008). Milliken, Auchterlonie, and Hoge (2007) reported that mental health issues in veterans returning from Iraq and Afghanistan have been greatly underestimated by the Department of Defense, with conservative estimates of the percentage of returning veterans that require mental health treatment services ranging from 20% to 42%. In addition, a recent task force mandated by the U.S. Congress reported that the existing mental health facilities funded by the Department of Defense were overburdened, understaffed, and under-resourced (Defense Health Board Task Force, 2007). This means many veterans are falling through the cracks. In fact, a recent study reported that 60-77% of veterans suffering from mental disorders refused to seek treatment (Hoge et al., 2003). Even if they do seek treatment, it may not be enough. Over one-third of

individuals afflicted with PTSD fail to recover even after many years of therapy (Kessler et al., 1995).

In terms of what to expect in the classroom, this problem is further compounded by the fact that the majority of veterans returning from the war in Iraq are male (Curphey, 2003). Males are significantly more likely than are females to report combat experience trauma (Vrana & Lauterbach, 1994). In fact, the most common cause of PTSD among men is combat experience (Kessler et al., 1995). In addition, one study found that males are more affected by anxiety and depression than were females by events that were so traumatic they could not discuss those events (e.g., combat experience) (Vrana & Lauterbach, 1994). Because symptoms of anxiety, depression, and post-traumatic stress disorder can contribute to disruptive behavior (Hernandez & Fister, 2001; Kuhlenschmidt & Layne, 1999; Seidman, 2005), perhaps it is not surprising that males exhibit more aggressive and interruptive behaviors than females do in the classroom especially in female professors' classrooms (Brooks, 1982).

The purpose of this study was twofold: 1) to gain insight into faculty understanding of student traumatic behavior with an emphasis on issues such as PTSD, and 2) to ascertain whether faculty felt adequately trained to deal with classroom disruptions related to student traumatic behavior. If colleges and college faculty are to adequately prepare for a 20% increase in enrollment of veterans (Munson, 2007), it is imperative possible classroom issues of returning veterans be studied. We hypothesized that faculty would report experiences with both U.S. veterans and PTSD-related symptomology in the classroom.

Method

Participants

An invitation to participate in the survey was emailed to faculty at a large, state college in the Rocky Mountain region in March 2008. One hundred thirty six faculty completed the on-line survey. The Institutional Review Board approved all procedures before the study commenced. As the survey was anonymous, consent was implied.

Materials

A 17-item survey was constructed by the authors. Questions pertained to instructor experiences with veterans or students suffering from trauma, disruptive student behavior, how they dealt with disruptive behavior, and whether they felt prepared to deal with disruptive behavior. Questions dealing with trauma were drafted from basic symptomology of PTSD. Questions asked for yes/no responses, with places to elaborate on their responses.

Results

Instructors were asked a number of questions relating to their experiences with students suffering from mental-health related outbursts in class. Twenty-six percent of instructors reported that they had had a student suffering from a psychological problem cause a classroom disruption. Of those, approximately half of instructors tried to talk one-on-one with the student causing the disruption; the other half referred the student to counseling services. In addition, less than 10% of respondents referred the student to an administrator (e.g., department chair, disability services) or altered the way they taught their class to avoid future problems with that student. Fifty-eight percent of instructors have had a student suffering from a psychological problem seek them outside of class (e.g., during office hours) for help/advice. Once again, approximately half of instructors tried to talk with the student themselves; the other half referred the student to counseling services, with a handful of respondents referring students to administrators.

Instructors were also asked about their experiences with specific types of disruptive behavior. Forty-nine percent of instructors indicated that students in their classroom have difficulty concentrating or appear to be spacing out. Fourteen percent have experienced situations in the classroom where a student was overly alert, watchful or on guard. Twelve percent of respondents had a student suddenly begin yelling and acting hostile toward them in class. Thirteen percent had students express feelings of being threatened, uncomfortable or unsafe in class. Fifty percent have had a student's behavior in class require additional individualized attention. Forty-eight percent have noticed a situation of a student feeling out of place, different or separate in class. Eighteen percent have lead classroom discussion away from certain topics to avoid outbursts from particular students. Finally, 16% have had students in class suddenly taken offense at something said and acted out (e.g., yelling, getting violent) at someone in class. Instructors were specifically asked about whether they had to refer students to counseling for psychological issues. Sixty-one percent of respondents have had to refer a student for counseling for psychological issues. Of those, 94% referred students to the campus counseling center, 17% to a private counselor, 20% to student disability services, 10% to other places (e.g., hospital, social services, VA, alcoholics anonymous, physician, state mental health services).

Ninety-one percent of instructors have had a student who is also a U.S. Veteran in class at some point in their teaching career. Of those, 55% of instructors had a veteran in class who they knew suffered from trauma as a result of war. In addition, fifty-four percent of instructors have noticed students relating classroom discussion to a military experience. Seventy-five percent of respondents did not believe that their training prepared them to deal with students who have suffered from psychological trauma or other psychological issues. Seventy-three percent of respondents do not feel prepared to deal with a student experiencing obvious symptoms of mental illness during class.

Discussion

With increasing concern over violence in college classrooms, such as the recent incidents at Virginia Tech, University of Arizona, Shepherd University, Virginia's Appalachian School of Law, University of Washington, and University of Arkansas, researchers are beginning to investigate disruptive behavior in college classrooms. The purpose of this study was twofold: 1) to gain insight into faculty understanding of student traumatic behavior with an emphasis on issues such as PTSD, and 2) to ascertain whether faculty felt adequately trained to deal with classroom disruptions related to student traumatic behavior.

As hypothesized, nearly all faculty members had a U.S. veteran in their classroom at some point in their career. Of those, over half of the faculty who had veterans in class knew that the veterans suffered from combat-related trauma. Similar numbers of faculty had veterans relate classroom discussion to their military experience. In addition, over one-quarter of faculty had a student with a known psychological disturbance cause a classroom disruption. Furthermore, over half of faculty had experience with at least one PTSD or other trauma-related symptoms of student disruptive behavior in the classroom (e.g., spacing out, yelling, feeling unsafe).

There are a number of reasons why colleges are seeing an increase in the number of students with mental disturbances in the classroom. Many patients are now relying on medication to control their mental illness and thus remain active members of society, which includes attending college classes. Also, some mental health providers recommend their clients attend college because they believe the college environment will have a positive effect on their clients' well-being. However, some of these

emotionally disturbed students, such as veterans with untreated mental health issues, may not be prepared to deal with such an environment; and, in fact, the stress of college life may make their symptomology worse, causing them to act out to get the attention they need (Amada, 1986). In addition, disruptive students rarely seek counseling on their own because they do not think that they have or that they are a problem (Lamb, 1992). This is alarming because not discussing traumatic events or other mental health issues can lead to psychological and physical problems (Pennebaker, Hughes, & O'Heeron, 1987). Regardless of the reasons for the increase, some disruptive college students threaten the safety of themselves and others (Amada, 1986).

Yet, many faculty do not know where to turn when facing disruptive students. Similar to previous research (Anderson, 1999; Hernandez & Fister, 2001; Lamb, 1992; Seidman, 2005) 1992), faculty who participated in our study did not believe that their training prepared them to deal with students who have suffered from psychological trauma or other psychological issues. In addition, nearly three-quarters of respondents did not feel prepared to deal with a student experiencing obvious symptoms of mental illness during class. This is in line with previous research which found that faculty members often feel they get little support from college administration when they do report problems with disruptive students (Hernandez & Fister, 2001; Schneider, 1998).

There are several limitations that need to be addressed. This study included only one public college in the Rocky Mountains. Other types of universities or universities in different locations may have different experiences with student disruptive behavior. In addition, faculty respondents were voluntary. It could be that faculty members who have had experiences with classroom disruptions were more likely to respond to our study. Future research should endeavor to get a larger sample of faculty with differing types of experiences from a more diverse sample of two and four year universities.

The present study found that faculty experience with student disruptive behavior related to trauma symptomology is fairly commonplace. In addition, faculty members feel unprepared to deal with such behaviors. As disruptive student behavior can lead to problems for both faculty and students and ultimately has a negative impact on student retention (Seidman, 2005), it would behoove universities to address this problem sooner rather than later. Anderson (1999) argues that it is important that universities provide faculty with training to deal with disruptive student behaviors. Some universities are beginning to take note – forming committees to consider possible solutions and offering workshops to faculty (Schneider, 1998). We recommend that universities offer more of these types of workshops for their faculty and graduate students and all faculty members avail themselves of the opportunities for such training.

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