Faculty Perceptions of Combat-Related PTSD and Teaching Post 9/11 Student-Veterans

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The purpose of this study was to examine faculty members' perceptions of post traumatic stress disorder (PTSD) and student veterans. We surveyed 596 faculty members from 28 institutions of higher education regarding their views on PTSD as a disorder, whether PTSD can be effectively treated, and their preparedness to teach student veterans. Results indicate that faculty members do perceive PTSD to be a real disorder confronting student veterans; however, statistically significant results indicate that many faculty members do not consider PTSD to be treatable, nor do they feel prepared to work with these returning students. These results suggest a need for faculty education about PTSD as it relates to this population of students who are veterans of post 9/11 war conflicts.

The Post-9/11 Veteran's Assistance Act of 2008 extended educational benefits to any service member honorably discharged after at least 90 days of service since September 11, 2001 (Shankar, 2009). By extending these benefits to include members of the National Guard as well as reservists, there is no longer a distinction between active duty and reservist benefits, which means that this re-authorization of the G.I. Bill could affect record numbers of service members. Shankar (2009) has stated that these educational benefits can be claimed by enrolling in an accredited public or private institution of higher education, yet can be deferred for up to 15 years after honorable discharge from service, suggesting that the number of student veterans on college campuses could continue to grow over the next decade.

Unlike veterans from previous conflicts, veterans from recent conflicts in Afghanistan and Iraq have expressed higher rates of post-deployment mental health disorders. Rates of Posttraumatic Stress Disorder (PTSD) and related disorders have been estimated to be as high as 20% in the veteran populations from these current conflicts, indicating that many of the returning veterans applying for educational benefits may be diagnosed with some type of mental

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health disorder related to their military service (Burriss, Ayers, Ginsberg, & Powell, 2008). It also has been estimated that 71% to 86% of veterans from Iraq experienced hand-to-hand combat, which has been indicated to be a significant predictor of the development of PTSD; therefore, many veterans returning from Iraq may be at risk for developing the disorder in the future (Hoge et al., 2004).

Symptoms of PTSD can include difficulty concentrating and sustaining attention as well as other memory impairments, especially when comorbid with depression or anxiety disorders. The incidence of PTSD and comorbid disorders is strongly associated with experiencing combat duty (Buriss et al., 2004; Donovan, Padin-Rivera, Dowd, & Blake, 1996). Other symptoms of PTSD manifested by veterans of Afghanistan and Iraq can include anger, hostility, persistent re-experiencing of an event, avoidance of stimuli associated with an event, and aggressive tendencies (Jakupcak et al., 2007).

As these ambivalent thoughts can manifest as an inability to act, student-veterans with PTSD may be perceived as detached and uninterested, which may lead to difficulties in an educational setting (Miller, 1994). Non-visible or hidden disabilities, like those caused by psychological trauma (i.e., exposure to war and extreme violence), may be more difficult to address in a classroom setting, as psychiatric disabilities have traditionally been considered to be exaggerated or created by an individual through a lack of willpower or character; however, the degree of impairment related to a disability is not correlated with the degree of visibility associated with the disability (Smart, 2009). The symptoms of non-visible psychiatric disabilities often arise in stressful conditions, which can occur in a classroom setting, such as in a testing situation that may lead to reactions that are difficult for instructors or faculty to understand or interpret. Situations leading to volatile reactions may occur through apparently benign interactions, such as reading materials, participating in classroom discussion, or completing a written exam.

The purpose of the study was to examine faculty perceptions of PTSD and faculty members' preparedness to work with returning student veterans who may be suffering from PTSD. To achieve this purpose, two research questions were examined. The first research question concerned whether faculty members considered PTSD to be a real disorder and whether these same faculty members thought that PTSD could be effectively treated. The second research question examined whether faculty members considered PTSD to be a real disorder and how that relates to their perceived preparedness to teach a student veteran.

These research questions were examined through the lens of an adult transition model (Goodman, Schlossberg, & Anderson, 2006) that served as the theoretical framework for two recent student veteran studies (DiRamio, Ackerman, & Mitchell, 2008; Rumann & Hamrick, 2010). Goodman et al. (2006) defined a transition as "any event that results in changed relationships, routines, assumptions and roles" (p. 33), and only when the individual recognizes the event as impactful. In other words, if individuals consider an event as having a strong impact on their lives, only then are such events defined as being a transition. Literature appears to support the transition from military life to higher education as being impactful, as

this population has a desire to be acknowledged and understood in this transition from active duty military to full-time college student (e.g., Burnett & Segoria, 2009; Diramio, Ackerman, & Mitchell, 2008; Rumann & Hamrick, 2009). Specifically, DiRamio et al. (2008) concluded that "a consistent message from the participants was that they hoped faculty members would acknowledge their veteran status and attempt to understand them as a student population," (p. 89); however, faculty members' attitudes toward the military and beliefs about PTSD may impact their ability to effectively teach returning student veterans (Barnard-Bark, Bagby, Jones & Sulak, 2011).
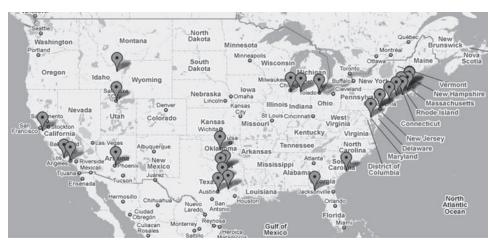
Method

Participants

From our sampling frame of 28 universities, 596 faculty members agreed to participate in the study by volunteering to complete an online survey. The gender distribution was approximately 41.5% (n = 246) female and 58.8% (n = 347) male. Approximately 89.7% (n = 525) of the faculty members self-reported as Caucasian or White, 3.2% (n = 19) as Asian, 3.2% (n = 19) as African American, 2.4% (n = 14) as Hispanic, and 1.4% (n = 8) as Other. The average number of years of teaching was 16.5 years (SD = 11.70) with values ranging from l year to 52 years. Approximately 60% (n = 358) were faculty members at public institutions of higher education, while the remaining 40% (n = 238) were from private institutions of higher education. Using the Wikipedia definition of academic fields (Wikipedia, 2009), 64.4% of the respondents were from the social sciences, 26.8% were from the social sciences, 6.7% were from fine arts, and 1.9% were from other disciplines. With regard to prior military services of these faculty members, approximately 16.3% (n = 82) of the faculty members that we surveyed reported having served or are currently serving in the military. Figure 1 represents the geographic distribution of these institutions according to zip code (Google Maps, 2009).

Measures

For the first research question, two variables were examined to discern whether faculty members considered PTSD to be a real disorder and whether these same faculty members thought that PTSD could be effectively treated. Regarding whether PTSD may be considered a real psychological disorder, faculty members were asked to respond to the item, "I believe PTSD is a real psychological disorder." As to whether faculty members thought PTSD could be effectively treated, faculty members were asked to respond to the item, "I believe PTSD can be effectively treated." For the second research question, two variables were examined to discern whether faculty members considered PTSD to be a real disorder and how that relates to their perceived preparedness.

FIGURE 1

Location of Universities by Zip Code

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The first variable regarding whether faculty members considered PTSD to be a real disorder was discussed previously. Regarding faculty views on their preparedness, faculty members were asked to respond to the item, "I am prepared to have a returning student-veteran who suffers from the symptoms of PTSD in my classroom." All three items utilized were measured with a five-point Likert-type response format with values ranging from "strongly agree" (5) to "strongly disagree" (1).

Analysis

Analyses were performed in Statistical Package for the Social Sciences (SPSS) (*v.* 16.0). As the amount of missing data was small (e.g., 2.18% of cases), missing data were handled using a pairwise method of deletion.

To answer the first research question concerning whether faculty members considered PTSD to be a real disorder and whether these same faculty members thought that PTSD could be effectively treated, a paired or dependent samples t-test was performed. To examine the second research question as to whether faculty members considered PTSD to be a real disorder and how that relates to their perceived preparedness, another paired or dependent samples *t*-test was performed. As multiple comparisons can lend to the possibility of an inflated Type I error rate, a Bonferroni correction was made where the typical α value of .05 was divided by the number of comparisons (e.g., .05/2), resulting in a new α value of .025.

Cohen's *d* was calculated as the measure of effect size. Cohen's *d* values of .20, .50, and .80 or larger refer to small, medium, and large values respectively (Cohen, 1988).

Results

In answering the first research question whether faculty members considered PTSD to be a real disorder and whether these same faculty members thought that PTSD could be effectively treated, results indicated statistically significant differences, $t(592) = 49.68$, $p < .001$, $d = 2.97$. This value of Cohen's *d* indicates a rather large effect size. Faculty members appear to agree to strongly agree that PTSD is a real psychological disorder ($M = 4.63$, $SD = .605$), while these same faculty members appear to disagree to strongly disagree that PTSD can be effectively treated ($M = 1.90$, $SD = 1.15$). In examining the second research question as to whether faculty members considered PTSD to be a real disorder and how that relates to their perceived preparedness, results indicated statistically significant differences, $t(585) = 20.454$, $p < .001$, $d = 1.12$. This value of Cohen's *d* also indicates a rather large effect size. While faculty members appear to agree to strongly agree that PTSD is a real psychological disorders ($M = 4.63$, $SD = .605$), these same faculty members appear to be neutral to agree ($M = 3.61$, $SD = 1.13$) that they are prepared to have a returning student-veteran who suffers from the symptoms of PTSD in their classroom. Table 1 provides the descriptive statistics for PTSD variables.

TABLE 1

Descriptive Statistics for PTSD Variables

Variable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
PTSD being a real psychological disorder	0.5% (3)	0.5% (3)	2.0% (12)	29.7% (171)	67.2% (400)
Faculty prepared to have a returning veteran-student who suffers from the symptoms of PTSD in the classroom.	6.3% (37)	9.7% (57)	23.2% (136)	38.2% (224)	22.7% (133)
Faculty believing that PTSD can be effectively treated.	50% (297)	27.1% (161)	9.9% (59)	8.9% (53)	4.0% (24)

Discussion

Educating faculty and administration about psychological disorders, especially PTSD as it relates to student veterans, may be necessary, according to the results of the current study. Faculty members in this study identified PTSD as a real disorder but expressed doubts about the efficacy of treatments for PTSD and working with these students in their classrooms. Given that PTSD is often a non-visible disability (Smart, 2009), faculty members may be hesitant to attribute reactions of student veterans to the presence of PTSD and may not feel comfortable teaching a student veteran with a diagnosis of PTSD.

Education of faculty appears to be a key to the successful integration of student veterans. With many of today's faculty lacking personal experience with military combat operations, they may feel unable to help student veterans make the transition from the armed services to the classroom (Rumann & Hamrick, 2009). Feelings of helplessness may translate into a lowered self-efficacy (Miller, 2009), referring to a belief in one's own ability to master a situation. As research indicates that a teacher's self-efficacy may function as a predictor of behavior and may be tied to student outcomes (Barnard-Brak, Bagby, Jones, & Sulak, 2011); Morris, 2004), the importance of education is reiterated, especially since research also suggests that a teacher's self-efficacy can be strengthened through targeted and positive professional development (Postareff, Lindblom-Ylänne, & Nevgi, 2007).

On university campuses, professionals focused on successful student transitions are in the unique position to provide training to faculty to raise levels of self-efficacy associated with educating student veterans (Rumann & Hamrick, 2009). The issues faced by student veterans may differ significantly from the traditional college student population and, as such, should be a focus for student services in higher education. To serve this population better, special programs need to be developed and implemented to provide transitional and support services tailored to the needs of student veterans (DiRamio, Ackerman, & Mitchell, 2008). Much of the training for faculty members should focus on efforts to enhance the educational outcomes and experiences for student veterans while also addressing the needs of other underserved populations, such as the creation of *veteran-friendly* campuses.

Becoming a *veteran-friendly* campus means significant institutional efforts have been directed toward reducing barriers to successful educational experiences and outcomes for veterans (Lokken, Pfeffer, McAuley, & Strong, 2009). An integral part of a *veteran-friendly* campus is universal design, which includes increasing access for all students. Universal design incorporates proactive measures during the early phases of program development (Scott, McGuire, & Foley, 2003), and this philosophy could be applied to the student veteran population. Some of the recommendations for a *veteran-friendly* campus include mentoring, peer support, leadership experiences, and disability services, all of which professionals focused on successful student transitions could address through universal design in a proactive manner and thereby increase faculty members' ability to meet the educational and social needs of student veterans.

Another important part of being a *veteran-friendly* campus is increasing faculty awareness of student veteran needs related to the unique experiences faced by this population (Rumann & Hamrick, 2009) as well as specific challenges the veterans may face in the classroom setting (Burnett & Segoria, 2009). For example, when 26 student-veterans from three universities were interviewed, they indicated that veterans often prefer anonymity in classroom settings and hope to "blend in" with the other students (DiRamio, Ackerman, & Mitchell, 2008). Training for faculty regarding these issues could be effectively presented by the campus professionals charged with addressing student retention and transition.

In conclusion, the results of the current study suggest that the majority of faculty members do consider PTSD as a "real" disorder confronting returning student veterans; however, many of the faculty members do not consider PTSD a disorder that is treatable, nor are they prepared to work with these students. Thus, the results from our sample of 596 faculty members across the nation indicate the need for faculty education about PTSD as it relates to this emerging population of students who are veterans entering higher education.

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