

RESPONDING TO COLLEGE STUDENTS WHO EXHIBIT ADVERSE MANIFESTATIONS OF STRESS AND TRAUMA IN THE COLLEGE CLASSROOM

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Abstract

Depression, anxiety disorders, and students who have experienced trauma have increased across the globe in the past decade. Teachers and students are not immune. Our schools and communities have increased violence and unrest that has resulted in a growing concern among educational leaders. Although most of the educational focus regarding stress and trauma in the classroom currently regards pre-kindergarten through high school levels, the impact that exposure to stress and trauma can have on students does not end there. Some college students may respond to being exposed to stressful or traumatic experiences with cognitive and behavioral manifestations of work avoidance, learned helplessness, or low self-efficacy. In addition to support that students can access outside of the college classroom, there are efforts that college faculty can undertake in order to support students who are struggling in college courses because of their exposure to stressful or traumatic events.

Keywords: trauma, anxiety, stress, bullying, violence

Stress and Trauma in the University Classroom

In any given semester, university or college-level students experience a multitude of stressors, some of which can be characterized as trauma. In the past two years, students have divulged during office hours, or have mentioned in passing during class or in the hallways,

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their personal stressful circumstances, ranging from unplanned pregnancy, to financial hardship, to the loss of a parent, to homelessness, to serious long-term personal illness or injury. Some of these seemingly major life incidents could have long-term impacts on the students who described them. Whereas some students have responded to the events described above in a way that indicates that they have support, self-efficacy, and access to what they need to successfully engage in their coursework after experiencing an adverse, significant event, other students do not; those students may appear withdrawn, stop regularly attending classes, turn in assignments late (or not at all), and may not reach out for support. In considering newer initiatives that address trauma in k-12 educational settings in the United States briefly described below, the authors set out to expand their understanding of responding to trauma to higher education environments by applying existing literature on trauma to their experiences.

The causes of emotional and psychological trauma exist on a continuum ranging from every day events such as traffic accidents, falls, illnesses, school violence, rape, and domestic violence as well as catastrophic events such as natural disasters, wars, and terrorist attacks. An individual's exposure to trauma can be so severe that it interferes with an individual's ability to live a normal life. While at the community level, the consequences of trauma can be disastrous, often fundamentally changing the physical and social fabric of a community (e.g., the Asian tsunamis, earthquakes in China and Haiti, Hurricane Katrina on the Gulf Coast of the U.S., floods in Bangladesh and Pakistan, or the terrorist attacks in Bagdad, Kabul, Kampala, London, Madrid, and New York City) (Galea, Resnick, Ahern, Gold, Bucuvalas, Kilpatrick, Stuber, Vlahov, 2002; Galea, Brewin, Gruber, et al, 2007; Hollifield, Hewage, Gunawardena, Piyadasa, Bopagoda, Weerarathnege, 2008 & Rosenbaum, 2006).

In the past two decades, definitions of trauma have shifted to encompass a person-centered, rather than diagnostician-centered, understanding of the concept. According to the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association [APA], 2000) trauma is direct personal experience of an event that involves actual or threatened death or serious injury with the response involving fear, helplessness, or horror (p. 463). Since 2000, there has been a proliferation of studies investigating the prevalence and characteristics of trauma resulting in broadening the APA definition. With the 2013 revisions, the DSM-5 definition of trauma was expanded to disorders which are precipitated by specific stressful and potentially traumatic events are included in a new diagnostic category, "Trauma and Stress-Related Disorders," which includes both Adjustment Disorders (ADs) and PTSD. Currently, the American Psychological Association (apa.org) defines trauma as, "an emotional response to a terrible event like an accident, rape, or natural disaster." The Substance Abuse and Mental Health Services Administration (integration.samhsa.gov) further characterizes trauma as "result[ing] from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." In the authors' experiences, when a student divulges that a stressful or traumatic event has occurred during the course of a semester, a typical response might include resetting assignment deadlines, helping the student access counseling services provided by the university, and discussing procedures to request an incomplete grade for the course if necessary. Some traumatic incidents and circumstances that a student has experienced, however, are not immediate events during the semesters in which we encounter the student, and, therefore, might not be as apparent to either the professor or to the student who experienced the trauma.

Regarding exposure to violence solely in the United States, Paul Horton (2015) quoted a report in the San Francisco Chronicle from 2007 when he described, “As many as one-third of children living in our country’s violent urban neighborhoods have PTSD, according to recent research and the country’s top child trauma experts – nearly twice the rate reported for troops returning from war zones in Iraq” (p. 1). School violence such as student-to-student victimization and bullying remains a national concern for schools and communities across the country. According to the American Psychological Association, Center for Psychology in Schools and Education (as cited in Espelage, et al., 2013) the reality of violence directed against educators in America’s public schools ranges from disrespectful behavior to bullying or intimidation, verbal threats or gestures, theft, property damage, and in some cases, physical assault.

Trauma can have a profound impact in educational environments (Espelage, et al., 2013; Horton, 2015), and exposure to perceived trauma can impact an individual’s ability to prioritize and attend to educational tasks long after the trauma has occurred. Two decades after the publication of the longitudinal Adverse Childhood Experience Study, or ACEs (Felitti, et al. 1998), perhaps the biggest buzzword in k-12 education is *trauma*. The ACEs study asked participants to respond to a survey that gauged exposure to potentially traumatic events during their childhood and found that a significant correlation existed between childhood trauma and health and behavior problems in adulthood. Since then, various states, including Missouri (dese.mo.gov), Massachusetts (traumasensitiveschools.org), and Pennsylvania (education.pa.gov), have developed educational policy on how to train educators to ensure that schools are trauma-informed in the context of the United States. For example, legislation in Missouri (Missouri Senate Bill 638, Section 161.1050) defines a trauma informed school as one that, “a. realizes the widespread impact of trauma and understands potential paths for recovery; b. recognizes the signs and symptoms of trauma in students, teachers, and staff; c. responds by fully integrating knowledge about trauma into its policies, procedures and practices; and d. seeks to actively resist re-traumatization.” The impact that trauma might have in an educational setting does not end in the k-12 environment, but continues at the university level. This article will examine exposure to stress and trauma in the college classroom and offer strategies to professionals and students to better cope with it.

Understanding the Experiences of College Students

Although the authors did not set out specifically to research the problem of how student exposure to trauma is manifested in the postsecondary classroom, reflecting upon experiences educating teacher candidates in the wake of an emerging emphasis on trauma-informed educational practices in pre-kindergarten through high school environments allowed the authors to begin to conceptualize how they have accessed postsecondary student self-reported information regarding exposure to stress and trauma through a survey designed to develop an understanding of the teacher candidates, as well as to develop a classroom community in an educational methods course. The survey has not been used to collect data for research purposes, however, reflecting upon the information gathered in order to get to know students in a college course has provided fodder to expand upon responses to trauma in educational settings to higher education. The survey is also designed to start the semester with a focus on how teachers can improve upon their interactions and relationships with their future students by exploring their own experiences in school. At the beginning of each semester for the past 8 years, college students enrolled in an education methods course were given a survey that consists of questions asking about any events in their lives that caused

major changes. The prompts are: a) Describe any life-changing event that happened during your schooling. In what ways did it affect you? b) What did you enjoy LEAST about your elementary school years? Explain, c) What did you enjoy LEAST about your secondary school years? Explain.

Student responses have dealt with major car accidents of which some were unharmed passengers, while others were hurt badly, the death of a parent or sibling, or experiencing personal loss resulting from a natural disaster. The majority did not have to endure such intense heartache, but almost all students described an experience in their schooling that made a major negative impact during their formative years. Some of the most frequently listed ones were how a teacher made them feel that they would not succeed, did not have the ability to succeed and/or the teacher had prejudices and favorites. Many of these students wrote that this caused reluctance to undertake difficult tasks, beliefs that they could not achieve, and that others did well because they were smarter or more fortunate. Several stated that it led to anxiety and depression. Many have overcome the formative experiences they described on the survey; others wrote they still deal with some or all of these problems every day.

Students who voluntarily shared the experiences they reported on their surveys invited a dialogue among their teacher candidate classmates to expose ways in which teachers and educational environments had potentially positive or negative impacts on their respective abilities to process their exposure to stress and trauma inside and outside of the school environment. In this way, students are able to begin to understand the experiences of their classmates, whose perspectives can inform their concepts of how to develop relationships with students who may have experienced similar stress or trauma. Further, reflecting upon narratives shared by teacher candidates regarding their own experiences as students and perceived exposure to stress and trauma led the authors to explore how trauma-informed practices can be applied to the postsecondary educational environment.

Regardless of whether or not a student divulges exposure to stress or trauma, educators can become aware of how such exposure can manifest in the classroom. According to Bell, Limberg, & Robinson (2013), some ways that trauma can manifest in the k-12 classroom include physical responses, such as headaches or stomach aches, behavioral responses, such as isolation or a sudden change in academic habits, emotional responses, such as a lack of self-confidence, unwillingness to work in groups, or appearing easily overwhelmed, and cognitive responses, such as incomplete or inconsistent work (p. 141). Clearly, these responses to stress or trauma are evident in the postsecondary classroom as well. Professors may discuss behavioral and cognitive manifestations of exposure to stress and trauma in terms of work avoidance, learned helplessness, and a lack of self-efficacy.

Possible Response to Trauma in the Postsecondary Classroom

Students on campuses may exhibit many behaviors resulting from immediate or historical exposure to stress or trauma, including: 1) work avoidance, 2) learned helplessness, and 3) lack of self-efficacy. So where do these students' anxieties originate? Was there a "shell-shock" of some sort while they attended elementary and/or secondary education? Did something happen in their lives to cause this? Professors are not always privy to the answers of these questions that they might pose, yet we may still endeavor to take responsibility in order to undertake efforts to support students, regardless of whether or not we understand the source or impetus of potential response to trauma that we observe. In higher education environments, we can begin to educate all professionals to identify behaviors and to use strategies that help, not only those coping with anxiety or other adverse responses to stress

and trauma, but potentially all students, as they may be exposed to stress and trauma in the future. Several behaviors characteristic of exposure to stress and trauma are defined in the next section, followed by strategies that can be explored and employed by university-level faculty to support students who exhibit the adverse behaviors described.

Definitions

Work Avoidance

Emotional responses impact the goals that students set for themselves. Motivational researchers (Dowson & McInerney, 2001; Skaalvik, 1997) have suggested that work avoidance may be an academic goal in which people seek to minimize the amount of work they do in school and careers. Additionally, researchers have suggested that emotions may be catalysts for goals.

Seifer and O'Keefe (2001) examined the relationship between emotions and learning or work avoidance goals. Their question was, "Do emotions explain goals?" The participants were 512 senior high school students in Eastern Canada. Students completed a survey assessing motivation-related constructs. Findings suggested that a sense of competence and control were predictive of a learning goal while lack of meaning was related to work avoidance. They concluded that emotions seem to be directly linked to goals. Negative emotional responses can result in lower goal development, which manifests as work avoidance.

Learned Helplessness

Learned helplessness is when people feel helpless to avoid negative situations because previous experience has shown them that they do not have control. Boyd (2015) describes Martin Seligman and his colleagues' research on classical conditioning, or the process by which an animal or human associates one thing with another. In the experiment a bell was rung and then a shock was given to a dog. After experiencing a few shocks, as soon as the dog heard the bell there was a reaction to the shock even before it happened. People can respond similarly to negative stimuli. Later in the study, Seligman described this condition as learned helplessness, or not trying to get out of a negative situation because the past has taught you that you are helpless.

Research (Seligman, 1967) has shown that the way people view events that happen in their lives can have an impact on whether they feel helpless or not. An attribution is the factor that a person blames for the outcome of a situation. Attributions can be made for both positive and negative events. Psychologists have discovered that there are specific types of attributions that cause learned helplessness. The attributions most likely to cause learned helplessness are internal, stable, and global (Abramson, L.Y., Seligman, E.P., Teasdale, J.D., 1978). An internal attribution is any attribution that gives the cause of an event as something to do with the person, as opposed to something in the outside world. A stable attribution is one that does not change over time or across situations. Finally, a global attribution is the belief that the factors affecting the outcome applies to a large number of situations, not just one of them (Abramson, L.Y., Seligman, E.P., Teasdale, J.D., 1978).

Self-efficacy

Educators at all levels desire to evoke educational responses in which students eagerly accept challenges posed by their teachers, as well as challenge themselves to learn and explore content. According to Albert Bandura (1994) "perceived self-efficacy is defined as people's beliefs about their capabilities to produce designated levels of performance that exercise

influence over events that affect their lives” (p.1). A strong sense of efficacy enhances human accomplishment and personal well-being in many ways, whereas a low sense of self-efficacy can diminish accomplishment and personal well-being.

Self-Efficacy and Learned Helplessness Juxtaposed

Whereas self-efficacy is a desired response to stimuli in a learning environment, learned helplessness is an undesirable response. Because of this, the concepts are interrelated, and it can be helpful to understand the concepts through purposeful juxtaposition. According to Bandura (1977, 1995), self-efficacy is "the belief in one's capabilities to organize and execute the courses of action required to manage prospective situations." In other words, self-efficacy is a person's belief in his or her ability to succeed in a particular situation. Bandura described these beliefs as determinants of how people think, behave, and feel. Self-efficacy can have an impact on everything from psychological states to behavior to motivation. Conversely, learned helplessness is the opposite of self-efficacy, or the belief that one is helpless and not capable to organize and execute the courses of action required to manage prospective situations. Christensen, Martin, & Smyth (2014) stated that when one is repeatedly subjected to an aversive stimulus that it cannot escape, often the person will stop trying to avoid the stimulus and behave as if it is utterly helpless to change the situation. Even when opportunities to escape are presented, this learned helplessness will prevent any action. Research conducted by Smallheer and Dietrich (2019) found a statistically significant, direct relationship between social support and self-efficacy and learned helplessness, suggesting that individuals with better social supports and self-efficacy experience less learned helplessness.

Strategies to Deal with Students Who Exhibit Work Avoidance, Learned Helplessness or Low Self-Efficacy

Work Avoidance

Letty Salamanca (2015) posted the following:

I still remember the day like it was yesterday. I had missed the bus and was running late for school, so my mom decided to drive me there. As we drove down the road that December morning, our car slid on ice. We ended up crashing into a tree, and the next thing I remember is waking up in the back of an ambulance. The accident happened when I was 15. I'm 21 now, and that day still haunts me every moment of my life (p.1).

Letty is a great example of how a situation can haunt for many years, if not your entire life. After she graduated from college, she enrolled in the Fashion Institute of Technology in New York City to study fashion design. She further explained the following:

I thought this was going to be the fresh start that I needed, but my PTSD got even worse when I got to college. My anxiety and depression started to overpower me more than before. For the first time ever, I was alone in a completely different state hours away from my native Maryland. My anxiety was so high that doing everyday things became impossible. I couldn't even do homework, and I barely got any sleep (p. 1).

Letty's story is just one example of where PTSD can make everyday things impossible. Many PTSD sufferers begin to show signs of work avoidance for several reasons: depression, fear of failure, and lack of meaning. One strategy that began to work for Letty was writing and journaling to help express herself. Writing is often times therapeutic for those suffering from PTSD. Researchers (Smyth, et al. 2002) found that writing about painful events can reduce stress and improve health.

Education professionals can add a reflective writing piece to assignments which would open doors for communication. Many time professionals misread the behaviors because they appear as lazy or apathetic. At times students can appear shy or conceited. Letty ended her post,

“I'm not shy, and I'm definitely not conceited! It's hard to explain to people why I am the way I am because I'm afraid that most people won't understand, and because of this I usually feel alone” (Salamanca, 2015, p. 1).

Letty began volunteering with the National Eating Disorders Association to raise awareness for the cause and to help plan a walk to raise donations. Many times encouraging students to become involved in various worthwhile causes helps them deal with their own problems and gives them a sense of purpose.

Professionals who foster feelings of self-assuredness will be helping students develop learning goals. Students who feel less competent, bored or have little control will adopt work avoidant goals. Bandura (2014) explains, “People confidently take on tasks they believe they can master but fear and avoid situations they perceive as beyond their abilities” (p. 1). This assertion helps explain at least some of the avoidant behavior students demonstrate in the classroom.

Differentiating instruction (Barkley, 2010) is one strategy that is making its way in the college classrooms. According to Tomlinson (2000) differentiation is defined as a teacher reacting responsively to a learner's needs. Teachers can differentiate at least three classroom elements based on student readiness, interest, or learning profile. Those three elements are content, process and product. According to Tomlinson (2015) the idea of differentiating instruction to accommodate the different ways that students learn involves a “hefty dose of common sense, as well as sturdy support in the theory and research of education” (p. 1). A strong component of differentiating instruction is offering students choices. Content may be hard to differentiate at the university level, but the processes or products are conducive at this level.

Learned Helplessness

When people come to believe that the events in their lives are mostly uncontrollable, they have what is termed learned helplessness (Seligman, 1975). To keep a student who exhibits learned helplessness from becoming a failure-accepting student, professors need to help students set goals that are obtainable. Students need to realize that abilities are not set, but are always improvable. Sharing examples with students and telling about your own failures that became successes are ways to do this.

Marzano, Pickering, & Pollock (2001) list nine instructional strategies to improve achievement. Two of the strategies are recognizing effort and setting goals. He stresses that even the slightest improvement should be recognized. Recognizing effort helps students that attribute other's success to luck or that they are smarter, realize that it takes effort and hard work to reach a goal. Setting realistic goals that are obtainable is not easy for students that

have not met with much success. Teach directly about the difference in a performance goal and a learning goal. Many times students set too many goals or unobtainable ones and judge success on performance only. Help them begin by setting small-step learning goals for one project/assignment.

Another approach is to make the classroom a place where failure is just diagnostic, not grade-oriented. Professors can encourage revising, improving, and redoing to encourage improvement. Students need to see the connection between revised work and a final product (Woolfolk, 2013).

Teaching students to seek help is probably the hardest thing to do for those suffering from learned helplessness. Teach students to ask questions about what they do not understand, but offer them opportunities to ask in private (Woolfolk, 2013). Use cooperative learning strategies in small doses to encourage more capable students to help peers. Establish a safe environment where students are not embarrassed to give answers that may be wrong or right, on or off target, fact or fantasy, or out of the ordinary.

Self-Efficacy

People with high assurance in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided. Such an efficacious outlook fosters intrinsic interest and deep engagement in activities. Students who exhibit high self-efficacy quickly recover their sense of efficacy after failures or setbacks. They attribute failure to insufficient effort or lack of knowledge and skills which are acquirable. They approach threatening situations with assurance that they can exercise control over them. Such an efficacious outlook produces personal accomplishments, reduces stress and lowers vulnerability to depression. In contrast, people who have experienced stress or trauma may also exhibit low self-efficacy in which they doubt their capabilities or shy away from difficult tasks which they view as personal threats. When faced with difficult tasks, they might dwell on the obstacles they will encounter rather than concentrate on how to perform successfully. They may give up quickly in the face of difficulties and be slow to recover their sense of efficacy following failure or setbacks. They fall easy victim to further stress and depression.

Opportunities to experience success can alleviate some of the cognitive and behavioral manifestations of low self-efficacy. Bandura (1994) asserts,

“People’s beliefs about their efficacy can be developed by sources of influence. The most effective way of creating a strong sense of efficacy is through mastery experiences. Successes build a robust belief in one’s personal efficacy. Failures undermine it, especially if failures occur before a sense of efficacy is firmly established” (p. 71).

If people experience only easy successes, however, they come to expect quick results and are easily discouraged by failure. A resilient sense of efficacy requires experience in overcoming obstacles through perseverant effort. Some setbacks and difficulties in human pursuits serve a useful purpose in teaching that success usually requires sustained effort. After people become convinced they have what it takes to succeed, they persevere in the face of adversity and quickly rebound from setbacks (Bandura, 1994).

Henley (2010) offered the following explanations of Bandura’s approaches that boost self-efficacy:

Mastery experiences. “Successes build self-confidence; failure undermines effort. Even students who are marginal...have strengths that can be capitalized on to bolster a sense of

mastery. Identifying students' strengths and interests and finding ways to accentuate their abilities is key to mastery building" (p. 124).

Vicarious experiences. "Other people's example can inspire effort. The strength of the modeling effect depends on the similarity of the model to the observer. The observer must be able to identify with the model. If the observer sees the model as too different, the effect on self-efficacy is negligible" (p.124).

Social persuasion. "Using verbal encouragement coupled with successful experiences, teachers can persuade students to achieve. Key to a teacher's persuasiveness is the quality of the student-teacher relationship. Students are most likely to believe teachers whom they trust" (p.124).

Physical and Emotional States. "When faced with a stressful situation, confident students turn their stress into an adrenaline rush. Students who lack self-efficacy interpret nervousness and anxiety as a physical sign of incompetence. Students need help understanding that fear and anxiety are normal stress reactions, not a sign of vulnerability" (p. 124).

Peers serve several important efficacy functions (Bandura, 1994). Students tend to choose peers who share similar interests and values. Selective peer association will promote self-efficacy. Allowing students to pick their partners can help with anxiety and improve performance. According to Bandura (1994), "Perceived self-efficacy is concerned with people's beliefs in their capabilities to exercise control over their own behaviors and over events that affect their lives. Beliefs in personal efficacy affect life choices, level of motivation, quality of functioning, resilience to adversity and vulnerability to stress and depression" (p. 1). Helping students to internalize strategies that build their senses of self-efficacy can also have an impact on less desirable manifestations of exposure to trauma, such as learned helplessness and work avoidance. The following are a list of 12 practical recommendations for students coping with any anxiety:

1. Become an expert on anxiety. If you exhibit any anxiety disorder, research it.
2. Use coping messages such as "I can do this, one step at a time, I can go to my safe place." Find the strategy that works best and use it.
3. Keep an open dialog between you and the instructor by sending messages and/or making appointments to check on how things are going.
4. Find and use support groups. Talking to other survivors of trauma can be a helpful step in recovery and learn coping strategies.
5. Learn relaxation techniques. Listening to music, reading a book, or taking a stroll are ways to de-stress.
6. Avoid alcohol. It is addictive especially for ones suffering from anxiety.
7. Exercise relieves stress and boosts energy and strength.
8. Limit caffeine and energy drinks. These drinks can trigger anxiety and disturb restful sleep.
9. Journal writing. Writing down your thoughts is a great way to work through problems.
10. Get enough rest will help you cope with problems better, lower your risk for disease and give you an overall sense of well-being.
11. Recognize effort and set realistic goals. Check your improvement each day, week, or month and then, set new goals after those are attained.
12. Monitor your own adjustment and coping skills. Seek help if needed.

Conclusion

At any age, students exposed to potentially traumatic experiences often demonstrate emotional and behavioral difficulties that dramatically interfere with their ability to engage in educational and personal experiences. The challenges can have a negative impact on self-esteem, coping skills, school performance, self-regulation, critical thinking, self-motivation, and the ability to build healthy relationships (O'Connell, Boat, & Warner, 2009). In addition, these students may become overwhelmed and develop a sense of helplessness and terror; establish negative peer relationships, and threaten serious injury or death (Hull, 2013; O'Connell, Boat, & Warner, 2009 & Rossen & Hull, 2013).

Many factors, such as comparison with the performances of other students, setting only performance goals, and teachers reflecting favorably or unfavorably on their ability, also affect students' struggles with their anxiety. Bandura (1994) acknowledged, "Students' belief in their capabilities to master academic activities affects their aspirations, their level of interest in academic activities, and their academic accomplishments. There are a number of educational practices that convert instructional experiences into experiences in failure" (p. 73). These include lock-step sequences of instruction, entirely lecture-based instruction which lose many students along the way, ignoring signs and behaviors that students are struggling, and focus assessment of performance using only grades.

The task of creating learning environments conducive to meet the needs of all students rests heavily on the talents and self-efficacy of professionals. Professors who have a high sense of efficacy about their own teaching capabilities can help all their students whether they suffer from anxiety or not. College and university faculty can teach strategies and recommendations that help students cope better with cognitive and behavioral manifestations of experiencing stress and trauma, and, in this way, faculty can serve as agents of change who utilize trauma-informed practices in order to better support their students. Faculty and advisors are in a unique position to create a compassionate, encouraging environment for these students, which ultimately improves the learning and life for everyone. Supporting and educating students with trauma histories can start with simple school-based exercises in self-determination. Core components of self-determination include: Internal Locus Of Control, problem solving, self-advocacy, self-awareness, self-efficacy, self-instruction, self-knowledge, and self-regulation (Minahan, 2012; Hull, 2013). These interventions would focus on identifying and evaluating negative, incorrect, and irrational thoughts and replacing them with more accurate and less negative thoughts.

As higher education environments recognize the value of applying the concept of trauma-informed initiatives to their settings, systems of addressing concerns regarding students can be implemented in order to ensure that students can be connected to services that are available. At the post-secondary level, university staff and faculty can utilize support network systems that provide a virtual one-stop of data to connect to faculty and staff to students and help guide them on their path to success. These virtual systems provide faculty and staff the opportunity to refer, raise alerts, keep notes not only to provide academic advising, but can also be used to monitor student engagement, wellness & safety (Southeast Missouri State University, 2019).

Recognizing the catastrophic impact trauma can have on individuals and communities, international organizations are now addressing the issue. Global mental health agencies have taken on the charge of developing trauma prevention and recovery programs. The central goal of these efforts includes establishing traumatic stress as a major health issue worldwide and a framework for international interventions focusing on efforts enabling

individuals and communities to move forward with their lives and be free of the trauma they experienced (International Society for Traumatic Stress Studies, 2015).

References

- Abramson, L.Y., Seligman, M.E.P., Teasdale, J.D., (1978). Learned helplessness in humans: critique and reformulation. Oxford University, England. *Journal of Abnormal Psychology* 1978, Vol. 87, No. 1, 49-74.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (4th ed)*. Washington, DC: Author.
- American Psychiatric Association (2013) *Diagnostic and statistical manual of mental disorders. (5th ed.)* Washington, DC: Author.
- Bandura A. (1995) *Self-Efficacy in changing societies*. Cambridge, UK: Cambridge University Press.
- Bandura A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*. 84, 191-215.
- Bandura, A. (2014). *Self-efficacy*. University of Kentucky. Retrieved from <http://www.uky.edu/neushe2/Bandura/BanEncy.html>
- Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), *Encyclopedia of human behavior* (Vol. 4, pp. 71-81). New York: Academic Press. (Reprinted in H. Friedman [Ed.], *Encyclopedia of mental health*. San Diego: Academic Press, 1998).
- Barkley, E. F. (2010). *Student engagement techniques: A handbook for college faculty*. San Francisco, CA: John Wiley and Sons, Inc.
- Bell, H., Limberg, D, & Robinson III, E. (2013). Recognizing trauma in the classroom: A practical guide for educators. *Childhood Education*, 89:3, 139-145, DOI: 10.1080/00094056.2013.792629
- Boyd, N. (2015). How Seligman's learned helplessness theory applies to human depression and stress. [video]. Retrieved from <http://study.com/academy/lesson/how-seligmans-learned-helplessness-theory=applies-to-human-depression-and-stress.html>
- Christensen, AJ, Martin, R, & Smyth, JM. (2014). *Encyclopedia of Health Psychology*. New York: Springer Science & Business Media.
- Coffman, C. (2017, August 17). Trauma-Informed Schools Initiative. Retrieved from <https://dese.mo.gov/traumainformed>
- Dowson, M., McInerney, D.M. (2001). Psychological parameters of students' social and work avoidance goals: A qualitative investigation. *Journal of Educational Psychology*, Vol 93(1), Mar 2001, 35-42. Retrieved from <http://dx.doi.org/10.1037/0022-0663.93.1.35>
- Espelage, D., Anderman, E.M., Brown, V.E., Jones, A., Lane, K.L., McMahan, S.D., Reynolds, C.R. (2011). Understanding and preventing violence directed against teachers. *American Psychological Association*, 68,(2),75-87. Doi: 10.1037/a0031307
- Evans, E. (2008). Picking up the peaces. Retrieved from <http://www.pickupthepeaces.org.auhtml/whocanhelp2.html>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Apitz, A. M., Edwards, et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14, 245-258.
- Galea, S., Resnick, H., Ahern, J., Gold, J., Bucuvalas, M., Kilpatrick, D., Stuber, J, Vlahov, D. (2002). Posttraumatic stress disorder in Manhattan, New York City, after the

- September 11th terrorist attacks. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 79(3), 340-53.
- Galea S, Brewin CR, Gruber M, et al. 2007. Exposure to hurricane-related stressors and mental illness after Hurricane Katrina. *Archives of General Psychiatry*. 64:1427-1434.
- Goodpaster, K.P.S. (2011, Dec.2) World War II. Retrieved from <https://historyofptsd.wordpress.com/world-war-ii/>
- Henley, M. (2010). *Classroom management: a proactive approach*. Upper Saddle River, New Jersey: Pearson.
- Hollifield M, Hewage C, Gunawardena CN, Piyadasa K, Bopagoda K, Weerathnege K. 2008. Symptoms and coping in Sri Lanka 20-21 months after the 2004 tsunami. *British Journal of Psychiatry*.192:39-44.
- Horton, P. (2013, Oct.9). Paul Horton: Students and educators suffer ptsd in the chicago school wars: the road to gatopia IV [Blog Post]. Guest post on Anthony Cody's blog. Retrieved from http://blogs.edweek.org/teachers/living-in-dialogue/2013/10/paul_horton_students_and_educa.html
- Hull, R. (Ed.), (2013) *Supporting and educating traumatized students*. New York: Oxford University Press. Retrieved from <https://www.imdetermined.org/resources/documents/>
- International Society for Traumatic Stress Studies. (2015, March) *A public health approach to trauma: Implications for science, practice, policy, and the role of ISTSS*. Retrieved from <https://www.istss.org/getattachment/Education-Research/White-Papers/A-Public-Health-Approach-to-Trauma/Trauma-and-PH-Task-Force-Report.pdf.aspx> Oakbrook Terrace, IL: Author.
- Marzano, R., Pickering, D.J., Pollock, J.E. (2001). *Classroom instruction that works: research-based strategies for increasing student achievement*. Alexandria, VA: *Association for Supervision and Curriculum Development* ISBN-13: 978-0871205049
- Mauro, T. (2009). First five things to do after your child is diagnosed with post-traumatic stress. <http://specialchildren.about.com/od/ptsd/qt/ffptsd.html>
- Minahan, J. (2012) *The behavior code: A practical guide to understanding and teaching the most challenging students*. Harvard Education Press Cambridge, MA.
- O'Connell, M.E., Boat, T. and Warner, K.E. (2009) *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. The National Academies Press, Washington DC.
- Rosenbaum, S. (2006). US health policy in the aftermath of Hurricane Katrina. *JAMA*, 295(4),437-440.
- Rossen, E. & Hull, R. (2013) *Supporting and educating traumatized students: A guide for school based professionals*. New York: Oxford University Press.
- Salamanca, L. (2015). Her story: I suffer from post-traumatic stress disorder. Retrieved from <http://www.herstory.com/health/physical-health/her-story-i-suffer-posttraumatic-stress-disorder>
- Samhsa (2018, updated). Trauma and violence. Retrieved from <https://www.samhsa.gov/trauma-violence>
- Seifert, T.L. & O'Keefe, B.A. (2001). The relationship of work avoidance and learning goals to perceived competence, externality and meaning [Abstract]. *British Journal of Educational Psychology*, 71(1),81-92. Retrieved from <http://ncbi.nlm.nih.gov/pubmed/11307710>
- Seligman, M. (1967). Effects of inescapable shock on subsequent escape and avoidance learning. *J Comp Physiol Psychol* 63:23, 1967. 3 Retrieved from

- <https://scholar.google.com/scholar?hl=en&q=Seligman%2C+M.++%281967%29.+Effects+of+inescapable+shock+on+subsequent+escape+and+avoidan>
- Smallheer, B. A., & Dietrich, M.S. (July/September 2019). Social support, self-efficacy, and helplessness following myocardial infarctions. *Critical Care Nursing Quarterly* 42(3), 246–255.
- Smyth, J.M., Hockemeyer J., Anderson C., Strandberg K., Koch M., O'Neill H.K., & McCammon S. (2002). Structured writing about a natural disaster buffers the effect of intrusive thoughts on negative affect and physical symptoms. *The Australasian Journal of Disaster and Trauma Studies*. Retrieved from <http://www.massey.ac.nz/~trauma/issues/2002-1/smyth.htm>.
- Southeast Missouri State University Starfish, Retrieved from <https://www.semo.edu>.
- Tomlinson, C. (2015). *Fulfilling the promise of the differentiated classroom*. Retrieved from <http://www.ascd.org/publications/books/103107/chapters/What's-Behind-the-Idea-of-Differentiated-Classrooms%C2%A2.aspx>
- Tomlinson, C. (2000). *The differentiated classroom: responding to the needs of all learners*. Alexandria, VA: Association for Supervision and Curriculum Development ISBN-13: 978-0871203427
- Trauma and Shock. (n.d.). Retrieved from <http://www.apa.org/topics/trauma/>
- Trauma Informed Schools Initiative. Missouri Senate Bill 638, Section 161.1050.
- Woolfolk, A. (2013). *Educational psychology*. Upper Saddle River, New Jersey: Pearson.

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