



TRAUMA-INFORMED CARE ON A COLLEGE CAMPUS

Heidi Brocious, MSW, PhD
Margie Thomson, LCSW
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HOW WE DEFINE TRAUMA

- A result an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or threatening and that has lasting adverse **effects** on the individual's functioning and physical, social, emotional or spiritual well-being.
 - Adverse childhood experiences
 - Sexual Assault
 - Dating/Domestic violence
 - Traumatic/sudden loss
 - Deployment
 - Racism
 - Poverty

HOW DOES TRAUMA AFFECT PEOPLE

- Trauma affects the whole person
 - World View
 - Architecture of the developing brain
 - Attachment
 - Self Esteem
 - Behavior
 - Emotion regulation
- Behavioral symptoms a direct result of coping with adverse experiences
- What we identify as maladaptive behaviors are really misapplied survival skills
 - Student who was physically abused as a child might respond with aggression when bullied during Welcome Week

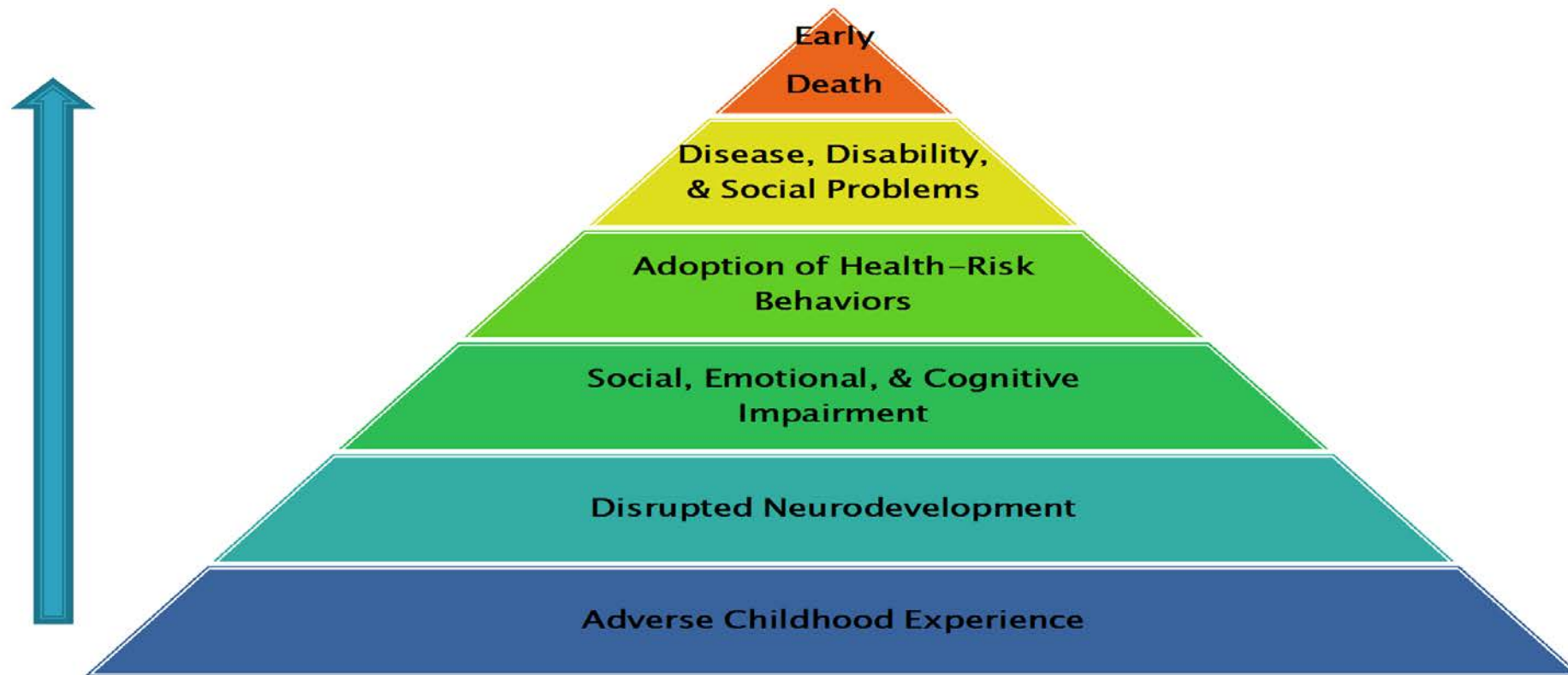
PRESENTING CONCERNS

- Depression
- Anxiety
- Relationship Issues
- Substance abuse
- Eating Disorders
- Obsessive Compulsive Disorder
- Autism Spectrum Disorders
- LGBTQIAA
- Trauma

ACES STUDY

17,000 participants

- Almost 2/3 reported at least one ACE
- More than 1 of 5 reported 3 or more ACE
- Short and long term outcomes include a multitude of health and social problems
 - Alcoholism
 - COPD
 - Depression
 - Liver disease
 - Suicide attempts
 - STIs
 - Ischemic heart disease
 - Smoking
 - Unintended/adolescent pregnancy



ACEs Conceptual Framework

IMPACT ON RELATIONSHIPS

Social Functioning

- Affective attunement alleviates fear
 - Professors, mentors, tutors
- Withdrawal and isolation
 - Social anxiety may affect group project and extracurricular activities
- Involvement in unhealthy relationships
 - Creating new relationships
 - Maintaining current relationships
 - Ending destructive relationships



UNDERSTANDING HOW TRAUMA AFFECTS PHYSIOLOGY

- Trauma is based on our survival instincts.
- It's a chemical process in response to helplessness and how helplessness engages our natural instincts to survive.



UNDERSTANDING TRAUMA

- This instinctive neurochemistry turns on the “fight/flight/freeze” reactions as protection to help us survive what the brain perceives as potentially life threatening.



UNDERSTANDING THE BRAIN

Cerebrum

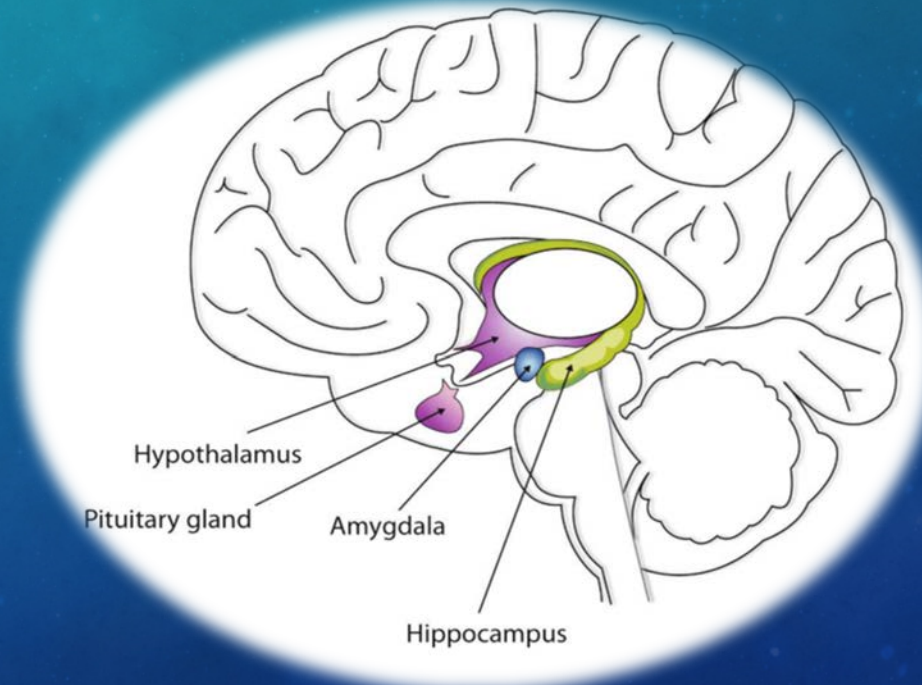
- From a standpoint of evolution, this is the “new” brain – the part that most distinctly makes us human
 - Prefrontal cortex is the area of the cerebrum that is just behind the forehead
 - allows us to process what is happening in the moment
 - allows recall from past similar experiences
 - weigh past experiences with current
 - weigh pros and cons of what to do
 - make a decision and act on it

Prefrontal
cortex



UNDERSTANDING THE BRAIN

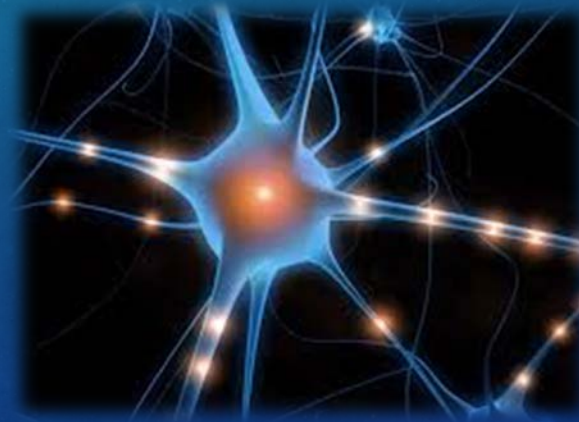
- Beneath the cerebellum is the “old” brain – primitive functions with keeping you alive
- Four structures in the “old” brain greatly impacted by trauma are:
 - Amygdala
 - Hypothalamus
 - Pituitary Gland
 - Hippocampus



ADRENAL GLANDS

- Responds by releasing a large amount of hormones/chemicals.
- Four main hormones are released in response to trauma:
 - Catecholamine -“adrenaline”, body prepares to flee the threat
 - Cortisol-Affects available energy for “fight or flight” to happen
 - Opioids –natural morphine, blocks physical & emotional pain
 - Oxytocin-A hormone that promotes good/positive feelings, body is trying to block the pain-may produce smiles, giggles, laughing.

The levels/combinations released of each one will be different from person to person or event to event.



IMPACT ON LEARNING

- Fear changes thinking, feeling and behaving
- Reduces curiosity and inhibits exploration and learning
- Baseline, low-level fear
- Needs structure, predictability and sense of safety
- Focusing, attending, retaining and recalling may all be more difficult if in a state of arousal
- Deadlines, exams and public speaking may result in moderate activation of the stress response
- Difficulty with risk taking, maintaining self esteem, and/or emotion regulation
- Results in anger, helplessness, dissociation, missed classes

Trauma Impacts Learning, Behavior and Relationships

STRESS REACTIONS

- Re-Experiencing
- Sleep problems
- Nightmares
- Flashbacks
- Hyperarousal
- Difficulty with attention/concentration
- Startle responses
- Physical symptoms
- Negative Cognitions
- Self blame
- Changes in views about world, self, trust, relationships
- Avoidance
- Withdrawal/isolation
- Dissociation

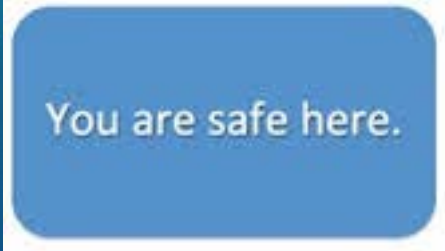


SUMMARY

- With a basic understanding of the brain-body response to trauma, it is understandable that there is not a “choice” in the response to the trauma, but response is hormonally driven.
- When working with victims of major trauma, it is important to understand that memory of the event may be fragmented, inconsistent, and more pieces may come with time.
- Use to help health professionals, law enforcement, and judicial bodies to understand the lack of linearity and voids in a victim’s recount of a traumatic experience.
- Help faculty and staff to better understand the victim’s experience and difficulty with recalling and healing from trauma
- Create campus environments that dispel myths and have greater understanding of victim response to trauma

HOW DO WE CREATE A TRAUMA INFORMED SYSTEM

- Awareness of how trauma affects us
- Begin to see things through a “trauma lens”
 - Using a Systems approach
 - Feelings of disconnection from the college/university community can undermine success
 - Welcoming, supportive communities can help children overcome these feelings and diminish trauma response
 - Website, orientation, welcome week, triage
- Colleges and universities are systems
- Everyone is interconnected and interdependent
 - What happened/happens to students can affect everyone
 - The background of faculty/staff can affect everyone they teach; the other faculty and staff and the university itself



You are safe here.

“ A trauma sensitive school is one in which all students feel safe, welcomed, and supported and where addressing trauma’s impact on learning on a school-wide basis is at the center of its educational mission. An ongoing-inquiry-based process allows for the necessary teamwork, coordination, creativity, and sharing of responsibility for all students.

Cole, Eisner, Greggory & Ristuccia (2013)

Being trauma informed means we ask:

“What has happened to you?”

Rather than

“What is wrong with you” ?

TRAUMA CAN CREATE BARRIERS

- Trauma survivors may present as “difficult patients/clients/students”
 - May seem hostile, resist authority, or reluctant to trust
 - May be triggered in a classroom – difficult topics, videos
 - May have a difficult time describing bodily sensations to a provider because they have learned to tune out/disconnect from feelings or body
 - “Creating Trauma-Informed Services: A Guide for Sexual Assault Programs and their System Partners” Washington Coalition of Sexual Assault Programs

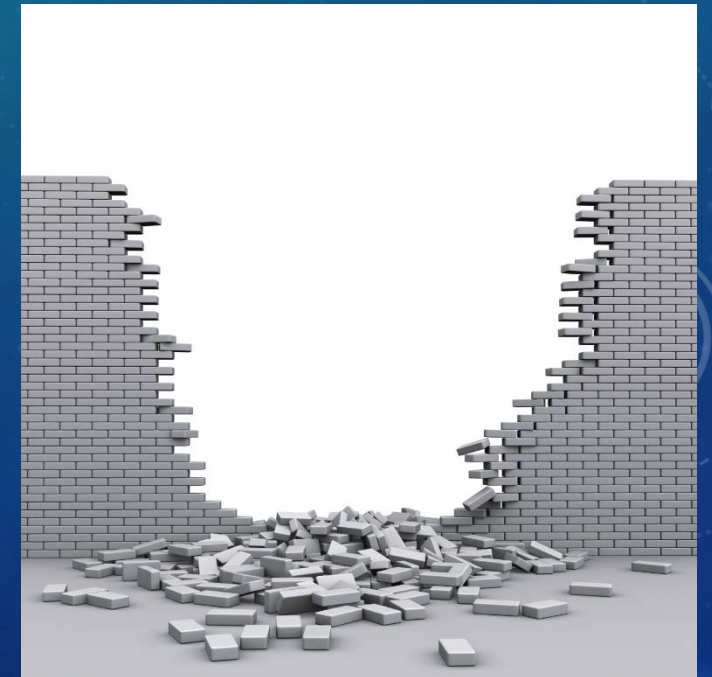


OVERCOMING BARRIERS

- Respectful collaborative approach
- Survivor is the expert on her or his own life and feelings
- Do not expect instant trust; be absolutely trustworthy, reliable and transparent
- Normalize and validate feelings which come from the trauma experience

OVERCOMING BARRIERS

- Ask survivor what will help him or her to feel more comfortable and how you can best work with him or her
- Realize and accept that behaviors which seem difficult have probably served the survivor well in the past, and may be hard to give up
- Maintaining appropriate boundaries is always important, but even more so with survivors, as it contributes to a sense of safety



ENHANCING RESILIENCE

Mitigate risk by enhancing resilience

- Sleep
- Nutrition
- Physical activity Leadership programs
- Preventive mental health programs
- Strength based feedback



GENERAL RECOMMENDATIONS FOR STAFF/FACULTY

- **Use empathetic listening:**
 - Thank you for sharing this with me.
 - I'm sorry you're going through this.
 - Let me help you get to the right place.
 - I will only share this information to : (for "responsible employees")
 - Make sure you get the support and resources needed
 - Put you in contact with university personnel who will explain your options on and off campus
- **You CANNOT guarantee confidentiality, but you can direct them to confidential resources**

PRINCIPLES OF TRAUMA INFORMED SERVICES

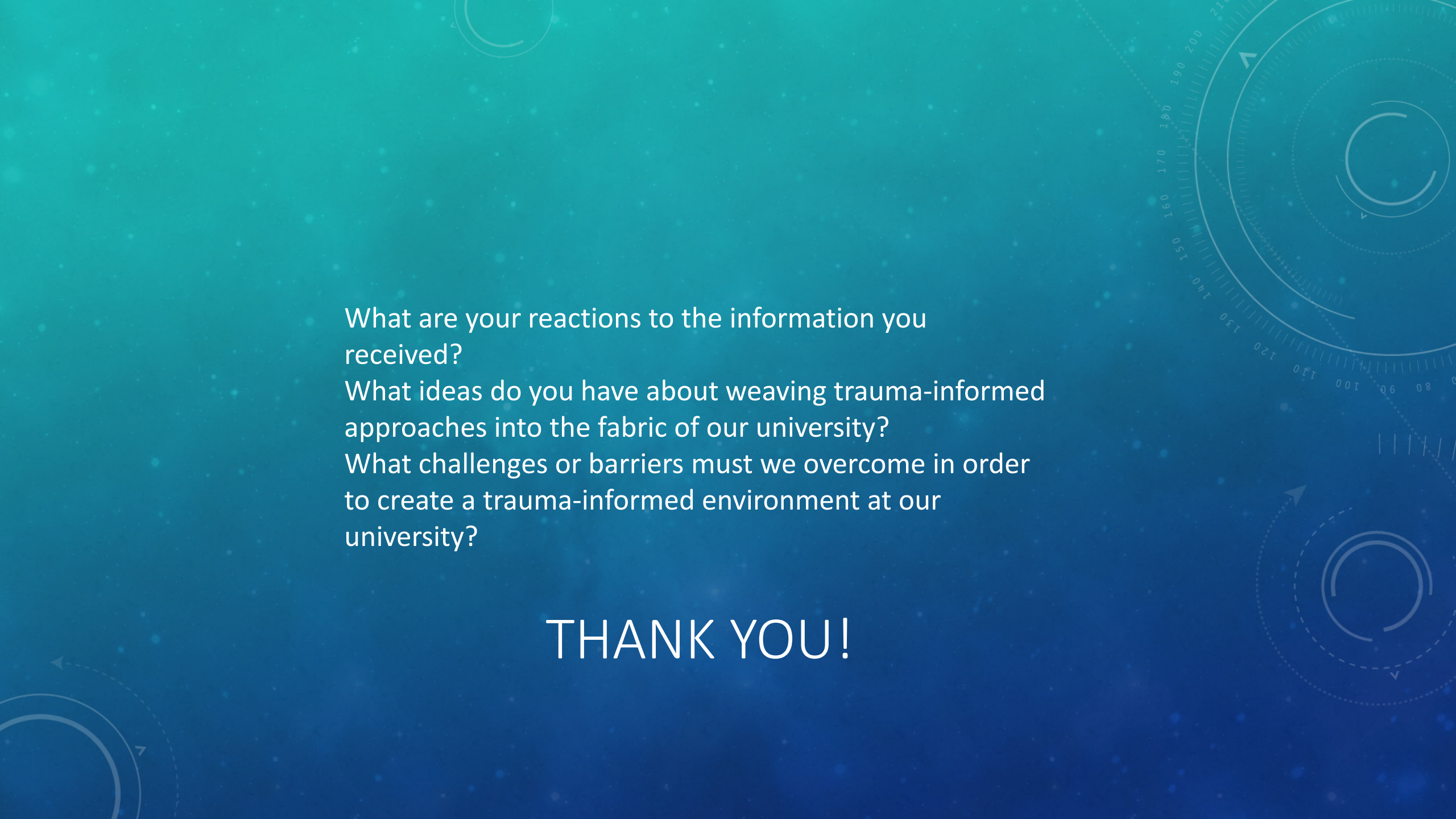
- **Safety**-Includes where services are offered, time of day, physical paths and lighting, etc
- **Trustworthiness**-Includes clear information, transparent expectations and boundaries
- **Choice**-Includes how much choice people have in decisions, projects, etc
- **Empowerment**-recognizing strengths and skills, realistic sense of hope for the future
- **Collaboration**-partnering and leveling of power differences between staff and clients and among organizational staff, from direct care staff to administrators; they recognize that healing happens in relationships and in the meaningful sharing of power and decision making
- **Cultural, Historical and Gender**-responsive to the racial, ethnic and cultural needs of individuals served; are gender-responsive; and incorporate a focus on historical trauma



United States Department of Education, Office of Civil Rights, Dear Colleague Letter-Sexual Assault, April 2011, pg. 16

OTHER RESOURCES

- Title IX Director: Lori Klein, Title IX/Training Coordinator, 907-796-6036 laklein@alaska.edu
- UAS Counseling Services:
 - Margie Thomson, Coordinator of Counseling, Disability services and Health Clinic 907-796-6465 mwthomson@alaska.edu
 - Becky Iverson, Counselor, 907-796-6465 baiverson@alaska.edu
- UAS Care Team-meets every Monday, 9:00-10:00am
mwthomson@alaska.edu or pjdorman@alaska.edu



What are your reactions to the information you received?

What ideas do you have about weaving trauma-informed approaches into the fabric of our university?

What challenges or barriers must we overcome in order to create a trauma-informed environment at our university?

THANK YOU!