TRAUMA-INFORMED CARE
ON A COLLEGE CAMPUS

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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
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
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
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.


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!