

Trauma-Informed Higher Education: Responding to the Effects of Childhood Trauma and Adverse Childhood Experiences

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Appreciations



- ▶ Division of Diversity, Equity and Educational Achievement
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 - ▶ Case Western Reserve University



Agenda and Objectives

- ▶ What is trauma and the ACEs?
 - ▶ Objective: Understand key concepts related to trauma including the ACE study, prevalence rates, the trauma response, potential impacts, and common trauma triggers
- ▶ What is Trauma-Informed Care?
 - ▶ Objective: Understand the trauma-informed care framework and trauma-informed What Is Secondary Trauma?
- ▶ How can we respond in higher education to assist students affected by trauma and adverse childhood experiences?
 - ▶ Objective: Engage in critical thinking strategies for implementing key principles of trauma-informed care in our work



What to Expect

Information presented via slides and speaker

Small group discussions that might involve sharing of your professional experiences and ideas (within your comfort level)

Brief videos

What we won't do: Take the ACE questionnaire

Re m i n d e r

- Talking about trauma is often difficult
- Take care of yourself
 - Recognize
 - Respond
 - Breathe
 - Shift attention
 - Take a walk
 - Your preferred coping





What is a trauma?

DSM-5 Diagnostic Criteria :

For adults, adolescents, and children over 6

- ▶ **Criterion A: Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:**
 - ▶ 1. Directly experiencing the traumatic event(s)
 - ▶ 2. Witnessing, in person, the event(s) as it occurred to others
 - ▶ 3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
 - ▶ 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse.)
 - ▶ **Note:** Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

Examples of Traumatic Events

- ▶ Abuse (sexual, physical, emotional, verbal)
- ▶ Neglect
- ▶ Car accidents
- ▶ Community violence
- ▶ Bullying
- ▶ Terrorism
- ▶ Domestic violence
- ▶ School violence
- ▶ Traumatic loss of a parent/caregiver
- ▶ Medical trauma or serious illness
- ▶ Refugee trauma
- ▶ Natural disasters
- ▶ Hearing about violence or sudden death of a close loved one

Not Included But Important:

- Historical trauma
- Multigenerational trauma: impact of trauma over generations
- Race-based trauma
- Far-reaching effects of poverty
- Homelessness

(North, 2015)

Prevalence

56% of the general population reported at least one traumatic event

Lifetime prevalence for sexual trauma among women ranges from 15-25%

A 2008 study showed that 18.5% of returning Veterans had symptoms consistent with posttraumatic stress disorder (PTSD) or depression

In the U.S., 18.9% of men and 15.2% of women reported experiencing a natural disaster in their lifetime (SAMSHA, 2016)

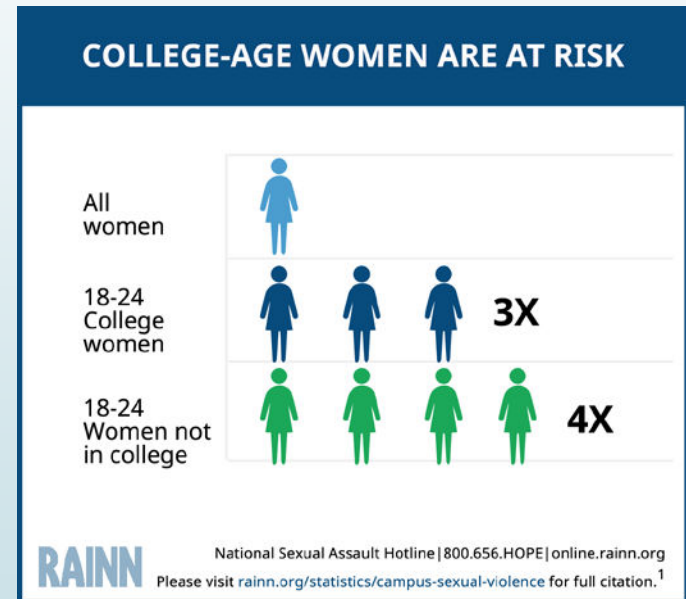
95% of mental health clients have been exposed to a traumatic event and most have multiple exposures (North, 2015)

Prevalence in College Students

- ▶ Two thirds of incoming freshmen (n=3000 at two public universities) reported exposure to a trauma
 - ▶ Most common: life-threatening illness and sudden loss of a loved one
- ▶ 10% found to meet criteria for PTSD

(Read, J.P., Ouimet, P., White, J., Colder, C., & Farrow, S., 2011)

Risk for Sexual Violence





The Adverse Childhood Experiences Study

<https://www.youtube.com/watch?v=cKFKcfxX-c&t=4s>

ACE Questionnaire

<http://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf>

ACE Study Implications

- Adverse experiences in childhood have substantial long term impact on health and well-being
- In some neighborhoods and communities, a score of four or more is the NORM
- These experiences have significant impact on adult lives
 - Self-reported suicide attempts increase exponentially with ACE scores -- going from a score of 0 to 6 increases the likelihood of attempted suicide by 5,000% (12x more likely to attempt)
 - Individuals with an ACE score of 4 were 6x more likely to struggle with depression, 7x more likely to develop alcoholism, 10x more likely to inject street drugs (compared to those with a score of 0)
 - With regard to adult rape, women with an ACE of 0 report a prevalence rate of 5%, while women with an ACE score of 4 or more report a prevalence of 33%
 - High-risk behaviors predicted by ACE scores included smoking, obesity, unintended pregnancies, multiple sexual partners, and sexually transmitted diseases

(van der Kolk, 2014)

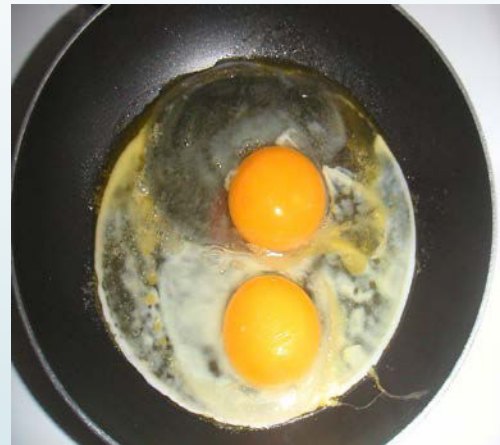


Discussion

In your work with students, what have you encountered regarding their exposure to trauma?

What impacts of trauma have you observed in students' mood, behaviors and functioning?

This is Your Brain on Trauma



<https://www.youtube.com/watch?v=XH5T-DQDTA8>

Dr. Jamie Marich; 2:45- 3:52

The Trauma Response

- ▶ The Fight, Flight or Freeze Response
 - ▶ Once a threat is perceived, an alarm system goes off in our brain initiating a chain reaction in the sympathetic nervous system
 - ▶ The body releases very powerful stress hormones (e.g., cortisol and adrenaline), leading to an increase in heart rate, breathing, and blood pressure (van der Kolk, 2014)
 - ▶ Attention is focused on the immediate threat
 - ▶ May be unable to feel things like pain, hunger, fatigue
 - ▶ Evokes an intense feeling of fear and anger (Herman, 1992)





The Freeze Response



- Physically, mentally and emotionally immobilized
 - This response may be more relevant to children and women (Baker et al., 1995)
 - In cases of sexual assault, sometimes referred to as Tonic Immobility (TI) or “Rape-induced paralysis”
 - 12-50% of all rape victims experience TI during assault

Common Reactions to Trauma (PTSD Symptoms)

- ▶ **Increased Arousal:** Marked alterations in arousal and reactivity associated with the traumatic event(s), including startle, sleep disturbances, angry outbursts, reckless or self-destructive behaviors
 - ▶ “I just can’t concentrate.” “I feel so on edge.” “I can’t relax.” “I blow up at people.” “Noises drive me crazy!” “I can’t control my temper.”
- ▶ **Intrusive Experiences:** distressing memories; distressing dreams; dissociative reactions (flashbacks); reactivity when reminded of the event by internal or external cues
 - ▶ “I can’t concentrate.” “I can’t get these thoughts out of my head.” “I feel out of control.”
- ▶ **Avoidance:**
 - ▶ **Internal reminders:** memories, images, thoughts, feelings
 - ▶ **External reminders:** people, places, conversations, activities, objects, situations
 - ▶ “I’m just going through the motions.” “I don’t have a life anymore.” “I just want to be left alone.”



Common Reactions to Trauma (PTSD Symptoms)

- ▶ **Negative Alterations in Cognitions and Mood**
 - ▶ Negative beliefs about self, others, world, and cause of the trauma
 - ▶ “The world is not a safe place.” “No one is safe with me.”
 - ▶ “I have bad judgment.” “I should have known.” “It’s my fault.”
 - ▶ “People can be trusted.”
 - ▶ Persistent negative emotional state and difficulty experiencing positive emotions
 - ▶ Detachment
 - ▶ Loss of interest in things once pleasurable
 - ▶ Difficulty remembering aspects of the trauma



Trauma's Impact on Memory

Under ordinary conditions, the rational and emotion parts of the brain work together to produce an integrated response (or memory)

- ▶ Traumatic memories are different -- our bodies process and store these memories differently
 - ▶ Less organized and coherent
 - ▶ Not logical or linear narratives (i.e., beginning, middle, end)
 - ▶ Maybe fragmented sensory experiences (e.g., one may only remember sounds and smells, see quick images, or experience physical sensations in parts of the body)
 - ▶ More difficult to communicate
- ▶ The brain struggles to differentiate between the painful memory and real danger

The Impact of Trauma on Students

When we understand how trauma affects the body, certain behaviors go from appearing maladaptive to being “reasonable” or at least somewhat understandable.

Examples:

Why a college freshman with a trauma history might drink too much alcohol at a football game

Why a student might seem defiant, inflexible or combative when interacting with an authority figure

Why a student can go from being socially active to suddenly isolating, missing class and deadlines

Why a student might give varying details about a traumatic event



Trauma Triggers

Trauma Triggers

- ▶ **Tigger** -- something that reminds the individual of the original trauma
 - ▶ highly subjective
 - ▶ activated through one of the five senses
- ▶ **Examples of possible triggers?**



Potential Triggers in College Life

- Separation/loss
- Limited control
- Lack of privacy
- Being alone
- Feeling threatened
- Interactions with authority figures
- Interactions with unfamiliar people
- Rejection
- Touch
- Loud noises
- Lack of information and/or predictability
- Transitions/ disruption in routine
- Certain smells
- Being observed
- Intrusive or personal questions
- Locked rooms

How might this information impact your work with students?



Trauma-Information
Care





What Is Trauma-Informed Care?

- ▶ Trauma-informed care is a shift in perspective that takes into account the **prevalence** of trauma
- ▶ Trauma-informed care is a **lens** through which to view our work with individuals
- ▶ A movement from “What’s wrong with you?” to “What happened to you?”
- ▶ A way of being, talking and offering care
- ▶ Trauma-informed care is **NOT** a specific intervention to address a trauma-related disorder

SAMHSA's Trauma-Informed Care Model

Realize

Understand
trauma as
widespread

Recognize

Aware of signs
& symptoms

Respond

Integrate
knowledge into
policies &
practices

Resist

Actively avoid
retraumatizing

SAMHSA's Key Principles of TI Care

Safety

Trustworthiness &
Transparency

Peer Support

Collaboration &
Mutuality

Empowerment, Voice,
& Choice

Cultural, Historical, &
Gender Issues

Trauma-Informed Student Services

Safety

Trustworthiness &
Transparency

Peer Support

Collaboration & Mutuality

Empowerment, Voice, &
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Cultural, Historical, & Gender
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Trauma-Informed Services

Safety

- Tell people what you're going to do before you do it; Create a safe environment; Use of check-in/check-out; Pacing of material provided; Worker attunement.

Trustworthiness & Transparency

- Provide clear discussion of role and process; Information on confidentiality and how information will be used; Respond promptly to communication (e-mail); Promote predictability in interactions.

Peer Support

- Inform students of events occurring in the school/on campus; Provide referral information to health/wellness resources; Promote students sharing resources with one another.

Collaboration & Mutuality


- Understand the power differential and seek to minimize its effect; Collaborate in decision-making to share power; Involve students in creating/revising policies if possible; Give opportunities for students to offer feedback;

Empowerment, Voice, & Choice

- Build in choices wherever possible: physical space, use of time; Promote self-advocacy skills; Focus on identifying strengths and good coping

Cultural, Historical, & Gender Issues

- Ask for pronouns; Avoid microaggressions and acknowledge impact when they occur; allow time for processing of current events related to social justice, diversity, bias, oppression



“Trauma robs the victim of a sense of power and control; the guiding principle of recovery is to restore power and control to the survivor.

-- Judith Herman, M.D.
Trauma and Recovery



Promoting Safety in the Helping Interaction

- ▶ My golden rule: Tell people what you are going to do before you do it
 - ▶ Foreshadow what will happen (process and procedures)
 - ▶ Provide explanations in multiple forms and more than once (verbal and written)
 - ▶ Consider incorporating “what to expect next” into your discussions as a matter of routine



A Safe Environment

- ▶ Survey the environment for potential triggers
 - ▶ Lighting
 - ▶ Art/ signs/ comic s/ quotes
 - ▶ Seating: arrangement of office; height and softness of chairs
 - ▶ Noises (especially loud, unexpected sounds)
- ▶ Add welcoming touches and comfort items
- ▶ Offer choice
 - ▶ Preferred seat
 - ▶ Door open or closed
- ▶ Creating the “bubble of calm” in your posture, voice, eye contact and movements



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