Becoming a Trauma-Informed Campus in Higher Education

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Learning Objectives

• Recognize Trauma and It’s Impact on Development and Educational Attainment in Higher Educational Settings

• Apply a Trauma-Informed Paradigm to Higher Educational Systems on College and University Campuses.

• Implement Strategies to Support Self-Care for College Administrators, Faculty and Staff
Trauma

• Understanding trauma is not just about acquiring knowledge. It’s about changing the way you see the world.

• Trauma-Informed Care is about changing the helping paradigm from “What’s wrong with you?” to “What happened to you?”

  --Dr. Sandra Bloom, MD, 2007
What is Trauma?

- **An event(s) that overwhelms the body’s, mind’s, and spirit’s ability to be in balance**

- Trauma is defined using eight general dimensions:
  - Threat to life or limb;
  - Severe physical harm or injury, including sexual assault;
  - Receipt of intentional harm or injury;
  - Exposure to the grotesque;
  - Violent, sudden loss of a loved one;
  - Witnessing or learning of violence to a loved one;
  - Learning of exposure to a noxious agent; and
  - Causing the death or severe harm to another (Wilson & Sigman)
Types of Trauma

- Physical
- Medical
- Psychological
- Social or Collective
- Historical or Intergenerational
- Immigration
- Developmental
- Racial
- Environmental
- Chronic, Ongoing, and Enduring
- Vicarious, Secondary or Compassion Fatigue
Trauma

- Traumatic events are external, but they quickly become incorporated into the mind (Terr, 1990) and into the body (Van Der Kolk, 1991)

- Traumatic event
According to Judith Herman, MD, in her revolutionary book, *Trauma and Recovery* (1992), psychological trauma is characterized by:

- Intense fear
- Helplessness
- Loss of control
- Fear of annihilation (death)
Trauma and the Response in the Brain

Limbic System

- Limbic cortex (mood)
- Septal area
- Thalamus
- Hippocampus (memory)
- Amygdala (emotions, such as fear/anxiety)

Hypothalamus (limbic output)
Adverse Childhood Experiences = Childhood Trauma

• Adverse Childhood Experiences (ACE) Study (1998) A pivotal retrospective study that quantified the impact of traumatic experiences.
  – 70% of Kaiser adult patients (n=17,000) reported at least one traumatic experience before the age of 18. Almost 50% report 1-3 traumatic events.
  • Philadelphia Urban ACEs included community factors, e.g., community violence, discrimination, foster care, etc.
  – Dose relationship with adult health outcomes, e.g., cancer, diabetes, lung disease, alcoholism, drug abuse, suicide, smoking, hypertension, heart disease, mental illness, etc.
Researchers found that almost 40 percent of Philadelphians had experienced four or more of these expanded, community-level ACEs.

In Philadelphia, where roughly a quarter of residents live in poverty, researchers found that almost seven in ten adults had experienced one ACE and two in five had experienced four or more.
Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Prevalence of ACEs in College Students

• Studies have reported 56-89% of college students have had at least one ACE, including the more severe ACEs and 22% reported symptoms consistent with PTSD (Doughty, 2018)
  – Community college students report an even higher rate (Anders et al., 2012)
    • Community colleges tend to have more students of color, students from poverty, veterans, etc.
• Another study looked at the drop-out rate of freshmen who had ACEs compared to those who did not. There were significant enrollment differences in the 2nd semester of the freshmen year—82% for ACE impacted students vs. 92% for non-ACE impacted students, the drop-out rate was even higher if the
Prevalence of Traumatic Experiences for College-Age Students

- According to the AAU Survey (2015) about 23% of undergraduate women and 5.4% of men reported being sexually assaulted by physical force, incapacitation, or coercion.
  - Some student cohorts have even higher rates of traumatic experiences, e.g., Native American, LGBTQ, African American, and Latino

- 66% of college students report experiences of sexual harassment (National Sexual Violence Resource Center, 2018)
Trauma Impacts on College Campuses

• Higher rates of:
  – suicidal ideation and behaviors
  – alcohol abuse and binge drinking
  – re-victimization
  – drop-out
  – engagement in health risk behaviors
Trauma Related Health Impacts for College Students

• Students who had traumatic experiences had a harder time adjusting to college
  – Within the first 12 months of college, 21% were treated for mental health issues and half reported trauma histories (American College Health Association, 2012)

• Higher rates of depression, anxiety, and substance abuse

• Students who had exposure to one ACE had more health-related complaints.
• Many studies have discussed the impact of trauma on academic attainment, e.g., lower IQ scores (8pts), lower test scores, higher drop out rates, disruptive behaviors, etc.

• Trauma impacts college students in many of the same ways:
  – Challenges with completing assignments or taking tests,
  – Needing more time to complete papers, making requests for special considerations
  – Dropping out within the first year of college
  – Missing classes
  – Unable to comprehend instructions or listen to lectures
Trauma-Informed Care (TIC)

• An organizational structure framework that involves understanding, recognizing, and responding to the effects of all types of trauma on well-being and behavior.

• TIC emphasizes physical, psychological, social and moral safety.

• TIC helps survivors rebuild a sense of control and empowerment.

• Additionally, a trauma-informed system of care requires closely knit collaborative relationships with other service system partners who should be trauma-informed as well.
Why Are Trauma-Informed Approaches Necessary?

- Improves educational outcomes
- Supports personal development and well-being of students
- Prevents re-traumatization
- Supports staff
What Does It Mean to be Trauma-Informed?

• Acknowledgement–
  – Recognizing that trauma is pervasive and impacts individual students and the university environment.
  – Introducing factors that reduce negative outcomes for college students with ACEs such as the presence of supportive systems and secure attachment, flexibility, compassion, etc.
  – Becoming a resource for students with traumatic exposures
Essentials of Trauma-Informed Care

- Connect – focus on relationships
- Protect – promote safety and trustworthiness
- Respect – engage in choice and collaboration
- Empower – provide opportunities to control situations
- Cultural Sensitivity/Privilege and Power
- Strengths-based
- Compassion and Support
The 4 R’s of The Trauma-Informed Approach Framework

• Realizing the impact of trauma
• Recognizing the signs and symptoms
• Responding purposefully with knowledge about trauma
• Resisting re-traumatization of individuals (SAMHSA, 2014)
• This framework is applicable to all settings
Trauma-Informed College and University Departments are...

• Designed to support the academic mission of the university
• Designed to support the academic success of students
• Not designed to make you into clinicians to treat symptoms of trauma
A Trauma-Informed Student Affairs

• All departments, e.g. career services, financial aid, admissions, academic advising, housing services, etc. take into consideration that students may present with challenging behaviors linked to past traumatic experiences.

• Practice flexibility and compassion

• Build consistent and supportive relationships, esp in 1st semester
Trauma-Informed Academic Affairs

• Supports the faculty to provide the highest quality of teaching, research and scholarship
  – Assists faculty to incorporate trauma-informed pedagogy into each course
    • Teaching is multi-modal/sensory, not just lectures, use group projects, cooperative learning
    • Practical application to concepts vs concepts to practical applications
    • Recognize that “process speed” takes longer
  
• Faculty development and works to reduce burn-out
• Develops and revises student and faculty policies that reflects trauma-informed approaches
• Develops and revises policies on admissions, progression and retention standards that are flexible and supportive of students with trauma impacts
• Develops academic programs that reflect a trauma-informed approach for diverse student populations, e.g., academic programs for veterans, homeless students, 1st generation, international students, non-traditional, etc.
What Does This Mean for My Department and My Work?

– Think about a student you have worked with that you found difficult or challenging, does this information change your thinking about this student? If so, how?
– What is the mission of my department and how does it fit with Trauma-Informed?
– How would you change your department’s processes/protocols or your work as a result of understanding trauma?
– Development of an action plan. Who are the key players? Analysis of policies and practices. Timeline. Ongoing
Self Care When Working with Students Impacted by Trauma or ACEs

• Trauma is contagious especially in working with students.
• Because these students require more attention, understanding and support, it can cause you to feel overwhelmed and overloaded.
• Some of their actions can trigger your own past trauma or grief reactions.
• Like the student you are working with, you may experience a variety of emotional reactions that manifest itself as secondary or vicarious traumatization or compassion fatigue.
Self Care When Working with Students Impacted by Trauma or ACEs

• In a work environment where personnel frequently work with students impacted by trauma:
  – The organization must anticipate and normalize reactions by directly discussing the risk of vicarious traumatization.
  – Developing an organizational plan to support staff, and providing personnel with the opportunity to discuss how work
TYPES OF SELF-CARE

**PHYSICAL**
- Sleep
- Stretching
- Walking
- Physical release
- Healthy food
- Yoga
- Rest

**EMOTIONAL**
- Stress management
- Emotional maturity
- Forgiveness
- Compassion
- Kindness

**SOCIAL**
- Boundaries
- Support systems
- Positive social media
- Communication
- Time together
- Ask for help

**SPIRITUAL**
- Time alone
- Meditation
- Yoga
- Connection
- Nature
- Journaling
- Sacred space
Self-Care Activities

- Practice deep breathing
- Progressive muscle relaxation
- Guided imagery
- Taking mini-vacations
- Mental Health or Self-care Days
- Gardening
- Exercise, yoga, dancing
- Meditation, spiritual, religious activities
- Having fun
QUESTIONS
CONTACT INFORMATION

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