Working with Traumatized Individuals in Higher Education

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What is trauma?

SAMHSA's Concept of Trauma: The three E's of trauma:

- Events

- Experience of event(s)

- Effect

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

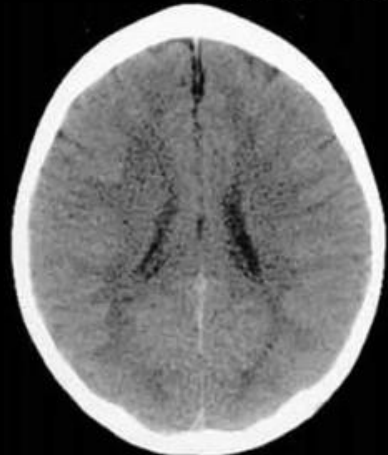Slide courtesy of the Southwest Michigan Children's Trauma Assessment Center
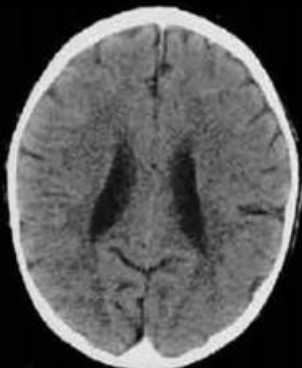
Understanding Trauma

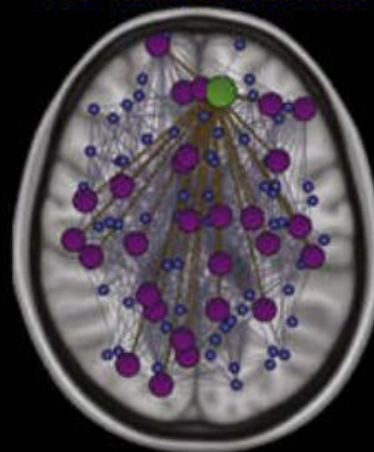"Dysregulated children in school will not learn."
-Dr. Bruce Perry

3 Year Old Children

Normal   Extreme Neglect

No Maltreatment   Maltreated

Image source: www.bigstockphoto.com
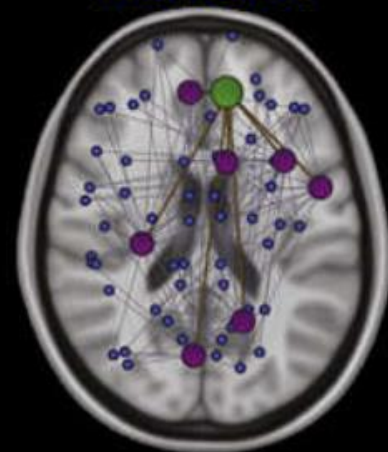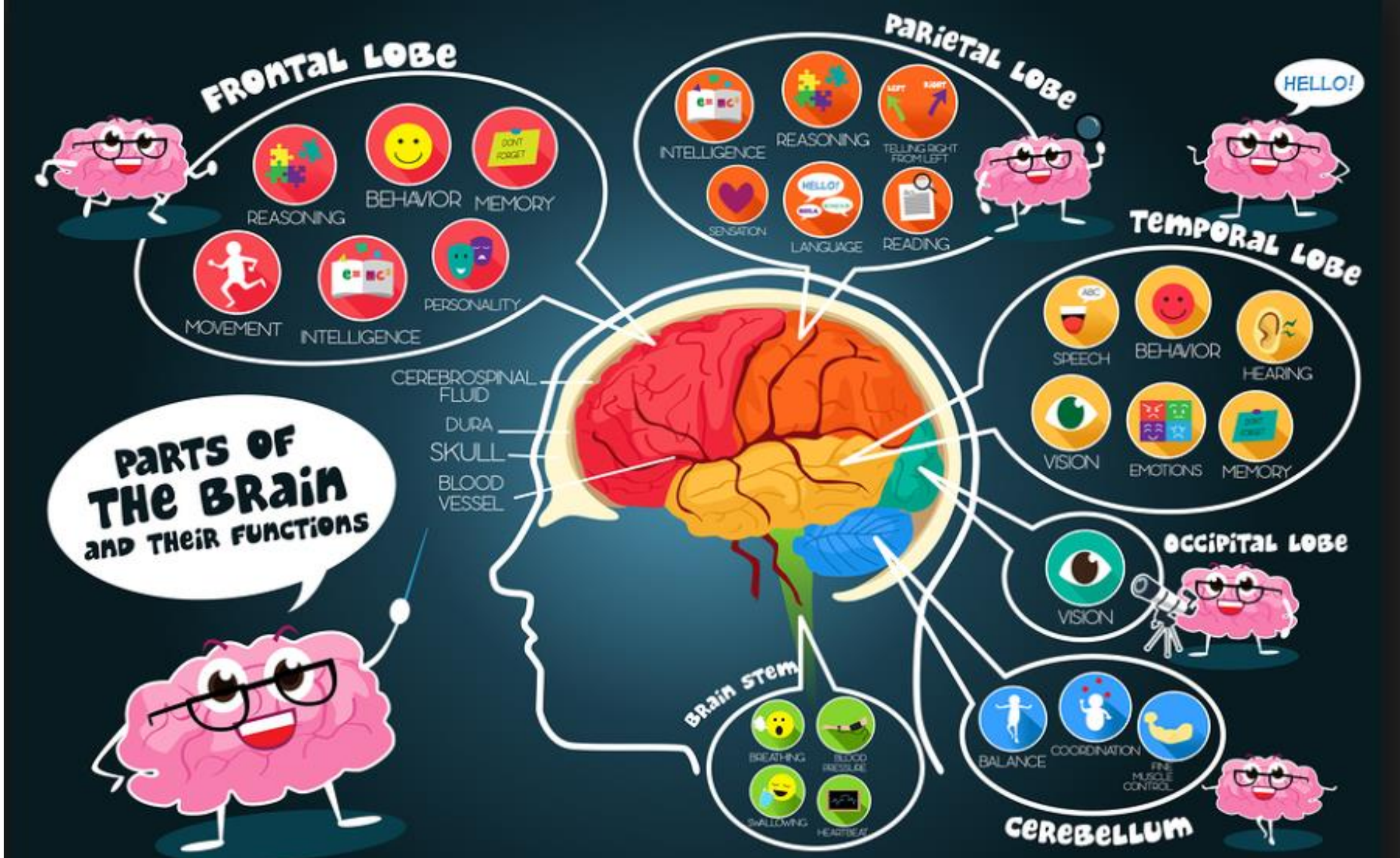
Symptoms that may be associated with a trauma history.

Irritability with friends, teachers, events

Change in academic performance

Increase in impulsivity, risk-taking behavior

Angry outbursts and/or aggression

Absenteeism

Repetitive thoughts and comments about death or dying (including suicidal thoughts, writing, art, or notes, etc.)

Increased substance abuse

Heightened difficulty with authority, redirection or criticism

Emotional numbing

Avoidance behaviors

Hyper-arousal (e.g. sleep disturbance, tendency to be easily startled)

Lack of trust and impact on perceptions of others

Decreased attention and/or concentration

Trauma Recovery

Children's brains are malleable. Under the right circumstances, young people CAN recover from trauma. Foster care education stakeholders can promote recovery by promoting:

Trauma-informed learning environments

Safety

Healthy relationships with trusted adults

Opportunities to connect with peers

Sensitivity to cultural, historical, and gender issues

Collaboration and mutuality

Empowerment, voice, and choice

Mentorship, parent/community collaboration and partnerships.

Peer support

Trustworthiness and transparency

Adopted from SAMHSA's Six Key Principles of a Trauma-Informed Approach.

Trauma and the Brain

Cortex

Limbic

Midbrain
Cerebellum

Brainstem

DA   5-HT

NE
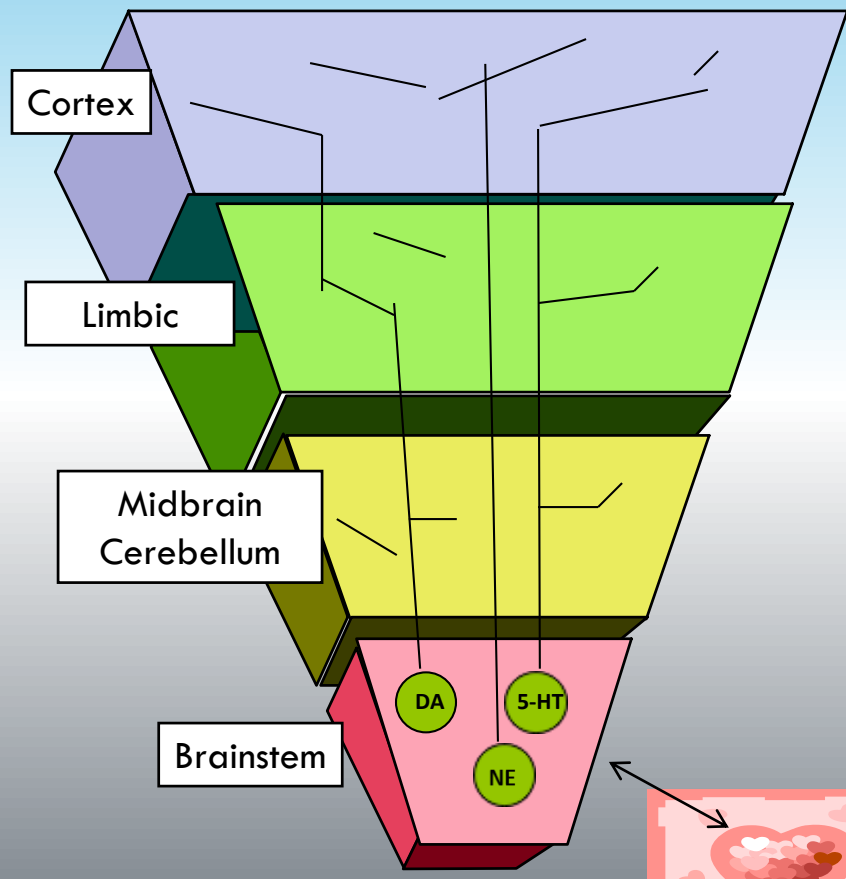
Abstract thought

Concrete Thought

Affiliation/reward

"Attachment"

Sexual Behavior

Emotional Reactivity

Motor Regulation

"Arousal"

Appetite/Satiety

Sleep

Blood Pressure

Heart Rate

Body Temperature

How do people present in different parts of their brain, and what do I do about it?

Keep in mind:

Even though it might be directed *AT* you, it's actually not *about* you.

How might a person present when they are in (or immediately after) a traumatic event?

Brainstem

- **Fight:** verbal attacks that seemingly come out of nowhere, phys

  aggression, threatening, knee-jerk reactions

- **Flight:** Hanging up, walking out of the room, escaping the situation

- **Freeze:** may appear disconnected, compliant, "going through the

  motions"
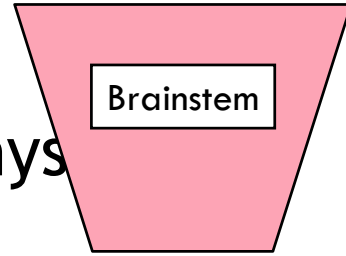
Focus on **Regulation**

- MAKE THE CONNECTION
- Have a calming and reassuring voice
- Reassure safety
- Reduce power differential with body language
  - Meet the person where they are
  - Be aware of your tone of voice, posture, place in the room, and body language
- Be patient and comfortable in silence
- Grounding techniques
  - Deep breaths
  - Orient to the room
- Helpful strategies
  - Validating
  - Reassuring
  - Accepting

Brainstem
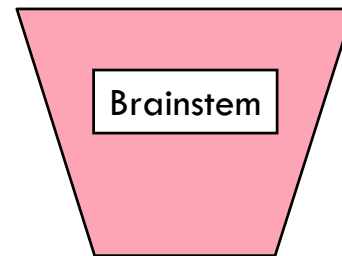
What you might see:

- The person may be upset, but able to engage in a conversation.
- Keep in mind they are not necessarily able to retain information or give complete statements or answers.
- Not able to access parts of their brain responsible for planning, abstract thinking, or goal setting.
- May appear irrational or overly emotional

Limbic

Midbrain
Cerebellum
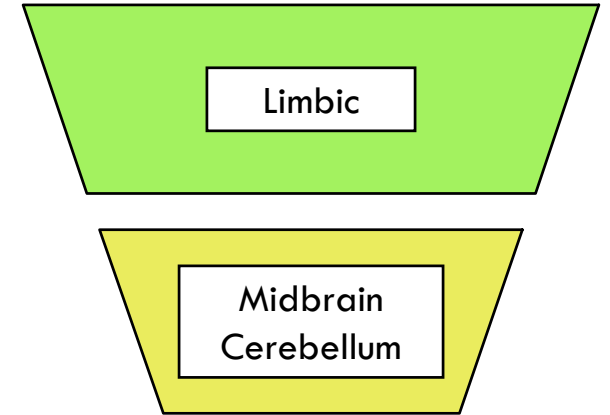
Reassure connection:

Empathy and understanding

Validation

Deep reflective listening

Curiosity

Emotion-focused perspective

Non-judgmental

Non-threatening

Identify possible triggering cues

Writing things down for future reference
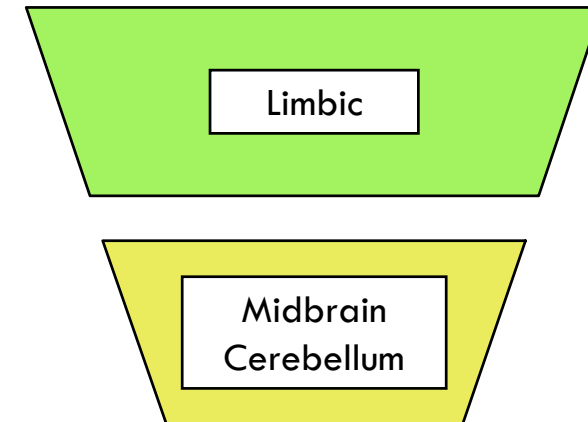
How might this person present:
- Could be embarrassed about the event
- Continue to be slightly on edge and aware of potential threats to physical or psychological safety
- May not remember everything that was said or everything that took place in the moment of crisis
- May take a while to establish trust

Cortex
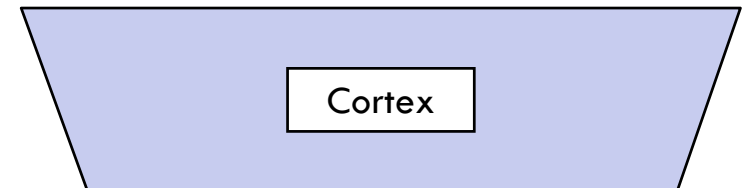
Connect about the event:

- The goal is to get the person to stay regulated and have a calm conversation about needs.

- Continued empathy and understanding

- Review what happened from the perspective of the person who experienced trauma

- Reinforce your role in helping the person

- Make a plan for the future with small steps

- Make a plan to check in again

Cortex
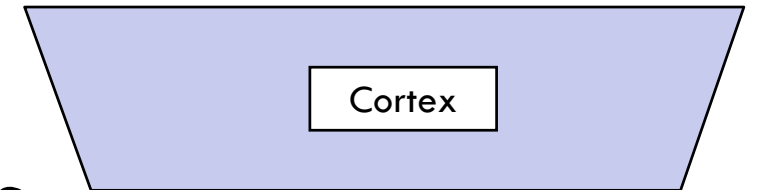
<u>What NOT to do:</u>

Excessive questioning

Lecturing

Giving or appealing to logic

Asking to make a better choice

Comparing

Promising a reward

Ignoring

Threatening

Minimizing

Getting angry
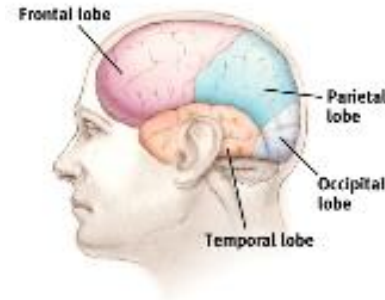
Strategies that rely on the frontal lobe will not work because the person who has experienced trauma has difficulty accessing that part of the brain.

Brain Functioning

Cortex

Limbic

Midbrain

Brainstem

Self-Actualization

Esteem

Love and Belongingness

Safety

Physiological (human) needs

Ability to think and rationalize

Focus of child or youth is on finding/maintaining human connection

Focus on finding safe and stable people and environments

Focus is purely on need to survive (food, water, shelter, etc.)

Maslow's Hierarchy of Needs

Characteristics of Postsecondary Goals Related to Maslow's Hierarchy of Needs

Self-Actualization

Strengths-Based Goals
- Formed by connecting interests to academic and personal strengths
- Made and executed based on available resources to complete goal (scholarships, support programs, etc.)
- Realistic and attainable

Esteem

Interest-based goals
- Formed by multiple opportunities to explore interests
- Formed by exposure to multiple postsecondary/career pathways

Love & Belongingness

Acceptance/Value-Based Goals
- Allows individual to maintain familial/peer/meaningful connections
- Developed based on exposure to options and opportunities provided by immediate social connections (family, peer, trusted connections)

Safety

Safety-Based Goals
- Practical goals to leave unsafe situations or stay in safe situations
- Not based on interests
- Make enough money to live in a safe household that is not physically or emotionally abusive

Physiological Human Needs

Survival-Based Goals
- Make enough money for shelter/warmth, food/water, clothing, medical needs
- Not based on interests
- Goals are means to an end

Physiological Human Needs
- Ability to communicate, think, grow, show up to school.

Safety
- Secure place to live
- Trust in immediate environment
- Stability
- Ability for basic learning

Love & Belongingness
- Ability to form healthy connections
- Sense of family and community
- Ability to retain information and learn

Esteem
- Ability to explore interests
- Take ownership in learning
- Develop independent living skills
- Able to retain in long-term memory

Self-Actualization
- Ability to apply learning in real-life situations
- Secure in self, interests, and goals
- Independent living skills to meet goals

Academic achievement

Postsecondary Readiness

Independent Living Readiness

Career Readiness

Income Potential

Lalonde, T., Tsai, C., & Myers, K. (2019). *Postsecondary Access for Colorado Students Who Experienced Foster Care: Where did they go and how did they get there?* (Report No. 107A). Denver, CO: Colorado Evaluation and Action Lab at the University of Denver.

What does it mean to be trauma-informed?

- Safety
- Trustworthiness and Transparency
- Peer support and mutual self-help
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues

Substance Abuse and Mental Health Services Administration (SAMHSA), 2018

Safety

Youth feel physically and psychologically safe. The environment created by the adults assists in youth feeling safe to share and thrive in the educational environment.

Substance Abuse and Mental Health Services
Administration (SAMHSA), 2018

Conversations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, youth, and family members of those receiving services.

Substance Abuse and Mental Health Services Administration (SAMHSA), 2018

These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

Substance Abuse and Mental Health Services Administration (SAMHSA), 2018

There is true partnering and leveling of power difference between youth and adults. There is recognition that healing happens in relationships in the meaning sharing of power and decision-making. The adult recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

- Throughout the school and among the youth served, individuals' strengths are recognized, built on, and validated and new skills developed as necessary.
- The school aims to strengthen the adult, youth, and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, and communities to heal and promote recovery from trauma. This builds on what youth and adults, and communities have to offer, rather than responding to perceived deficits.

Substance Abuse and Mental Health Services Administration (SAMHSA), 2018

The helping adult or organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, and geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

In short: what is their reality? Perception is reality.

Dr. Bruce Perry's Six Core Strengths for Children: A Vaccine Against Violence

01

Attachment: being able to form and maintain health emotional bonds and relationships

02

Self-regulation: containing impulses, the ability to control primary urges as well as feelings such as frustration

03

Affiliation: being able to join and contribute to a group

04

Attunement: being aware of others, recognizing the needs, interests, strengths, and value of others

05

Tolerance: understanding and accepting differences in others

06

Respect: finding value in differences, appreciating worth in yourself and others

For more information on the Six Core Strengths, visit the "Meet Dr. Bruce Perry" page at http://teacherscholastic.com/professional/bruceperry

SO WHAT CAN WE DO TO HELP?

Things that help

- Advocacy
- Build connections
- Unconditional positive regard
- Lead with empathy, openness, understanding, and acceptance
- Provide choice when possible
- Promote autonomy
- Give space
- Empowerment
- Say you care, show you care
- Provide opportunities for success
- Connect youth to get basic needs met and safety established

What NOT to do

- Trying to "fix" the person
- Forced interactions
- Non-verbal or verbal cues that tell the person you don't believe in them
- Taking power away
- Placing youth in a potentially re-traumatizing situation

Core helping skills

- *Attending:* Involves physically observing and listening. Attend through eye contact and non-verbals. This also involves suspending judgment.

- *Responding:* Respond to the content AND the feeling through what the youth is saying

- *Personalizing:* the meaning of the problem, feelings and goals need to be personalized for the youth.

- *Initiating:* goals created by the youth must be concrete and have observable and measureable steps. Help the youth develop an action plan to meet the goals.

Carkhuff (2000)

- Criticizing → - Listening
- Blaming → - Supporting
- Complaining → - Encouraging
- Nagging → - Respecting
- Threatening → - Trusting
- Punishing → - Accepting
- Bribing → - Negotiating

Glassar (2000)

Goal Setting—WDEP

- **W**ant—What does the youth *want*? (to go to college, to stay in college, to get a scholarship, etc.)

- **D**oing—What are they currently *doing* to achieve that goal? (attending class, asking for help when needed, seeking opportunities, etc.)

- **E**valuation—The youth *evaluates* what they are currently doing to get to what they want. How is what they are currently doing helping or not helping to get them to what they want? What (if anything) needs to change to get there?

- **P**lan—The *plan* is based on building on what is working through evaluation and fixing what is not working. The YOUTH needs to identify two to three action steps with a timeline.

Glasser (2000)

Resources

http://www.acestudy.org/home

http://www.cdc.gov/violenceprevention/acestudy/

http://m.theatlantic.com/education/archive/2014/12/how-teachers-help-kids-heal/383325/#disqus_thread

http://massadvocates.org/tlpi/

http://traumasensitiveschools.org/

http://store.samhsa.gov/product/SMA14-4884?WT.mc_id=EB_20141008_SMA14-4884

http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

http://www.nctsn.org/trauma-types/complex-trauma/resources

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