Working with Traumatized Individuals in Higher Education

Kristin Myers, Ph.D.
July 23, 2019
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.
What is **wrong** with this person? vs What **happened** to this person?

Not Trauma Informed vs Trauma Informed
Understanding Trauma
"Dysregulated children in school will not learn."
-Dr. Bruce Perry
PARTS OF THE BRAIN AND THEIR FUNCTIONS

FRONTAL LOBE
- Reasoning
- Behavior
- Memory
- Personality

PARietAL LOBE
- Intelligence
- Reasoning
- Telling right from left
- Language
- Reading

TEMPORAL LOBE
- Speech
- Behavior
- Hearing
- Vision
- Emotions
- Memory

OCCIPITAL LOBE
- Vision

CEREBELLUM
- Balance
- Coordination
- Muscle control
- Breathing
- Blood pressure
- Swallowing
- Heartbeat

CEREBROSPINAL FLUID
- Dura
- Skull
- Blood vessel
Symptoms that may be associated with a trauma history.

- Irritability with friends, teachers, or events
- Increased substance abuse
- Absenteeism
- Heightened difficulty with authority, redirection or criticism
- Increase in impulsivity, risk-taking behavior
- Lack of trust and impact on perceptions of others
- Avoidance behaviors
- Hyper-arousal (e.g., sleep disturbance, tendency to be easily startled)
- Decreased attention and/or concentration
- Emotional numbing
- Repetitive thoughts and comments about death or dying (including suicidal thoughts, writing, art, or notes, etc.)
- Angry outbursts and/or aggression
- Change in academic performance
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
- Opportunities to connect with peers
- Collaboration and mutuality
- Empowerment, voice, and choice
- Peer support
- Safety
- Healthy relationships with trusted adults
- Sensitivity to cultural, historical, and gender issues
- Mentorship, parent/community collaboration and partnerships
- Trustworthiness and transparency
Trauma and the Brain
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?

- **Fight:** verbal attacks that seemingly come out of nowhere, physical 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”
Immediate responses to traumatic events

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
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
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
After the crisis...

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
Regulating after the immediate crisis is over

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
Immediate responses to traumatic events

What NOT to do:

- 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.
Maslow’s Hierarchy of Needs

- Physiological (human) needs: Focus is purely on need to survive (food, water, shelter, etc.).
- Safety: Focus on finding safe and stable people and environments.
- Love and Belongingness: Focus of child or youth is on finding/maintaining human connection.
- Esteem: Ability to think and rationalize.
- Self-Actualization:
Characteristics of Postsecondary Goals Related to Maslow’s Hierarchy of Needs

- **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

- **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

- **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)

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

- **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

The diagram illustrates the hierarchy of needs and the corresponding postsecondary goals based on Maslow’s hierarchy.
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
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.
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.
These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.
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.
Empowerment, Voice, and Choice

• 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
Cultural, historical, and gender issues

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)
Deadly Habits and Connecting Habits

- Criticizing
- Blaming
- Complaining
- Nagging
- Threatening
- Punishing
- Bribing

- Listening
- Supporting
- Encouraging
- Respecting
- Trusting
- Accepting
- 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://massadvocates.org/tlpi/
http://traumasensitiveschools.org/
http://www.nctsn.org/trauma-types/complex-trauma/resources
References


• Myers, K. (2019). Nevertheless they persisted: Youth formerly in Foster Care Who have Experienced Trauma and their Journey to Postsecondary Education. University of Northern Colorado


Kristin Myers, Ph.D.
State Coordinator for Foster Care Education
Office of Dropout Prevention and Student Re-Engagement
(303) 866-6007
Myers_k@cde.state.co.us
http://www.cde.state.co.us/dropoutprevention