TEACH[R]

Creating a trauma informed college campus

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Abstract

Trauma has no limits and does not discriminate based on one's gender, ethnicity, social standing, educational background or religious affiliation. Those affected by trauma are not only present in our neighbourhoods, homes and congregations, but also in every academic institution. This pervasive issue demands a seamless and intentional multilevel-organizational approach which encompasses the primary, secondary and tertiary levels of academic preparation. Consequently, higher education institutions in providing optimal service to their constituents, should seek to create a campus culture that places high premium on the best-practices of a trauma-informed approach. This paper will discuss the key concepts associated with trauma including the ACE study and provide insight on educational practices that will assist in creating a trauma-informed college campus.

Definition of trauma

The Substance Abuse and Mental Health Services Administration (SAMHSA) Trauma and Justice Strategic Initiative (2014), describes trauma as "an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (p. 7).

At the heart of this definition are the three E's of trauma: event, experience and effects (SAMHSA, 2014). Traumatic events are those single or repetitive adverse circumstances that affect an individual's physical or psychological wellbeing. The individual's experience of the different events determines whether or not it qualifies as a traumatic event. This is important in that the experienced event might be traumatic for one person, but not for another. For example, one veteran may interpret being deployed in a war-zone to be traumatic, while another veteran might not be affected. The short-term or long-lasting adverse effects from experienced events is the critical component of trauma. Consequently, the effects of trauma may result in altering one's neurobiological make-up, health and wellbeing, leaving the individual incapable of coping with the normal stressors associated with daily living (SAMHSA, 2014).

> *children … exposed to five or more significant adverse experiences in their first three years are 76 percent more likely to have … delay in their language, emotional, or brain development*

Impact of trauma on one's development and learning

Trauma experienced during childhood, often referred to as Adverse Childhood Experiences (ACE) have a lasting adverse effect on their social, emotional and cognitive development. Adverse childhood experiences have a lasting impact on a child's mental capabilities. Commenting on the effects that trauma has on the brain, Davidson (n.d.) highlights that:

> Physiological changes to the developing brain in response to trauma cause cognitive losses and delays in physical, emotional, and social development, and they provoke emotional and behavioral responses that interfere with children's learning, sensory processing, social relationships and engagement in school. (p. 6)

In addition, the U.S. Department of Health and Human Services (as cited in Davidson, n.d.) claimed that "Young children who are exposed to five or more significant adverse experiences in their first three years are 76 percent more likely to have at least one delay in their language, emotional, or brain development" (p. 6).

Recognising the pervasive effects of trauma, it comes as no surprise that while beginning college should be an exciting experience, many individuals find it difficult to adjust and unfortunately end up as college dropouts (Read et al., 2011). Boyraz et al., (2013) report that African American females with low high school GPA enrolled at predominantly white institutions, and who have been exposed to trauma and PTSD (Post Traumatic Stress Disorder) symptomatology, perform poorly academically and end up dropping out of college by the end of their sophomore year.

These ACE related social, emotional and cognitive development impairments predispose these individuals to health-risk behaviours that result in diseases, disability, social problems and early death (Felitti et al., 1998; Hughes, et al., 2017). The ACE study conducted from 1995-1997 revealed that as the number of traumatic childhood events increases, so does the risk for serious health problems in adulthood. Furthermore, as Fellitti et al. (cited in Davidson, n.d.) state, adults who experienced childhood trauma are:

- 15 times more likely to attempt suicide
- 4 times more likely to become an alcoholic
- 4 times more likely to develop a sexually transmitted disease
- 4 times more likely to inject drugs
- 3 times more likely to use antidepressant medication
- 3 times more likely to be absent from work
- 3 times more likely to experience depression
- 3 times more likely to have serious job problems
- 2.5 times more likely to smoke
- 2 times more likely to develop chronic obstructive pulmonary disease
- 2 times more likely to have a serious financial problem (p. 6)

How can awareness of the potential impacts of adverse child experiences inform the interaction of educators with these students?

Definition of a trauma-informed approach

Scholars engaged in trauma research agree that a knowledge of trauma and trauma-specific interventions is not sufficient to optimise outcomes for trauma survivors or to influence how service systems conduct their business. Consequently, what is needed is a trauma-informed approach, which is not limited to only trauma-specific services or trauma systems. In addition to incorporating key trauma principles into the organisational culture, a trauma-informed approach must also include trauma-specific interventions, inclusive of assessment, treatment or recovery supports (SAMHSA, 2014).

SAMHSHA's trauma-informed approach is based on four assumptions and six key principles. It asserts these assumptions, also termed the 4Rs, must be at the heart of every trauma-informed approach. As the organisation states:

> A program, organization, or system that is trauma-informed [1] *realizes* the widespread impact of trauma and understands potential paths for recovery; [2] *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and [3] *responds* by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively [4] *resist re-traumatization.* (SAMHSA, 2014, p. 9)

In addition, the principles in which the organisation's trauma-informed practice is grounded are (1) safety – ensuring "the organization, staff and people they serve [students] … feel both physically and psychologically safe"; (2) trustworthiness and transparency – ensuring "organizational operations and decisions are … building and maintaining trust" among its constituents; (3) peer support – assisting trauma survivors in "utilizing their stories … to promote healing and recovery"; (4) collaboration and mutuality – "The organization recognizes everyone has a role to play in a trauma-informed approach"; (5) empowerment, voice and choice –"Staff are facilitators of recovery rather than controllers of recovery"; (6) cultural, historical and gender issues – "actively moves past cultural stereotypes and biases … incorporates policies, protocols and procedures" that are sensitive to a wide array of needs (SAMHSA, 2014, p. 10).

Strategies for a trauma-informed campus

In becoming a trauma-informed informed college campus, it is important to first garner support from each division of the institution. This cooperative consensus will result in the college's administration, faculty and staff working together for the physical, social, emotional, and academic safety of each student. Through this more holistic approach to meeting the needs of students, traumatised students will be assisted in improving their relationships, regulating their emotions and behaviour, bolstering their academic competence, and increasing their physical and emotional well-being (Rodenbush, 2015).

> *"A program … that is trauma-informed [1] realizes … [2] recognizes … [3] responds … [4] resist[s] re-trauma-tization."*

Secondly, a trauma-informed college climate requires that all university personnel be engaged in professional development (PD) addressing the effect of trauma on student's cognition and the best-practices of trauma-informed care within an educational context. Hoch et al. (2015) advise that in this professional development, organisers should:

- Make [this] training part of new employee and incoming student orientation
- Incorporate [trauma-informed care] into Human Resources annual training opportunities or requirements
- Offer training to student leaders and student groups annually
- Offer in-person training to all department faculty and staff meetings
- Utilise student theatre troupes in training to bring to life realistic scenarios and offer valuable feedback

- Offer quarterly training opportunities with role-play and dialogue
- Mandate annual, advanced training for campus safety officials, hearing boards, appellate officers, and those who talk with students about safety and confidentiality
- Institute training on effects of trauma for all Student Health Services personnel (Slide 100)

Thirdly, the university leadership should create system-level strategies that will promote a healthy work environment that places emphasis on staff self-care and resilience. Owing to the fact that educators, counsellors, and other support staff who work with students exposed to trauma are at risk of being indirectly traumatised, campus-wide initiatives are to be implemented that will prevent burn-out, compassion fatigue, secondary traumatic stress (STS) and vicarious trauma (Mathieu, 2011; National Center on Safe Supportive Learning Environments, n.d.). Workers should receive education on how to identify and address the warning signs of vicarious trauma, such as hypervigilance, poor boundaries, avoidance, inability to empathise, numbing, addictions, chronic exhaustion, physical ailments, minimising, anger, cynicism and feelings of professional inadequacy (National Center on Safe Supportive Learning Environments, n.d.).

> *support staff … are at risk of being indirectly traumatised, … initiatives are to be implemented that will prevent burn-out, compassion fatigue, secondary traumatic stress (STS) and vicarious trauma*

Fourthly, the institution should implement academic and non-academic strategies that are geared at creating a safe-place for students who are victims of trauma. Being mindful of their students' lived experiences and the possibility that a student might be at risk for retraumatisation, instructors should become familiar with the implications of trauma for learning and the signs and symptoms of trauma. In addition, since some course content and assignments have the potential to retraumatise students, course material should be previewed for appropriateness and disturbing content eliminated. However, in the event that potentially traumatising material has to be retained, students should be provided with disclaimers ahead of time and given the option to opt out if necessary. Abrupt changes in the feature of the classroom, such as lighting and sound should be avoided as this might be triggering for some students (Carello and Butler, 2015).

Furthermore, instructors should never be dismissive of student concerns. Faculty should include in their syllabus specific information for student services offices that students can access for assistance (Carello & Butler, 2015). When outside of the formal academic setting, while mindful of the fact that they are not professional counselors and therapists, professors should be open to giving students space to share their stories if they so desire. The process of listening to hurting students assists them in gaining some sense of control (Supiano, 2019).

Elliot, Bjelajac, Fallot, Markoff, and Reed (2005) provide ten principles that reflect the values and practices of a trauma-informed institution. Organisations desirous of making services more accessible to and effective for survivors will (the headings for each principle form the following list):

1. Recognize the impact of violence and victimization on development, learning, and coping strategies
2. Minimize possibilities of retraumatization; maximize possibilities of successful educational and professional outcomes
3. Identify successful educational and professional outcomes as the primary goal
4. Employ an empowerment model
5. Strive to maximize choices and control
6. Mitigate power imbalances through relational collaboration
7. Create an atmosphere that is respectful of the need for safety, respect, and acceptance
8. Emphasize strengths, highlighting competencies over deficiencies and resilience over pathology
9. Strive to be culturally competent and to understand people in the context of their life experiences and cultural background
10. Solicit input from all class members and involve them in evaluation processes.

(pp. 465-469)

Finally, in adopting a trauma-informed approach, higher education institutions must ensure that its policies, procedures and protocols cater to the needs of its increasingly diverse student population. The institution should ensure that its government regulated (Title IX in the US) investigation process is trauma-informed. Such a process should naturally promote access for complainants by encouraging their participation and promote accuracy by enabling investigators and decision-makers to ask appropriate questions in order to better understand evidence that may be affected by trauma (National Center for Campus Public Safety, 2016). The University of Texas at Austin is a very good example of an institution that has adopted a trauma-informed approach to sexual violence. In addition to putting together a 174-page manual, their campus police officers were trained in identifying signs of sexual trauma. Policing tactics were brought into dialogue with the best practices of a trauma-informed approach, geared at creating more trusting relationships with sexual abuse victims and law-enforcement officers (Pettit, 2016).

Advantages of Christian institutions

Klett (2018) states Christian colleges and universities have "the unique opportunity to come alongside victims of trauma and to be a voice of comfort, healing, and hope" (para. 3). She further recommends that Christian higher education institutions can assist trauma survivors in their healing process by: (1) providing biblical counselling and pastoral care through single-sex Bible study groups, chapel talks, classes, and special seminars; (2) providing safe, intimate, and authentic communities of support that will walk with them through the healing process and allow them to express their emotions; (3) helping to dispel the shame that often stems from surviving a traumatic event; and (4) pointing trauma victims to the truth of God's forgiveness and grace, and the hope that only the gospel can provide.

Furthermore, the holistic development of students which is at the heart of Adventist education, makes Adventist Christian institutions of higher learning uniquely poised to address the adverse effects that trauma has on one's "mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2014). Consequently, in guaranteeing the "harmonious development of the physical, the mental, and the spiritual powers" (White, 1903, p. 13) of each student, the Adventist college and university system must be intentional in incorporating trauma-informed practices in its operations.

Recognising the important role that faith-based academic institutions should play in advocating a trauma-informed approach, Andrews University recently established its International Center for Trauma Education and Care (Panigot, 2019). Through collaboration with other departments on its campus, churches and other community organisations, the centre aims at providing a holistic approach to trauma care that is spiritually-informed, culturally sensitive and long-lasting. Individuals will be provided with the knowledge and skills to recognise and recover from traumatic events both locally and internationally.

Finally, Christian higher education institutions have an advantage to cater to the spiritual needs of all its constituents through its chaplaincy department. Given the spiritual challenges associated with having experienced trauma, students with PTSD could benefit from spiritual assessment and intervention as part of their overall treatment plan. Consequently, college chaplains who are armed with the requisite skills could be utilised to perform these functions (Sigmund, 2003). These chaplains can offer quiet assurance of hope and a spiritual presence to support the traumatised.

Conclusion

The adverse and long-lasting effects of trauma is present in every level of society. Owing to the fact that a higher education institution is a microcosm of society, it is not immune to the pervasive issue of trauma. For this reason, higher education institutions, along with all educational entities, must be intentional in creating trauma-informed campuses that will cater to the needs of all of its constituents who have experienced trauma. Administrators, faculty and staff must be educated on the best-practices of a trauma-informed approach, and policies should be drafted to ensure it becomes part of the institution's culture. Faculty and staff who provide care for survivors of trauma must avoid compassion fatigue and burnout by practising self-care through accessing the resources the institution provides. Since a brain in pain cannot learn, in order to aid students in their holistic development, a campus-wide trauma-informed approach is of utmost necessity. TEACH

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