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Addressing Trauma: Building Capacity in our Campus Communities



About US

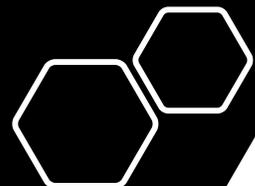






Ubiquity of Trauma

- “Traumatic events are extraordinary, not because they occur rarely but rather because they overwhelm the ordinary human adaptations to life ... a complex integrated system of reactions encompassing both body and mind”
- (Herman, 1992)



What this
means for
Us?

Not something out there
Self-care
Connect to resources





Agenda

- Establish need
- Define trauma
- Elaborate on current context of trauma
- Share some examples of our work
- Define Trauma Informed Care
- Elaborate on TIC Principles
- Discuss ways to build capacity in our campus communities
 - Levels of intervention
 - Clarifying Audiences
 - Content

Trauma

“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”.

- (SAMHSA, 2014, p. 72)

Trauma -Definition

Substance Abuse & Mental Health Services Administration

- **Events and circumstances**
- Subjectively Experienced as physically or emotionally harmful or threatening
- Has lasting adverse effects on their functioning, and physical, social, emotional, or spiritual wellbeing.
- Can be a single event or a series of events
- It overwhelms one's resources to cope
- Produces a sense of terror, helplessness, and/or horror
- Often ignites the “fight, flight, or freeze” reaction



Poll Time

- How many students at your school do you think have experienced trauma?
 1. 0 - 20 %
 2. 21 - 40%
 3. 51 - 70%
 4. 71 - 100%



Adverse Childhood Experiences

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



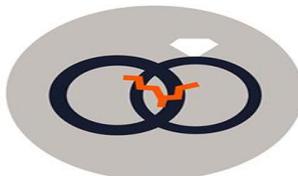
Incarcerated Relative



Mother treated violently



Substance Abuse

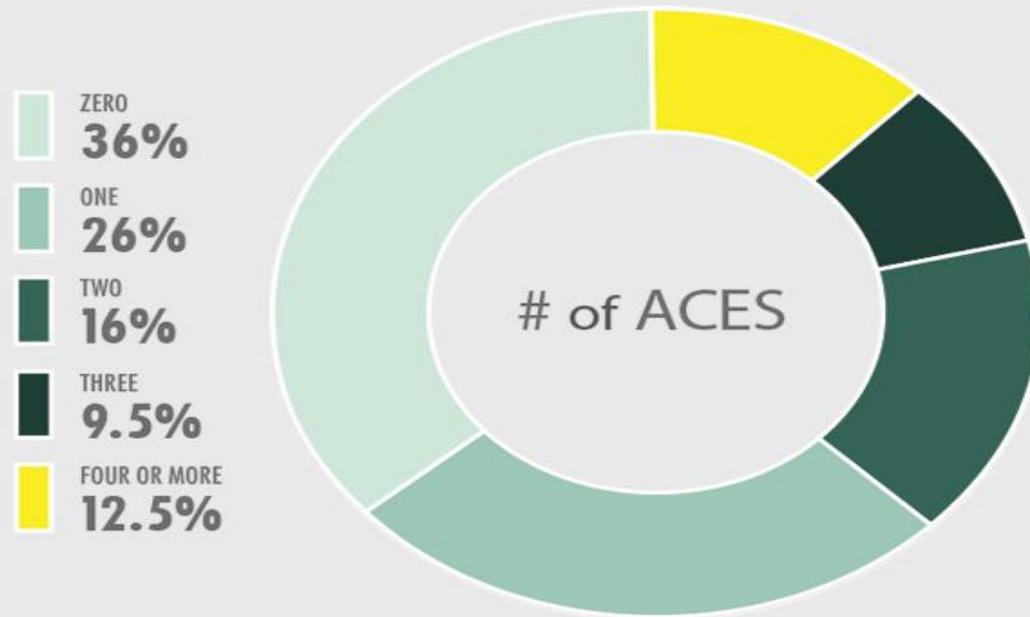


Divorce

ACEs Study

How Common are ACEs?

ACE Study



- Adverse Childhood Experiences (ACEs) affect over 67% of Americans and have an impact on health behaviors (CDC, 1998).
- Adverse Childhood Experiences are the single greatest unaddressed public health threat facing our nation today- Dr. Robert Block, former President of the American Academy for Pediatrics.



Prevalence on College Campuses

- “By the time they reach college, 66 to 85 percent of youth report lifetime traumatic event exposure, with many reporting multiple exposures”.
- (Read, Ouimette, White, Colder, & Farrow, 2011; Smyth, Hockemeyer, Heron, Wonderlich, & Pennebaker, 2008).

ACES can have lasting effects on....



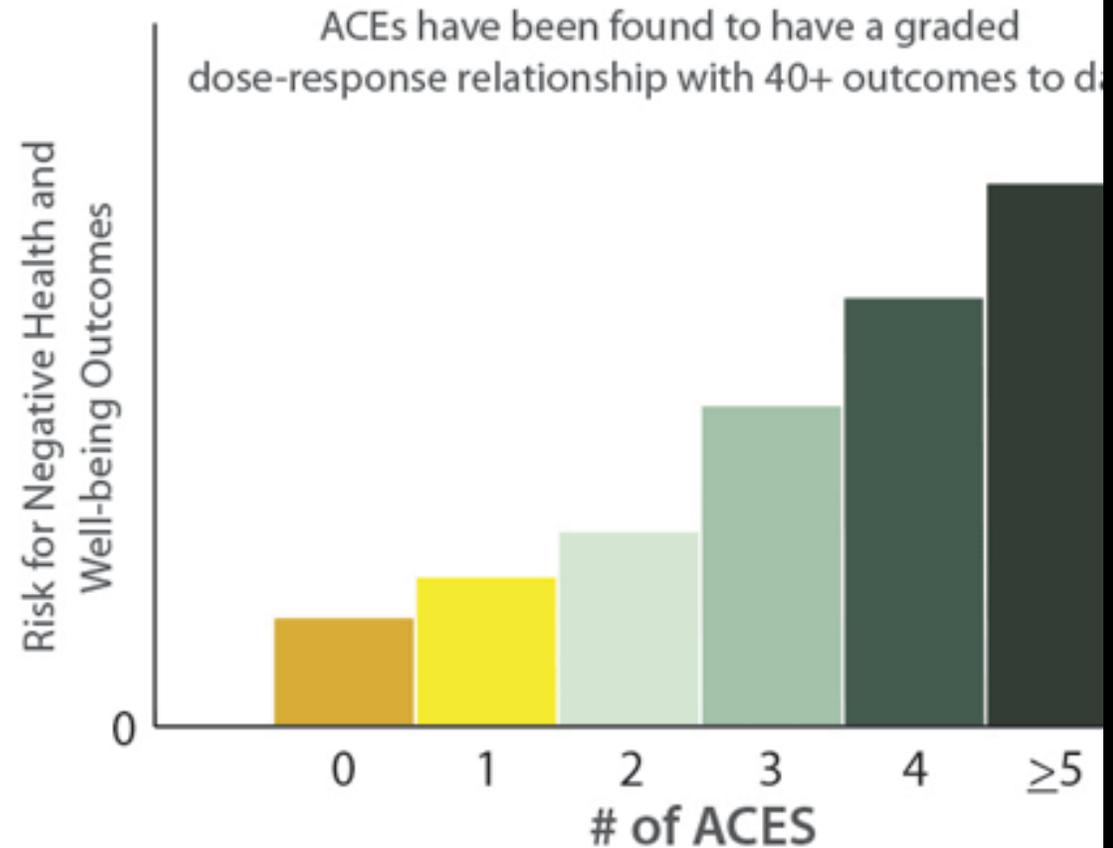
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



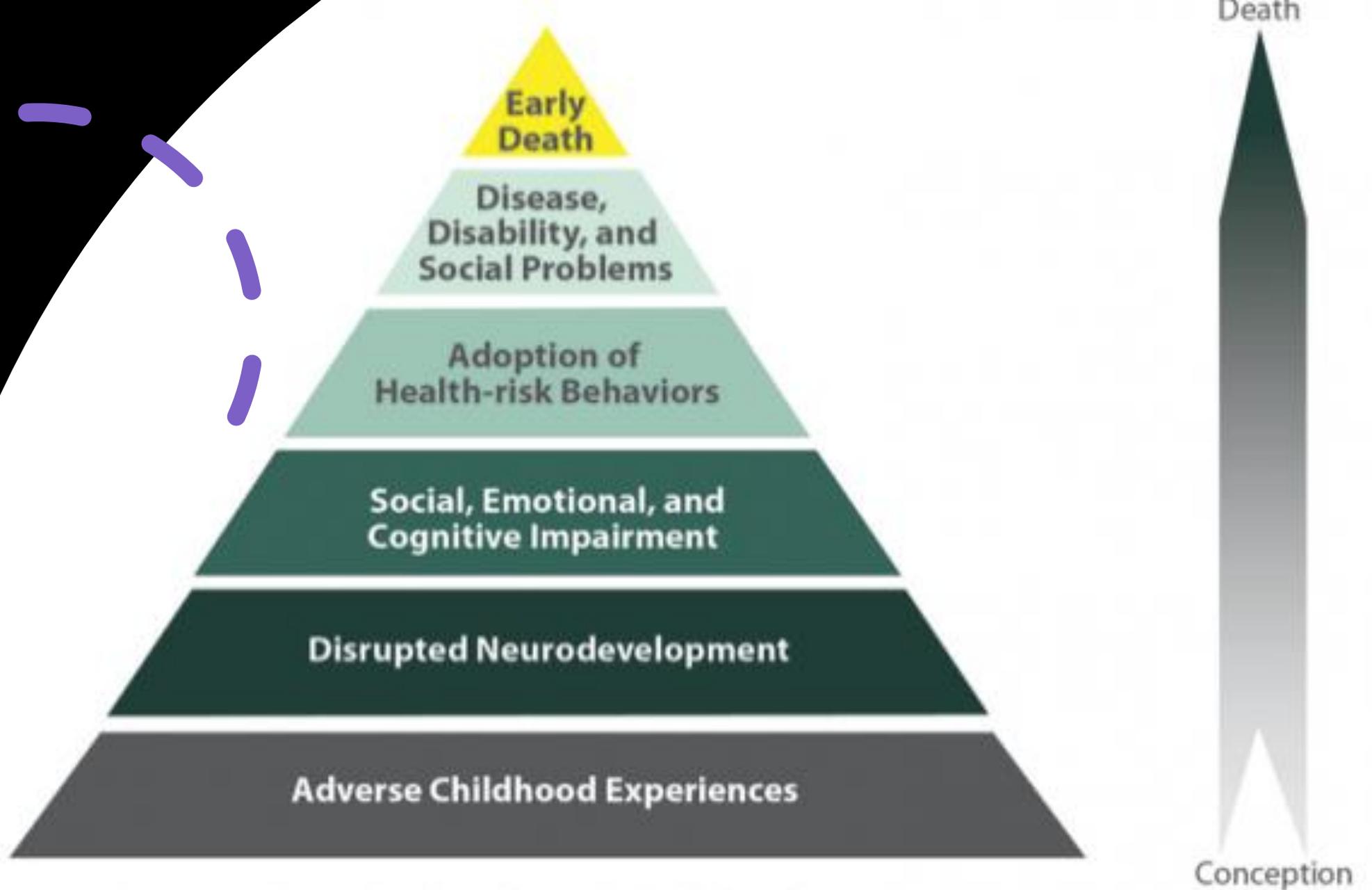
Behaviors (smoking, alcoholism, drug use)



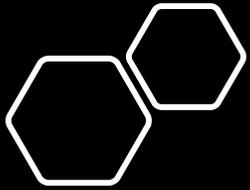
Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

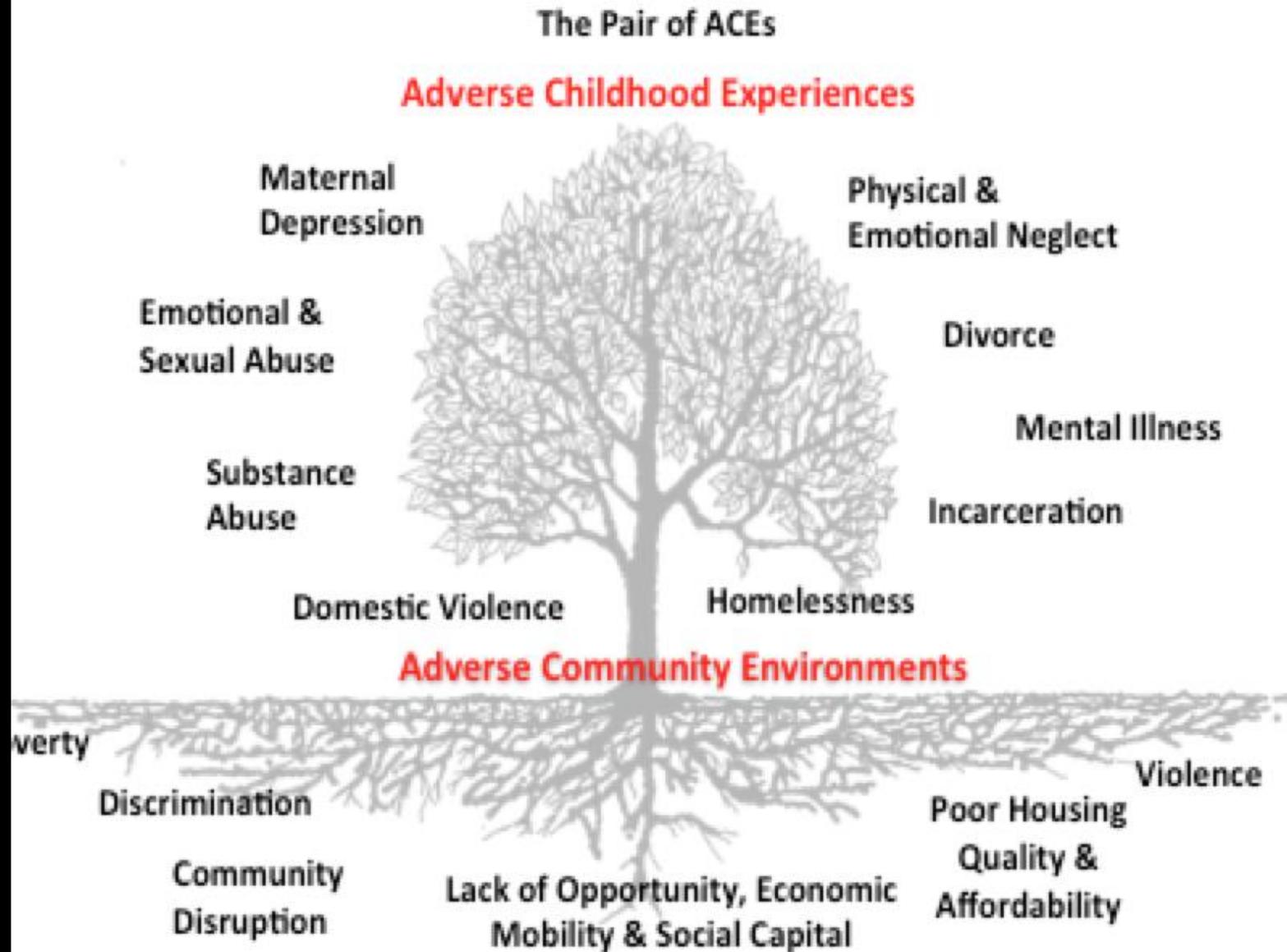


Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



Adverse Community Environments

- **Poverty**
- **Discrimination**
- **Community Disruption**
- **Lack of Opportunity**
- **Poor Housing Quality**
- **Violence**



Cumulative Adversities

- Poverty and ongoing economic challenge and lack of essentials or other resources
- Community violence and the inability to escape/re-locate
- Homelessness
- Disenfranchised ethno-racial, religious, and/or sexual minority status and repercussions
- Incarceration and residential placement and ongoing threat and assault
- Ongoing sexual and physical re-victimization and re-traumatization in the family or other contexts, including prostitution and sexual slavery
- Human rights violations including political repression, genocide/"ethnic cleansing", and torture
- Displacement, refugee status, and relocation
- War and combat involvement or exposure
- Developmental, intellectual, physical health, mental health /psychiatric, and age-related limitations, impairments, and challenges
- Exposure to death, dying, and the grotesque in emergency response work

Racial Injustice

Dr. David Williams,
Prof of Public Health,
Professor of African &
African American Studies
and of Sociology,
Harvard University

- -- Large Racial/Ethnic Differences in SES that are consequential for life are not acts of God -- They are not random events – They reflect the successful implementation of social policies, many of which are rooted in racism.

The Pervasiveness of Discrimination

Discrimination

Obtaining bank loans
Getting a job
Getting insurance
Renting an apartment
Purchasing a car
Pulled over by police
Arrested for drug-related crimes

Buying a home
Hailing a taxi
Receiving a promotion
Suspended from preschool
Cost of bail

Quality of medical care

David R. Williams, PhD,
MPH

Professor of Public
Health,
Professor of African &
African American
Studies and of Sociology,

Harvard University

RACIAL TRAUMA

- Racial Trauma or race-based traumatic stress are terms used to describe the physical and psychological symptoms that people of color often experience after being exposed to stressful experiences of racism and discrimination such as:
 - Experiencing racial harassment
 - Witnessing racial violence
 - Experiencing institutional racism

Climate Justice is
Social Justice

“Climate change is happening now and to all of us. No country or community is immune,” said UN Secretary-General António Guterres. “And, as is always the case, the poor and vulnerable are the first to suffer and the worst hit.”



Collective Trauma Experiences

- COVID-19
- Racial Trauma
- Climate trauma

MENTAL HEALTH DATA - COVID-19

ACTIVE MINDS

- 20% of college students say their health has significantly worsened under COVID-19.
- 80% of college students report that COVID-19 has negatively impacted their mental health
- 48% experienced financial setback due to covid-19

US Census Bureau May 2020

- A third of Americans screened positive for clinical anxiety or depression
- 24% showed clinically significant symptoms of major depressive disorder and
- 30% showed symptoms of anxiety disorder.
- Rates are higher among young adults, women and those with lower income.

- Among 18-29 year-olds:
 - 42% screened positive for anxiety and
 - 36% for depression.



“What is
predictable is
preventable”

*Robert Anda, MD
Founder of ACES study*



Need for Justice

*Transformational Change
Over
Harm Reduction Strategies*



- How much of your outreach programming addresses trauma?

1. Almost none
2. A little
3. Some
4. Most
5. Almost all

Poll Time

Some of our Work

Educational for Staff

- PVP AVA training
- College advising invitation
- Nursing school class
- RA/GA training

Client Interventions

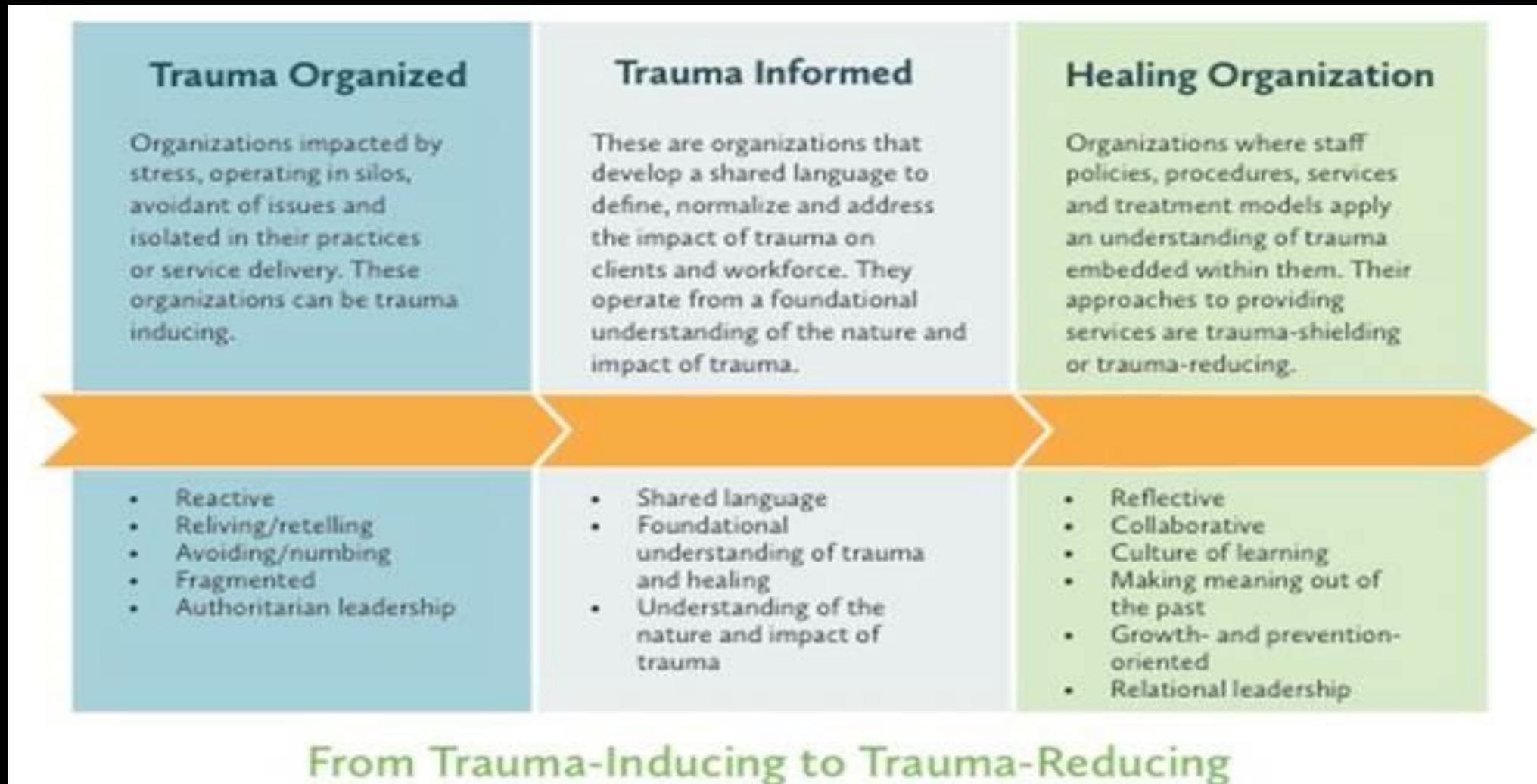
- Attempts to integrate ACE questionnaire (but - aware that this could be triggering)
- Trauma informed Yoga workshops
- Sexual trauma empowerment groups (general/ women of color)
- Racial trauma postventions (groups at Law school)
- Other postventions on campus after other incidents of trauma (Larry Nessor trial, Kavanaugh hearings, suicides)

Trauma Informed Organizations

- Given the need that is clearly demonstrated all organizations should strive to be trauma informed.
- SFDPH TIS
- Sanctuary model
- Center for Health Care Strategies



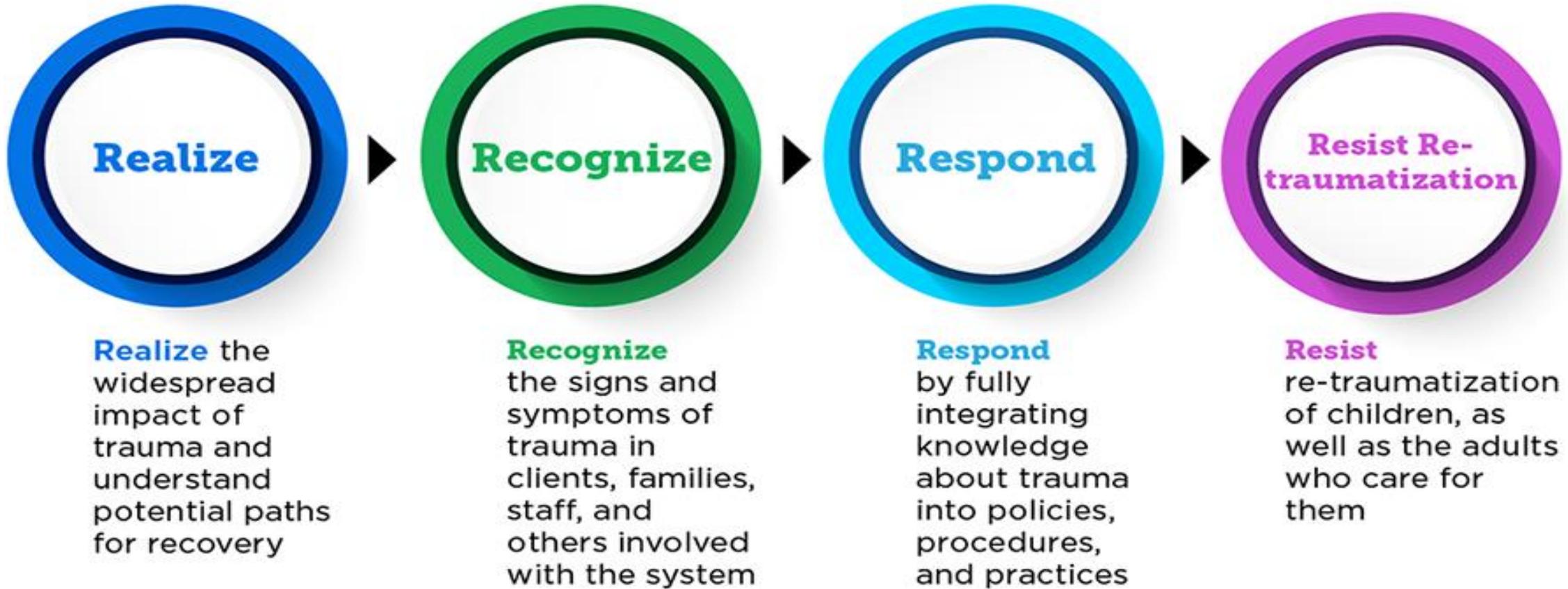
SFDPH's Trauma Informed System's Initiative



THE SEVEN SANCTUARY COMMITMENTS



The Four Rs of Trauma-Informed Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Psychoeducation

Audiences

- Students
- Faculty
- Staff
- Parents

Modes of Dissemination

- Webinars,
- Virtual workshops,
- Videos,
- Informational materials

Psychoeducation

- Definition of trauma
- Neurobiology of trauma
- Impact/symptomology of trauma
- Skills for emotional regulation

Principles of trauma informed care

Principles of Trauma Informed Care

Safety



Ensuring physical and emotional safety

Common areas are welcoming and privacy is respected

Choice



Individual has choice and control

Individuals are provided a clear and appropriate message about their rights and responsibilities

Collaboration



Definitions

Making decisions with the individual and sharing power

Principles in Practice

Individuals are provided a significant role in planning and evaluating services

Trustworthiness



Task clarity, consistency, and Interpersonal Boundaries

Respectful and professional boundaries are maintained

Empowerment



Prioritizing empowerment and skill building

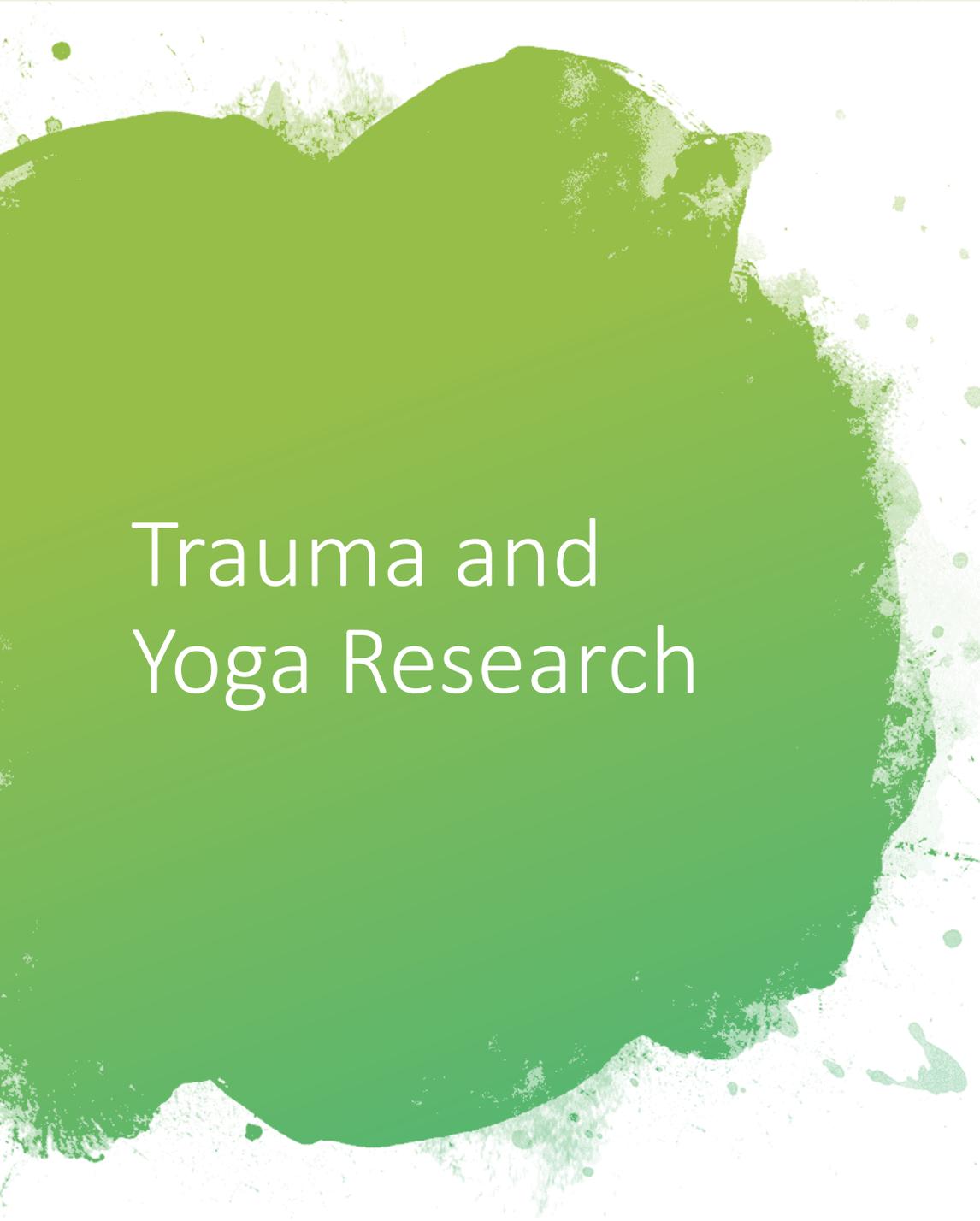
Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency



Poll Time

- **To what extent do you think your University is trauma-informed?**

1. Not at all
2. A little
3. Moderately
4. Quite a lot
5. Very much



Trauma and Yoga Research

- Randomized clinical trial demonstrated decrease in symptoms PTSD
 - Van der Kolk, Bessel A., et al. "Yoga as an adjunctive treatment for posttraumatic stress disorder: A randomized controlled trial." *J Clin Psychiatry* 75.6 (2014): e559-65.
- Meta-analysis highlights need for further and more rigorous study
 - Nguyen-Feng, V. N., Clark, C. J., & Butler, M. E. (2019). Yoga as an intervention for psychological symptoms following trauma: A systematic review and quantitative synthesis. *Psychological Services*, 16(3), 513–523.

Trauma and Yoga Qualitative Research

- Trauma Sensitive Yoga addresses symptoms including somatic complaints, and lack of integration between the self and the body.
 - West, Jennifer, Belle Liang, and Joseph Spinazzola. "Trauma sensitive yoga as a complementary treatment for posttraumatic stress disorder: A qualitative descriptive analysis." *International Journal of Stress Management* 24.2 (2017): 173.
- *GRACE: Gratitude, Relatedness, Acceptance, Centeredness, Empowerment*
 - "...it's claiming your space and feeling your body sort of fill out to the ends, and you're there and it's not unsafe."
 - "...barriers are disappearing. My brain is rewiring or something."
 - "...sense of accomplishment over something that you think you could never overcome..."



Trauma Informed Care Principles in Practice



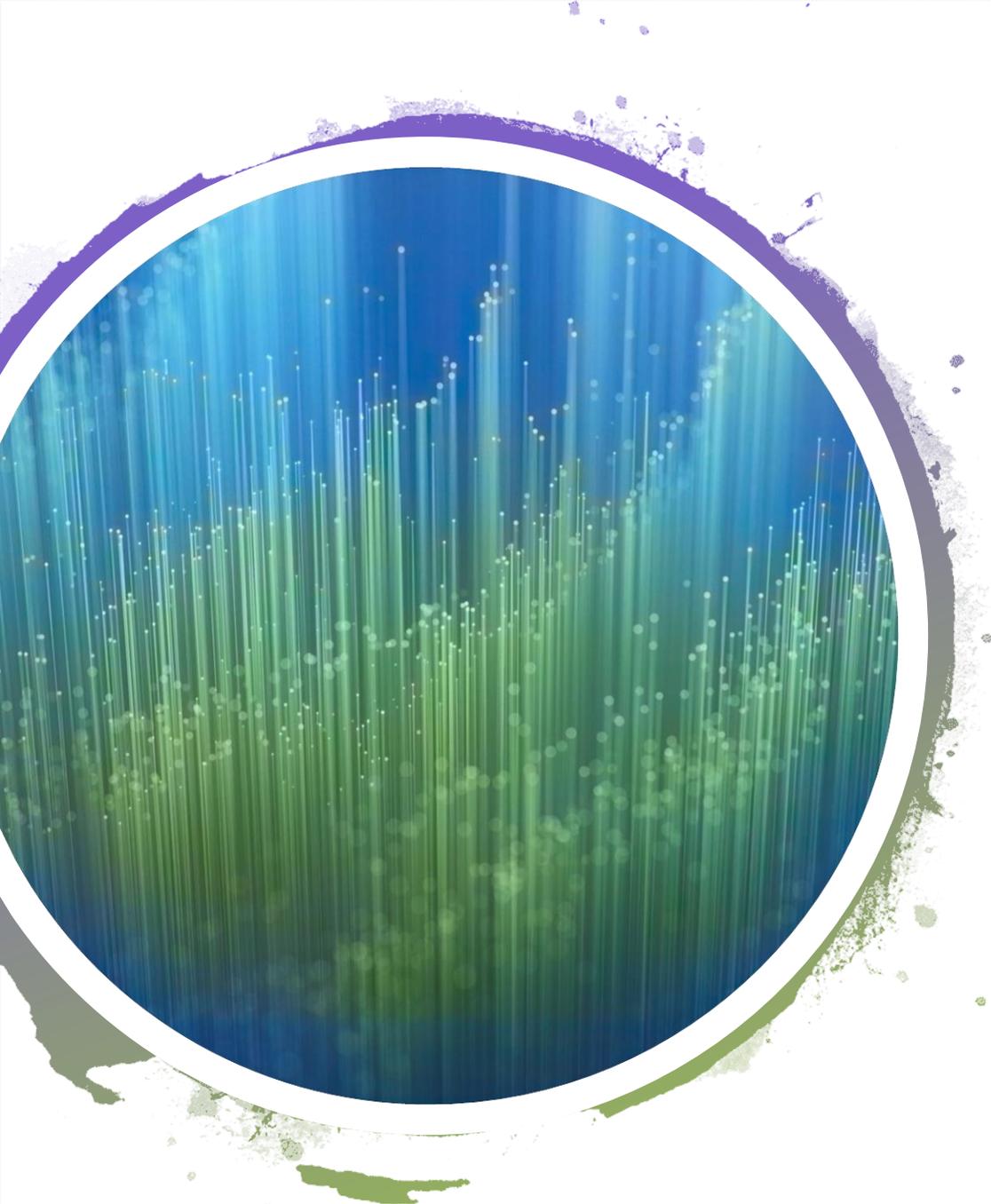
Safety

- Create a safe space
 - Privacy
 - Exits
 - Space around mat
 - Who is in the room
 - No physical touching

Choice

- Trauma involves lack of choice
- Invite to make choices based on body experience
- Provide options





Collaboration & Empowerment (Sharing Power)

- Invitational language:
 - As you're ready
 - When you're ready
 - If you like
 - Maybe
 - You're welcome to
 - Possibly
 - Feel free to



Trust

- Predictable exercises
- Consistency
- Clarity
- Respectful interpersonal boundaries
 - No physical touch



Equity

- Reduce barriers that prevent participation
- Accommodations & props
- Culturally responsive
- Self-awareness
- Non-judgmental
- Invite feedback

Yoga Workshop Feedback



- Safety, Connection, Trust, Empowerment:
 - *“its gentleness on all levels”*
 - *“I like that it is live, so it feels like you are with other people”*
 - *“helps provide stability and focus in times of chaos”*
 - *“I learned physical embodiment of helpful ways of feeling: safety, balance, connectedness, accepting difference”*



Trauma-informed approach to Leadership: The 5 C's

- Give people CLARITY
- Build team COHESION
- CONNECT with your people
- COMMUNICATE
- Have COURAGE



Organizational Impact

- “Opportunities” to work with the new Wellness Division to be a more trauma-informed campus.
- Steps to becoming a trauma-informed campus:
 - 1) Outreach, 2) CAPS, 3) Wellness division, 4) Campus

Foundational steps toward laying the groundwork for Trauma-Informed Care:

- Building awareness and generating buy-in for a trauma-informed approach;
- Supporting a culture of staff wellness;
- Hiring a workforce that embodies the values of trauma-informed care; and
- Creating a safe physical, social, and emotional environment.

What Can You Do Tomorrow to Support Trauma-Informed Care?

[Eddy Machtinger, MD,
director of the Women's
HIV Program at University
of California, San Francisco,

- 1. Realize that a lot about who we are and what we do is because of things that happened to us.
- 2. Embrace trauma-informed values for yourself.
- 3. Distribute literature in the waiting room about the impact of trauma on health.
- 4. Get training (ideally for the whole organization) about the impact of trauma on health, trauma informed skills, and screening for interpersonal violence and the impacts of lifelong trauma.
- 5. Assemble a team that is interested in this issue to get educated, collaborate on steps forward, and support one another in the process.

Take Aways:

- Trauma is ubiquitous - Anybody could be triggered.
- Trauma informed care is necessary
- Some knowledge of trauma is necessary for all members of any community to have
- Dissemination of information in order to empower ourselves and our community
- Inward looking work that needs to happen for us to live the trauma informed principles of safety, empowerment, collaboration, cultural humility etc. so as to resist retraumatizing.