



TRAUMA INFORMED CARE

The Substance Abuse Mental Health Services Administration states, “Trauma is a widespread, harmful and costly public health problem” and “it is an almost universal experience of people with mental and substance use disorder” (SAMHSA, 2014). This document provides an overview of trauma, a discussion of its impact on college students, and a variety of resources and strategies for effectively supporting students who are impacted by trauma.

Background

Trauma is best generally described as a response to a negative external event or series of events which surpasses one’s usual coping skills (McInterney & McKindon, 2014). There are many types of trauma. For example, *individual trauma* results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or threatening, and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being (TIP 57, SAMHSA, 2014). Trauma exposure can involve an isolated incident, a chronic or ongoing situation, or the cumulative impact of many exposures.



Complex trauma describes the experience of multiple, chronic, prolonged, developmentally adverse traumatic events, most often of an interpersonal nature and with early life onset (van der Kolk, 2009). Uniquely, complex trauma is characterized by a lack of adequate caregiving (Porges, 2011) and when the system itself exacerbates the trauma (Cook et al., 2005). As a result, complex trauma may lead to challenged skill development in emotional, social, academic, and interpersonal domains.

Lastly, *insidious and historical trauma* refers to collective group trauma that is a combination of multiple oppressions such as discrimination (based on race, class, gender, sexuality, immigration status) experienced over time and across generations (St. Andrews, 2013). Implicit bias, micro-aggressions, and other ways in which students may feel disenfranchised from the campus community impact their mental health and well-being, and in turn student academic success.

Trauma equals the sum of:

- **events** (circumstances and frequency),
- **experience** (how a person makes meaning of the event, often influenced by their development and culture), and
- **effects** (physical, mental, emotional, cognitive, behavioral, social, and spiritual changes).

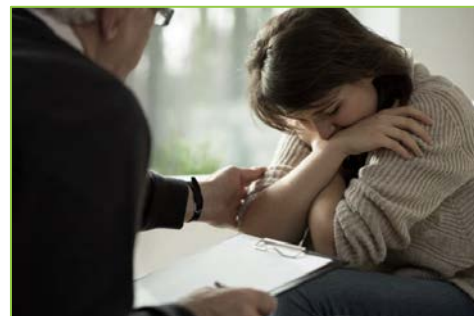
As such, *trauma is completely relative to each individual*; what is overwhelming on someone’s coping system may not be overwhelming for another student or colleague (SAMHSA, 2014).

Across the state of California, around two million students attend one of the 113 California Community Colleges (CCCs). According to the Steinberg Institute, research suggests that one in four of these students will experience a diagnosable mental health problem at some juncture while in community college. Of those students, 40% percent will not ask for help when they need it (Steinberg, 2016). A recent study of student mental health at community colleges and four-year institutions in California found that community college students have more severe psychological concerns and fewer institutional mental health resources than university students (Katz, 2014).

CCC administrators, faculty, and staff frequently report that many of their students need significant health and wellness supports. These mental and behavioral health issues are often rooted in or exacerbated by trauma, which can have serious detrimental impacts on academic success and future well-being. By understanding and responding to trauma, CCC administrators, faculty, and staff can help reduce its negative impact, support critical learning, and create a more positive campus environment for student success.

The Impact of Trauma on Behavior and Mental Health

Students with trauma histories (either previous to college matriculation or during college) commonly experience behavioral and mental health needs or substance abuse conditions if unsupported. Complex trauma can be associated with increased risk for drug use, unhealthy relationships, suicide, self-harm, isolation, unsuccessful high school or college experiences, and poor financial decisions (Dube et al., 2001). On community college campuses, students' complex trauma history often can be a factor in their reduced ability to meet age-appropriate expectations (e.g., reliability; healthy communication and relationship skills with faculty, staff, and other students). The Adverse Childhood Experience Study found that childhood trauma can have devastating and lifelong consequences on both mental and physical health if unaddressed (Felliti, 2007).



Many people who experience traumatic events will recover, depending on the length and severity of their experiences. Others, however, may suffer with depression, anxiety, or other mental health conditions. Post-Traumatic Stress Disorder (PTSD) is a mental health condition that may develop after someone experiences trauma in the form of life-threatening events – such as violent death of another, serious injury, war, or sexual violence. After such distressing events, people may experience fear, anxiety, insomnia, and other effects. This often results in reduced ability to perform daily activities, such as working, attending school, or engaging with others. Symptoms may be immediate or delayed, and can come and go over time (Read, 2014).

Individuals with PTSD or subclinical symptoms can improve or fully recover with no formal trauma treatment. However, most people benefit from treatment, and there are a variety of effective and affordable treatment options available. A clinical diagnosis must be made by a licensed professional in the medical or mental health field. If you think your students are experiencing PTSD or other mental health issues, you can help by referring them to appropriate services; please do not try to provide a diagnosis.

The Prevalence of Trauma in Youth and Young Adults

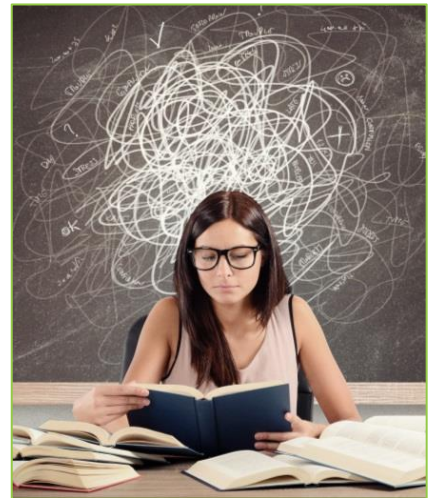
It is important to recognize the pervasiveness of trauma and its connection to mental health outcomes and the cycle of complex trauma. Extensive research now shows that trauma and its effects are more prevalent than previously thought, with rates of trauma among college students similar to those in the community.

- One comprehensive study found that 85% of surveyed college students had experienced at least one traumatic event in their lives, and one in five students experienced a traumatic event over a 2-month period in college (Frazier, 2009).
- Another high-profile study found that many students enter college with significant trauma histories and PTSD symptoms. In their survey of over 3,000 newly matriculating students at two universities, 66% of responders reported exposure to trauma and 9% met the criteria for PTSD (Read, 2011).
- In the American College Health Association National College Health Assessment (2015), 47% of college students stated that they had experienced a situation that was traumatic or very difficult in the past 12 months.

Given the number of individuals exposed to trauma in publicly funded systems of education, interventions that reduce the long-term impact as early as possible, with as many students as possible, are the basis of a comprehensive public health approach to trauma and its treatment.

Trauma and Academic Success

Trauma impacts learning, behavior, and relationships. While many students effectively cope with and recover from histories of trauma, others may enter college functioning primarily in their “survival” brain – a chronic fear-based state, primarily concerned with safety. In the classroom and on campus, therefore, they may have difficulty concentrating or focusing on learning. They can be more anxious, and may misinterpret nonverbal cues (voice tone, body posture, facial expression, etc.). This fear state may cause the person to be constantly reactive, always “on alert” and/or seemingly disconnected (Perry, 2006). Importantly, a student living with trauma may be challenged to decipher the difference between real or perceived danger; these toxic stressors impede the brain’s ability to process information, make decisions, and develop relationships (for example, with other students or faculty).



Students impacted by trauma may exhibit:

- Reactivity and impulsivity
- Reduction in curiosity
- Inhibition in learning and exploring
- Anger, aggression, or disassociation
- Reduced ability to focus and/or retain information
- Difficulty with risk taking
- Withdrawal and isolation
- Perfectionism

The major challenge to staff and faculty working with highly stressed or traumatized students lies in providing consistency, predictability, and trust. This kind of environment can help students perceive and recognize that the college is a place where they are safe from threat or humiliation, where there are protective mechanisms in place, and where they can learn stress-reducing and coping strategies to assist in their learning. When a system such as a community college adopts policies, practices, and programs that are oriented in ensuring all students’ emotional, behavioral, physical, spiritual, and academic safety, the system becomes trauma-informed or trauma-sensitive.

The Trauma-Informed Approach

Trauma-informed practices ask that campus environments do as much as possible to not exacerbate the sense of trauma and as much as possible to allow communities members' brains and bodies to become balanced and healthy. Trauma-informed approaches acknowledge and understand that exposure to chronic trauma changes how an individual has constructed a sense of self, as well as his or her beliefs about relationships with others and about the world (Harris, 2001).

A trauma-sensitive school is one in which all students feel safe, welcomed, and supported and where addressing trauma's impact on learning on a school-wide basis is at the center of its educational mission. An ongoing inquiry-based process allows for the necessary teamwork, coordination, creativity, and sharing of responsibility for all students (Cole, 2013).

SAMHSA has identified six Trauma-Informed guiding principles:

1. Safety
2. Trustworthiness
3. Peer support and mutual self-help
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues

A trauma-informed community college:

- Recognizes the widespread impact of trauma
- Recognizes the signs and symptoms of trauma in students, faculty, staff, and others
- Understands potential pathways for recovery
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to actively resist re-traumatization (TIP 57, SAMHSA, 2014)

These and other strategies delineated by the campus and the classroom setting are discussed in more detail in the next sections.



Strategies for the Campus

- *Ensure Physical Safety – Create Safe Environments by:*
 - Making sure campus has appropriate lighting, secure buildings, welcoming signage, and gender-neutral bathrooms.
 - Providing more extensive campus orientations, explaining who works in which buildings and where students can go for support (student services, medical services, counseling).
 - Posting a campus safety 24-hour phone number.
 - Providing individual accommodations – e.g., escorting students to bus/parking at night and scheduling classes for non-triggering hours, such as during less busy or daytime hours.

- *Improve Emotional/Relational Safety by:*
 - Developing and implementing zero tolerance policies specific to violence, bullying, and shaming (including that perpetrated by partners).
 - Developing and implementing a peer-to-peer support and networking program.
 - Providing easier, simpler access to mental health services (counseling, substance abuse programs, and suicide intervention).
 - Providing “safe” zones or spaces.
 - Engaging in “upreach” and “downreach” programs and practices that bevy the high school to CCC transition (Evangelista et al., 2011).

- *Improve Staff and Faculty Awareness and Understanding of Trauma by:*
 - Training all staff and faculty on the effects of violence, including identification and referral processes on campus.
 - Training all staff and faculty about the impact of trauma, including resiliency strategies and practices.
 - Creating opportunities for students, faculty, and staff to build relationships and promote campus mental health and wellness (Evangelista et al., 2011).
 - Providing current information about mental health supports, both on campus and in the community, and the procedure for assisting students in accessing these supports.
 - Staff should have an appropriate background in working with students who may have experienced trauma. If screening and assessments are done (e.g., Adverse Childhood Experiences [ACEs]), then procedures should be in place that allow for referral to appropriate mental health services.
 - Building partnerships with community-based organizations and local and county departments to help promote cross-system expertise and effective referral systems. The California Community Colleges Student Mental Health Program (CCC SMHP) created a toolkit to facilitate this process: *Collaboration Toolkit: California Community Colleges and California County Behavioral and Mental Health Departments* (<http://www.cccstudentmentalhealth.org/docs/CCCSMHP-Collaboration-Toolkit-BMHD.pdf>).

Strategies for the Classroom

- *Build Safety and Trust by:*
 - Ensuring that syllabus, activities, and assignments are consistent and predictable.
 - Providing clear and precise information verbally, and via syllabus/assignments, regarding student rights, responsibilities, and processes for requesting accommodations.
 - Being consistent and reliable in interactions with students.
 - Knowing students’ names.
 - Listening to students’ stories and modeling respectful listening.
 - Designating a safe space in the classroom.
 - Being available for questions and concerns.

- *Build Critical Thinking and Problem-Solving Skills by:*
 - Asking questions about class material and giving students time to think/write before responding, which encourages meaning making.
 - Encouraging (if appropriate to curriculum) discussion in pairs or small groups instead of prior to whole class discussions, particularly in areas of sequencing, behavior, and/or consequences.
 - Giving students limited choices when possible.
 - Being willing to provide extra explanation and clarification when needed, respectfully.
 - Helping students to view mistakes as opportunities for practice and growth.

- *Build Self-Regulation and Relationship Skills by:*
 - Noticing when a student is dysregulated (disengaged, irritated, fidgety, etc.) and offering assistance. (To avoid embarrassing the student, approach him or her during break time or after class, or facilitate a focusing activity with the whole class.)
 - Using strength-based evaluation/feedback regarding activities and assignments.
 - Incorporating mindfulness, breathing, and focusing activities into class time.

Summary

All community colleges work with students who have experienced trauma, but faculty and staff may not always know who these students are. CCCs have an important role to play in providing stability and a safe campus for students, connecting students with mental health needs to support services, and creating a learning environment that is attuned to the educational needs of students who may be living with a trauma narrative. By becoming trauma-informed on campus and in classrooms, community colleges can develop and implement strategies and programs that will more effectively meet the needs of all students.

Resources for Staff and Faculty

- **SAMHSA** provides accessible and essential information on the “Trauma-Informed Approach and Trauma-Specific Interventions”. <http://www.samhsa.gov/nctic/trauma-interventions>
- **Kognito Interactive** is an online interactive gatekeeper training that uses virtual students and role-playing simulations to prepare learners to recognize when a student is exhibiting signs of psychological distress, and manage a conversation with the student with the goal of connecting them with the appropriate service – either on or off campus. <https://ccc.kognito.com/>
- The **National Alliance on Mental Illness (NAMI)** is described as the largest grassroots mental health organization in the nation. NAMI provides information on mental illness, support programs, and treatment. www.nami.org
- **Psychological First Aid** developed by The National Child Traumatic Stress Network and the National Center for PTSD made the Second Edition of *Psychological First Aid Field Operations Guide* and accompanying handouts available online. There is also a mobile app. <http://www.nctsn.org/content/psychological-first-aid>
- **Mental Health First Aid (MHFA)** is an 8-hour course that teaches how to identify, understand, and respond to signs of mental illnesses and substance use disorders. <http://www.mentalhealthfirstaid.org/cs/>
- **The National Child Traumatic Network** is A SAMHSA-funded network that provides a wide array of informational resources on trauma types, treatments, and services. <http://www.nctsn.org/>
- **Trauma Center** provides training, consultation, and education programs, as well as resources and publications. <http://www.traumacenter.org>
- **California Center of Excellence for Trauma Informed Care (CCETIC)** provides trainings and consultation in California, as well as a variety of resource documents, on trauma-informed care of children and adults. <http://www.trauma-informed-california.org/>
- **Trauma Informed Approaches** webinar and issue brief from Youth.gov provide an overview of the science of trauma and discuss strategies for supporting youth and families across sectors. <http://youth.gov/youth-topics/youth-mental-health/trauma-informed-approaches>
- **Child Trauma Academy** is a not-for-profit organization that hosts a library of resources on trauma. <http://childtrauma.org>

Resources for Developing Peer Programs

- **NAMI on Campus:** NAMI on Campus clubs are student-led, student-run mental health organizations. <http://www.nami.org/namioncampus>
- **Active Minds:** Active Minds student chapters are campus-based organizations led by students who are passionate about mental health advocacy and education. <http://www.activeminds.org/get-involved/student-chapters>
- **Ulifeline** is a website for college students with mental health resources and ways to connect to their local college resources. <http://www.ulifeline.org/>
- The **Walk In Our Shoes** campaign utilizes real stories from teens and young adults to reduce stigma and promote a resilient and realistic perception of mental health challenges. <http://walkinourshoes.org/>

Resources: Films for Viewing and Discussion

- **Paper Tigers:** This film focuses on an alternative high school that specializes in educating traumatized youth, and discusses other trauma-informed communities. Includes discussion resources. <http://kpfirfilms.co/paper-tigers/>
- **The Hunting Ground:** A documentary that follows undergraduate survivors of campus sexual assault. Includes discussion resources. <http://thehuntinggroundfilm.com/>
- **Resilience:** A Sundance film about the science of toxic stress and the resilience movement. <http://kpfirfilms.co/resilience/>
- **Of Men and War:** A PBS documentary that focuses on a first-of-its-kind PTSD treatment center for veterans in California. Includes discussion resources. <http://www.pbs.org/pov/ofmenandwar/>
- **Brave Miss World:** Film and social media campaign that explore sexual assault trauma and empowers survivors. <http://www.bravemissworld.com/>

Resources for Students

- **PTSD Coach Online** and the **PTSD Coach App** from the National Center for PTSD:
Site - <http://www.ptsd.va.gov/apps/ptsdcoachonline/default.htm>
App - <http://www.ptsd.va.gov/public/materials/apps/PTSDCoach.asp>
- **My3:** An app that lets users stay connected when they are having thoughts of suicide. <http://www.my3app.org>
- **Tips for College Students: After a Disaster or Other Trauma:** This factsheet from SAMHSA helps college students cope with the mental health effects in the aftermath of trauma. <http://store.samhsa.gov/shin/content//SMA13-4777/SMA13-4777.pdf>
- **CCC SMHP Mental Health Resources for Students:** <http://cccstudentmentalhealth.org/resources/students.php>
- **Campus Mental Health: Know Your Rights.** <http://www.bazelon.org/LinkClick.aspx?fileticket=Cx8IKB4OGpg%3d&tabid=104>
- **A Recovery Bill of Rights for Trauma Survivors:** <http://www.thenationalcouncil.org/wp-content/uploads/2012/11/Survivor-Bill-of-Rights.pdf>

Resources: Strategies for Self-Regulation

- **Anxiety, Flashbacks and Grounding Techniques:** <http://www.incaresurvivors.org.uk/resources/ICSSS-Anxiety-Flashbacks-and-Grounding-techniques.pdf>
- **Self-Help Strategies for PTSD:** https://www.anxietybc.com/sites/default/files/adult_hmptsd.pdf
- **Safe Coping Skills:** <https://hivdatf.files.wordpress.com/2015/04/safe-coping-skills.pdf>

Bibliography

- Baker, K. (2014). How Colleges Flunk Mental Health. *Newsweek*. Retrieved from <http://www.newsweek.com/2014/02/14/how-colleges-flunk-mental-health-245492.html>
- Banyard, V. L., & Cantor, E. N. (2004). Adjustment to College Among Trauma Survivors: An Exploratory Study of Resilience. *Journal of College Student Development* 45(2), 207-21. doi:10.1353/csd.2004.0017
- Cole, S. F., Eisner, A., Gregory, M., & Ristuccia, J. (2013). *Helping traumatized children learn: Creating and advocating for trauma-sensitive schools*. Boston, MA: Massachusetts Advocates for Children.
- Evangelista, N., Mills, C., Chambers, K., Putman, A., Weist, M., & Stephan, S. (July, 2011). Supporting Mental Health Needs of Community College Students. Baltimore, MD: Center for School Mental Health, Department of Psychiatry, University of Maryland School of Medicine.
- Feletti, V., & Anda, R. A. (2009). The Relationship of ACEs to Adult Medical Disease, Psychiatric Disorders, and Sexual Behaviors: Implications for Healthcare. In R. Lanius and E. Vermetten (Eds.), *The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease*. New York: Cambridge University Press.
- Frazier, P., Anders, S., Perera, S., Tomich, P., Tennen, H., Park, C., & Tashiro, T. (2009). Traumatic events among undergraduate students: Prevalence and associated symptoms. *Journal of Counseling Psychology* 56(3), 450-60. doi:10.1037/a0016412
- Harris, M., & Fallot, R. D. (2001). *New Directions for Mental Health Services: Using Trauma Theory to Design Service Systems*. San Francisco, CA: Jossey-Bass.
- Hodas, G. (2006). *Responding to Childhood Trauma: The Promise and Practice of Trauma Informed Care. The Promise and Practice of Trauma Informed Care*. Pennsylvania Office of Mental Health and Substance Abuse Services. Retrieved from http://www.echoparenting.org/wp-content/uploads/2012/05/promise_and_practice_of_ti_services_by_hodas.pdf
- Johnson, S. (2006). The neuroscience of the mentor-learner relationship. *New Directions for Adult & Continuing Education*, 110, 63-9.
- Katz, D. S., & Davison, K. (2014). Community College Student Mental Health: A Comparative Analysis. *Community College Review* 42(4), 307-26. doi: 10.1177/0091552114535466
- National Center on PTSD. (2016). What is PTSD? Washington, DC: U.S. Department of Veterans Affairs. Retrieved from <http://www.ptsd.va.gov/public/PTSD-overview/basics/what-is-ptsd.asp>
- Perry, B. (2006). Fear and learning: Trauma-related factors in the adult education process. *New Directions for Adult & Continuing Education* 110, 21-7.
- Read, J. P., Ouimette, P., White, J., Colder, C., & Farrow, S. (2011). Rates of DSM-IV-TR Trauma Exposure and Posttraumatic Stress Disorder Among Newly Matriculated College Students. *Psychological Trauma* 3(2), 148-56. doi:10.1037/a0021260
- Read, J. P., Griffin, M. J., Wardell, J. D., & Ouimette, P. (2014). Coping, PTSD symptoms, and alcohol involvement in trauma-exposed college students in the first three years of college. *Psychology of Addictive Behaviors* 28(4), 1052-64. doi:10.1037/a0038348
- SAMHSA. (2014). *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration
- SAMHSA. (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.
- St. Andrews, A. (2013). *Trauma & Resilience: An adolescent provider toolkit*. San Francisco, CA: Adolescent Health Working Group, San Francisco.
- Steinberg Institute. (2016). *Legislation: Public College Mental Health Services*. Retrieved from <http://steinberginstitute.org/legislation/>
- van der Kolk, B. A., Pynoos, R. S., Cicchetti, D., Cloitre, M., D'Andrea, W., Ford, J., & Teicher, M. (2009). *Proposal to include a developmental trauma disorder diagnosis for children and adolescents in DSM-V*. Unpublished manuscript. The National Child Traumatic Stress Network Developmental Trauma Center.

California Community Colleges Student Mental Health Program (CCC SMHP)

Toll-free: (855) 304-1647 ~ www.ccstudentmentalhealth.org

The California Community Colleges Student Mental Health Program (CCC SMHP) is dedicated to increasing the capacity of the CCC system to provide student mental health services. Funded by the California Mental Health Services Authority, this program offers cost-free training and technical assistance (TTA) to California's community college campuses.

The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families, and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded through the voter-approved Mental Health Services Act (Prop 63). Prop 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.

Contributing Authors and Reviewers: Gabriella Grant, California Center of Excellence for Trauma Informed Care; Penny G. Davis, M.A., Respectful Relationships Consulting, Certified Positive Discipline Lead Trainer; Leora Wolf-Prusan, EdD; and Kim Weis, M.A.