Title IX and Being Trauma Informed

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Understanding Trauma

“Traumatic experiences complicate a child’s or an adult’s capacity to make sense of their lives and to create meaningful, consistent relationships in their families and communities.”

(SAMHSA-2014)
What To Remember....

- Experiences (especially traumatic ones) affect perceptions
  - We all have personal narratives-intra and inter-personal
  - We are wired to seek safety/connection and avoid pain/danger.
  - All coping strategies are adaptive and designed to achieve safety.
Really Brief History of Trauma and Trauma Informed Care

- Focus originally on combat stress
  - WWI and WWII “Shell Shocked”
  - 1960s-1970s Vietnam War
- 1990s shift to trauma informed care and its effects
  - SAMHSA study with female survivors of trauma discussed re-traumatization by standard practices.
  - Kaiser-Permanente study on ACES
Neuroscience and Trauma

- Research has also focused on neurological responses to trauma
  - Changes to sensory system, grey matter volume, neural architecture, and neural circuits
  - Trauma leaves an “imprint on the body and the brain.” - Bessel Van Der Kolk (2014)
- Role of neurological response in psychological processes
  - Perceptions
    - Sensitized neural response - window of tolerance
  - Survival responses
    - Fight, Flight, Freeze, Please/Appease, Attached Cry For Help
  - Relationships (attachment)
  - Mental health - Substance use and addiction
  - Trauma Treatment has focused on regulating nervous system.
    - Polyvagal theory (Dana & Porges-2018)
      - Moving out of sympathetic nervous system
    - Attachment theory (Johnson-2019)
      - Co-regulation within safety of relationships - change wiring
Trauma Defined

According to SAMHSA (2014)...

“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.”
Also Important to Remember....

- Trauma informed practitioners view trauma responses as **adaptive** and not pathological
- "Human reactions to extreme adversity" (Sweeney et al., 2018)
- Additional impact of...
  - Shame, guilt, self-blame
  - Social impact of Racism, LGBTQ+ Discrimination, Sexism
  - Bullying
    - Social media
The “Three E’s” of Trauma (SAMHSA-2014)
Three E’s of Trauma-Event

- Event can be one or multiple
  - Intrusive/violent
  - Relational-harassment, microaggressions
- There is a perceived threat of physical or psychological harm
  - Including neglect, loss of safety, failure, bad grade, social ostracism
- Does not have to be physically life-threatening
  - Intra-personal and Interpersonal

(SAMHSA-2014)
The Three E’s of Trauma-Experience

- Perception and meaning
  - How we make sense of the event
  - Inside, Outside, Between (Dana & Porges-2018)
    - Inside-Intrapersonal-Shame, guilt, self-blame
    - Outside-Perceptions of world, blame, externalization
      - Generalizations and intellectualizations
    - Between-distrust, over-attachment
  - Previous threats of silence
    - Major factor in abuse
    - History of abuse-ACEs
  - Perception and meaning are affected by....
    - Cultural beliefs
    - Social supports
    - Developmental stage

(SAMHSA-2014)
The Three E’s of Trauma-Effects

- Immediate or delayed
  - Not always recognized, adverse effects
- Difficulty coping with normal stresses
- Interpersonal effects-relationship conflict, argumentative, detached
- Cognitive processes-difficulty thinking, memorizing, attention
  - Executive functioning is turned off in Fight, Flight, Freeze
- Difficulty regulating behaviors and emotions
- Changes neurologically and with well-being
  - Hyper-aroused or hypo-aroused
  - Avoidant or numbing behaviors
  - Negative health effects-physically, emotionally, spiritual/loss of purpose

(SAMHSA-2014)
Trauma and Relationships

- Relationships are triggering.
  - Feelings can be hurt
  - Think-Feel-Adapt-Window of Tolerance
  - Rupture and Repair
- Trauma in relationships is outside the window of tolerance.
  - Social engagement systems go dormant
  - Trapped in survival response
  - Cope with the threat
  - Carries over into adult relationships-misinterpret cues

(Van Der Kolk-2014)
What does it mean to be “trauma-informed?”

- Shift in paradigm from “Why?” to “What is happening?”
- Approach all individuals as if there is history of trauma.
- Focus is on creating safety, connection, and resilience.
- Is not solely used in cases of trauma.
  - Academic stress, intra-personal challenges, interpersonal challenges
- Recognize the role you play
  - Maximize outcomes, contribute to personal growth and healing
  - Recognize our own defensive responses as normal
    - People we connect with because we feel safe—people we want to avoid because we don’t feel safe.

(SAMHSA-2014)
Trauma Informed Approach

- Improve outcomes - Look at context
  - Not about therapy - although it is therapeutic

- The 4 R’s (SAMHSA-2014)
  - Realize
  - Recognize
  - Responds
  - Resists Re-Traumatization
Trauma Informed Approach-The 4 R’s-

Realize

- At all levels a realization about trauma and its effects
- See lived experience as adaptable and used to overcome adversity
- Multi-dimensional role on health, well-being, relationships
- Not confined to mental health
- Barrier to “effective outcomes”

(SAMHSA-2014)
Trauma Informed Approach-The 4 R’s- Recognize

- Recognize
  - Signs of trauma
  - Gender, age, race, setting specific
  - Present in those seeking help and in those providing support
    - Secondary Trauma, Compassion Fatigue, Burnout

(SAMHSA-2014)
Trauma Informed Approach-The 4 R’s-

- Respond
  - Trauma informed
  - All systems and departments
  - Mission statement and values-same language
  - Secondary traumatic stress-burnout
  - Safe environment
    - Transparency, Trust, Fairness

(SAMHSA-2014)
Trauma Informed Approach - The 4 R’s

- Resist Re-Traumatization
  - Recovery and healing does not happen in an unhealthy environment.
  - Avoids blame
    - Blame occurs when we focus on behavior as self-controlled as opposed to adaptive.
    - Blame is a defensive mechanism...remember “Outside”

(SAMHSA-2014)
Key Principles of Trauma Informed Approach  (SAMHSA-2014)

- **Safety**
  - Settings and interpersonal interactions promote a sense of safety.

- **Trustworthiness and Transparency**
  - Actions, decisions are transparent-building trust
  - Avoid blanket statements
    - “We are working on it.” versus “Our next step is…”

- **Peer Support**
  - Common humanity
  - Students, Staff, Faculty, Counseling, Community Resources
Key Principles of Trauma Informed Approach (SAMHSA-2014)

- **Collaboration and Mutuality**
  - Partnering and leveling the hierarchy
  - Everyone has a role

- **Empowerment, Voice, Choice**
  - Build on strengths and experiences.
  - Believe in who we serve-they are why we are here.
  - Resilience-more on this next
  - Believe in ability to heal
  - Empowerment
  - Recognizes power differentials
    - How have voices historically been diminished-equity minded
  - Shared decision-making-cultivate self-advocacy
  - Facilitators versus controllers
Key Principles of Trauma Informed Approach  (SAMHSA-2014)

- Resilience
  - Strength based
  - Building coping skills
  - Cognitive re-framing/flexibility
  - Agency-adapting to change
  - Delaying gratification-no quick fixes
Key Principles of Trauma Informed Approach

- Cultural, Historical, and Gender Issues
  - Works beyond stereotypes and biases—race, ethnicity, sexual orientation, religion, gender identity, disabilities

( McNair, Bensimon, & Piqueux-2020; SAMHSA-2014)

“Equity work must be constant, honest, forgiving, reflective, and brave.”

“From Equity Talk To Equity Walk”
How To Implement Trauma Informed Approach? (SAMHSA-2014)

- Live the principles.
- Create a safe physical environment
- Engagement of who we serve
  - Who are you working for and with?
    - History of inequity and marginalization.
  - What is their input? (coping skills are adaptive)
  - Watch for signs of trauma and create safety. (healing in relationships)
    - Disassociation, Fight/Flight
    - Stay calm and be clear.
    - Empower-transparent and open about limits/expectations-consistency feels safe.
    - Seek support when needed.
“Realize” Effects of Reporting on Individuals

- Students fear reporting—true for both the complainant/respondent
  - School or law sanctions
    - Especially related to drug and alcohol use
      - Not be truthful to avoid searches
    - Be clear regarding Code of Conduct and your limitations
  - Social consequences
    - Peer conflicts/consequences
    - Gossip
    - Gender norms
    - Protect friends
      - Avoid them having to be witnesses
      - Especially if alcohol or drug use is involved

(Dudley-2016)
“Realize” Effects of Reporting on Individuals

- Students fear reporting—true for both the complainant/respondent
  - Disappointing family and parents
    - “Shaming the family.”
    - Cultural and religious concerns
    - Family system dynamics
    - May lie about drug/alcohol use
    - May deny previous sexual relationship
      - May not want family to know they are sexually active
  - These fears can result in
    - False statements, leaving out information, or not reporting
    - Not reporting can result in continued predatory behavior
      - Sexual predatory behavior develops over time

(Dudley-2016)
“Recognize” Perceptions In Your Role

- Effect of Trauma in the Interview
  - People may leave out information or incorrectly report information
  - Traditional interviews are typically structured
    - Who, what, where, when....
    - The shift to look for inconsistencies
  - Reinforce a victim’s (or the accused) sense of inadequacy
    - Can be re-traumatizing
    - May stop cooperating or can fall into please/appease and agree to inaccuracies
  - Avoid using your own summarization-inherent bias and subjectivity

- Why this matters
  - Statement could be used to discredit the victim or the accused and to “impeach” their testimony
  - You could become part of the criminal investigation

(Dudley-2016)
“Respond” in Trauma Informed Manner

- Your response can be trauma informed
  - Recognize bio-psycho-social effects of trauma
    - Survivors can struggle with memory and may provide answers to move interview along
      - Memory is sensory based and not chronological
      - They can also sometimes remember
  - All systems use the same language and safe environment
    - Limit the number of people taking statements-reduces re-traumatization
  - Secondary traumatic stress-burnout
    - Seek support if you are overwhelmed
  - Transparency, Trust, Fairness
    - It’s okay if you do not know-you can always find out or refer out

(SAMHSA-2014; Dudley-2016)
“Resist Re-traumatization”

- Acknowledge the challenge and create safety
- Be patient, understanding, non-judgmental, empathetic
- People who feel unsafe cannot process events
- Use active listening
  - “Tell me more...”
  - “Able” and “experience”
- Avoid “why” questions
  - Re-victimizes-shut down, falsify to avoid shame, affect recall
- Refer to forensic interviewer and resources-especially with sexual assault
  - Victim advocates-Safe Harbors

(Strand-2019; Davis & Loftus-2019)
“Resist Re-traumatization”

- Follow up and close with empathy and compassion
  - Thank them for their willingness to trust you and come forward
  - Trauma bonding—spend time with this—tell them you will follow up
  - Check in on referrals
    - Counseling, Victim Advocates, Police
    - Do they need support?
- Remember this can be used with the respondent as well
  - Social exclusion, adverse consequences

(Strand-2019; Davis & Loftus-2019)
Northeast Counseling Services

- E-mail us at counseling@nycc.edu
- E-mail me at hfrederick@nycc.edu
- Concerns-Do a Care Referral
  - https://www.nycc.edu/SCTForm

You exist.
You are real.
You are right.
You are capable.
You are valuable.
You are not alone.
Questions/Comments

Everything that you do makes a difference in somebody's life. Thank you so much for that!
References


Take time to do
what makes
your soul happy.

Unknown