

Trauma-Informed Practices: Supporting Students of Concern

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Flow

☐ Context

- ☐ What are students facing locally, nationally, globally?
- ☐ Interpersonal Trauma, Community Trauma, Institutional/Systemic Trauma, and Historical/Intergenerational Trauma

☐ How to identify and support students of concern

- ☐ Fight, Flight, Freeze, Fawn: How To Recognize The Signs of Trauma

☐ Implementing Trauma-Informed Practices

- ☐ The 4 Rs of Trauma-Informed Support – Realization, Recognition, Response, and Resisting Retraumatization

☐ Resources

Content Warning

We will be talking about trauma today so please take care of yourself as needed. If you need to take a break, get up, get some water or tea, take some space – please do so! Taking care of yourself and doing whatever it is that you need to do to feel as safe as possible throughout the presentation is encouraged!

A Moment to Reflect

- **Think back to a time when you were navigating a system or process that didn't meet your needs**
 - Do you remember how you felt or how you responded at the time?
 - Did you want to make the system better or change things? (Or did you dream about a better system?)
 - **What was helpful during that time?**
 - **What wasn't helpful?**

The Larger Context

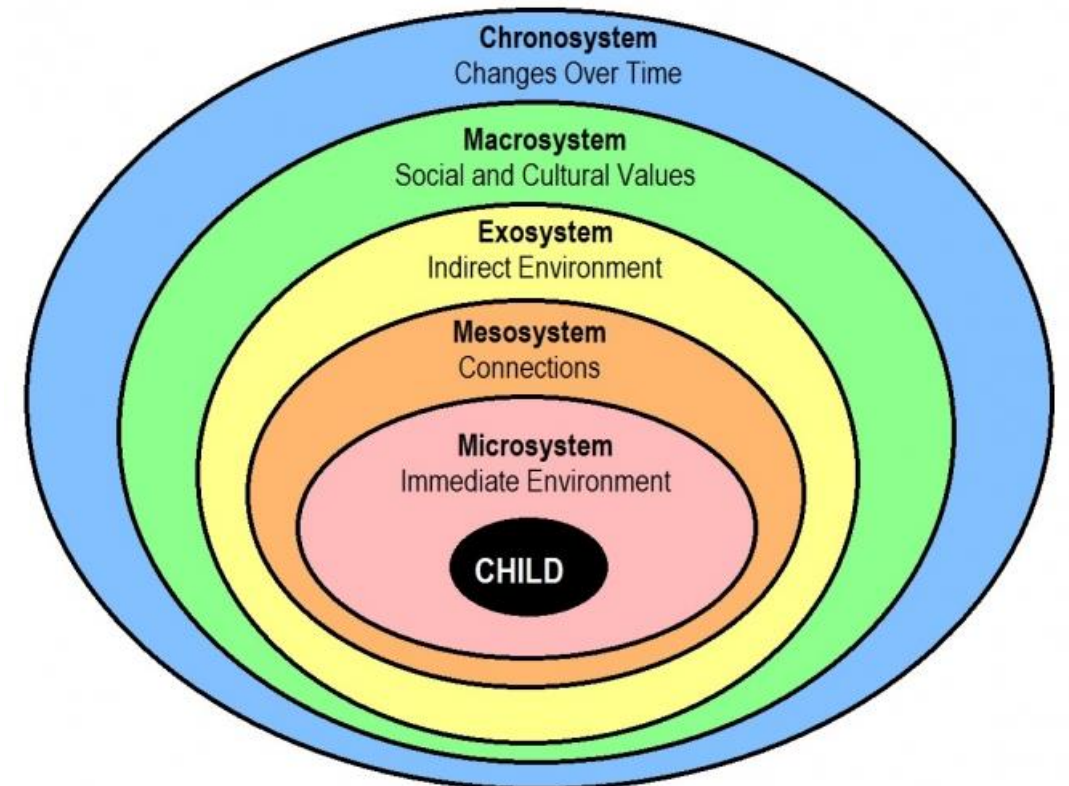
Thinking Locally, Nationally, and Globally to Understand Student Experiences of Trauma



Types of Trauma and Trauma's Relationship to Youth Development

- Acute, Chronic, and Complex
- Interpersonal
- Community
- Systemic/Institutional
- Historical

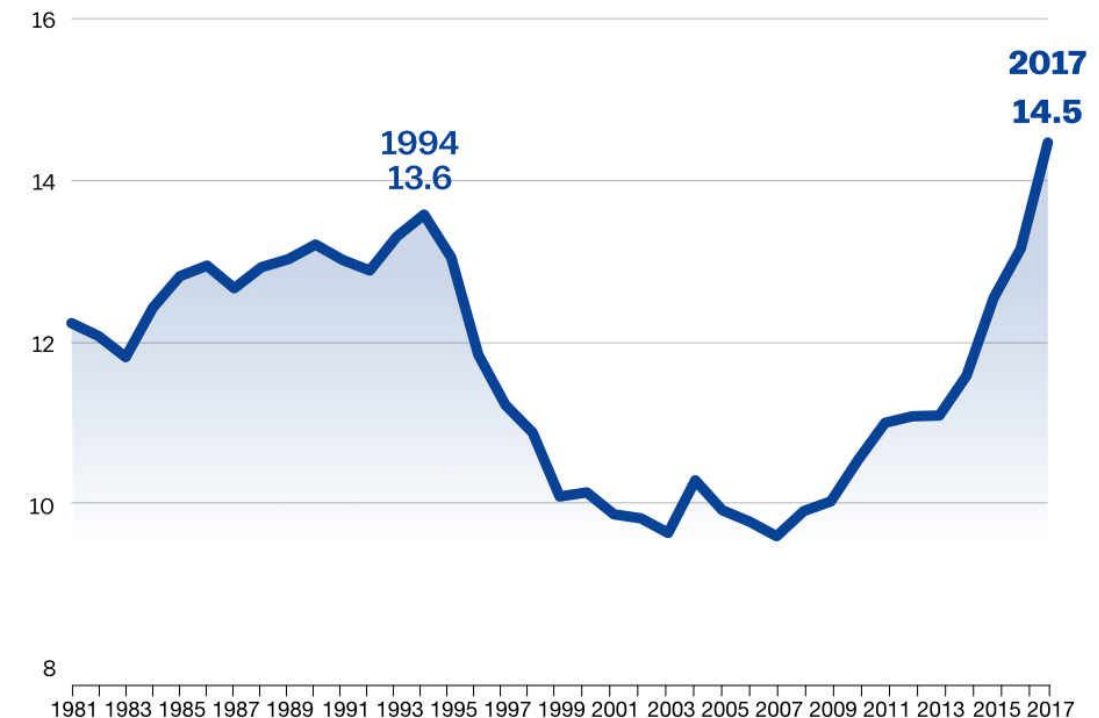
Bronfenbrenner's Ecological Systems Theory



- Three in 10 females (30%) said that they seriously considered attempting suicide in the past year, and nearly a quarter (24%) had made a suicide plan. This represents a 60% increase in both measures over the past decade.
- Black students were more likely to attempt suicide than their Asian, Hispanic, or White peers.
- A higher percentage of Native American students experienced suicidality in 2021 than all other races and ethnicities.
- LGBTQ+ teens in 2021 were three times more likely to consider suicide than their heterosexual peers. They were also more likely to make suicide plans and attempts.

US teen and young adult suicide rates are highest on record

Suicide deaths among people ages 15 to 24, per 100,000 people



Source: WISQARS/CDC

Adolescent and Youth Substance Use

Illicit Drug Use Statistics in Teens

10.2%

8th Graders

18.7%

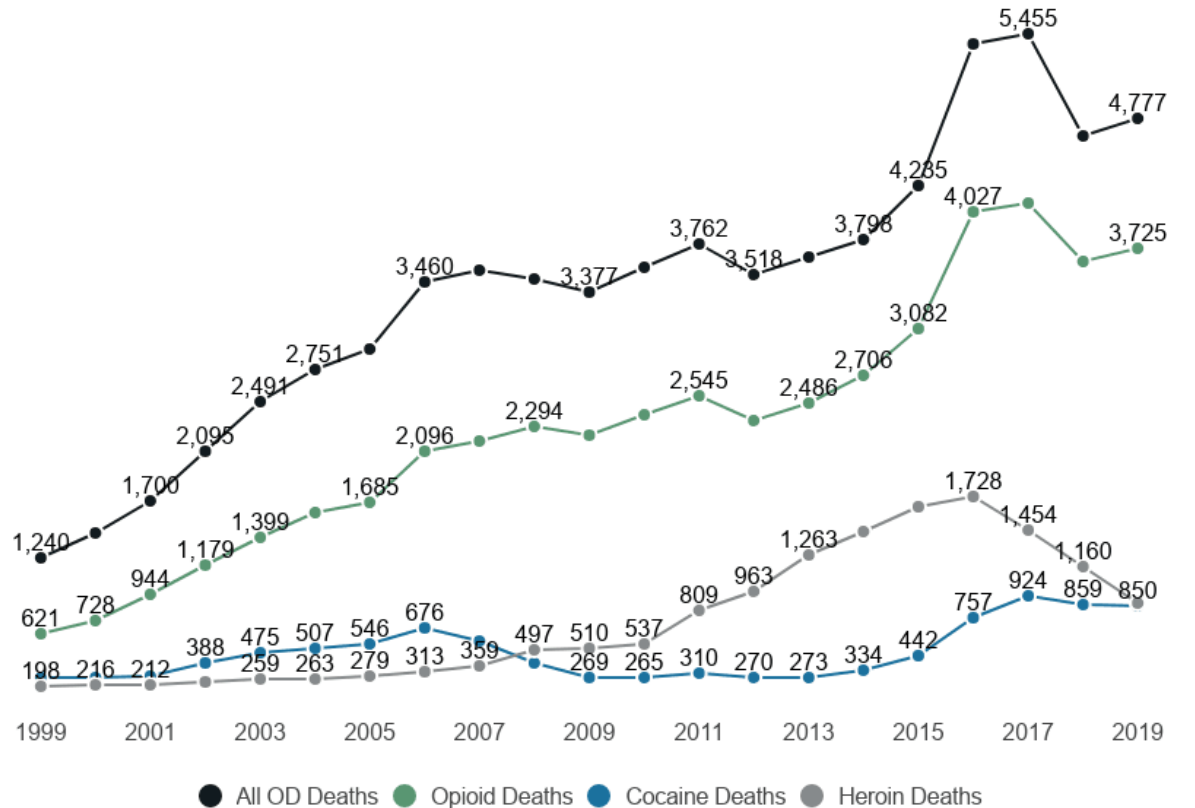
10th Graders

32.0%

12th Graders

- NIH, 2021

Overdose Deaths Among 15- to 24-year-olds

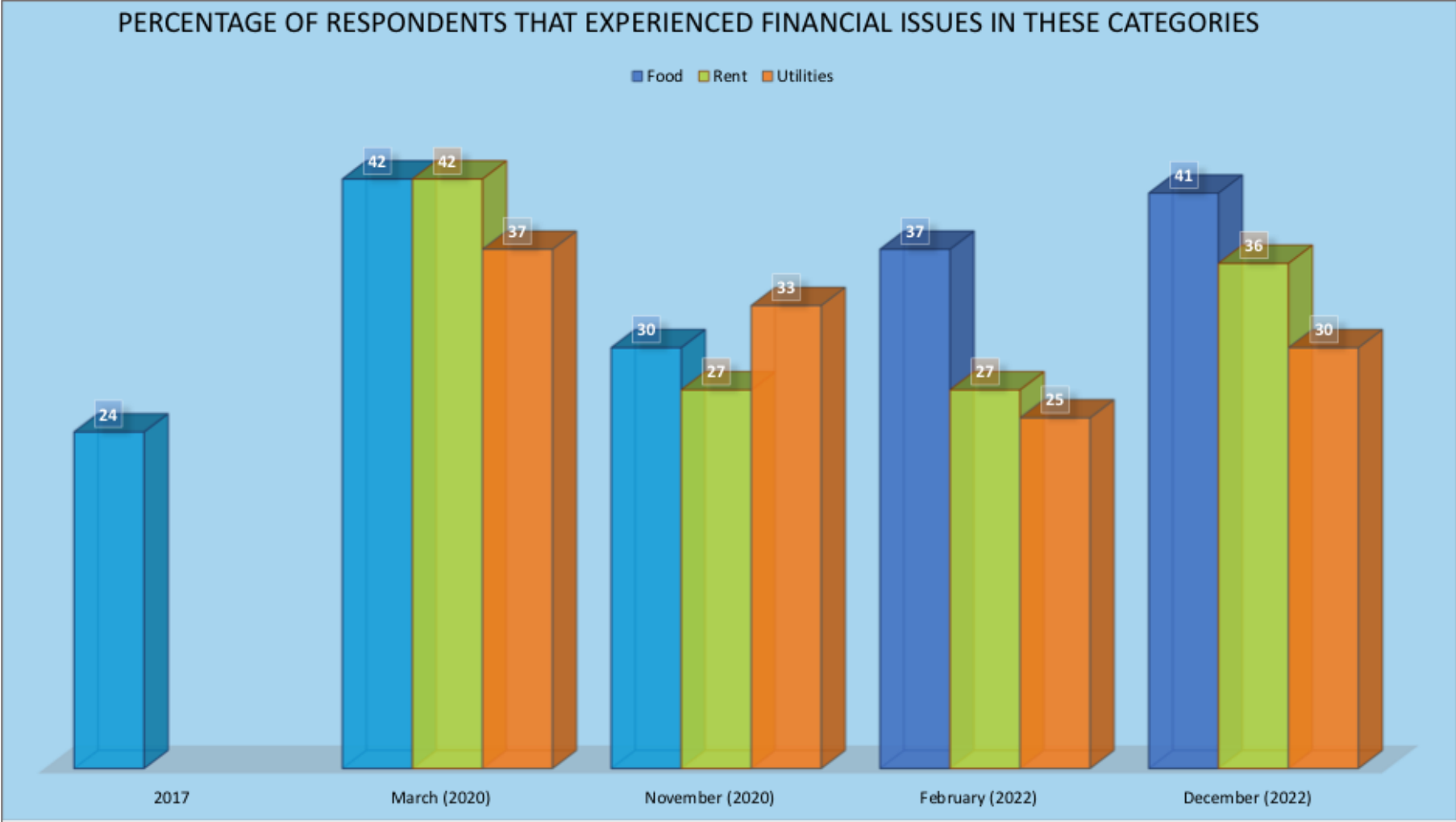


UVM Off-Campus Survey Regarding Student Mental Health

Off-Campus Survey Results Financial Need by Identity

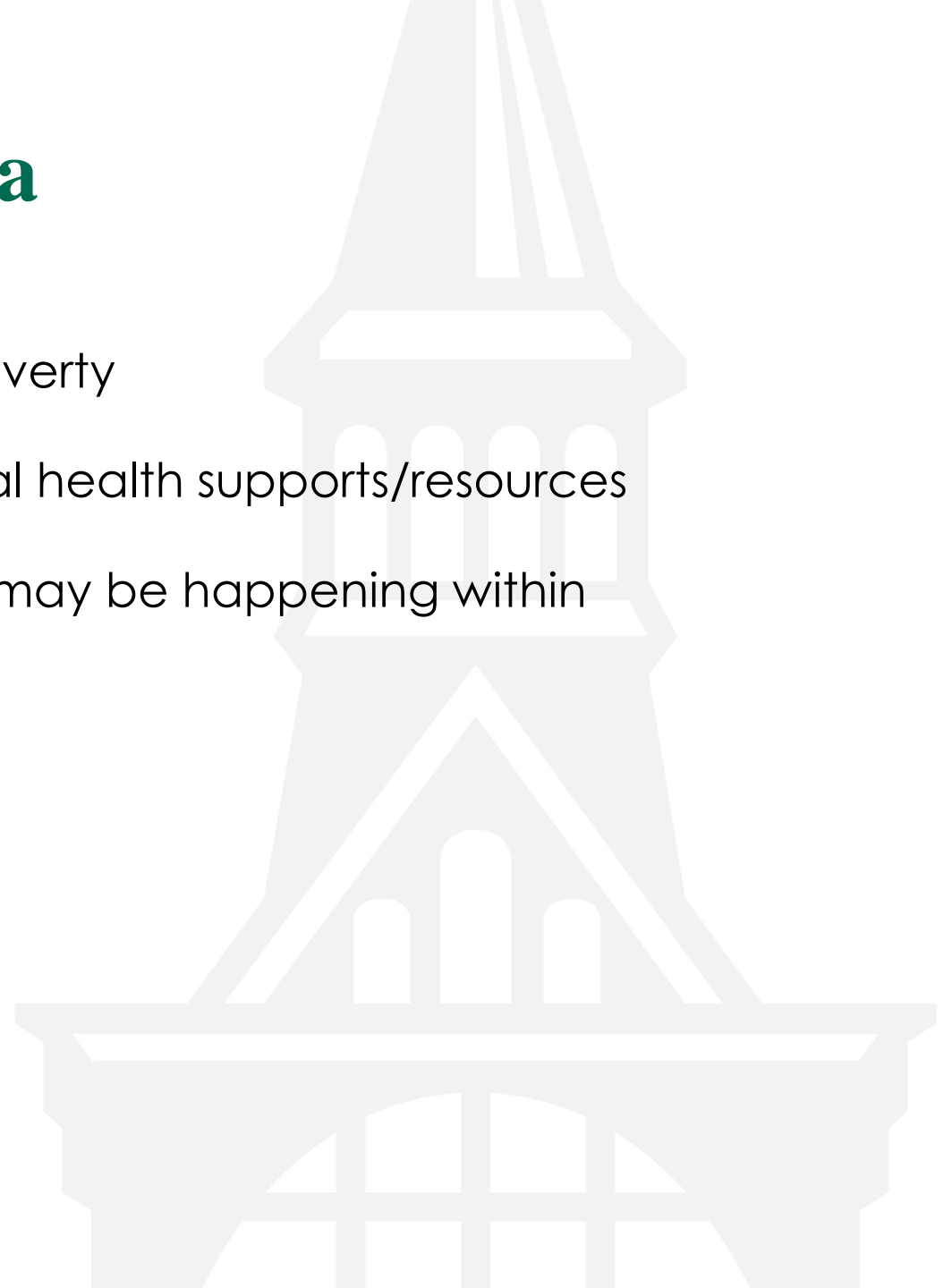
Identity	% Financial Issue Paying for Food	% Financial Issue Paying for Rent
All Students	41%	36%
BIPOC students	44%	42%
LGBTQIA+ students	55%	44%
White Students	41%	35%
Graduate Students	36%	47%

Increase in Financial Hardship Since Pandemic



Considering Financial Trauma

- Systemic and intergenerational trauma of poverty
- The high financial cost of mental and physical health supports/resources
- Domestic violence and financial abuse that may be happening within families and relationships
- Loss of job, income, home
- Food/housing insecurity = trauma



Noticing the Signs of Trauma in Students

Fight, Flight, Freeze, and Fawn

- Fight
 - Hyperarousal (Yelling, aggression, explosive anger)
 - Impulsivity
 - Elevated voice
 - Controlling/Threatening behavior
- Flight
 - Leaving conversation suddenly
 - Avoidance/not attending a scheduled meeting
 - Restlessness/Pacing
 - Anxiety/Panic
 - Suicidality
- Freeze
 - Dissociation
 - Hypoarousal (Isolation, Numbness)
 - Withdrawing/Getting Quiet
 - Difficulty making decisions/getting stuck
 - Self-Harm/Suicidality
- Fawn
 - Overly compliant
 - Apologizing profusely
 - People pleasing to one's own detriment



Identifying stress, distress, and crisis

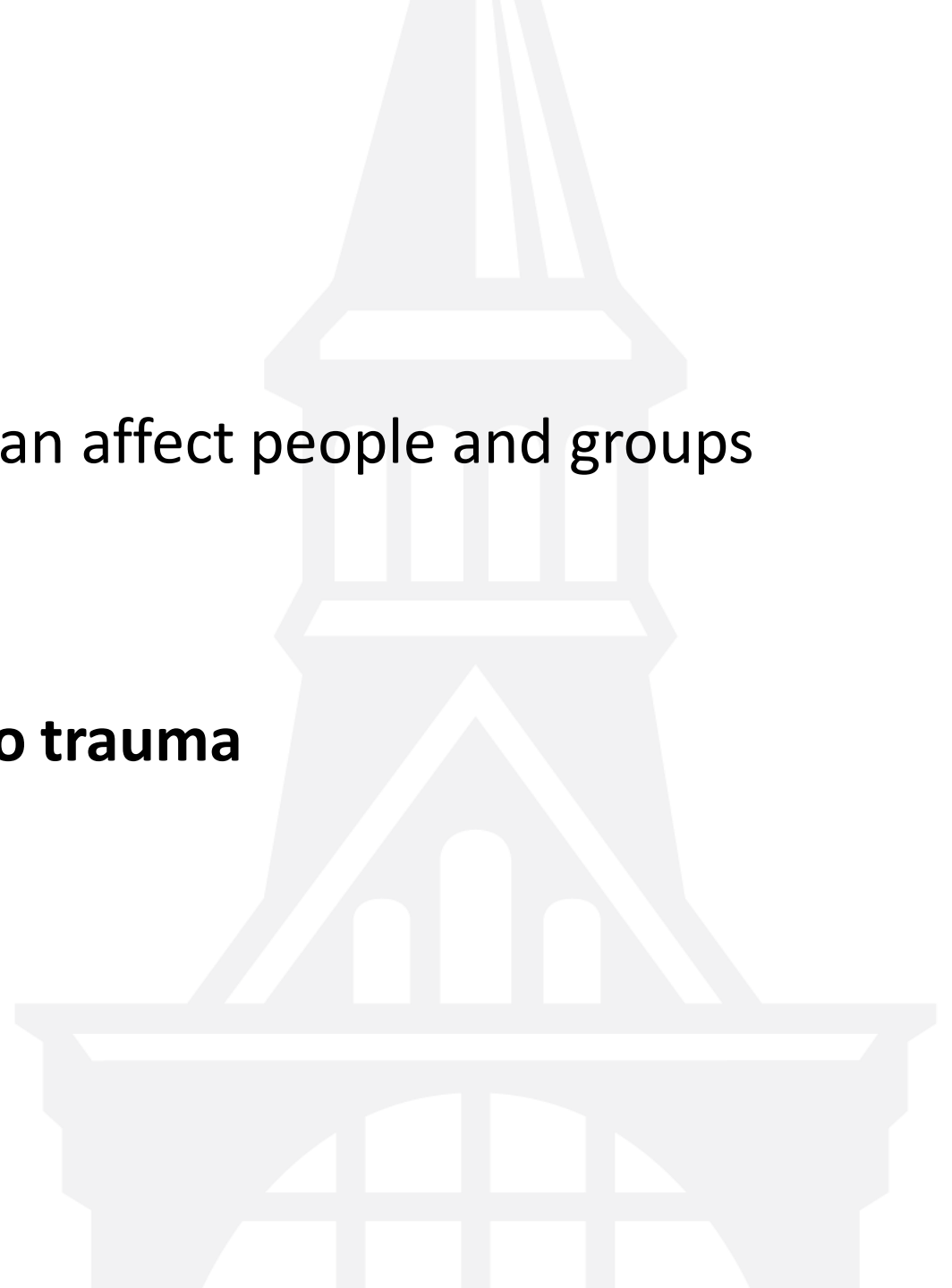
- **Stress:** Bad mood (irritability, impatience, sadness), lacking energy, difficulty sleeping, inability to relax, lack of enjoyment, physical complaints (headaches, muscle tension, digestive discomfort)
- **Distress:** Sudden changes from regular behavior patterns, absenteeism, expressions of intense emotions, change/deterioration in appearance, upsetting events, concerns expressed by others.
- **Crisis:** Suicidal statements or attempts, homicidal threats or attempts, extreme/uncontrolled emotions, inability to communicate, loss of contact with reality, disclosure of recent or chronic experience of trauma, impulsive or aggressive tendencies, easy access to lethal methods

Trauma-Informed Practices

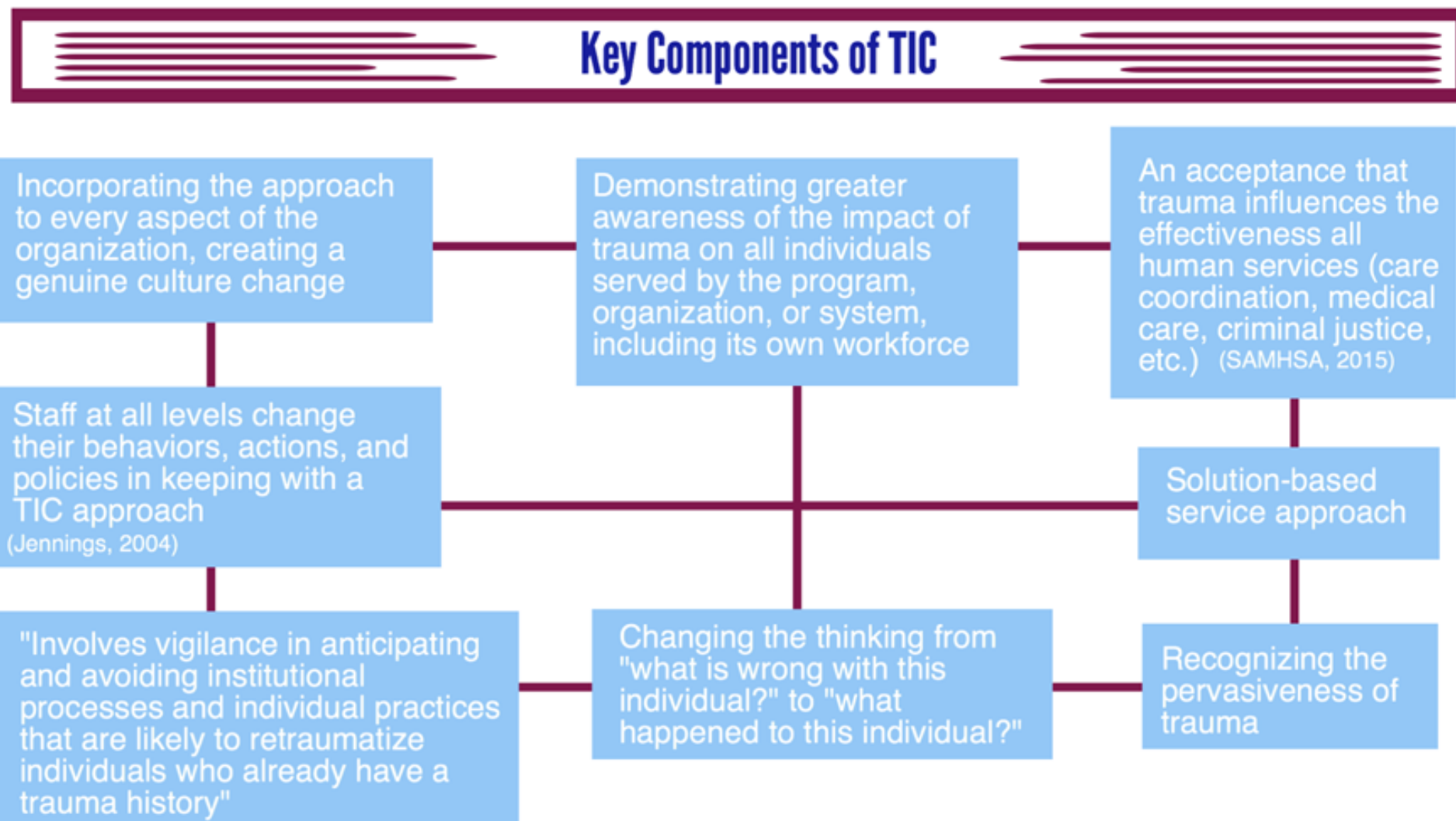
The Four Rs Of Trauma-Informed Response

The Four Rs

- Realization about trauma and how it can affect people and groups
- Recognizing the signs of trauma
- **Having a system which can respond to trauma**
- **Resisting re-traumatization**



Creating Systems That Can Respond To Trauma



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



What Can You Do In The Moment: Trauma-Informed Responses to Students

1. **Put the oxygen mask on yourself first** - Regulate your own nervous system (breathing, grounding yourself in your current space, 5-4-3-2-1 strategy, etc.)
2. **Witness, validate, and ask what they need** (i.e. "This is really difficult. I can see the impact this is having on you. What do you need right now?")
 - Offering water, tea, tissues, worry stone, stress ball can go a long way!
3. **Slow things down** – Remind the student that they have time, choices, and resources to figure out next steps and problem solve with support. You can ask if there are others in their life who know what they're going through and who are already supporting them. Reassuring/reminding a student they don't have to be alone in the feeling/experience they're having can be very helpful.

Trauma Informed Responses (continued):

4. **Following through with support** by connecting students to the right campus and off-campus resources.
5. If relevant, **express gratitude to the student for sharing** their experiences with you. This can help build trust and reduces feelings of shame. (i.e. "Thank you for sharing this with me. I'm glad you let me know what you were going through so we can make sure you have the right support.")

Resisting Retraumatization: What Hurts?

Systems (Policies, procedures, “the way things are done”):

- Having systems where students have to continually retell their story
- Being treated as a number
- Procedures that require being forced to disclose/be vulnerable
- Being seen as their label (ie. Addict, schizophrenic)
- No choice in service, treatment or “what happens next”
- No opportunity to give feedback about experience working with your office

Relational Retraumatization: Power, control, subversiveness:

- Not seeing/hearing students as people
- Violating their trust
- Failure to ensure emotional safety
- Noncollaborative
- Doing things for rather than with
- Use of punitive treatment, coercive practices and oppressive language

A Moment to Reflect

- **What can be done within financial aid student services to better support students with trauma?**
 - Are there steps you can take within your workplace to encourage trauma realization, recognition, response, and resisting retraumatization? (Pair/small group share)
 - Where do we go from here (large group share out)?

Some Questions to Consider

- Are staff in financial aid office aware of community resources that may support students experiencing financial trauma (such as mutual aid groups, food pantries, housing grants, etc.)?
- Is phrasing of communications that go out to students conscious of traumas students may be going through?
- Is student disclosure of trauma treated with sensitivity? Are students clearly and accessibly informed about their choices and options?
- Are staff and faculty being trained in how to recognize trauma symptoms and respond appropriately?
- When letters pertaining to loss or denial of scholarship/financial aid are sent to students, do those letters include resources on mental health support?

Some Questions to Consider

- Are campus mental health partners included and consulted in your planning/implementing policies, outreach to students, etc. to ensure practices implemented are trauma-informed?
- Are folks starting to shift from asking, “What is wrong with this person?” to “What has happened to this person?”
- Is the culture of your office one that is recognizing that staff, students, faculty, etc. may be experiencing trauma?
- In the financial aid and scholarship offices, are there clear and accessible materials about campus and community mental health resources (posters, brochures, handouts on campus and communities resources available)?

Questions?

Resources:

- National/State Resources:
 - Suicide Prevention Lifeline: 988
 - First Call (Chittenden County): (802) 488-7777
 - National Sexual Assault Hotline: 800.656.HOPE (4673)
 - Pathways Vermont Support Line: (833)-888-2557
 - Alyssum Peer Respite: (802) 767-6000
 - Trans Lifeline: (877) 565-8860
 - Blackline Crisis Line: 1 (800) 604-5841
 - VT Pride Center (Safe Space Program)
 - Project LETS Peer Mental Health Advocacy
- Do you know your local/county resources?
 - Examples: ONE Mutual Aid, Peoples Kitchen, Intervale Food Share, CVOEO
- Are there handouts/brochures that some offices at your school have that would help you if a student is struggling?

