A Trauma-Informed Framework for Higher Education

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Acknowledgments

This framework and accompanying guide were created to assist institutes of higher education (IHEs) and similar educational organizations interested in becoming trauma-informed (TI) and using trauma-informed practices. The adaptation of the original framework (Berke & Plaza, 2019; 2021) was a highly collaborative process involving academics, national experts, and advocates. The authors gratefully acknowledge the invaluable assistance of the Higher Education Working Group (part of Trauma Matters Delaware), the Board of Directors of Trauma Matters Delaware, members of the Colleges and Universities for Resilience (CURE) Community of Practice and others who contributed to the development of this framework.

Berke, D., & Plaza, S. (2019; 2021). Developmental Framework For Trauma-Informed Individuals. Shared by permission from the Delaware Department of Health and Human Services. https://traumamattersdelaware.org/wp-content/uploads/2021/10/TI-Core-Competencies-June-2021.pdf?x12532

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IHE Framework for TI Development

Institutions of higher education can utilize this framework as a roadmap for how to actively work towards becoming trauma-informed. This framework outlines knowledge, methods of application, and attitudinal shifts along a continuum of development. As one works through the 4 stages (Aware, Sensitive, Responsive, Informed), one develops as a trauma-informed individual or entity.

The individual stages are broken down into two groups. Group A is geared towards IHE staff members who serve as an integral part of the IHE community, but who might not provide direct services to students or staff. Group B is geared towards faculty and staff members who provide direct services to students or staff. Individuals are encouraged to decide which group best reflects their role.

The institutional stages can be utilized by the IHE as a whole or by departments/units within the IHE. Any entity choosing to become trauma-informed can benefit from utilizing this framework as a developmental tool. In addition, this framework serves as a mechanism for measurement. By analyzing where an individual or entity sits on this continuum, one can determine level of progress towards becoming trauma-informed.

TRAUMA AWARE

Emphasis in this stage is on building knowledge and beginning to change attitudes. Individuals are trained in the basics of trauma and are familiar with the values and terminology of trauma-informed care. Leadership, faculty, and staff understand how trauma impacts students and peers.

Individuals are informed about additional trauma resources and encouraged to continue their professional development or other learning.

Institutions offer awareness training (including definitions, causes, prevalence, impact, values and terminology of trauma-informed care, etc.)

Individual Group A

Knowledge

Defines/Describes

a) **trauma and toxic stress**
b) **vicarious trauma, secondary trauma, re-traumatization, and compassion fatigue**
c) **prevalence of trauma**
d) **resilience and self-care practices**
e) **ways that systems can re-traumatize or trigger**

Application

Recognizes

a) **internal processes of becoming aware of own adversity and trauma**
b) **own attitudes and perceptions that may be influenced by trauma**
c) **how the impact of trauma can change the way they see and interact with others**
d) **prevalence of trauma and the impact of trauma and toxic stress on themselves, students, and staff**

Individual Group B

Knowledge

Defines/Describes

a) 6 SAMHSA principles of trauma-informed care
b) resilience and self-care practices
c) the "3 realms of ACEs"
d) the importance of the role of protective factors in preventing and ameliorating the impacts of trauma
e) the value of lived experience of students and staff

Application

Recognizes

a) short- and long-term impacts of trauma on the mind, body, and spirit
b) signs/ symptoms of trauma
c) the three "E's" (event, experience, effects) within the workspace
d) their own role in trauma perception
e) ways that individuals can be re-traumatized or triggered by various systems, content, or environments
f) how vicarious trauma, secondary trauma, re-traumatization, and compassion fatigue appear at work

Institutional

The institution as a community:

a) acknowledges the impact of trauma on all stakeholders
b) begins to introduce trauma-informed care as an evidence-based model
c) initiates conversations across campus about paradigm shift to trauma-informed knowledge, applications, and attitudes

The institution promotes the following faculty and staff competencies through professional development, policy changes, and cultural shifts:

Knowledge

Recognizes

a) internal processes of becoming aware of one's own adversity and trauma
b) employee attitudes and perceptions that may be influenced by trauma
c) the value of lived experiences of students/faculty/staff
d) how the impact of trauma can change the way they see and interact with others
e) prevalence of trauma and the impact of trauma and toxic stress on themselves, students, and staff

Applications

Defines/Describes

a) trauma and toxic stress
b) prevalence of trauma
c) key signs and symptoms of trauma
d) the three "E's" (event, experience, effects)
e) the short- and long-term impacts of trauma on the mind, body, and spirit
f) the "4 Realms of ACEs" (experiences of Childhood/Community/Environmental/Atrocious Adversity)
g) the 6 SAMHSA principles of trauma-informed care

Attitudes

Believes

a) that individuals can be re-traumatized or triggered by various systems, content, or environments
b) resilience and self-care practices are important
c) vicarious trauma, secondary trauma, re-traumatization, and compassion fatigue at work need to be acknowledged

TRAUMA SENSITIVE

Emphasis in this stage is continued knowledge building and creating readiness for change. Individuals begin to see those with whom they interact through a trauma lens. Institutions promote training and professional development for all employees.

Individuals prepare for change and, through reflection, determine internal readiness for change.

The institution conducts assessments to identify existing strengths, resources, barriers to change, and practices that are consistent or inconsistent with trauma-informed care.

Individual Group A

Knowledge

Recognizes:

a) how protective factors can prevent and ameliorate the impacts of trauma
b) role of self-care and self-reflection in a trauma-informed approach
c) importance of engaging peers/ students with compassion, warmth, and sincerity
d) behaviors, including those that appear to be "problems", as trauma related coping skills of trauma-survivors
e) impact of historical & cultural trauma
f) that individuals can be re-traumatized by the systems/services designed to help them
g) Multi-faceted needs of trauma survivors

Application

Applying knowledge through:

a) using introductory trauma-informed language
b) building healthy boundaries, including confidentiality
c) establishing trusting relationships with peers and students
d) seeking professional development in trauma-informed care

Attitudes

Believes that:

a) trauma-informed lens has value and should be prioritized
b) healing from trauma is transformative and healing builds strength
c) peers and students are the experts in their own journey
d) trauma-informed/developmentally sensitive care is vital for anyone involved in the higher ed system

Individual Group B

Knowledge

Understands:

a) the need for strong emotional connections to safe and non-judgmental people
b) individual resilience, to prevent and ameliorate the impacts of trauma
c) self-care and self-reflection in a trauma-informed approach
d) techniques for engaging peers/ students with compassion, warmth, and sincerity
e) how to interpret behaviors as trauma-related coping skills needed to protect themselves and survive

Application

Continued demonstration through:

a) use of trauma-informed language
b) maintaining healthy boundaries and confidentiality
c) incorporating trauma-informed care strategies into meetings, policy work, and other areas of practice
d) translating professional development training into practical activities

Attitudes

Models:

a) trauma-informed lens as trauma champions in attitude and values
b) key assumptions of trauma-informed care (the 4 R's: realization, recognize, respond, resist re-traumatization)
c) self-care in a trauma-informed manner
d) the six SAMHSA principles of trauma-informed care

Institutional

The institution as a community:

a) values and prioritizes the trauma lens and begins to apply it as trauma champions in attitude and practices.
b) identifies impact of trauma and trauma-informed care in the mission statement or other policy documents.
c) introduces language throughout the institution that supports safety, voice, choice, collaboration, trustworthiness and empowerment.

The institution promotes the following faculty and staff competencies through professional development, policy changes, and cultural shifts:

Knowledge

Recognizes:

a) the impact of trauma over the lifespan
b) the impact of historical and cultural trauma and the interconnection of violence, trauma, & social issues
c) the complex needs of trauma survivors and maintaining healthy boundaries and confidentiality
d) actions that can re-traumatize or trigger within the systems and services designed to help
e) the attitudes and perceptions of students in a trauma-informed approach
f) how protective factors can prevent and ameliorate the impacts of trauma
g) 6 SAMHSA principles of trauma-informed care (safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; cultural, historical, and gender issues)
h) key assumptions in trauma-informed care (the 4 R's: realization, recognize, respond, resist re-traumatization)

Application

Demonstrates:

a) ability to establish trusting relationships with peers and students and to engage peers/students with empathy, warmth, and sincerity
b) ability to interpret trauma related coping skills individuals need to protect themselves and survive
c) ability to examine personal beliefs about and experiences of trauma and childhood adversity
d) trauma-sensitivity by seeking professional development opportunities for trauma-informed approach in higher education

Attitudes

Believes:

a) trauma-informed lens has value and should be prioritized
b) healing from trauma is transformative; healing builds strength
c) peers and students are the experts in their own journey
d) trauma-informed/developmentally sensitive care is vital for anyone involved in the higher ed system

TRAUMA RESPONSIVE

Emphasis in this stage is continued knowledge building and promoting cultural shift towards trauma-informed care. The individual begins to integrate trauma-informed principles into behavior and practices.

Individual behavior & practices shift to include:

- assessing own trauma and impact on trauma
- prioritizing self-care
- modeling or seeking supportive supervision
- continuous professional development

The institution creates a strategic plan for implementation that reflects trauma-informed values and practices.

Individual Group A

Knowledge

Recognizes:

a) the impact of trauma over the lifespan
b) how protective factors can prevent and ameliorate the impacts of trauma
c) key assumptions of trauma-informed care
d) that most people have experienced trauma and that services need to include a trauma informed approach
e) the value of a trauma champion

Application

Applying knowledge through:

a) continued pursuit of professional development
b) integration of trauma resources into all practice environments
c) creating a safe, welcoming, & supportive environment
d) respectful and inclusive communication and collaborations
e) maintaining healthy boundaries

Attitudes

Believes that:

a) trauma-informed lens has value and should be prioritized
b) healing from trauma is transformative
c) peers and students are the experts in their own journey
d) trauma-informed/developmentally sensitive care is vital for anyone involved in the higher ed system
e) active engagement in self-care and self-reflective activities by self and others are essential for success

Individual Group B

Knowledge

Understands:

a) that behaviors often reflect trauma related coping skills needed for self-protection
b) ways that individuals can be re-traumatized or triggered by the systems and services designed to help them
c) that the complex needs of trauma survivors should be integrated into practices and policies

Application

Continued demonstration through:

a) fluency of trauma-informed language
b) Incorporating trauma-informed care strategies into meetings, policy work, and other areas of practice
c) Translating professional development training into practical activities
d) Examination of personal beliefs about and experiences of trauma and childhood adversity

Attitudes

Models:

a) trauma-informed lens as trauma champions in attitude and values
b) key assumptions of trauma-informed care
c) the 6 SAMHSA principles of trauma-informed care
d) the belief that peers/students are the experts in their own journey
e) self-care in a trauma-informed manner

Institutional

The institution as a community:

a) Values and prioritizes the trauma lens and continues to promote it as trauma champions in attitude and practices.
b) Incorporates trauma-informed language in the mission statement or other policy documents.
c) Creates a ready response for crisis management that reflects trauma-informed values
d) The Institutional structure has been modified to incorporate:
   - Environmental review
   - Operational and personnel policies and procedures review
   - Self-help and peer advocacy throughout the culture of the institution

The institution promotes the following faculty and staff competencies through professional development, policy changes, and cultural shifts:

Knowledge

Understands:

a) that behaviors often reflect trauma-related coping skills that individuals need for self-protection
b) strategies that acknowledge and prevent individuals from being re-traumatized or triggered by the systems and services designed to help them
c) how to incorporate the complex needs of trauma survivors into practices and policies

Application

Demonstrates:

a) ability to sometimes/occasionally interpret behaviors, including those that appear to be “problems” or symptoms, as trauma-related coping skills that individuals need to protect themselves and survive
b) ability to communicate and collaborate with all individuals in a respectful, inclusive manner
c) ability to maintain healthy boundaries and confidentiality
d) ability to adequately integrate trauma resources into all practice environments

TRAUMA INFORMED

Emphasis in this stage is on continuous improvement and monitoring of trauma-informed knowledge, skills, and attitudes throughout personal and professional endeavors. The institution has fomented a cultural shift towards a trauma-informed approach to education

Individual attitudes and practices incorporate a trauma-informed approach.

The individual has become an advocate and champion of trauma-informed decision-making at all levels.

The institution continuously measures internal levels of trauma-informed care and identifies areas for improvement.

The institution adopts evidence-informed, trauma-informed practices, policies, and attitudes.

Individual Group A

Knowledge

Recognizes:

a) trauma-informed care, including the key elements of a trauma-informed system
b) the importance of ongoing professional development based on evidence-informed practices
c) the value of a trauma-informed framework

Application

Applying knowledge through:

a) active participation in organizational inclusion of a trauma-informed approach
b) critical evaluation and application of current science on trauma-informed care
c) trauma-informed collaborative relationships
d) educating others about risk associated with ACEs
e) assisting others to develop tools/strategies that promote resilience

Attitudes

Believes that:

a) trauma-informed/developmentally sensitive care is vital for anyone involved in the higher ed system
b) active engagement of self-care and self-reflective activities for self and others are essential for success
c) recovery from trauma is possible for all

Individual Group B

Knowledge

Understands:

a) safety needs in self-disclosure
b) need for practices of self-care in an intentional, consistent manner
c) strategies to diminish re-traumatization
d) need for supportive partnership in order to facilitate the process of recovery from trauma and childhood adversity

Application

Continued demonstration through:

a) effectively communicating scientific knowledge about trauma to a broad range of audiences
b) easily identifying relevant resources for trauma-informed services and facilitating referrals to trauma-informed and trauma specific services
c) educating and supporting peers about the need to recognize and address their risk of secondary/vicarious trauma
d) employment of strengths-based approaches, maximizing safety and opportunities for individual choice/control

Attitudes

Models:

a) 6 SAMHSA principles by integrating into practices
b) the trauma-informed approach by providing expertise as a trainer/mentor to promote and support changes to policies & practices
c) informed choice as central to trauma recovery through transparency and trust

Institutional

The institution as a community:

a) endorses trauma-informed care, including the key elements of a trauma-informed system and incorporating evidence-based practices throughout the institution
b) facilitates trauma-informed collaborative relationships and promotes trauma champions who continuously provide expertise as trainers, mentors, coaches, consultants, and role models to further change policies, practices, and student/staff development
c) supports faculty and staff self-disclosure in trauma-informed and supportive settings
d) fosters informed choice as central to trauma recovery and employs strengths-based approaches, maximizing opportunities for individual choice, control, and safety for all

The institution promotes the following faculty and staff competencies through professional development, policy changes, and cultural shifts:

Knowledge

Understands:

a) the need for safety during self-disclosure
b) the need for practices of self-care in an intentional, consistent manner
c) strategies to diminish re-traumatization
d) the need for supportive partnership in order to facilitate the process of recovery from trauma and childhood adversity

Application

Demonstrates through:

a) effectively communicating scientific knowledge about trauma to a broad range of audiences
b) easily identifying relevant resources for trauma-informed services and facilitating referrals to trauma-informed and trauma specific services
c) educating peers about the need to recognize and address their risk of secondary/vicarious trauma and offering support in doing so
d) employment of strengths-based approaches, maximizing safety for all and opportunities for individual choice and control

Attitudes

Models:

a) 6 SAMHSA principles by integrating into practices
b) the trauma-informed approach by providing expertise as a trainer/mentor to promote and support changes to policies & practices
c) informed choice as central to trauma recovery through transparency and trust

Examples of a Trauma-Informed Approach within Higher Education

What does a trauma-informed (TI) approach look like in higher education? You are probably already doing it - you may just not have a name for what you're doing or why you're doing it! A trauma-informed approach often calls for us to pause, think about what the other person might be going through, and consider how our words or actions might impact them. Here are just a few examples from across the campus that might help to illustrate a TI approach in higher education:

- **Student A** arrives on campus via bus. As they exit the bus, head down, lost in thought, they walk by the security gate. The guard has two possible actions. They can either slightly acknowledge the student with a head nod (appropriate) or they can say, "Hey, you look like you've got a lot going on, I hope you have a good day" with a smile (TI).

- **Student B** is lost on campus. You can give them directions (appropriate) or the campus can be equipped with virtual GPS maps (TI).

- **Student C** lost their badge. They go to security and the officer can either walk through the motions of giving the student a new badge (appropriate) or the officer can ask the student if they need help with anything else and if they're doing ok (TI).

- **Student D** enters the cafeteria and cannot pay for their full bill. The cashier can either tell them to put back the food (appropriate) or use one of the vouchers for food insecure students (TI).

- **Student E** is sitting in the library for a VERY long time, the librarian notices that they do not have school work open in front of them but have been watching videos on their device. The Librarian can tell them to leave because they are taking up a seat for a student who does want to work (appropriate) or the librarian can start a conversation with the student to see what type of assistance the student may need (TI).

- **Student F** attends a mandatory annual advising meeting. The advisor can go through the motions of checking on metrics, course completion, and explaining which courses to sign up for next semester (appropriate) or the advisor can open up a conversation with "how's everything going for you?, no really, how's everything going?" (TI)

- **Staff member A** is sitting in their 9th meeting of the day and looks tired. Their supervisor is sitting next to them and makes a habit of verbally and observationally checking on their staff regularly (TI). The supervisor notices that the staff member looks tired and could say, "How's your work going?" (appropriate) or the supervisor could say, "You are such a hard worker and I've noticed you had a heavy calendar today, how can I help lighten your load a bit?" (TI).

- **Staff member B** is meeting with their supervisor, when the supervisor mentions that some new needs have come up. The supervisor can either say, "We just got slammed with some new department tasks, I need you to do _____" (appropriate) or the supervisor can say, "We just got slammed with these new departmental tasks: ___, ___, and _____; if given the choice, which one would you choose to work on and/or is there any task that you might be unable to work on for any reason?" (TI).

Additional Learning Links for Trauma-Informed Concepts and Constructs

Coping and Self-Help - https://www.ptsd.va.gov/gethelp/selfhelp_coping.asp

Protective Factors - 20190718-samhsa-risk-protective-factors.pdf

Resilience - https://www.apa.org/topics/resilience

Risk factors - 20190718-samhsa-risk-protective-factors.pdf

Secondary Traumatic Stress - https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress

Self-Care - https://www.everydayhealth.com/self-care/

The Three E's of Trauma – "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" (SAMHSA, 2014, p. 7, https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf)

The Three Realms of ACEs - https://www.pacesconnection.com/g/resource-center/blog/3-realms-of-aces-handout

The Four Realms of ACEs - Building Healthy and Resilient Communities One Community at a Time (adobe.com)

The Four Key Assumptions of a Trauma-Informed Approach – "A program, organization, or system that is trauma informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; **responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively **resist** re-traumatization" (SAMHSA, 2014, p. 9, https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf).

The Six Guiding Principles for Trauma-Informed Care – 1. Safety, 2. Trustworthiness & transparency, 3. Peer support, 4. Collaboration & mutuality, 5. Empowerment & choice, 6. Cultural, historical & gender issues (CDC, 2020, https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm)

Toxic Stress - https://developingchild.harvard.edu/guide/a-guide-to-toxic-stress/

Trauma – "Trauma is not an event itself, but the body's protective response to an event or series of events that is experienced as harmful or life-threatening. It can have lasting emotional and physical effects on an individual. Importantly, trauma is not experienced the same by everyone - a traumatic event for one individual may or may not prompt a trauma response in another, even if the experiences seem similar. Each individual's response is unique and independent of those around them" (University of California, Irvine, n.d., | https://dtei.uci.edu/trauma-informed-pedagogy/).

Vicarious Trauma and Compassion Fatigue - https://www.tendacademy.ca/what-is-compassion-fatigue/

Tips and Tools for Trauma-Informed Practice in Higher Education

Trauma-Informed Pedagogy – a trauma-informed teaching philosophy that includes practical tips for when students disclose trauma, how to facilitate potentially trauma-triggering discussions, and methods of grounding students and staff (University of California, Irvine, n.d., https://dtei.uci.edu/trauma-informed-pedagogy/).

Trauma-Aware Teaching Checklist - https://bit.ly/traumachecklist

Trauma-Informed Practices for Postsecondary Education: A Guide - https://educationnorthwest.org/sites/default/files/resources/trauma-informed-practices-postsecondary-508.pdf

Trauma-Informed Teaching and Learning Blog - https://traumainformedteaching.blog/