

## Kaffeeklatsch Notes

**September 1, 2021**

**Participants: 73**

Our first session will be with Dr. Linda O'Neill from Psychology. Dr. O'Neill will present trauma-informed approaches to teaching that strive to understand how various forms of trauma may impact our lives and we can better understand learners' needs, prevent further or re-traumatization, and promote resilience and growth.

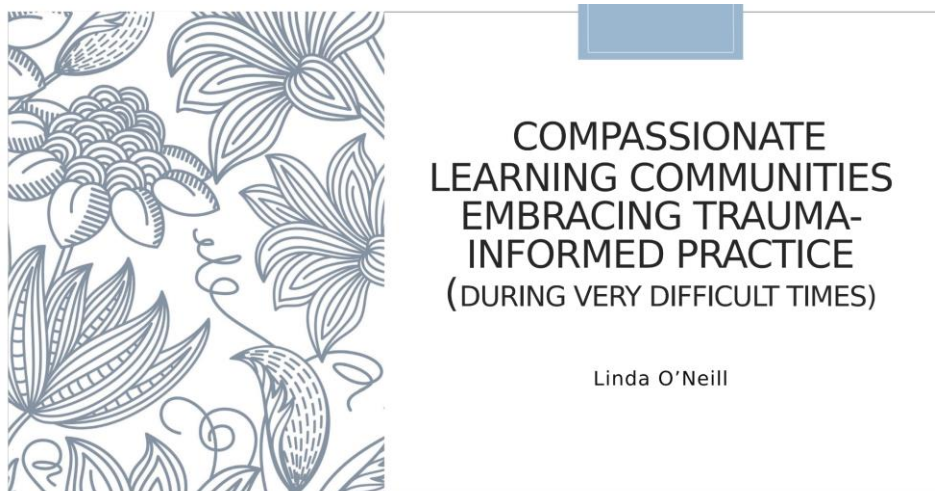
[https://www.ala.org/acrl/publications/keeping\\_up\\_with/trauma-informed-pedagogy](https://www.ala.org/acrl/publications/keeping_up_with/trauma-informed-pedagogy)

Attendees: 70+

*RESOURCE: See UNBC Syllabus Template here & Linda's sample excerpts on trauma informed teaching <https://pressbooks.bccampus.ca/unbc/chapter/syllabus-template/>*

If you need personal or urgent support, please reach out to our Employee & Family Assistance Program at [1-800-663-1142](tel:1-800-663-1142), reach out to your primary care provider or tap into your support system.

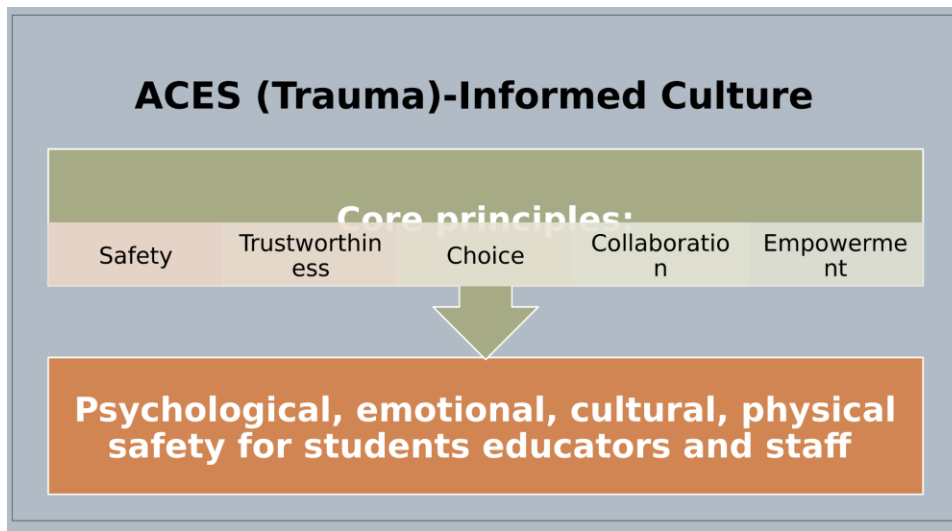
How can we support students?



Trauma Informed = some people prefer “Adverse Childhood event informed”

Applies not only to students, but staff & faculty members.

It is about us, and it is about Systems.



**Safety:** How safe do you feel in your classroom? How safe do your students feel? Emotional, physical, cultural, etc.

How trustworthy are you & do you follow up on the things you say you will?

**Choice:** is huge to increase student feelings of power & control = helps them feel safer. (give them choice of assignments – but limit the number of choices)

**Collaboration:**

**Empowerment:** make people feel that the knowledge they hold is important

## EXPANDING CORE BELIEFS



Trauma is the core event around which development and behaviour organizes, knowledge of trauma is incorporated in all aspects of service delivery



Symptoms understood as somatic effects of early stress or compensatory strategies, not simply as presenting problems



Primary goal of intervention and prevention are on growth, resilience, life skill development and minimizing additional trauma (*National Child Traumatic Stress Networks*)

Brains that have experienced trauma have fundamentally changed.

Behaviour may be a result of adversity they have experienced and compensatory actions.

## Big Questions

How can we meet the needs of students who have experienced adverse events, including the pandemic?

In the university environment how do we meet the needs of faculty and staff who have and have not experienced adversity, who are fearful and who are not fearful?

How do we serve students, others and ourselves in trying times?



Holding compassion for others (including challenging colleagues and students served) and ourselves



Respecting ourselves for what we can do and the things we cannot do



Respecting others who are anxious and afraid and those who are not anxious and afraid

Add comfort & safety.

## Different Events Affecting Learning

Time limited, one time events

Prolonged events, interpersonal in nature

Intergenerational, historical trauma

Secondary trauma affecting staff and faculty

Systems often ignore the effects of inter-generational trauma.

## Possible Adverse Environments

Many different contexts for student's and staff's coping behaviour

abuse, neglect,

severe attachment disruption,

serious early medical interventions,

natural disasters, war, displacement, pandemics

and other trauma-based circumstances

## Not the Event, CNS Reaction To

- Impact on the CNS, now out of balance
- Traumatized nervous system, leads to adaptations or mitigations
- The threat perception system is enhanced or expanded  
This system that distinguishes the relevant and important in the here and now gets distorted
- Collapses reaction time
- Increasingly difficult to behave with integrity to self (Gentry, Rhoton, 2017)

It is not the event itself– it is the central nervous system's (CNS) reaction to it – and the adaptations it creates to survive.

## Real Threat vs Perceived Threat

The PERCEPTION that someone is trying to dominate and/or control –  
Perceived Restriction of movement and action –  
Perceived or real forcing of attention or focus on dominant member's approved

focus

◦ Perceived disrespect of status, power or role

(Gentry, Rhoton, 2017)

Trauma may exist when student, staff member keeps behaving under normal circumstances as if he/she is being abused, neglected, abandoned, threatened



Brain- out of it in "normal" life, brain wired for high-end situations, inability to be fully alive in the present (*van der Kolk, 2014*)

**Basic  
Presentati  
on**

## Possible Effects of Traumatized NS

Low or limited self-awareness, difficulty with self-evaluation

Low or limited ability to self-regulate

Low or limited facility to establish goals and act consistently to obtain them

Poor self-image

Often reacting to rather than being intentional

Sometimes self-centered and Narcissistic tendencies



## Complex Trauma

Seven domains of possible issues:

- Attachment
- Affect regulation
- Behavioural regulation
- Dissociation
- Cognition
- Biology
- Self-concept

In the age groups we serve, it is not always PTSD, it is complex trauma.

If you don't handle stress well, how do you learn?? Cognitions are affected.

**Dissociation:** students tend to get missed because they are not a loud behavioural problem

DISSOCIATION:  
**BASK**

Four Possible Dimensions:

Behaviour, (doing)

Affect (emotions)

Sensation (body)

Knowledge (thinking)

**Professional dissociation:** First Responders and others often have to check-out emotionally in order to do their job

During Covid-19, many helping practitioners are checking-out

We see this with Faculty too who are worn out, anxious and just don't have the capacity to invest emotionally.



EMOTIONAL  
REGULATION



LEARNING AND  
COGNITIONS



RELATIONSHIPS AND  
SOCIAL  
INTERACTIONS

Main Areas of Concern



# Triune Brain

**Neocortex (cerebral cortex, corpus callosum)** Higher cognitive functions, conscious thought

- Left/Right hemispheres

**Limbic System (paleomammalian brain)**

- Emotions, memory. Learning

**Reptilian Brain (R-Brain, Brain stem)**

- CNS, neural systems, sensorimotor

The cerebral cortex is most complex, malleable and the brainstem (reptilian brain) is least complex and least malleable

## Triune Hierarchy

**Neocortex (cognitive)** Calm reasoning, regulating brain

**Limbic System (Emotional)** Alarm, feelings: regulating brain

**Reptilian Brain (sensorimotor)** Terror: CNS regulating brain

# Trauma Response Continuum

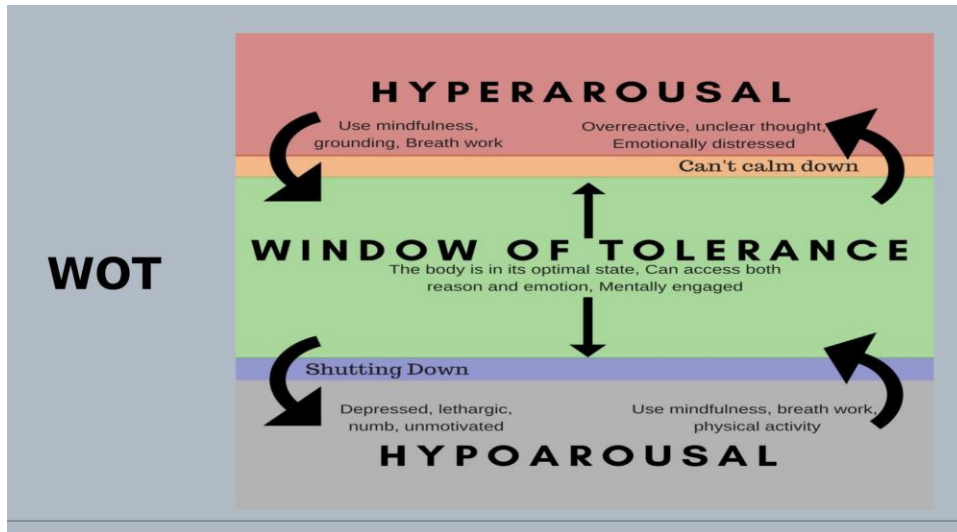
## Altered baseline state of arousal, need to address:

- **Hyperarousal:** general stress response continuously overstimulated; high startle response, irritability, anger, anxiety, irrationality, lack of concentration
- **Hypoarousal (Dissociation):** Detachment, withdrawal, loss of interest, flat affect, forgetfulness

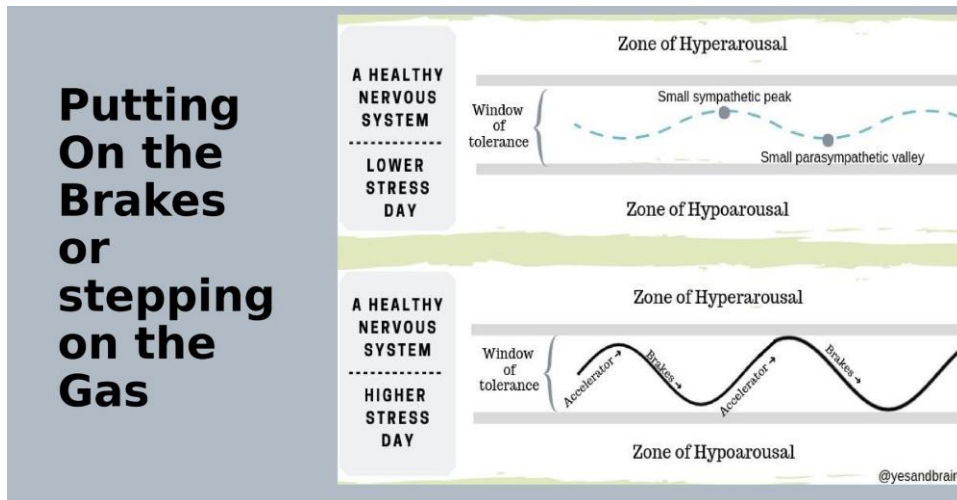
## Stress Response and HPA

**Hypercortisolism** - this heightens and prolongs HPA axis activity and results in an inability to terminate the stress response

**Hypocortisolism** - Deficiency of cortisol or an enhancing of the negative feedback of the inhibition of the HPA axis resulting in a lack of stress reaction when necessary



Goal- to keep students within the window of tolerance – enable safety to keep students access to use limbic system & able to learn



**SUMMARY/RECOMMENDATIONS:**

## **APPLIED ACEs (TRAUMA) INFORMED**

Basic trauma knowledge is applied in terms of everything: physical environment, paper work and services provided

Primary goals of trauma-informed approach:

understanding compensatory strategies,

minimize the chance of inadvertently re-traumatizing/triggering students and staff

## **Trauma-informed Basics**

- Be Proactive
- Watch for signs of hyper or hypo arousal
- Be aware of triggers
- Approach mindfully with compassion
- Contain and create safety, know what cultural safety looks like in your teaching, learning

## **Trauma-informed Basics**

- Empower, not disempower
- Provide to the best of your ability unconditional positive regard
- Check assumptions, observe, question your beliefs, values, understandings
- Provide opportunities for alternate cultural views

## Trauma-informed Basics

- Lower the stress, enrich the environment
- Provide predictability and consistency
- Front load safe boundaries (rules of engagement)
- Provide structure, but give choices, some flexibility

## Coping Styles

Suggestion that healthy coping styles contain more active, problem-focused, adaptive strategies rather than emotion-focused, avoidant coping styles

For educators, an issue of emotion tolerance, place where educator can engage empathically and when she/he is overwhelmed

## Bringing Compassion Back



Compassion for the energy required in balancing many life roles



Compassion for human failings



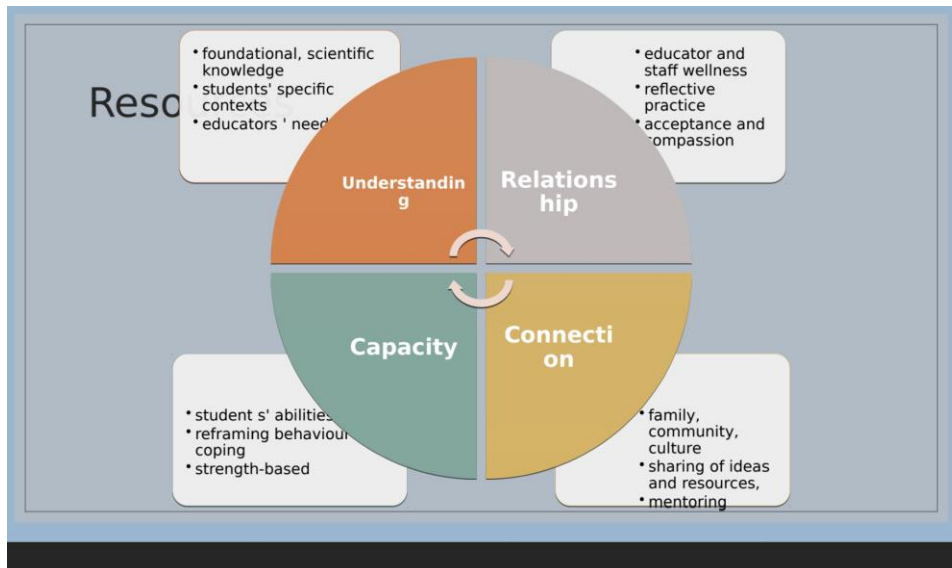
Compassion for those coping with personal trauma history



Compassion for self and others experiencing the negative effects of fear, anxiety, compassion fatigue, empathic distress

## Well, what to do?

- Breathe
- Accepting, validating feelings
- Focus on what you can control
- Take care of health
- Carving out just a bit of time for self
- Staying connected
- Reach out
- Monitor problematic coping



WHAT WORKS  
FOR YOU,  
WHAT  
STRATEGIES  
DO YOU USE?  
SHARING  
IDEAS....



Thank you for all you do, take care and be well

Linda O'Neill

loneill@unbc.c  
a

Question: How can we, in a health professions program, where it is very controlled & compassionate, transition to them to an unpredictable environment? How to prepare them to go out into the real world?

Question: International students have lost family members in the pandemic, and have not been able to return home – how do support them in their grief work? A student is often “not there”.

A: Look at your course material and be sensitive to grief & loss. You can't fix it, it is a gentle journey. They can access services at our wellness centre.

Question: I am wondering how we support others with work and Covid fatigue when we ourselves are suffering from same fatigue. How do we support those with heavy mental health burnout when we as support workers are burning out ourselves. (SW perspective). The burnt out are supporting the burning out).

A: If we can't self regulate, then none of this is going to work. How can we work as communities of practice and support each other – it is happening with a lot of health care workers and practitioners.

Question: Linda, can you share your thoughts on navigating trauma informed and strength based practices in academic spaces that often get left out of the conversation (better these days).

A: Get super bossy – talk about it! Create support systems within academia.

Question: What are your go to strategies to help your students/ clients to stay in the window of tolerance?

A: *See UNBC Syllabus Template here & Linda's sample excerpts on trauma informed teaching*  
<https://pressbooks.bccampus.ca/unbc/chapter/syllabus-template/>

Question: I am happy to hear the course material you are teaching students coming out into a complex education field. We have to have a serious self care plan for ourselves to stay in that window of tolerance.

A: the key is to get trauma informed curriculum in all programs as a basic foundational piece.

Comment:

I'd like to point out that "breathe" and "breath work" can be extreme trauma triggers for people whose trauma is breath focused. Childhood asthma or watching someone die of lung cancer can mean focusing on the breathe is a horrid thing to do. Breath focused meditation can induce CNS dysregulation. I've never seen this mentioned in any form of trauma influenced training.

If a student misses more than two consecutive classes or does not hand in an assignment, I send a "Is everything OK?" message and offer help them to catch up and get back on track as appropriate.

Question: Are there any ACE or Trauma informed suggestions for a Syllabus?

A; acknowledge what we can control & what we can't. Commit to try your best to ensure a safe environment

Question: How do we recognize when stressors are building up when it is a "normal" part of day to day stress? as a means of pinpointing our triggers



A:; this is such an individual piece. The level is different for everyone. We have a lot of workaholics at UNBC and we know if we stop, then we wont get going again.

Question: How do you go about establishing safety and trust in the classroom (especially with a big classroom)?

A: There is pressure to meet many needs as we can - try to be as regulated as possible yourself. Check in gently with students. Reach out. Teach instructors and TA's to be open to be approachable by students.