Trauma-Informed Approaches in Faculty Development

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Ground rules

• This is a safe space but ALSO a brave space.
• Take a timeout if you need to!
• Remember that you are not in charge of fixing everything.
• Ask for what you need.
Don't let what you cannot do interfere with what you can do.

--John Wooden

What is trauma?
Trauma is defined by 3 key components (the 3 E's):

- 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.

Sources of trauma:

- Anti-Asian Racism and the COVID-19 Outbreak
- School Closed
- Media Misinformation
- COVID-19
“Invisible” trauma

Why does this matter?

Trauma is not just an emotional event.

Trauma is not just an acute event that can be “over.”

Trauma is not a sign of weakness, lack of coping skills, or any kind of failure.

Trauma isn’t just in your head....
“Anger is like a howling baby, suffering and crying. The baby needs a parent to embrace him. You are the parent for your baby, your anger. The moment you begin to practice breathing mindfully in and out, you have the energy of a parent, to cradle and embrace the baby. Just embracing your anger, just breathing in and breathing out, that is good enough. The baby will feel relief right away.”

— Thich Nhat Hanh, Anger

How can interaction with students, faculty, and/or colleagues be traumatic?

- **Social** structures define interactions, treatment, dynamics among groups
- Create hierarchy → Inequity & Disparity
- **Structural stress**: Strain or harm inflicted through biased social structures, leading to reduced capacity to meet needs (Burton, Gilpin, & Draughon-Moret, 2020)
How can others’ trauma affect me?

- Vicarious trauma, compassion fatigue, burnout
- Fatigue and exhaustion—physical, mental, emotional, existential
- Ongoing traumatic stress
- Lack of motivation, decreased self-efficacy
- Dissatisfaction with work

And.....

Embodied trauma: allostatic loading

McEwen BS, Gianaros PJ. 2011, 
Embodied trauma: DNA-based changes

Other cellular level changes related trauma & stress…

Micronucleus formation:
DNA Methylation:
Descendant
Identical Trauma
Unaffected
Affected
What is a trauma-informed approach?: The 4 R’s

A program, organization or system that is trauma-informed:

- **Recognizes** the prevalence of trauma and takes universal precautions. Assume all patients may have experienced trauma, and treat accordingly.
- **Realizes** how trauma affects all individuals involved with the program, organization, or system, including its own workforce.
- **Responds** by putting this knowledge into practice.
- **Resists** retraumatization.

What does a trauma informed approach look like in practice?: 6 Key Principles to Incorporate

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical, and gender issues

1. Substance Abuse and Mental Health Services Administration
What Does A Trauma-Informed Approach Mean for Faculty Chairs and other Administrators?

- **Being aware** of how immediate and more subtle factors, including historical and ongoing exposure to violence, shape people's real-life experiences
- **Being open** to consider how our practices and policies may unintentionally harm people and changing those policies and practices
- **Being respectful and inclusive** of people's diverse histories and contexts

- Wathen & Varcoe, 2019

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**What can we DO?**

- **Give**
  - Give relaxed, unhurried attention
- **Talk**
  - Talk about concerns and procedures before doing anything
- **Share**
  - Give as much control and choice as possible back
- **Validate**
  - Validate any concerns as understandable and normal
- **Allow**
  - Allow a support person or other staff person to be present if desired
- **Awareness**
  - Be mindful of, and acknowledge possible stress reactions as normal
- **Assume**
  - Universal Precautions: Assume everyone may be a trauma survivor, and treat accordingly

1. Substance Abuse and Mental Health Services Administration
We’re all in this together…right?

- How does leadership communicate its support and guidance for implementing a trauma-informed approach?
- How do leadership and governance structures demonstrate support for voice and participation of people in the unit?
- How is transparency and trust among faculty promoted?
- What strategies are used to reduce the impact of power differentials among faculty?
- How can administrators help people to identify strategies that contribute to feeling comforted and empowered?
- How does the unit address gender-based issues in the context of assessment and planning?
- Do faculty and administrators talk with each other about the range of trauma reactions and work to minimize feelings of fear or shame?

Some years back my wife and I got into the habit of asking each other ‘do you want comfort or solutions’ when the other was having a bad time. That one sentence can save us from an argument 9/10 times.
What do I do…

You've scheduled a Zoom session with a faculty member to discuss workload planning. They arrive ten minutes late and seem tired and distracted. You can hear children and pets in the background.

1. What is your immediate reaction to this scenario?
2. How might there be trauma here?
3. What do you want to do?

Options…

ASK
ASK: “What would help right now?”
“What can I do to support you?”

OFFER
OFFER: “Would it be helpful to connect to…”

ENGAGE
ENGAGE: “Do you want to talk about it? I am here to listen.”

REMIND
REMIND: “I am here to support you so please reach out when you are struggling.”
For campus support…

Dr. Negar Shekarabi
Coordinator of Faculty/Staff Support Services
https://whcs.uci.edu/faculty-staff-support-services/coordinator

Thank you for everything you do.

Questions???

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