Care in the Academy: Trauma Team Recommendations

Introduction

Acknowledging trauma and its impact on learning systems is the first (and most minimal) step in creating cultures of care in higher ed.

Issues from the COVID-19 Pandemic to the continued battle for racial justice in the United States are traumatic events with enormous impacts on higher education. Leaders of institutions of higher learning face unavoidable challenges which promise to change the campus landscape of public and private, two and four year colleges and universities. A 2020 survey[1] of nearly 300 college and university presidents, conducted by the American Council on Education, indicates that concern over the mental health of students (53 percent) ranked number 1 among a list of 19 issues presented.

- Presidents also indicated “long-term financial viability” (43 percent), “mental health of faculty and staff” (42 percent), “enrollment numbers for the spring" (39 percent), and “sustaining an online learning environment" (30 percent) as other top issues.
- The top two most pressing issues for presidents at public four-year institutions were “mental health of students" (61 percent) and “mental health of faculty and staff” (42 percent), while the top two most pressing issues for presidents at private four-year institutions were “mental health of students” (51 percent) and “long-term financial viability” (48 percent).
- The top two most pressing issues for presidents at public two-year institutions were “spring enrollment numbers” (56 percent) and “mental health of students” (55 percent).

The lived realities driving this data indicate that the mental health of students, faculty, and staff has become inseparable from the perennial concerns over college and university student enrollments, student learning, and long-term financial viability. Yet, the more recent 2022 Survey of College and University Chief Academic Officers reveals that although provosts tend to indicate that their institution prioritizes mental health (90 percent), a smaller proportion of provosts agree that their institution has formal plans to address mental health among faculty and staff (35 percent).

https://www.insidehighered.com/news/survey/provosts-stand-firm-annual-survey

Exposure to trauma can create or exacerbate mental health challenges. Thus, recognizing the impact of trauma is essential to providing essential mental health support for faculty and staff. As a result, institutions must become more trauma-informed, so that they can support their faculty and staff, who in turn support student learning. In this document, we propose an ethic of care as a starting point for responding to and reducing experiences of trauma within and around the academy.

Recognizing that campus leaders cannot (and should not) protect against all trauma responses that faculty and staff experience, they can strive to build institutions that are trauma-informed and prioritize cultures of care in response to individual and systemic trauma.

We have the data that indicates administrations are concerned about these issues, but, significantly, they have not taken concrete action yet.

Defining Trauma in Higher Ed.

We found it helpful to build our recommendations from the foundation offered by the following definition of trauma:

> SAMHSA describes individual trauma as an event or circumstance resulting in:
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> - physical harm
> - emotional harm
> - and/or life-threatening harm
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> The event or circumstance has lasting adverse effects on the individual's:
>
> - mental health
> - physical health
> - emotional health
> - social well-being
> - and/or spiritual well-being

Traumas include (but are not limited to):

The Covid-19 pandemic
Sexual violence (including abuse, assault, and harassment)
Gun violence
Domestic violence
Assault
Police brutality
War
Refugee/undocumented status
Ableism
Systemic oppression in all of its various forms (racism, sexism, homophobia, ableism, Anti-Blackness, ect.)
Climate change and related disaster exposure
Food and housing insecurity

Students, faculty, and staff may experience trauma on campus or outside of campus.

It is essential to acknowledge and address that higher education *itself* can be a source of trauma. The oppressions that exist in the world do not cease to exist in the academy. In fact, institutions can reenact harms perpetuated in the broader society.

Traumas within higher ed include (but are not limited to) policies, cultures, and systems that perpetuate, allow, or fail to address:

Sexual violence (including abuse, assault, and harassment)
Gun violence
Racism (and racial battle fatigue)
Queerphobia and heteronormativity
Misogyny
Ableism
Anti-Blackness
Contingent status for faculty/staff
Religious oppression
Economic insecurity

When members of our campus communities carry traumas into classrooms, residence halls, offices, and other learning spaces, there is always a possibility of retraumatization where the initial trauma is triggered or exacerbated. The Institute on Trauma and Trauma-Informed Care identities types of retraumatization which include but are not limited to:

- Being treated as a number
- Marginalizing practices
- Microaggressions
- Social isolation - lack of a sense of belonging
- Racial Profiling
- Non-collaborative approaches to work and learning

All of these types of retraumatization can be prevented by educating campus communities and developing structural solutions, a task that will be tackled in this document.

In addition to these major drivers of trauma on our campuses, the very structure of higher education has traumatic effects upon those who work within that system, creating emotional and physical harm to key populations. The tenor of campus cultures driven by competitiveness and antagonism, accompanied by a constant drive for financial efficiencies, creates long-term effects. Budgets are cut without due consideration of the burden of labor then placed upon those left behind; historically excluded populations are asked to shoulder the burden of DEI work; microaggressions are left unaddressed; contingent faculty and staff are asked to do too much for poverty-level compensation; right-wing politicians target courses, programs, and policies they define as related to critical race theory; tenure and promotion structures are often opaque and rife with discrimination . . .

Too often trauma is framed within higher ed as an individual pathology over which only an individual has control. We argue, instead, that trauma and reactions to trauma are also systemic issues; an ethic of care requires campus leaders to prioritize systemic and community-based solutions.

The Consequences

Trauma has a significant effect on health and well-being. Some of the adverse impacts of trauma include:

- Decreased executive function capacity (executive functions are a critical component in the teaching and learning process and include decision making, goal attainment, focus, concentration, time management, and delayed gratification)
- Increased burnout
- Impaired relationships
- Depression
- Anxiety
- Insomnia
- Absenteeism
- Physical ill-health
- Increased perception of threat
- Decreased productivity
- Isolation

We know that strategies that support communities of care among students and trauma-informed pedagogical practices are effective and enhance student learning and a sense of belonging. We need to extend that support and kind of work to faculty and staff.

Communities of Care

The chief recommendation of this group is the cultivation of an ethic of care that is essential to but also transcends the individual, and thus leads to the creation of communities of care. Care is essential to addressing trauma. It reduces the effect and impact of trauma. It mitigates varying levels of agency. But importantly, care is not just individual; institutions need to prioritize and build care structure/ responses. "'Socially just care' is everyone's responsibility."

Our definition of care springs from the work of Nel Noddings, who defines care as the act of entering into a relationship in which one person shows care to another, and the recipient of the care welcomes the intervention.[1] Care cannot be one-sided. The relational nature of care also suggests that, over time, care is reciprocal. Melissa Harris-Perry further refines our

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[1] Nel Noddings, *Caring: A Relational Approach to Ethics and Moral Education.* Second Edition, Updated. (Berkeley: University of California Press, 1984; 2013)

understanding of care with her work on #SquadCare: "a way of understanding our needs as humans that acknowledges how we lean on one another, that we are not alone in the world, but rather enmeshed in webs of mutual and symbiotic relationships."

Examples:

- Providing money, time, and access for campus community members to complete the caring acts listed below
- Centering human relationships, including each person to bring their whole selves to meeting/classroom spaces
- Using a strengths-based or asset-based lens
- Prominent signage around campus that promotes diverse identities and experiences.
- Honoring gender identities (including but not limited to pronouns)
- Allowing time off to really be time off
- Compensation for DEI work
- Reduced class sizes and course loads
- Increased availability (hiring) for one-on-one support services
- Caring meeting policies: hybrid meetings; shorter meetings to allow time for breaks; no meetings on Fridays
- Nothing about us without us (including marginalized voices in decisions that impact their lives)
- Designing instruction that is predictable, flexible, connecting, and empowering (from Alex Shevrin Venet's Equity-Centered Trauma-Informed Education)
- Email policies like not sending emails outside of work hours
- Limiting use of Teams, Slack, and increased boundaries around instant messaging tools
- Prominent signage and inclusion in teaching materials of existing care infrastructures (Health Offices / Chaplaincy / Disability Access Services / Nondiscrimination offices)
- Honoring the unique value/joy of working in diverse spaces... (remote, coffee shops, walking meetings, etc.)
- Inclusion and awareness of non-cognitive types of knowing including somatics, intuition, and relational knowledge.
- Reduction of bureaucratic practices (e.g., when requesting time off takes hours of time, asking faculty and staff to pay up front for professional development, etc.)

There are many excellent models for responding to trauma from which we can draw:

The Centers for Disease Control and Prevention offers a six-step plan for trauma-informed action. This plan focuses on the principles of safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, and a full understanding of cultural, historical, and gender issues. [We need a paragraph that briefly expands on each of these facets]

The Missouri Model is a trauma-informed model of organizational change. It identifies four levels of expertise that institutions can advance through in order to reach the goal of becoming truly trauma-informed institutions. The levels include trauma aware, trauma sensitive, trauma

responsive, and trauma informed. When institutions begin the work of exploring trauma and its impacts, they start developing a basic level of awareness. From there, they work toward becoming trauma-informed (a multi-year process) which is reached when a deep awareness of trauma is woven throughout an institution's culture and all decisions are made through the lens of trauma.

The Sanctuary Model approaches trauma-informed care through an organic process that draws upon a set of theoretical philosophies, a shared trauma-informed language, and a toolkit.

Concrete Actions

Recognizing that time, money, and access will be key to realizing any of these suggestions, we offer the following possible concrete actions. As acknowledged throughout the larger work of the CITA project, it may be possible for some of this work to come from the administrative level in institutions ready and amenable to doing this work. In other instances it may require motivated individuals to begin this work from below at a grassroots level. Each institution will be different in this regard.

1. Create an asset map of campus (and department, office) care at an institutional and unit level

- Engage a variety of stakeholders, especially those who are often marginalized
- Questions to ask:
  - What specifically makes you feel cared for on campus?
  - What are obstacles to feeling cared for on campus? What specifically makes you feel un-cared for?
  - What steps could the University take to increase a sense of care on campus?

2. Take first steps in Missouri Model to become Trauma Aware institutions.

STAGE 1

Trauma Aware

Staff members are able to articulate basic information about the impact and prevalence of trauma

All staff have received a standardized training on trauma and trauma-informed schools

Require that all faculty and staff complete introductory trauma trainings. Begin with administrators.

3. Hold ongoing training workshops by facilitators trained in equity-based, trauma-informed approaches using the CDC's materials about trauma-informed approaches.

4. Employ the model of Mutual Aid to create care webs, grief circles, groups that empower themselves to push for the other recommendations in this document (e.g. workshops about trauma-informed practices, efforts to establish the caring actions outlined above in the Communities of Care section, etc).

5. Campus Climate Survey: Use the list of caring actions provided above to create a survey, get a sense of your particular campus context and the needs of your constituents.

6. Equitable community engagement: engage and listen to a diverse stakeholders, especially those from marginalized groups

If you are faculty you can:

- Work with department members to identify caring department practices
- Develop a department equity and accountability guideline for service and teaching
  - and mechanisms for review and reward
- **Modify** your syllabi based on the needs of your students and campus community
- Include a statement of care in your syllabus

If you are classified staff you can:

- Seek out others whose experiences are different from your own.
- Know your people - demographics, needs, concerns, etc.
- Read and discuss campus climate surveys with your unit peers and those you report to.

If you are an administrator you can:

- Include concrete care accountability steps in campus strategic plans and
- administrator/administrative office reviews
- Undertake continuing conversation about increasing course loads, class sizes, and caseloads in the face of increasing student needs.
- Fully fund mental health centers on campus
- Listen, build relationships, and respond to campus faculty, staff, and student constituents yourself.
- Commit to changing the existing culture aligned with the needs of your CURRENT faculty and staff

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