We're Not the Principal's Office: Trauma-Informed Practices for Dean of Students Offices

University of Dayton

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Meet the Presenters

Jairad Hydrick

- She/Her
- University of Dayton, Case Manager - Dean of Students
- Undergraduate: King's College
  - Bachelor of Science, Biology
- Graduate: University of Dayton
  - Masters of Science in Education in College Student Personnel
- Residence Life & Student Involvement Background

Katie Noah

- She/Her
- University of Dayton, Case Manager - Dean of Students
- Undergraduate: DePaul University
  - Bachelor of Arts Communication Studies
- Graduate: Eastern Illinois University
  - Masters of Science College Student Affairs
- Residence Life Background

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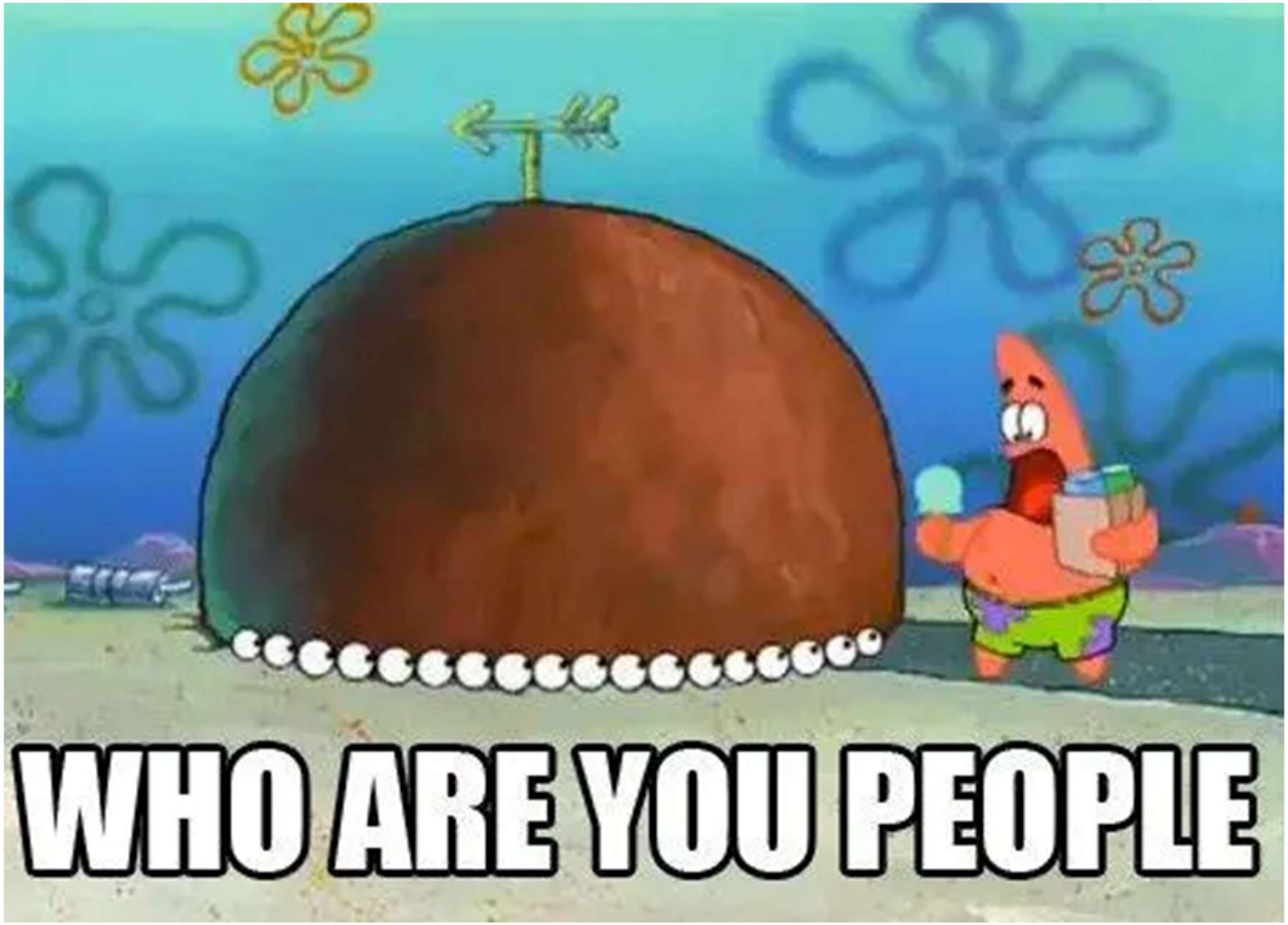

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Learning Objectives

1. Participants will be able to define trauma-informed care.
2. Participants will be able to list 3 trauma-informed strategies they can implement in their workplace.
3. Participants will be able to explain strategies for systemic demystification of case management.

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Trauma Defined

"The experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects."

-National Institute of Mental Hea

Reminder! This word carries a lot of weight for people who have experienced these things. Let's be careful not to minimize someone's experience.

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History of Trauma Informed Care (TIC)

- Originated in medicine in the 1970's post Vietnam War
- Helping professionals outside of medicine began to see the need to create a treatment program of TIC
- Treatment program born out of the need for helping professionals to understand how childhood trauma can affect adult behavior
- Eventually this led to the first study done by the Center for Disease Control & Prevention done in 1998

1970's	Late 90's	1998	2007+
Originates in Medical Field	**Social Workers make treatment program**	**ACEs Study Part 1**	**Case Management**
People coming home from the Vietnam War presented with symptoms that could not be treated appropriately without attention to their mental health	Helping professionals outside of medicine began to see the need to create a treatment program of TIC to better understand how childhood trauma can affect adult behavior	First study around ACEs completed by the Center for Disease Control & Prevention	As Case Management has become an entity within Higher Education this becomes a real framework of how we will incorporate TIC into our work

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Adverse Childhood Experiences (ACEs)

ABUSE

Physical

Emotional

Sexual

NEGLECT

Physical

Emotional

HOUSEHOLD DYSFUNCTION

Mental Illness

Incarcerated Relative

Mother treated violently

Substance Abuse

Divorce

Source: Trauma-Informed Care Implementation Resource Center

70/30 CAMPAIGN: EMPOWERING COMMUNITIES TO PROTECT OUR CHILDREN

Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing

Abuse
- Emotional abuse
- Physical abuse
- Sexual abuse

Household Challenges
- Domestic violence
- Substance abuse
- Mental illness
- Parental separation / divorce
- Incarcerated parent

Neglect
- Emotional neglect
- Physical neglect

People with 6+ ACEs can die

20 yrs

earlier than those who have none

1/8 of the population have more than 4 ACEs

www.70-30.org.uk
@7030Campaign

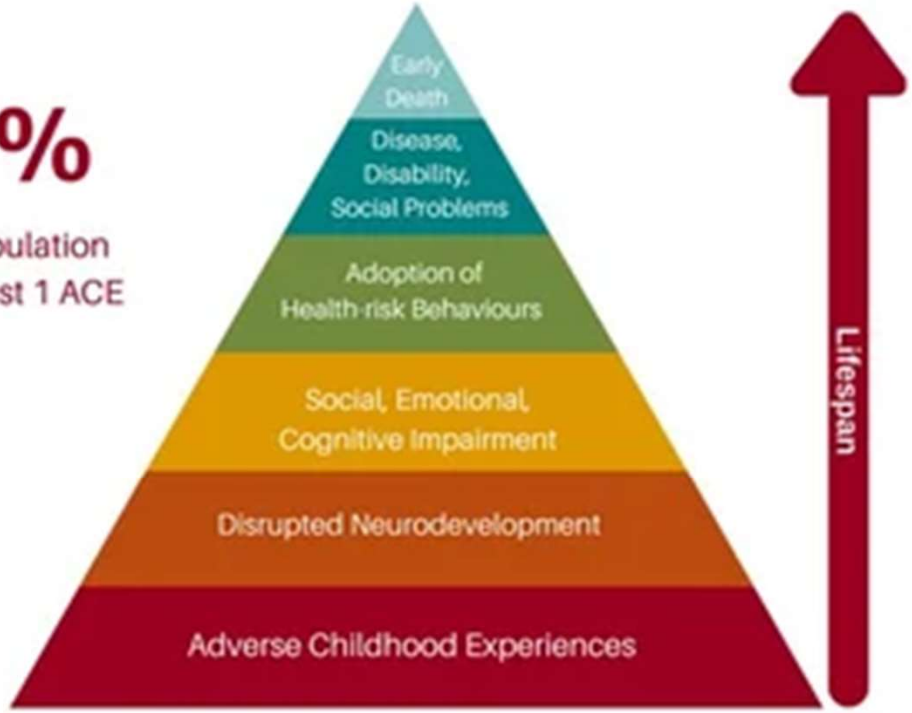
4 or more ACEs

- **3x** the levels of lung disease and adult smoking
- **11x** the level of intravenous drug abuse
- **14x** the number of suicide attempts
- **4x** as likely to have begun intercourse by age 15
- **4.5x** more likely to develop depression
- **2x** the level of liver disease

> **Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today**
>
> Dr. Robert Block, the former President of the American Academy of Pediatrics

67%

of the population have at least 1 ACE



Slide Source: 70/30 Campaign with Harvard Primary Health

Lasting Impacts

The impacts of childhood trauma into adulthood

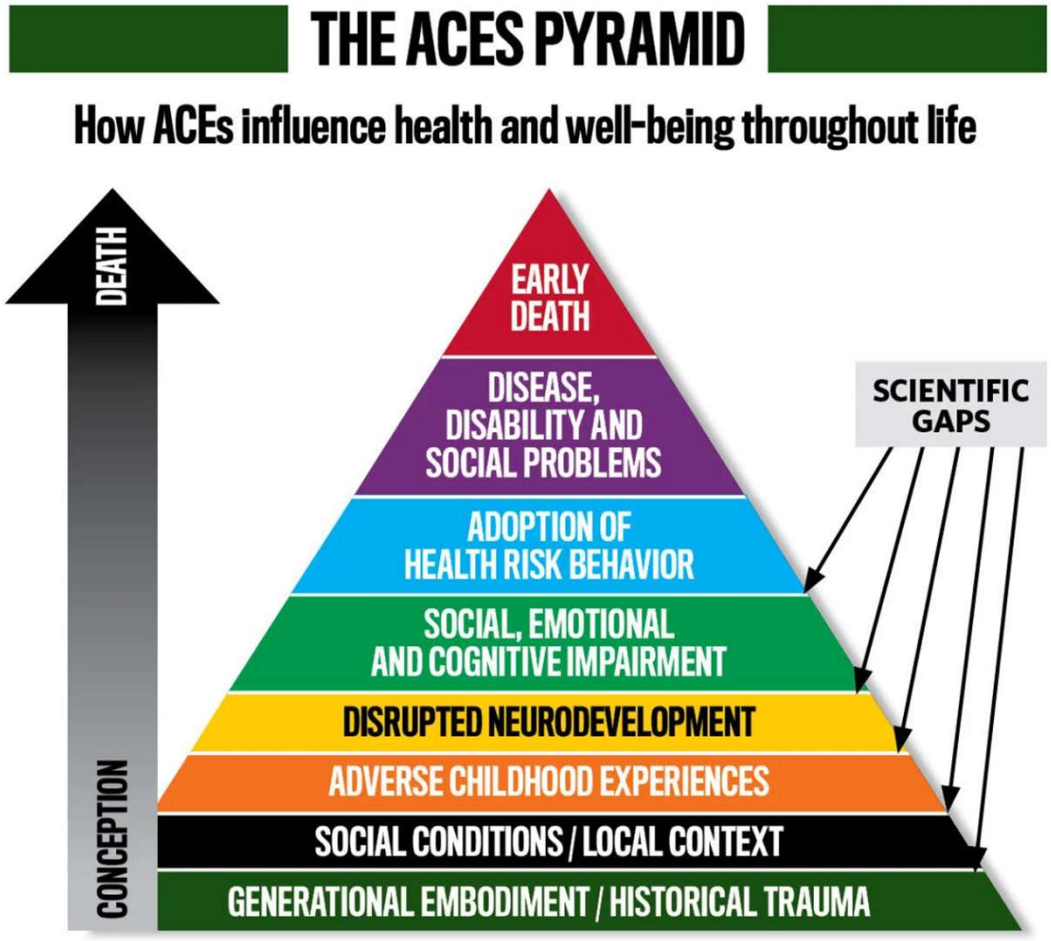
According to Felitti et al. (1998), as the number of traumatic childhood events increases, so does the risk for serious health problems in adulthood. In addition, adults who experienced trauma as children are:

- 15 times more likely to attempt suicide
- 4 times more likely to become an alcoholic
- 4 times more likely to develop a sexually transmitted disease
- 4 times more likely to inject drugs
- 3 times more likely to use antidepressant medication
- 3 times more likely to be absent from work
- 3 times more likely to experience depression
- 3 times more likely to have serious job problems
- 2.5 times more likely to smoke
- 2 times more likely to develop chronic obstructive pulmonary disease
- 2 times more likely to have a serious financial problem

Relationship Between TIC + Case Management

- Preliminary data suggests there was on average 20 million enrolled college students in the United States during Spring 2022
  - Education Data Initiative Organization (2023)

- 67% of the US population has at least 1 ACE
  - Harvard Health



Pyramid Image: Center for Disease Control & Prevention (2022)

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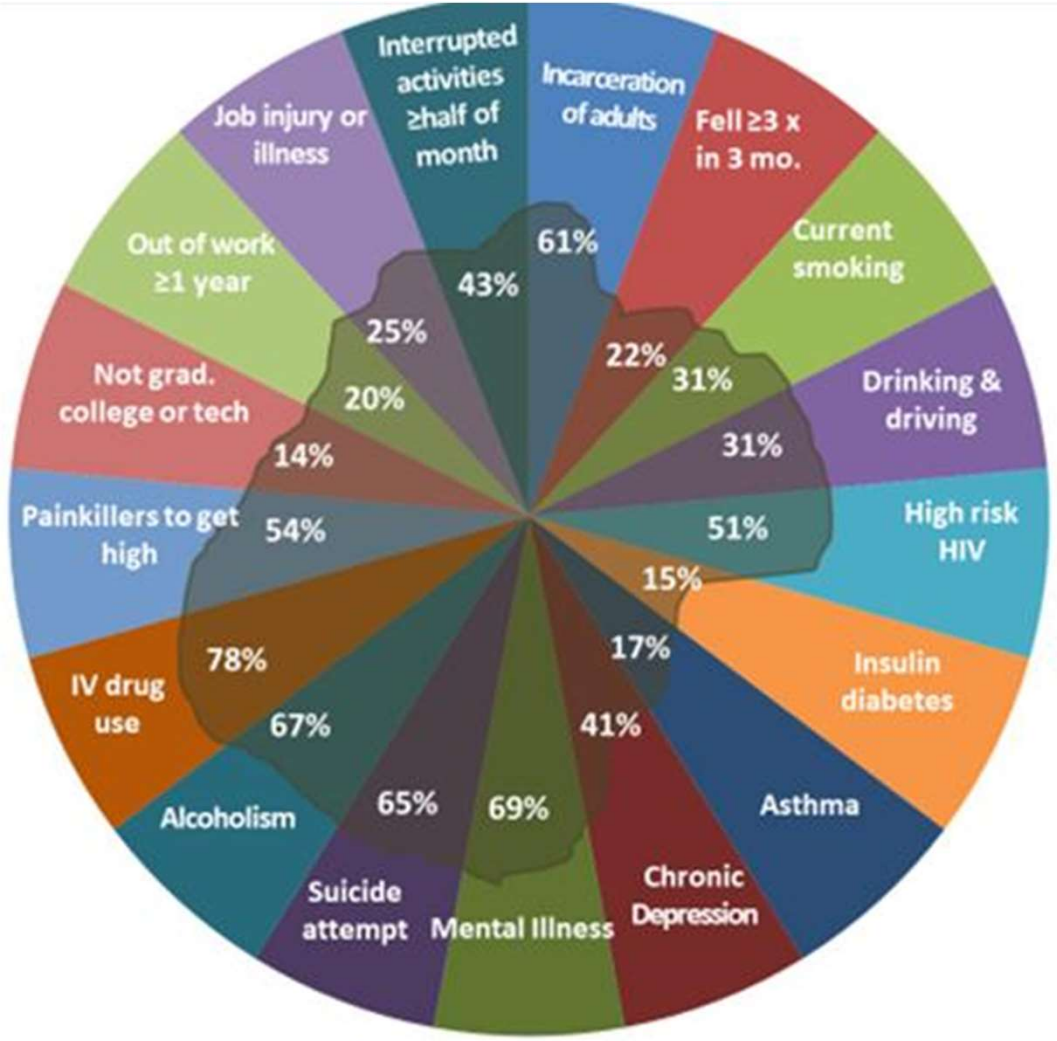
Relationship Between TIC + Case Management

The "Population Attributable Risk" of ACEs is very high, indicating that many health challenges are directly impacted by ACEs. For example, 78% of IV drug use can be attributed to higher levels of ACEs as well as 67% of risk factors for alcoholism, 65% of the risk for suicide and so on. The chart at left indicates risk levels attributable to ACEs. By addressing ACEs we reduce the overall risk for each of these issues improving overall health outcomes in many areas of health.

-PineTree Institute (2022)



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Applied to Staff

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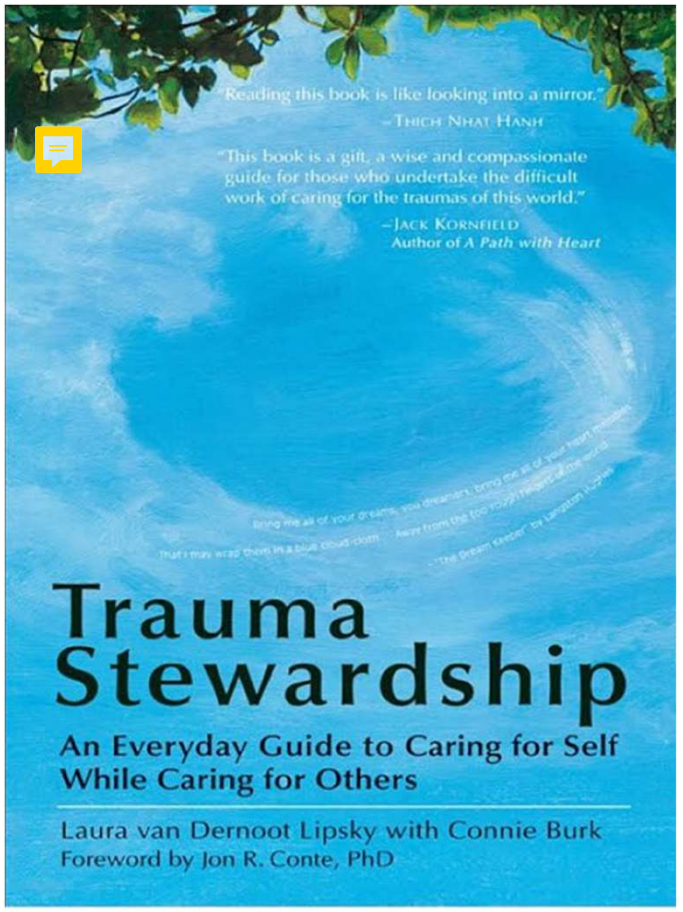
16 Warning Signs of Trauma Exposure Response

1. Feeling helpless & hopeless
2. Sense that one can never do enough
3. Hypervigilance
4. Diminished creativity
5. Inability to embrace complexity
6. Minimizing
7. Chronic exhaustion/physical ailments
8. Inability to listen/deliberate avoidance



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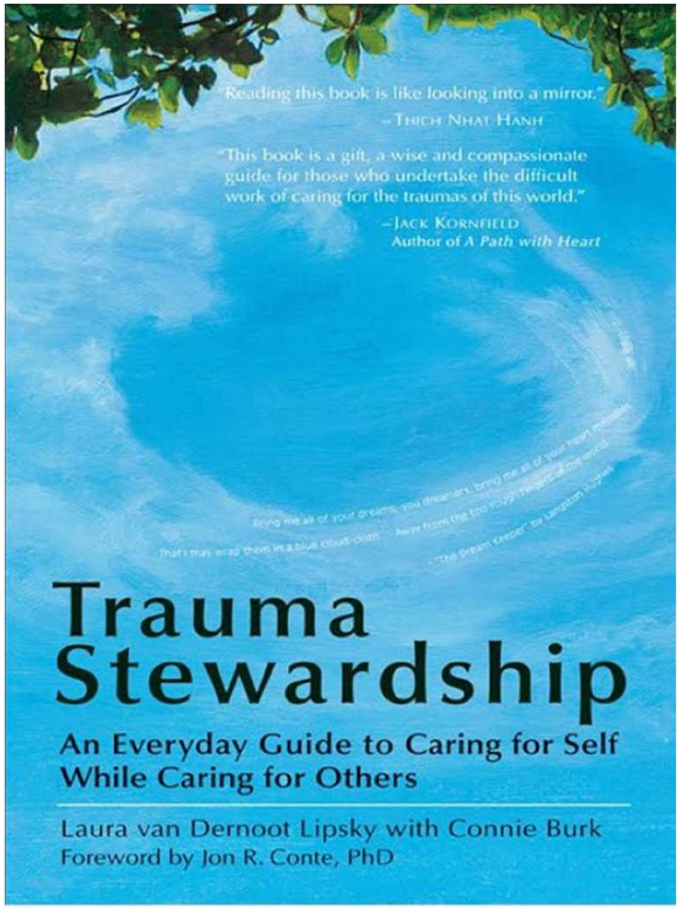
16 Warning Signs of Trauma Exposure Response

9. Dissociative moments
10. Sense of persecution
11. Guilt
12. Fear
13. Anger and cynicism
14. Inability to empathize/numbing
15. Addictions
16. Grandiosity: An inflated sense of importance related to one's work



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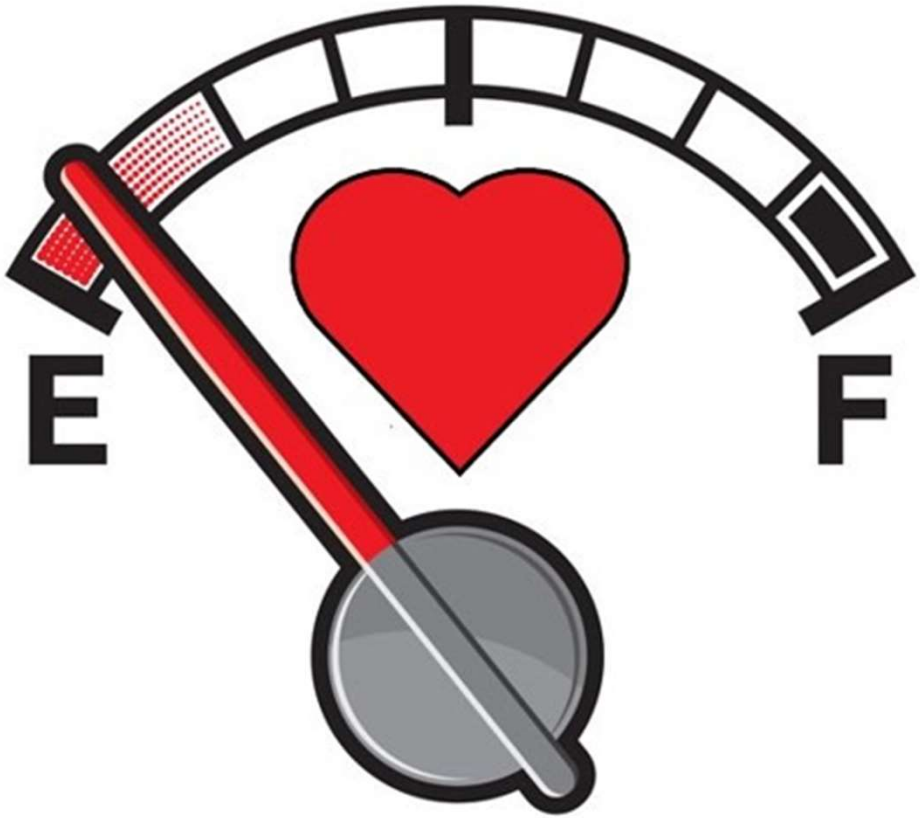
Compassion Fatigue

- Remind
- Recognize
- Recharge



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Break
Time!

What do you think of when you hear "Dean of Students"?

Center yourself in the perspective of an incoming first-year student and family

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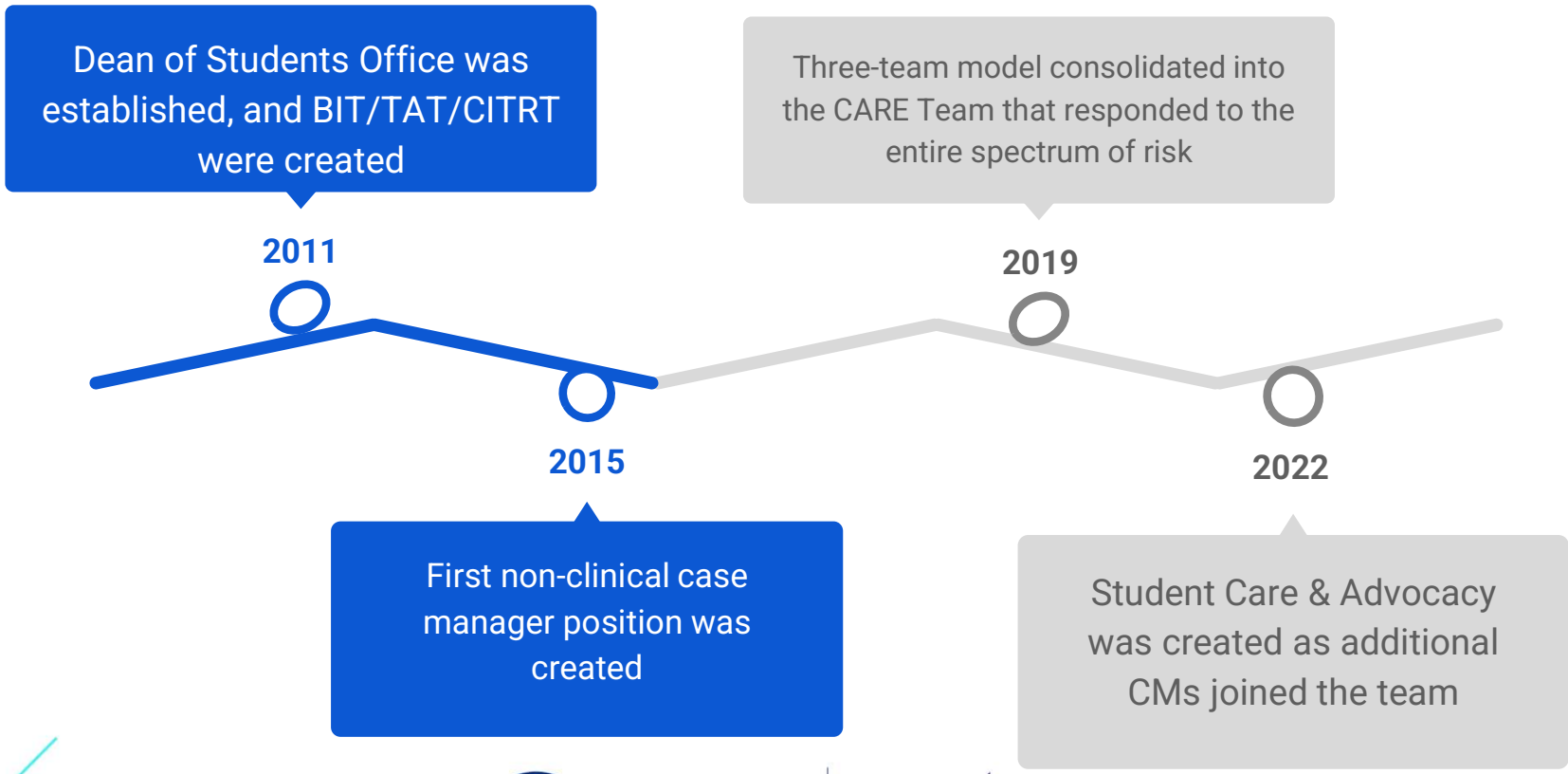
History of DOSO



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Issues/Barriers

- Negative Connotations of “Case Management”
- Inaccurate perceptions held by campus partners
- Trainings & outreach focused on high-risk behaviors
- Uninviting and overly administrative space
- Inconsistent or missing protocols and procedures

Trauma-Informed Practices

1. Build awareness and generate buy-in
2. Invest in a trauma-informed workforce (e.g., training)
3. **Create an environment that is safe and welcoming**
4. **Engage students in meaningful ways**
    a. Ask students how they feel, and listen
    b. "What has happened to you" (not, "What's wrong with you")
    c. Involve them in their action planning
5. Identify and address trauma (appropriate resource referral)

(Center for Health Care Strategies, 2019)

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Demystifying ‘Dean of Students’

- Created identity for “Case Management”
- Developed common language for our team and work
- Listening and pulse check tours with campus partners
- Re-evaluated trainings and outreach
- Redesigned physical office space
- Developed protocols and practices

Slide 23

1 Jairad

Katie Noah, 6/8/2023

Student Care & Advocacy

Mission

To promote individual and systemic student success and wellbeing. Informed by the Marianist spirit of care, we support, empower, and advocate for students facing challenges, stressors, and barriers in their academic and personal pursuits.

Vision

A UD community of care engaged in promoting student wellbeing through the use of support resources in their pursuit of academic and personal success and holistic wellbeing.

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Student Care & Advocacy

Core Values

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Ameliorating Negative Connotations

- New Identity
- Separated conduct action from case managers
- “Report” → “Referral”
- Encouraged early referrals (lower-risk behaviors)
- Encouraged self and peer referrals
- Equipped campus partners with language

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Katie Noah, 6/13/2023

Marketing & Branding

Who is Student Care & Advocacy?

We are a team within the Dean of Students Office who work individually with students facing challenges, life stressors, or barriers that impact their academic and personal success, or wellbeing. Informed by the Marianist spirit of care, we support, empower, and advocate for students on their journey back to the path of success and wellness.

How can they help?

Our team can help students in a number of ways:

- Talk with you about your unique situation
- Identify skills to promote your success and wellbeing
- Connection with a UD campus resource
- Connection with a Dayton community resource
- Coordinating support across campus
- Major Life Event notice to your instructors
- Assistance with University processes and procedures

What can I expect at the first meeting?

During your first meeting, you will talk with one of our case managers. We will get to know you, your UD experience, and what situation or challenges you are facing that brought you to our office. Based on our conversation and your unique situation, we will work with you to identify campus and/or community resources that may be able support you and provide assistance as you move forward.

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Dean of Students Office:
Student Care & Advocacy
Gosiger Hall, Room 205
937-229-1212 (main)

Schedule with Meeting Here:

Learn About Campus Resources:

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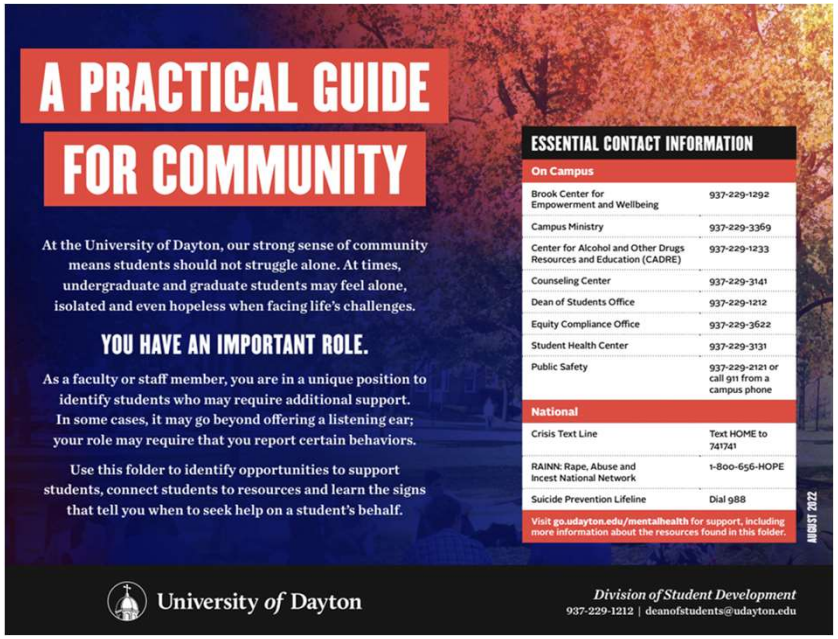
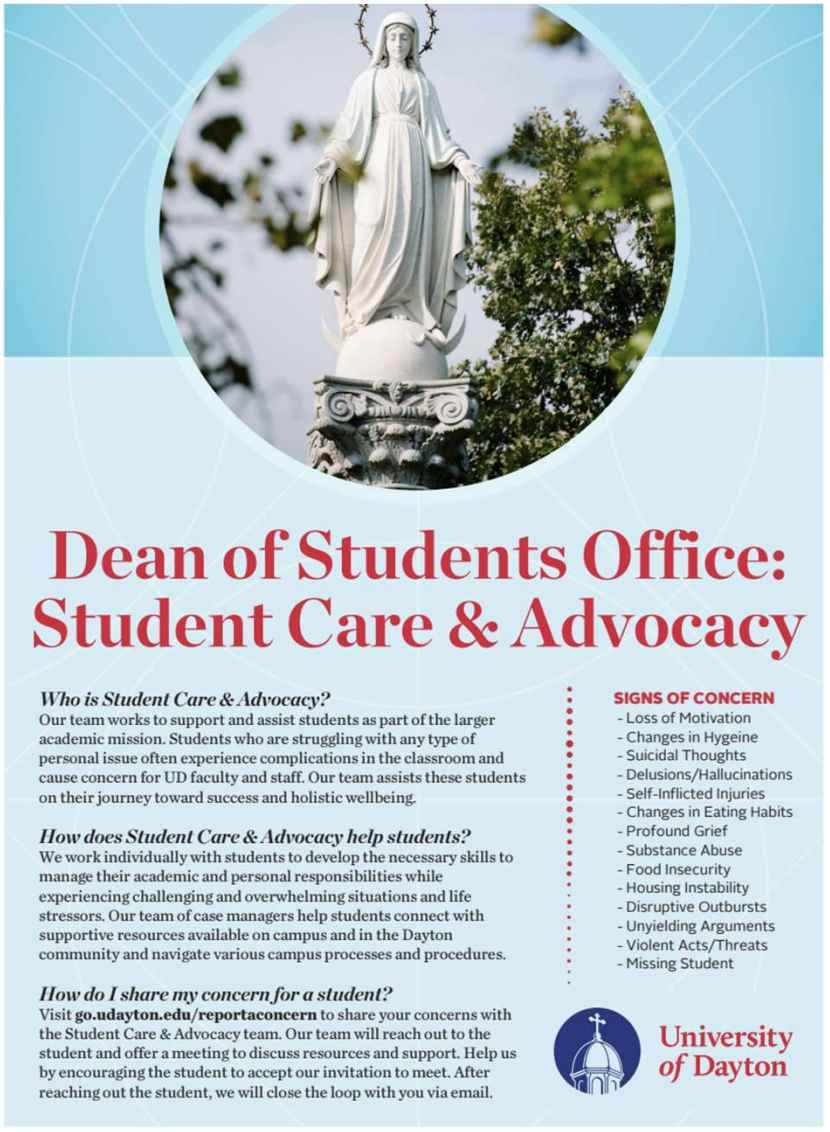
Marketing & Branding





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UD Utilization of TIC
"Student-Friendly" Furniture

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UD Utilization of TIC
“Student-Friendly” Furniture

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UD Utilization of TIC
Physical Space (Chairs without Arms)

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UD Utilization of TIC

Anxiety Management & Distraction Tools

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UD Utilization of TIC

Ice Packs

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UD Utilization of TIC

Snacks and Water

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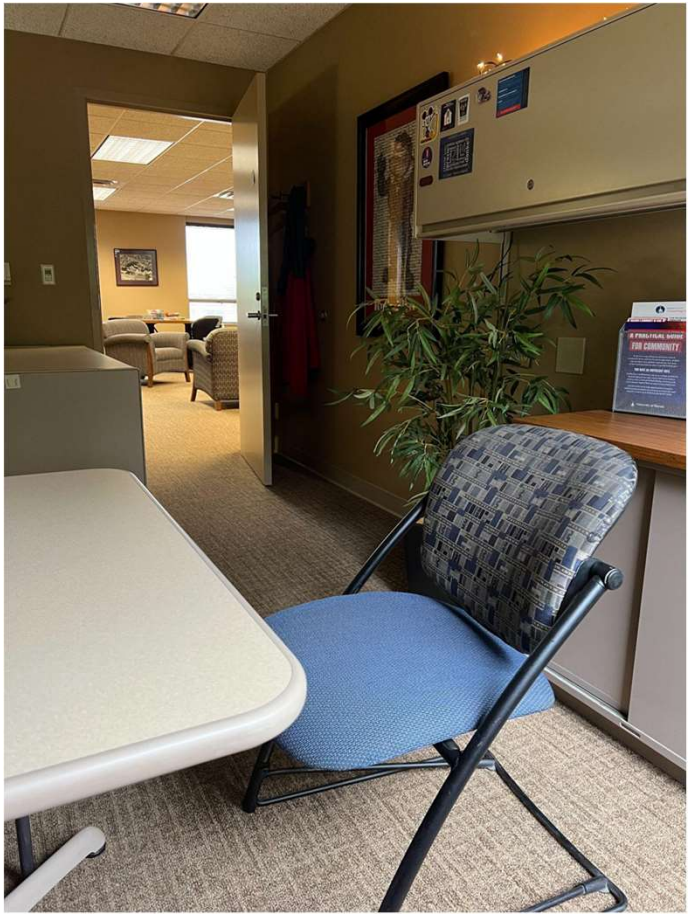
1 Snacks?
Jairad Hydrick, 6/16/2023

4 Maybe the crackers will work?
Katie Noah, 6/16/2023

UD Utilization of TIC

Clear Exit Strategies



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Invite to Visit

- Homework space
- Visit and check-in with us during non-crisis times
- ‘First Stop to Success’

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Katie Noah, 6/13/2023

Trauma Stewardship
Protocol & Procedure Development

Addressing:

- Guilt
- Fear
- Hypervigilance
- Minimizing
- Never doing enough

NaBITA Risk Level	Student Care & Advocacy Outreach Protocol	
	Encouraged vs. Required	Recommended Steps
Mild	ENC 4 attempts over 11 days	Day 1 ➡ Send 1st ENC Letter Day 3 ➡ Phone Call Day 4 ➡ Send 2nd ENC Letter Day 7 ➡ Phone Call Day 11 ➡ General Resource Letter ➡ Close Report
Moderate	ENC 6 attempts over 8 days	Day 1 ➡ Send 1st ENC Letter Day 2 ➡ Phone Call Day 3 ➡ Send 2nd ENC Letter Day 4 ➡ Google Chat Day 5 ➡ Wellness Check Day 6 ➡ Phone Call Day 8 ➡ General Resource Letter ➡ Close Report
	REQ 6 attempts over 6 days	Day 1 ➡ Send 1st REQ Letter Day 2 ➡ Phone Call Day 3 ➡ Wellness Check Day 4 ➡ Google Chat Day 5 ➡ Phone Call Day 6 ➡ Send 2nd REQ Letter
Elevated	ENC 6 attempts over 6 days	Day 1 ➡ Send 1st ENC Letter & Phone Call Day 2 ➡ Google Chat Day 3 ➡ Send 2nd ENC Letter Day 4 ➡ Wellness Check Day 5 ➡ Phone Call Day 6 ➡ General Resource Letter ➡ Close Report
	REQ 6+ attempts over 4 days	Day 1 ➡ Send 1st REQ Letter & Phone Call Day 2 ➡ Phone Call & Wellness Check Day 3 ➡ Google Chat & Phone Call Day 4 ➡ Send 2nd REQ Letter
Critical	REQ	Day 1 ➡ Send 1st REQ Letter & Phone Call & Google Chat Day 2 ➡ Send 2nd REQ Letter & Phone Call & WC
Post-Hospital	REQ	Date Notified of Admission ➡ Send 1st Post-Hospital Letter Date Notified of Discharge ➡ Phone Call & Consider Wellness Check Day After Discharge Notification ➡ Send 2nd Post-Hospital Letter
Missed Appointment	ENC	Date of Missed Meeting (Day 1) ➡ Send Missed Appointment Letter Day 2 ➡ Phone Call Day 4 ➡ Phone Call & General Resource Letter ➡ Close Report
	REQ	Date of Missed Meeting (Day 1) ➡ Phone Call & Send Missed Appt Letter Day 2 ➡ Phone Call & Wellness Check Day 3 ➡ Send ADAI or DOS Intervention Letter & Call Emergency Contact Date of 2nd Missed Meeting ➡ Phone Call & Send Missed Appt Letter Day After 2nd Missed Meeting ➡ Submit IR to CS&C

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Assessing the Efforts

- Utilized the Organizational Reflection Toolkit from the National Center on Domestic Violence, Trauma & Mental Health
  - Checklist to verify your trauma informed organization
    - Series of 9 questions to assess your space/department

Self-Assessment Questions

1. Consideration given to physical and sensory environment
2. Staff members have been trained in TIC
3. Attentive to impact the environment can have on both students and staff
4. Staff members make changes when there is an opportunity that something may be retraumatizing to someone
5. Staff work with students to develop strategies to approach moments of retraumatization
6. Rules are non-punitive and student rights are valued
7. Physical space is quiet, soothing, and accessible
8. Staff are trained on crisis prevention and intervention
9. Staff have materials available on trauma that are educational without being graphically explicit

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Happy Birthday!

Referral Types	2021-2022	2022-2023
Medical Transports Includes physical health and alcohol/drug-related transport to hospital	Not Tracked	343
Crime Victim/Witness Follow-up	5	84
Significant Grief/Loss	Not Tracked	38
Student of Concern Referrals Includes concerns related to mental health concerns (e.g., anxiety, depression, paranoid/delusional thoughts, suicidality, etc.), disordered eating, hostility and threat to others, and disruptive behavior, etc.	181 referrals 164 unique students	628 referrals* 523 unique students**
Total Referrals	**186**	**1,094**

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2 Jairad

Jairad Hydrick, 6/8/2023

Think/Pair/Share

How are you currently practicing TIC at your institution?

What needs to improve to be more trauma informed at your institution?

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3 Jairad

Jairad Hydrick, 6/8/2023

Questions & Answers

Katie Noah (knoah1@udayton.edu)
Jairad Hydrick (jhydrick1@udayton.edu)

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6 Combined

Katie Noah, 6/8/2023