The background is a dark blue gradient with abstract white and light blue geometric patterns. On the left side, there is a large circular scale with degree markings from 140 to 260. Several concentric circles and dashed lines with arrows are scattered across the image, creating a sense of motion and complexity.

WORKING WITH DIVERSE STUDENTS: A TRAUMA- INFORMED APPROACH

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LEARNING OBJECTIVES

01

DESCRIBE THE CORE
PRINCIPLES OF
TRAUMA-INFORMED
MENTORSHIP

02

RECOGNIZE AND
CONTRAST THE
BENEFITS AND
CHALLENGES OF
UTILIZING A TRAUMA-
INFORMED APPROACH

03

IDENTIFY THREE
EVIDENCED-BASED
STRATEGIES FOR
INTEGRATING TRAUMA-
INFORMED PRACTICES
WITH YOUR TRAINEES

VCU CAMPUS CLIMATE SURVEY OF GRADUATE STUDENTS

- 37% have been victimized by broad sexual assault
- 28% by intimate partner violence
- 26% by stalking
- 31% by sexual harassment
- 65% experienced one or more adverse childhood events such as child abuse, sexual assault, or household dysfunction due to drugs or alcohol
- 2% of VCU graduate students reported victimization experiences *while at VCU* that meet the legal definition of sex trafficking

CORE PRINCIPLES OF BEING TRAUMA-INFORMED

Safety

Trustworthiness
+ Transparency

Collaboration


Peer Support

Empowerment
+ Choice

Humility +
Responsiveness

The background of the slide is a composite image. It features a small, vibrant green seedling with several leaves growing out of a deep crack in a blue, textured surface that resembles parched earth. To the left of the seedling, there is a large, semi-transparent purple circular gauge or dial. This gauge has white tick marks and numbers ranging from 140 to 260. Several white circular lines and arrows are also visible, suggesting a sense of rotation or progress. The overall color palette is dominated by purples, blues, and greens, creating a contemplative and hopeful atmosphere.

BENEFITS AND CHALLENGES OF UTILIZING A TRAUMA-INFORMED APPROACH



“Trauma Informed Care (TIC) is an organizational model that presumes that everyone (from staff to clients) has experienced trauma (Fallot & Harris, 2008).”



“A trauma-informed organization understands the impact of trauma on staff and clients and is responsive to their respective needs by imbedding this knowledge within the organization’s policies, procedures, and practices (SAMHSA, 2014).”

Trauma-Informed Lens: Shifting Our Questions

Instead ask:

Eventually,
with
support:



What's wrong
with you?

What happened to you?
How might we help?

How might you use your
story as fuel to make
the world a better place
for yourself and others?

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Safety



Ensuring physical and emotional safety

Common areas are welcoming and privacy is respected

Choice



Individual has choice and control

Individuals are provided a clear and appropriate message about their rights and responsibilities

Collaboration



Making decisions with the individual and sharing power

Principles in Practice

Individuals are provided a significant role in planning and evaluating services

Trustworthiness



Task clarity, consistency, and Interpersonal Boundaries

Respectful and professional boundaries are maintained

Empowerment



Prioritizing empowerment and skill building

Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

PHYSICAL AND EMOTIONAL SAFETY

What does their physical
work environment look
like?

Office space, lab, research
facility, clinical site

Parking and transportation

Where are you asking them
to go in the field? With
whom?

How do you use proxemics
and touch with your
trainees?

How do you communicate
to trainees and in front of
trainees?

How do you respond to
disclosures of emotional
events?

We welcome:

All races

All religions

All countries of origin

All sexual orientations

All genders

All ethnicities

All abilities

We stand with you.

diversity.ucsf.edu/WelcomeAll



TRUSTWORTHINESS + TRANSPARENCY

Is there transparency in your decision-making?

Can decisions be perceived as retribution?

Fairness among members of the team?

Are assigned tasks and expectations clear?

Have you actively built trust?

Do you encourage and respect when trainees set boundaries?

The background of the slide features a dark blue and purple gradient. On the left side, there are several concentric circles and arcs, some with degree markings (e.g., 150, 160, 170, 180, 190, 200, 210, 220, 230, 240, 250, 260). The word "COLLABORATION" is written in white, uppercase letters across the middle of these circular patterns.

COLLABORATION

Shared decision-
making

Power dynamics

PEER SUPPORT

- How do you set the tone for your lab?
- How do you help mentees identify and connect with peers or other mentors?



EMPOWERMENT

How do you build on
trainee strengths?



How do you build self-
efficacy?



How do you use
positive and negative
reinforcements?



How do you contribute
to the collective
efficacy of the trainee
environment?



dr_cae

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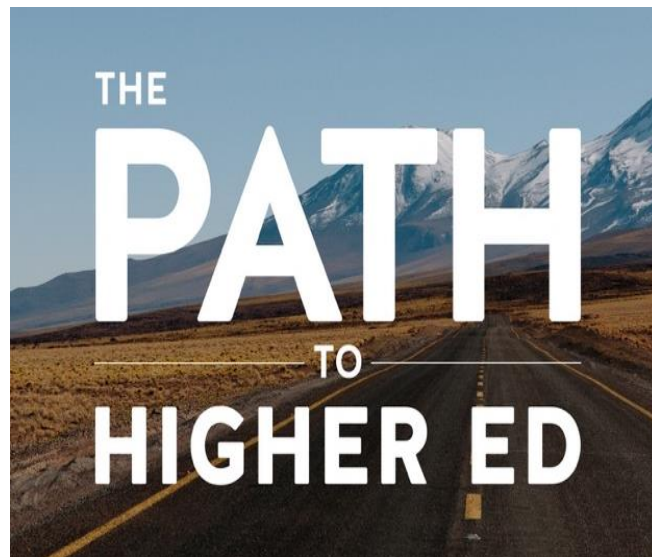
16h

dr_cae I've been asked where the REAL doctor is, asked if I'm front desk staff, told I was too ghetto, asked if I'm sure I want to keep this hairstyle, asked if I was a nurse, but never immediately thought of as the doctor. I stand with my other melanin queens who are changing the stereotype of what a doctor should look like through their tenacity, intelligence, drive and of course their #blackgirlmagic !!!

#thisiswhatactorlookslike
#whatadoctorlookslike #tamikacross
#blackwomenmids
#blackwomeninpsychology
#blackdoctors #blackgirlsdoc
#blackgirlsrock #blackgirlmagic
#melanin #blackgirls #blackisbeautiful
#blackphd #doctors #hospital #motivate
#motivation #educate #education

Log in to like or comment.

...



HUMILITY AND RESPONSIVENESS

- What steps do you take to recognize and address your own biases?
- Are there racial or gender differences in tasks assigned to mentees? In recognition? Authorship?
- Do you recognize cultural differences in coping?
- Are you aware of cultural differences in appropriate ways of interacting?

IDENTIFY THREE
STRATEGIES FOR
INTEGRATING TRAUMA-
INFORMED PRACTICES
WITH YOUR TRAINEES



6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Office of Public Health Preparedness and Response \(OPHPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [OPHPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.