

**Developmental Framework for Trauma-Informed Higher Education Competencies
and Checklist of Best Practices
Berke, DaCunha and Killian, 2021
(Modified from Berke & Plaza, 2021)**

Within the last 25 years, research (e.g., Felitt et al., 1998) has acknowledged the impact of trauma and toxic stress on individuals and organizations and the need for trauma-informed care, including trauma-informed care within higher education since a significant number of college-age students, faculty and staff have experienced some type of trauma in their lives, ranging from family conflict to abuse, neglect, displacement, and violence (Davidson, 2017). People who have been traumatized need support and understanding from those around them to succeed. By implementing trauma-informed practices, institutes of higher education can see advances in student success as well as increased employee productivity and better employee relations.

Trauma-informed practices include knowledge, skills, and attitudes that are typically associated with the trauma-informed continuum. This continuum of becoming trauma-informed begins with becoming trauma aware, moves to trauma sensitive, trauma responsive, and, finally, trauma-informed (see stages outlined below). The stages are not always mutually exclusive and individuals and organizations may be competent in multiple stages simultaneously.

This document first outlines individual and organizational competencies (originally created by Berke & Plaza in 2019 and revised in 2021) tailored to meet the needs of higher education. Managers, supervisors, training administrators and others may use the competencies outlined here to enable faculty and staff to achieve trauma-informed knowledge and skills through training and other methods. Leadership at IHEs can also use this document as a guide to develop a trauma-informed organization.

In addition, there is an accompanying checklist (a modified version of the competencies), which can serve as a benchmarking tool to inform the journey and a glossary with additional resources.

TRAUMA AWARE – *This is the first developmental phase on the journey toward being trauma-informed. Organizational staff and leadership are aware of the prevalence of trauma among those using services as well as the workforce itself. They are able to explain and advocate for trauma-informed care.*

TRAUMA SENSITIVE - *This developmental phase builds on the awareness that trauma-informed care is needed. Once employees and leadership of an organization understand and can speak about the need for trauma-informed care, they move into the trauma sensitive phase where they build knowledge and create readiness for change.*

TRAUMA RESPONSIVE- *In this phase organizations have begun to change their organizational culture to highlight the role of trauma. At all levels of the organization, employees begin re-thinking the routines and infrastructure of the organization and begin integrating trauma-informed principles into behavior and practices.*

TRAUMA-INFORMED - *In this final phase, the employees and organization implement trauma- informed care. Policies and practice support the principles of trauma-informed practice and create a culture and environment that feels safe, empowering, trustworthy, and welcoming. This is an ongoing process of continuous improvement and monitoring for both individual employees as well as the organization itself.*

References

Berke, D., & Plaza, S. (2019, 2021). Developmental Framework for Trauma-Informed Individuals. <https://traumamattersdelaware.org/wp-content/uploads/2021/04/TI-Core-Competencies.pdf?x78254>

Davidson, S. (2017). Trauma-Informed Practices for Postsecondary Education: A Guide. <https://educationnorthwest.org/sites/default/files/resources/trauma-informed-practices-postsecondary-508.pdf>

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V. ... Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258.

TRAUMA AWARE

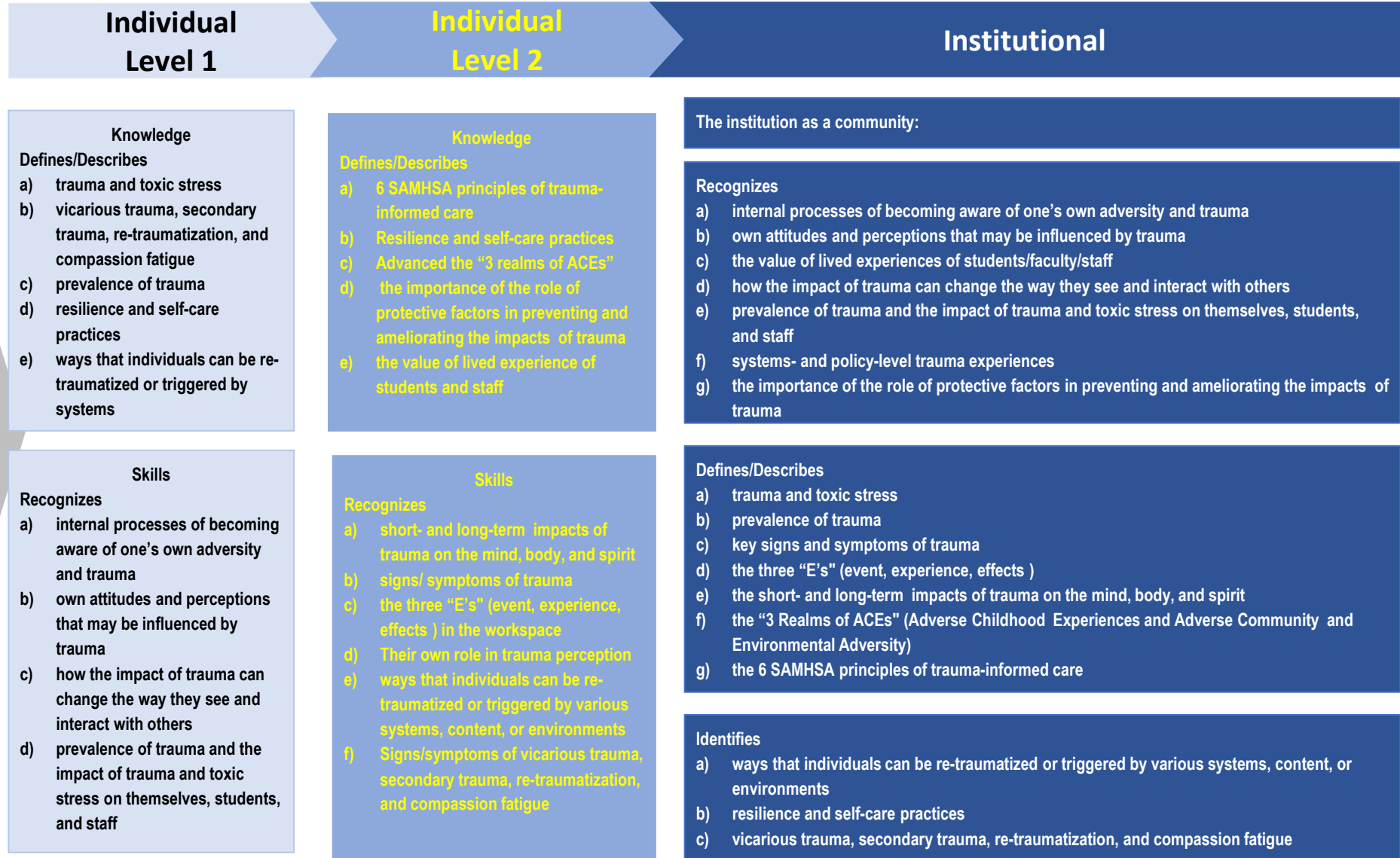
Emphasis in this stage is on building knowledge and beginning to change attitudes

Individuals are trained in the basics of trauma and are familiar with the values and terminology of trauma-informed care.

Leadership, faculty, and staff understand how trauma impacts students and peers.

Individuals are informed about additional trauma resources and encouraged to continue their professional development or other learning

Institutions offer awareness training (including definitions, causes, prevalence, impact, values and terminology of trauma-informed care, etc.)



TRAUMA SENSITIVE

Individual Level 1

Individual Level 2

Institutional

Knowledge

Recognizes:

- a) how protective factors can prevent and ameliorate the impacts of trauma
- b) role of self-care and self-reflection in a trauma-informed approach
- c) importance of engaging peers/ students with compassion, warmth, and sincerity
- d) behaviors, including those that appear to be "problems", as trauma related coping skills of trauma-survivors
- e) impact of historical & cultural trauma
- f) that individuals can be re-traumatized by the systems/services designed to help them
- g) Multi-faceted needs of trauma survivors

Skills

Developing through:

- a) Introduction to trauma-informed language
- b) Building healthy boundaries, including confidentiality
- c) establishing trusting relationships with peers and students
- d) Seeks professional development in TIC

Attitudes

Believes that:

- a) Trauma-informed lens has value and should be prioritized
- b) Healing from trauma is transformative; healing builds strength in the "broken places"
- c) Peers and students are the experts in their own journey
- d) trauma-informed/developmentally sensitive care is vital for anyone involved in the higher ed system

Knowledge

Integrates:

- a) strong emotional connections to safe and non-judgmental people
- b) individual resilience, to prevent and ameliorate the impacts of trauma
- c) self-care and self-reflection in a trauma-informed approach
- d) Techniques for engaging peers/ students with compassion, warmth, and sincerity
- e) interpreting behaviors as trauma-related coping skills needed to protect themselves and survive

Skills

Demonstration through:

- a) Use of trauma-informed language
- b) Maintaining healthy boundaries and confidentiality
- c) Incorporating TIC strategies into meetings, policy work, and other areas of practice
- d) Translating professional development training into practical activities

Attitudes

Models:

- a) trauma-informed lens as trauma champions in attitude and values
- b) key assumptions of trauma-informed care (the 4 R's: realization, recognize, respond, resist re-traumatization)
- c) self-care in a trauma-informed manner
- d) the six SAMHSA principles of trauma-informed care

The institution as a community:

- a) Values and prioritizes the trauma lens and begins to apply it as trauma champions in attitude and practices.
- b) Identifies impact of trauma and Trauma-informed care in the mission statement or other policy documents.
- c) Introduces language throughout the institution that supports safety, voice, choice, collaboration, trustworthiness and empowerment.

The institution promotes the following faculty and staff competencies through professional development, policy changes, and cultural shifts:

Knowledge

Recognizes:

- a) the impact of trauma over the lifespan
- b) the impact of historical and cultural trauma and the interconnection of violence, trauma, & social issues
- c) the complex needs of trauma survivors and maintain healthy boundaries and confidentiality
- d) ways that individuals can be re-traumatized or triggered by the systems and services designed to help them
- e) the attitudes and perceptions of students in a trauma-informed approach
- f) how protective factors can prevent and ameliorate the impacts of trauma
- g) Six SAMHSA principles of trauma-informed care (safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; cultural, historical, and gender issues)
- h) care (the 4 R's: realization, recognize, respond, resist re-traumatization)

Skills

Demonstrates:

- a) ability to establish trusting relationships with peers and students and to engage peers/students with empathy, warmth, and sincerity
- b) ability to interpret trauma related coping skills individuals need to protect themselves and survive
- c) Ability to examine personal beliefs about and experiences of trauma and childhood adversity
- d) Trauma-sensitivity by seeking professional development opportunities for trauma-informed approach in higher education

Attitudes

Believes:

- a) Trauma-informed lens has value and should be prioritized
- b) Healing from trauma is transformative; healing builds strength in the "broken places"
- c) Peers and students are the experts in their own journey
- d) trauma-informed/developmentally sensitive care is vital for anyone involved in the higher ed system

Emphasis in this stage is continued knowledge building and creating readiness for change

Individuals begin to see those with whom they interact through a trauma lens

Institutions promote training and professional development for all employees

Individuals prepare for change and, through reflection, determine internal readiness for change.

The institution conducts assessments to identify existing strengths, resources barriers to change, and practices that are consistent or inconsistent with trauma informed care.

TRAUMA RESPONSIVE

Individual Level 1

Knowledge

Recognizes:

- the impact of trauma over the lifespan
- how protective factors can prevent and ameliorate the impacts of trauma
- key assumptions of trauma-informed care
- that most people have experienced trauma and that services need to include a trauma informed approach
- the value of a trauma champion

Skills

Developing through:

- continued pursuit of professional development in TIC
- integration of trauma resources into all practice environments
- creating a safe, welcoming, & supportive environment
- respectful and inclusive communication and collaborations
- maintaining healthy boundaries

Attitudes

Believes that:

- Trauma-informed lens has value and should be prioritized
- Healing from trauma is transformative
- Peers and students are the experts in their own journey
- trauma-informed/developmentally sensitive care is vital for anyone involved in the higher ed system
- active engagement of self-care and self-reflective activities for self and others are essential for success

Individual Level 2

Knowledge

Integrates:

- an understanding that behaviors often reflect trauma related coping skills needed for self-protection**
- strategies that acknowledge ways that individuals can be re-traumatized or triggered by the systems and services designed to help them**
- the complex needs of trauma survivors into practices and policies**

Skills

Demonstration through:

- fluency of trauma-informed language**
- Incorporating TIC strategies into meetings, policy work, and other areas of practice**
- Translating professional development training into practical activities**
- Examination of personal beliefs about and experiences of trauma and childhood adversity**

Attitudes

Models:

- trauma-informed lens as trauma champions in attitude and values**
- key assumptions of trauma-informed care**
- the six SAMHSA principles of trauma-informed care**
- the belief that peers/students are the experts in their own journey**
- self-care in a trauma-informed manner**

Institutional

The institution as a community:

- Values and prioritizes the trauma lens and continues to promote it as trauma champions in attitude and practices.
- Incorporates Trauma-informed language in the mission statement or other policy documents.
- Creates a ready response for crisis management that reflects trauma informed values
- The Institutional structure has been modified to incorporate:
 - Environmental review
 - Operational and personnel policies and procedures review
 - Self-help and peer advocacy throughout the culture of the institution

The institution promotes the following faculty and staff competencies through professional development, policy changes, and cultural shifts:

Knowledge

Integrates:

- an understanding that behaviors often reflect trauma related coping skills individuals need for self-protection
- strategies that acknowledge ways that individuals can be re-traumatized or triggered by the systems and services designed to help them
- the complex needs of trauma survivors into practices and policies

Skills

Demonstrates:

- ability to sometimes/occasionally interpret behaviors, including those that appear to be "problems" or symptoms, as trauma related coping skills individuals need to protect themselves and survive
- ability to communicate and collaborate with all individuals in a respectful, inclusive manner
- ability to maintain healthy boundaries and confidentiality
- ability to adequately integrate trauma resources into all practice environments

Attitudes

Models:

- trauma-informed lens as trauma champions in attitude and values
- key assumptions of trauma-informed care
- the six SAMHSA principles of trauma-informed care
- the belief that peers/students are the experts in their own journey
- self-care in a trauma-informed manner
- the understanding that healing from trauma is transformative and that healing builds strength in the "broken places"

Emphasis in this stage is continued knowledge building and promoting cultural shift towards trauma-informed care.

The individual begins to integrate trauma-informed principles into behavior and practices

Individual behavior & practices shift to include:

- assessing own trauma and impact on trauma
- prioritizing self-care
- modeling or seeking supportive supervision
- continuous professional development

The institution begins to create a ready response for crisis management that reflects trauma informed values

TRAUMA INFORMED

Emphasis in this stage is on continuous improvement and monitoring of trauma-informed knowledge, skills, and attitudes throughout personal and professional endeavors

The institution has fomented a cultural shift towards a trauma-informed approach to education

The individual revised attitudes & practices to incorporate a trauma-informed approach.

The individual has become an advocate and champion of trauma-informed decision-making at all levels.

The institution continuously measures internal levels of trauma-informed care and identifies areas for improvement.

The institution adopts evidence-informed trauma-informed practices, policies, and attitudes

Individual Level 1

Knowledge

Recognizes:

- a) trauma-informed care, including the key elements of a trauma-informed system
- b) the importance of ongoing professional development based on evidence-informed practices
- c) the value of a trauma-informed framework

Skills

Developing through:

- a) active participation in organizational inclusion of a trauma-informed approach
- b) Critical evaluation and application of current science on trauma-informed care
- c) trauma-informed collaborative relationships
- d) Educating others about risk associated with ACEs
- e) assisting others to develop tools/strategies that promote resilience

Attitudes

Believes that:

- a) trauma-informed/developmentally sensitive care is vital for anyone involved in the higher ed system
- b) active engagement of self-care and self-reflective activities for self and others are essential for success
- c) recovery from trauma is possible for all

Individual Level 2

Knowledge

Integrates:

- a) safety for self-disclosure
- b) practices of self-care in an intentional, consistent manner
- c) strategies to diminish re-traumatization
- d) supportive partnership in order to facilitate the process of recovery from trauma and childhood adversity

Skills

Demonstration through:

- a) Effectively communicating scientific knowledge about trauma to a broad range of audiences
- b) Easily identifies relevant resources for trauma trauma-informed services and facilitates referrals to trauma-informed and trauma specific services
- c) Educating and supporting peers about the need to recognize and address their risk of secondary/vicarious trauma
- d) Employment of strengths-based approaches, maximizing safety and opportunities for individual choice/control

Attitudes

Models:

- a) 6 SAMHSA principles by integrating into practices
- b) the trauma-informed approach by providing expertise as a trainer/mentor to promote and support changes to policies & practices
- c) informed choice as central to trauma recovery through transparency and trust

Institutional

The institution as a community:

- a) endorses trauma-informed care, including the key elements of a trauma-informed system and incorporating evidence-based practices throughout the institution
- b) facilitates trauma-informed collaborative relationships and promotes trauma champions who continuously provide expertise as trainers, mentors, coaches, consultants, and role models to further change policies, practices, and student/staff development
- c) supports the role of faculty and staff self-disclosure in trauma-informed settings
- d) Fosters informed choice as central to trauma recovery and employs strengths-based approaches, maximizing opportunities for individual choice, control, and safety for all

The institution promotes the following faculty and staff competencies through professional development, policy changes, and cultural shifts:

Knowledge

Integrates:

- a) safety for self-disclosure
- b) practices of self-care in an intentional, consistent manner
- c) strategies to diminish re-traumatization
- d) supportive partnership in order to facilitate the process of recovery from trauma and childhood adversity

Skills

Demonstrates through:

- a) Effectively communicating scientific knowledge about trauma to a broad range of audiences,
- b) Easily identifies relevant resources for trauma-informed services and facilitates referrals to trauma-informed and trauma specific services
- c) Educating and supporting peers about the need to recognize and address their risk of secondary/vicarious trauma
- d) Employment of strengths-based approaches, maximizing safety for all and opportunities for individual choice and control

Attitudes

Models:

- a) 6 SAMHSA principles by integrating into practices
- b) the trauma-informed approach by providing expertise as a trainer/mentor to promote and support changes to policies & practices
- c) informed choice as central to trauma recovery through transparency and trust

Checklist for Trauma-Informed Best Practices

Trauma-Aware – Stage 1

Faculty/Staff

Recognize:

- ☐ one's own adversity and trauma
- ☐ their own attitudes and perceptions that may be influenced by trauma
- ☐ that trauma can change the way they see and interact with others
- ☐ the role of protective factors in preventing/ameliorating impacts of trauma

Define/describe:

- ☐ trauma and toxic stress
- ☐ the key signs and symptoms of trauma
- ☐ the short/long-term impacts of trauma on the mind, body, and spirit

Identify:

- ☐ resilience and self-care practices
- ☐ vicarious trauma, secondary trauma, re-traumatization, & compassion fatigue

Institution

Recognize:

- ☐ systems- and policy-level trauma experiences
- ☐ the value of lived experiences of students/faculty/staff
- ☐ the prevalence of trauma and the impact of trauma and toxic stress on students, staff, and institution

Define/describe:

- ☐ the 3 Realms of ACEs (Adverse Childhood Experiences, Adverse Community and Environmental Adversity)
- ☐ the 6 SAMHSA principles of trauma-informed care
- ☐ the three "E's" (event, experience, effects)

Identify:

- ☐ ways that individuals can be re-traumatized or triggered by various systems, content, or environments

Checklist for Trauma-Informed Best Practices

Trauma-Sensitive – Stage 2

Faculty/Staff

Recognize:

- ☐ the impact of historical/cultural trauma
- ☐ healthy boundaries and confidentiality
- ☐ ways that individuals can be re-traumatized by the systems designed to help them
- ☐ protective factors to prevent/ameliorate the impacts of trauma
- ☐ the six SAMHSA principles and 4 Rs of trauma-informed

Demonstrate:

- ☐ empathy, warmth, and sincerity to establish trusting relationships with peers/students
- ☐ the ability to interpret trauma-related coping skills individuals need for self-protection
- ☐ trauma-sensitivity by seeking TIC professional development opportunities

Believe:

- ☐ the trauma-informed lens has value and should be prioritized in the higher ed system
- ☐ healing from trauma is transformative; healing builds strength in the “broken places”
- ☐ peers and students are the experts in their own journey

Institution

The institution as a community:

- ☐ values and prioritizes the trauma lens and begins to apply it as trauma champions in attitude and practices
- ☐ identifies the impact of trauma and Trauma-Informed Care in the mission statement or other policy documents
- ☐ introduces language throughout the institution that supports safety, voice, choice, collaboration, trustworthiness, and empowerment

Checklist for Trauma-Informed Best Practices

Trauma-Responsive – Stage 3

Faculty/Staff

Integrate:

- ☐ an understanding that behaviors often reflect trauma-related coping skills individuals need for self-protection
- ☐ strategies that acknowledge ways that individuals can be re-traumatized by the systems designed to help them
- ☐ the complex needs of trauma survivors into practices and policies

Demonstrate:

- ☐ an ability to sometimes/occasionally to interpret trauma-related coping skills individuals need for self-protection
- ☐ respectful, inclusive communication and collaboration with all individuals
- ☐ healthy boundaries and confidentiality
- ☐ fusion of trauma resources into all practice environments

Model:

- ☐ a trauma-informed lens as trauma champions in attitude and values
- ☐ the key assumptions of trauma-informed care
- ☐ the six SAMHSA principles of trauma-informed care
- ☐ self-care in a trauma-informed manner

Institution

The institution as a community:

- ☐ values and prioritizes the trauma lens and continues to promote it as trauma champions in attitude and practices
- ☐ incorporates Trauma-informed language in the mission statement or other policy documents
- ☐ creates a ready response for crisis management that reflects trauma informed values

The Institutional structure has been modified to incorporate:

- ☐ environmental review
- ☐ operational and personnel policies and procedures review
- ☐ self-help and peer advocacy throughout the culture of the institution

Checklist for Trauma-Informed Best Practices

Trauma-Informed – Stage 4

Faculty/Staff

Integrate:

- ☐ safety for self-disclosure
- ☐ practices of self-care in an intentional, consistent manner
- ☐ strategies to diminish re-traumatization
- ☐ supportive partnership development to facilitate ACE trauma recovery

Demonstrate:

- ☐ effective communication of scientific knowledge about trauma to diverse audiences
- ☐ Identification of relevant resources for trauma-informed services
- ☐ facilitating referrals to trauma-informed and trauma-specific services
- ☐ peers education/support to address risk of secondary/vicarious trauma
- ☐ strengths-based approaches to maximize safety throughout the institution

Model:

- ☐ the 6 SAMHSA principles by putting into practice
- ☐ the trauma-informed approach by providing expertise as a trainer/mentor to promote and support changes to policies & practices
- ☐ informed choice as central to trauma recovery through transparency and trust

Institution

The institution as a community:

- ☐ incorporates evidence-based TIC practices throughout the institution
- ☐ facilitates trauma-informed collaborative relationships
- ☐ endorses trauma champions as trainers/mentors and role models to further change policies, practices, and attitudes
- ☐ supports the role of faculty and staff self-disclosure in trauma-informed settings
- ☐ fosters strengths-based approaches, maximizing opportunities for individual choice, control, and safety for all

Additional Learning Links for Trauma-Informed Concepts and Constructs

Coping and Self-Help - https://www.ptsd.va.gov/gethelp/selfhelp_coping.asp

Protective Factors - <20190718-samhsa-risk-protective-factors.pdf>

Resilience - <https://www.apa.org/topics/resilience>

Risk factors - <20190718-samhsa-risk-protective-factors.pdf>

Secondary Traumatic Stress - <https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress>

Self-Care - <https://www.everydayhealth.com/self-care/>

The Three E's of Trauma – “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” (SAMHSA, 2014, p. 7, https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf)

The Three Realms of ACEs - <https://www.pacesconnection.com/g/resource-center/blog/3-realms-of-aces-handout>

The Four Key Assumptions of a Trauma-Informed Approach – “A program, organization, or system that is trauma informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; **responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively **resist** re-traumatization” (SAMHSA, 2014, p. 9, https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf).

The Six Guiding Principles for Trauma-Informed Care – 1. Safety, 2. Trustworthiness & transparency, 3. Peer support, 4. Collaboration & mutuality, 5. Empowerment & choice, 6. Cultural, historical & gender issues (CDC, 2020, https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm)

Toxic Stress - <https://developingchild.harvard.edu/guide/a-guide-to-toxic-stress/>

Trauma – “Trauma is not an event itself, but the body's protective response to an event or series of events that is experienced as harmful or life-threatening. It can have lasting emotional and physical effects on an individual. Importantly, trauma is not experienced the same by everyone - a traumatic event for one individual may or may not prompt a trauma response in another, even if the experiences seem similar. Each individual's response is unique and independent of those around them” (University of California, Irvine, n.d., <https://dtei.uci.edu/trauma-informed-pedagogy/>).

Vicarious Trauma and Compassion Fatigue - <https://www.tendacademy.ca/what-is-compassion-fatigue/>

Tips and Tools for Trauma-Informed Practice in Higher Education

Trauma-Informed Pedagogy – a trauma-informed teaching philosophy that includes practical tips for when students disclose trauma, how to facilitate potentially trauma-triggering discussions, and methods of grounding students and staff (University of California, Irvine, n.d., <https://dtei.uci.edu/trauma-informed-pedagogy/>).

Trauma-Aware Teaching Checklist - <https://bit.ly/traumachecklist>

Trauma-Informed Practices for Postsecondary Education: A Guide - <https://educationnorthwest.org/sites/default/files/resources/trauma-informed-practices-postsecondary-508.pdf>

Trauma-Informed Teaching and Learning Blog - <https://traumainformedteaching.blog/>