

Trauma-Informed Care and Pedagogy in Athletic Training and Education

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Taylor Arman, MSEd, LAT, ATC
Kendall Selsky, DHSc, LAT, ATC, CSCS
Tammy Wynard, MS



Conflict of Interest/Disclosures

- No disclosures or conflicts to report
- The views expressed in these slides and today's discussion are ours
- Our views may not be the same as the views of our company or colleagues
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Learning Objectives and Format

- After today's presentation, you will be able to:
 - Summarize foundational concepts of trauma and trauma-informed care (TIC) in athletic training and athletic training education
 - Analyze appropriate peer-reviewed sources of information for future learning about trauma and adversity related to healthcare.
 - Determine their implementation intentions of TIC practices into their AT clinical and curriculum plans.
- Format
 - Content, case study, discussion

Sport and Psychological Safety

A potential source of Trauma or Retraumatization

Psychological Safety in the Team Environment



Low Levels

- Characterized by fear
- Conformity expected
- Accentuated power differential
- Unpredictable behavior
- Authoritarian approach
- Subordinates strive to please the leader

High Levels

- High trust and respect
- Appreciation for input
- Allows experimentation
- Collaborative approach
- Members explore their highest potential

The Unique Role of the Athletic Trainer

<https://www.msn.com/en-us/sports/nfl/micd-up-video-showed-what-patrick-mahomes-told-the-chiefs-after-hurting-his-ankle-in-the-super-bowl/ar-AA17uwr5?ocid=wispr&li=BBnb7Kz>



“Since the mid-1990s....there has been a call for service systems to implement Trauma-Informed Care, including educational, human services, health care, child welfare, law enforcement, and adults and juvenile corrections systems.”

(Burch, Naser, & Overstreet, 2010; Jennings, 2007; Ko et al., 2008; Women and Trauma Federal Partners Committee & United States of America, 2013) as referenced in: Baker, C.N., Brown, S.M., Wilcox, P.D., Overstreet, S., & Arora, P. (2016). Development and psychometric evaluation of the attitudes related to trauma-informed care (ARTIC) scale. *School Mental Health*, 8(1), 61–76.

3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.



PACes Connection thanks Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit PACesConnection.com to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.

Examples of Trauma Events

Medical/Illness
Serious accident
Loss of a loved
one
Housing
insecurity
Food instability
Moving
Natural Disaster
Assault
School shooting

Gang related event
Terrorist attack
Emotional abuse
Neglect
Sexual abuse
Physical abuse
Systems effect of
SOD
Difficulty
pregnancy/birth
Adoption

A parent denying reality
Having a parent who lives vicariously
through child
Being told directly/indirectly you can't or
shouldn't experience certain emotions
Having a parent who cannot regulate
emotions
Not being seen/heard
Parents focusing on high achieving
Being humiliated
Being left alone often
Being picked up late all the time
Taking care of siblings

Physical
Abuse

Sexual
Abuse

Emotional
Abuse

Neglect

Areas of Relational Maltreatment in Sport

 **frontiers**
in Sports and Active Living

[Front Sports Act Living](#), 2022; 4: 1017308.

Published online 2022 Nov 3.

doi: [10.3389/fspor.2022.1017308](https://doi.org/10.3389/fspor.2022.1017308)

PMCID: PMC9669431

PMID: [36406770](https://pubmed.ncbi.nlm.nih.gov/36406770/)

A conceptual analysis of maltreatment in sports: A sport
social work perspective

[Courtney Gattis](#)¹ and [Matt Moore](#)^{1,2,*}

Non-Accidental Violence in Sport

- Organizational Norms and Power Imbalance leads to tolerance for abuse
- Conformance to dominant values enabled emotional/psychological, physical, and sexual abuse of athletes.
- Isolation facilitated sexual abuse



Organisational factors and non-accidental violence in sport: A systematic review



Victoria Roberts^{a,*}, Victor Sojo^b, Felix Grant^a

^aDepartment of Management and Marketing, Faculty of Business and Economics, The University of Melbourne, Carlton, VIC, Australia

^bCentre for Workplace Leadership, Department of Management and Marketing, Faculty of Business and Economics, The University of Melbourne, Carlton, VIC, Australia

Neurobiology

- Attachment
- Emotional Regulation
- Survival



Photo by [Kelly Sikkema](#) on [Unsplash](#)

Importance of Caregiver-Child Interactions

- “The first three years of life are critical in forming neural connections as one million are created every second during early childhood.”
- “Increasing adult caregiver and infant or toddler language engagement is essential as 25% of kindergartners arrive in the classroom without the academic, social, emotional, and regulation skills they need to thrive at school.”



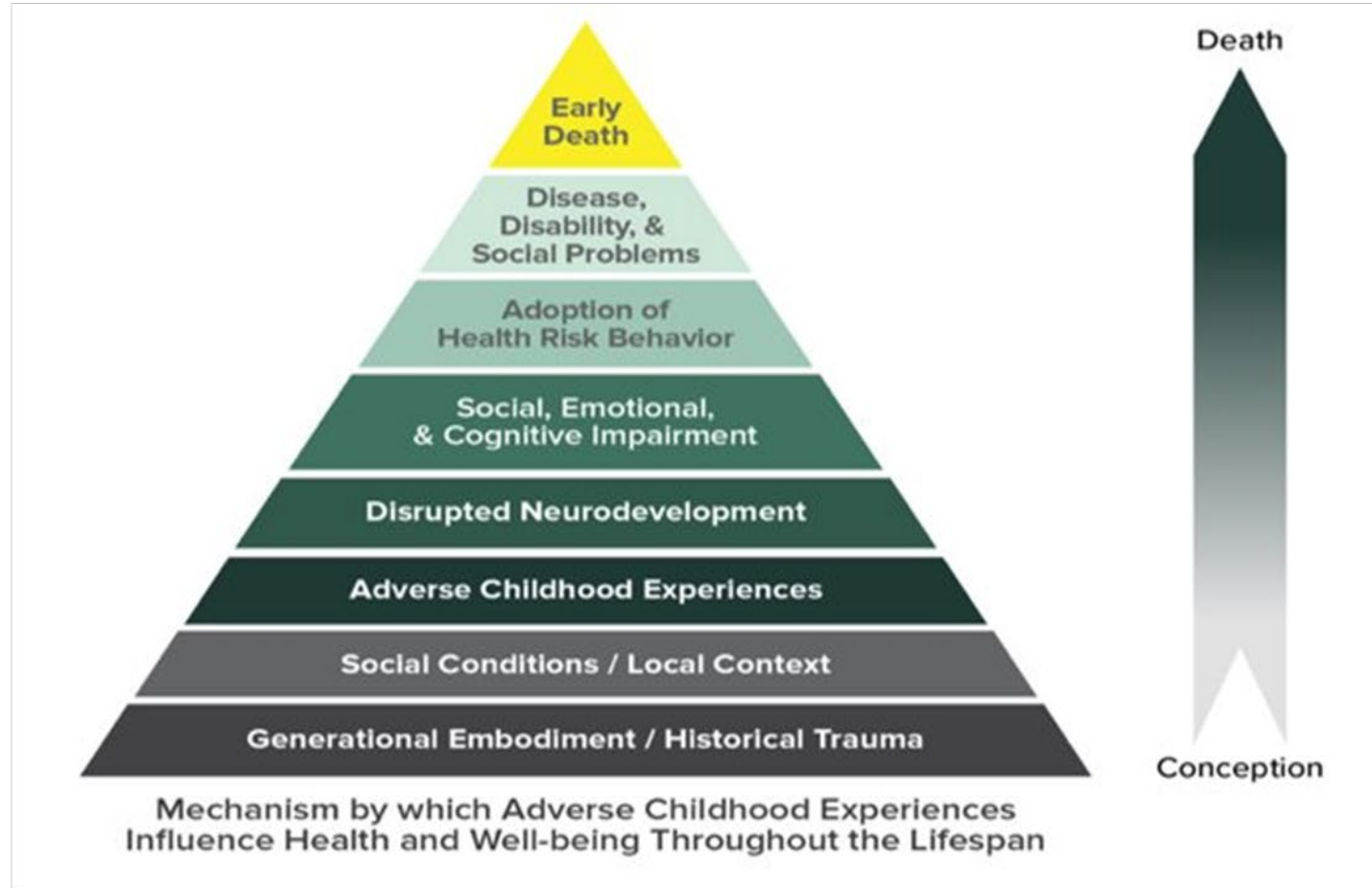
“What Happened to You? Conversations on Trauma, Resilience, and Healing”

Dr. Bruce Perry

- If, in the first two months of life, a child who experienced high adversity with minimal relational buffering but was then put into a healthy environment for the next twelve years, their outcomes were worse than the outcomes of children who had low adversity and healthy relational connections in the first two months but then spent the next twelve years with high adversity.

Think of that: The child who has only two months of really bad experiences does worse than the child with almost twelve years of bad experiences, all because of the timing of the experiences

A Public Health Crisis

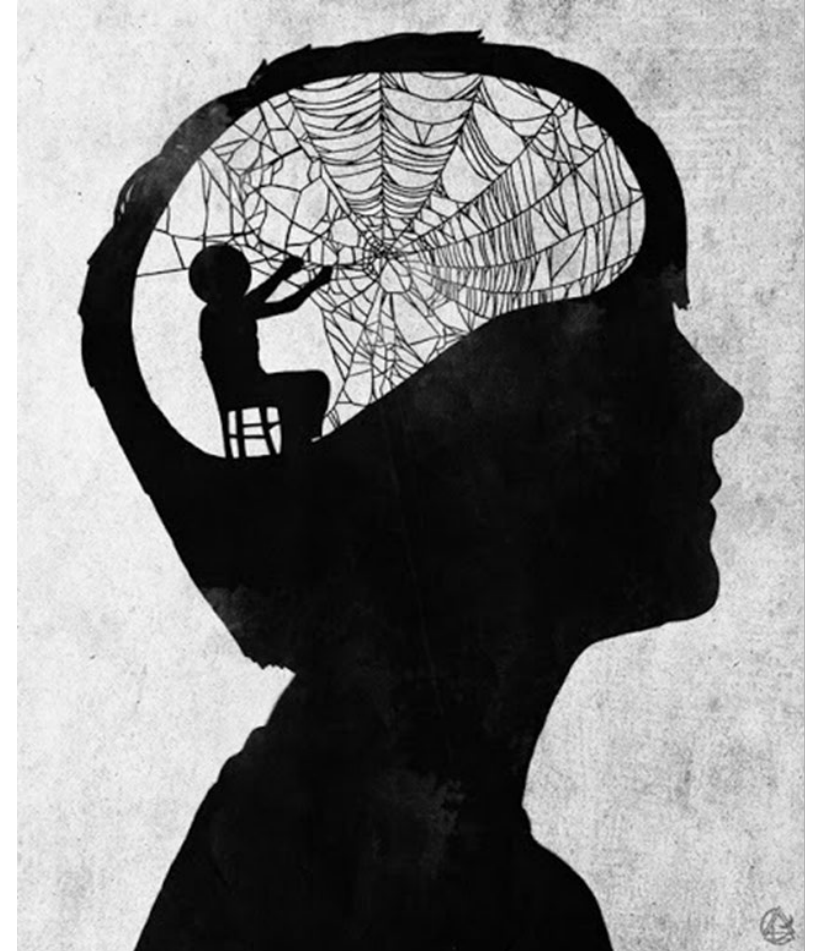


(American Academy of Pediatrics, 2021; Centers for Disease Control & Prevention, 2021)

One Way to Perceive It

- Chronological Age = 20
- Developmental Age = 10
- Street Smart Age = 36

Individuals from adversity are experts at survival



Physiological Effects of Toxic Stress

- Epigenetic and Genetic Changes
- Transient changes to gene expression related to exposure to trauma
- Inherited gene alterations related to exposure to trauma
- Results in an increased risk of asthma, diabetes, IBS (Stam et al., 1997) altered microbiome-gut-brain axis (Malan-Muller et al., 2022)

What is a Trauma Informed Approach?

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; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**.

Terminology varies per discipline/setting

- Trauma-Informed Care
- Trauma-Informed Practices

(Trauma-Sensitive, Trauma-Aware, Trauma-Invested, Trauma-Responsive)

Strengths-Based Approach – Healing Centered

Healthy People 2030

Strong Focus on SDOH & Health Literacy

- Reduce the number of young adults who report 3 or more adverse childhood experiences — IVP-D03
- Increase the proportion of children and adolescents with symptoms of trauma who get treatment — AH-D02
- Increase the proportion of trauma-informed early childcare settings and elementary and secondary schools — AH-D01





Presented by the Campaign for Trauma-informed Policy and Practice, the National Prevention Science Coalition to Improve Lives, & PACES Connection

Jan
7

Building the Movement with Community Coalitions

Jan
21

Building the Movement in Education and Health Care

Feb
4

Building the Movement with Child Welfare and Justice Systems

Feb
18

Building the Movement through Transformative Justice and Faith-Based Communities

March
4

Building the Movement with Populations with High Prevalence of Trauma

March
18

Building the Movement with Foundations and the Private Sector

April
1

Building the Movement to Address Global Crises

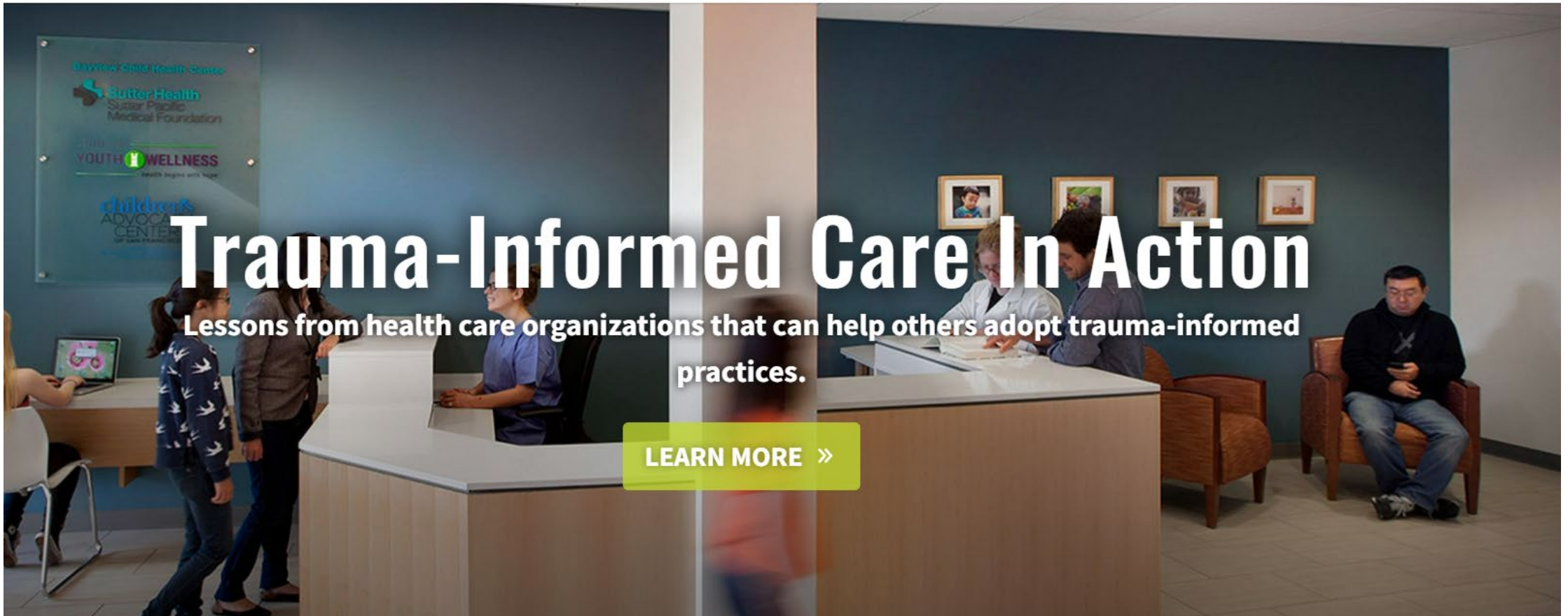
April
15

Building the Movement through Policy and Advocacy

[WHAT IS
TRAUMA?](#)[WHAT IS TRAUMA-
INFORMED CARE?](#)[TRAUMA-INFORMED
CARE IN ACTION](#) ▾[RESOURCES
BY TOPIC](#) ▾[POLICY
CONSIDERATIONS](#)

Trauma-Informed Care In Action

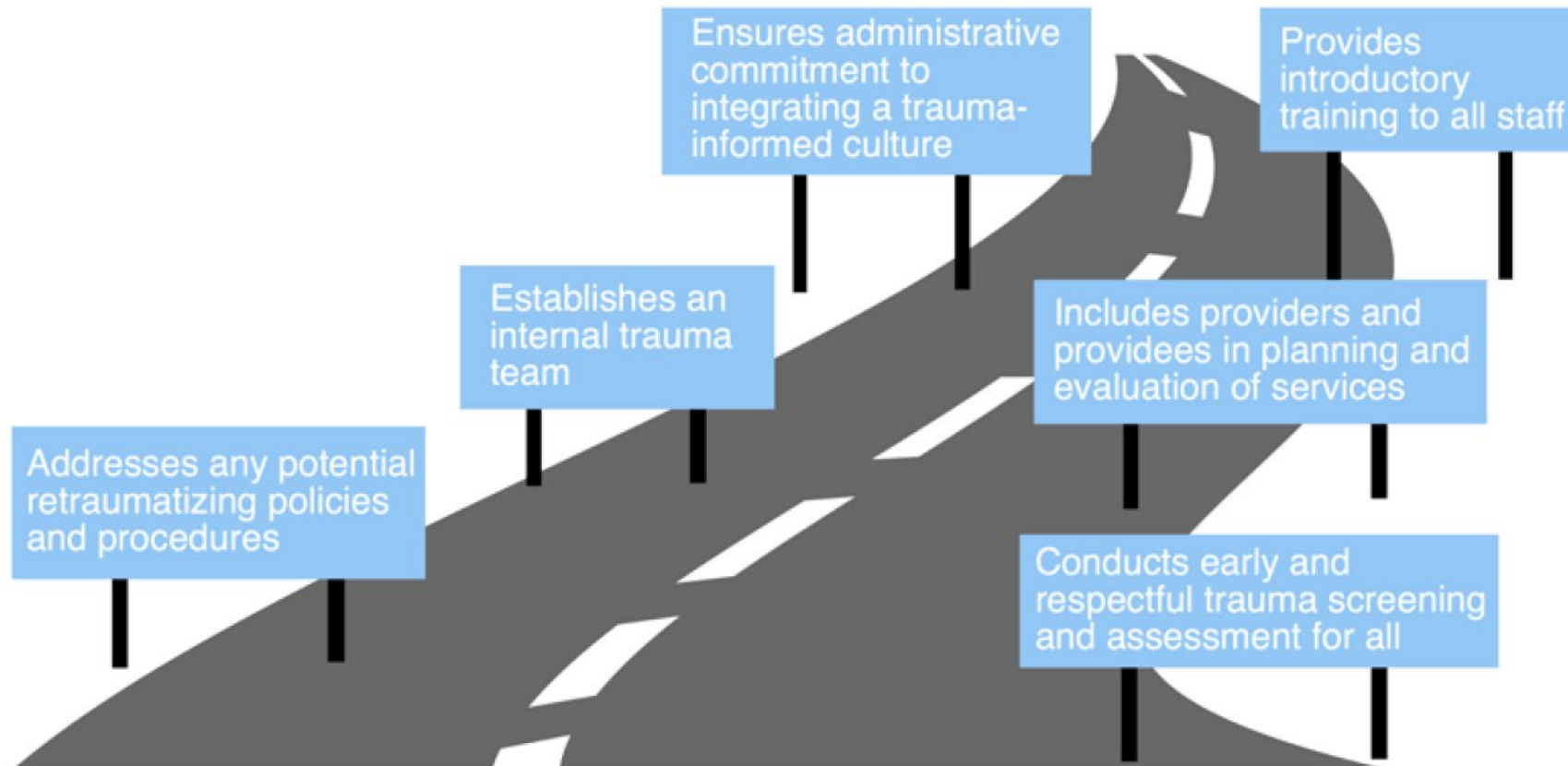
Lessons from health care organizations that can help others adopt trauma-informed practices.

[LEARN MORE »](#)

The Road to Trauma-Informed Care (TIC)

Trauma-Informed Care calls for a change in organizational culture, where an emphasis is placed on understanding, respecting and appropriately responding to the effects trauma at all levels.

(Bloom, 2010)



(Fallot & Harris, 2001)



ISSUE BRIEF

Key Ingredients for Successful Trauma-Informed Care Implementation

April 2016 | By Christopher Menschner and Alexandra Maul, Center for Health Care Strategies

IN BRIEF

Because of the potentially long-lasting negative impact of trauma on physical and mental health, ways to address patients' history of trauma are drawing the attention of health care policymakers and providers across the country. Patients who have experienced trauma can benefit from emerging best practices in trauma-informed care. These practices involve both organizational and clinical changes that have the potential to improve patient engagement, health outcomes, and provider and staff wellness, and decrease unnecessary utilization. This brief draws on interviews with national experts on trauma-informed care to create a framework for organizational and clinical changes that can be practically implemented across the health care sector to address trauma. It also highlights payment, policy, and educational opportunities to acknowledge trauma's impact. The brief is a product of *Advancing Trauma-Informed Care*, a multi-site demonstration project supported by the Robert Wood Johnson Foundation and led by the Center for Health Care Strategies.

Trauma-Informed Pedagogy in Athletic Training

Trauma Informed Pedagogy (TIP)

"Higher education should be challenging, not traumatic: a period for growth and self-transformation."

- TIP begins with an awareness of the trauma students experience/may have experienced and committing to utilizing teaching strategies to support and nurture learners
- Trauma-informed education in primary and secondary schools have well-documented outcomes including interpersonal relationship skills, self-regulation, emotional intelligence, communication skills, and mutual support with other students through socioemotional learning and understanding of others- **these are desired in AT education**
- A caring connection with students provides a safe base with someone to teach, guide, and mentor; as lasting educator impacts are recognized as those who made an emotional connection.

(Goddarda et al., 2021)

Trauma Informed Pedagogy

- 4-Rs to trauma-informed care provides framework for TIP, it is NOT a checklist of actions but instead is an overall way of teaching.
- *"Contrary to oppositions of this approach, trauma-informed education does not mean an absence of rules or a 'softness' or 'relaxation' of teaching integrity. In fact, a healing educational environment requires clear class schedules, requirements, and easily accessible, understandable instructions."*
- Example of professional behaviors and childhood trauma

February 1, 2023

New Session in EAC Educators' Toolkit Details Implementing Trauma-Informed Care



FEATURED STORY

New Entry in EAC Educators' Toolkit Available

A new installment has been added to the Educators' Toolkit created by the NATA Education Advancement Committee. "How to Implement ACEs and Trauma-Informed Care into Athletic Training Programs" will define and discuss adverse childhood events (ACEs), toxic stress and concentrated disadvantage as well as outline their contribution to poorer health outcomes across the lifespan. In addition, the session will provide information on the core concepts of trauma-informed care and provide ideas for how to implement discussion of ACEs, toxic stress and trauma-informed care into athletic training programs.

What can you do in your programs?

- Acknowledging shared humanity challenges
- Create personal connection
- Display an authentic enthusiasm in teaching
- Empathic perspective
- Tone of appreciation
- Share ongoing challenges to avoid student isolation
- Reaching out to students
- Frequent feedback
- Timeliness in communication
- Multiple contact opportunities
- Clear, detailed written instructions
- Clear, detailed written feedback
- Ensure accessibility
- Individual, private guidance



Dr. Mays Imad, Inside Higher Ed, 2020

Helping Learners Thrive

1. Work to ensure students' emotional, cognitive, physical and interpersonal safety.
2. Foster trustworthiness and transparency through connection and communication among students.
3. Intentionally facilitate peer support and mutual self-help in courses.
4. Promote collaboration and mutuality by sharing power and decision making with students.
5. Empower voice and choice by identifying and helping build on student strengths.
6. Pay attention to cultural, historical, and gender issues.
7. Impart to students the importance of having a sense of purpose (including hope).

Closing Thought –Dr. Sanaz Yaghmai

"Trauma-Informed Care must be the standard in all professions.

We must treat ourselves, our colleagues, our teams, clients, and community members with compassion and dignity. While consciously working to honor the lived experiences of ourselves and others.

It demands an ongoing commitment to recognizing our place/power/privileges in the system in which we work. A commitment to critical self-reflection & radical self-care so we can engage in radical community care with integrity.

Trauma-Informed care is human-centered, evidence-based & strength-based. It's really a win=win."

Thank You

Tsarman@noctrl.edu

Klselsky@noctrl.edu

Tswynard@noctrl.edu