Trauma Informed Practices
in Higher Education

KASWE Fall Conference

Tracy Clemans, PsyD., CSW

Center on
**Trauma & Children**
*Evidence in action*

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Trauma-Informed Care in Higher Education

# A trauma-informed school, program or department:

- **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- **Recognizes** the signs and symptoms of trauma in students, staff, and others involved within the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively **resist policies and practices that are retraumatizing**

- Safety
- Trustworthiness and Transparency
- Peer Support (Support & Connection)
- Collaboration and mutuality
- Empowerment, Voice, & Choice
- Cultural, Historical, & Gender Consideration
- Resilience, Growth, & Change

Adapted from (Fallot & Harris, 2009), (SAMHSA, 2014) & Janice Carello's Trauma-Informed Teaching

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## Safety
### (physical, psychological, social & academic)

1. **How would you describe the physical and/or digital learning environment? Is it comfortable and inviting?**
2. What authority style do you model: authoritative, authoritarian, permissive, or uninvolved?
3. **Are you attentive to signs of student distress? Do you understand these signs in a trauma-informed way?**
4. How do you manage conflict during group discussions, activities, and assignments?

## Trustworthiness & Transparency

1. Does the syllabus or learning contract provide clear information about what will be done, by whom, by when, under what circumstances and for what purpose?
2. **How do you communicate expectations regarding the completion, submission, and evaluation of assignments?**
3. Are expectations reasonable?
4. **Do students have any opportunity to negotiate an alternative assignment to if they believe a specific activity or assignment would put them at risk?**

Adapted from (Fallot & Harris, 2009), (SAMHSA, 2014) & Janice Carello's Trauma-Informed Teaching

## Peer Support
### (support & connection)

1. Do you post or have referral information for campus and community resources such as counseling, health, and tutoring services or providers?

2. **Are you available to provide support during office hours, before/after class, or through some other means?**

3. Do you facilitate peer activities that help students connect with their peers and provide mutual support?

## Collaboration & Mutuality

1. Do students understand their role and its importance?

2. **Is student accountability or impairment handled in a way that conveys "What's happened to the student?" *versus* "What's wrong with the student?"**

3. Are student learning preferences and needs given substantial weight?

4. **Do learning experiences cultivate a model of doing "with" rather than "to" or "for" students?**

## Empowerment, Voice, & Choice

1. **How much choice does each student have over the content they engage with or how they engage with it?**

2. Do students get clear, consistent, and appropriate messages about their rights and responsibilities?

3. **Do you communicate a conviction that the student is the ultimate expert on their experience and learning?**

4. Do you communicate that the learning environment is one over which students have little control?

## Cultural, Historical, and Gender Issues

1. **In what ways do you address stereotypes and biases in the learning environment (e.g. using correct pronouns, addressing microaggressions)?**

2. In what ways are policies and practices responsive to and respectful of students' diverse experiences and identities (e.g., employing alternative grading methods)?

3. **Are efforts made to ensure course materials and activities are accessible?**

## Resilience, growth, & change

1. How are each student's strengths and resilience recognized?
2. Do you communicate a sense of realistic optimism about the capacity of students to reach their goals?
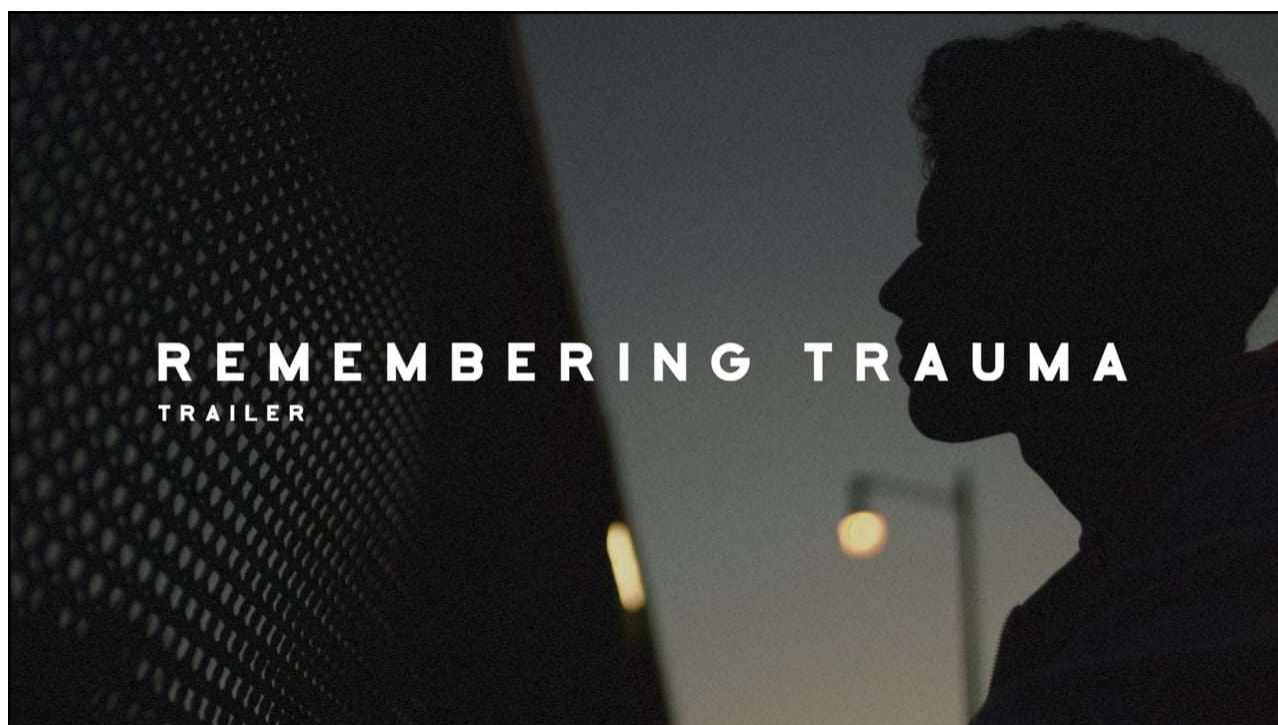3. Do learning and feedback emphasize student growth more than student deficits?



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# Being trauma-informed

❖ **Universal** – assume the majority of your students will have a trauma history, or at a minimum have experienced adversities

❖ Recognize that every student is **unique** and their reactions to their experiences will vary

❖ Shift from "What is wrong with you?" to "What *happened* to you?" and "How can I help?



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**Anatomy of a Traumatic Experience**



REMEMBERING TRAUMA

TRAILER

# What happened to Manny's sense of safety? Ability to trust others?



# Manny's Experiences



Witnessed Domestic Violence

Physical Abuse

Emotional Abuse

Witnessed Assault of his sister

Bullied at School

# Traumatic Event

The *experience* of exposure to actual or threatened death, serious injury or sexual violation

- Direct exposure
- Witnessing
- Learned a loved one was exposed
- Repeated, extreme indirect exposure

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# Trauma: the 3 E's

**Events**

**Experience**

**Effects**

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.

# Sources of Trauma


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- **Natural disasters:** Hurricanes, fires, floods
- **Human-caused disasters**: Accidents, wars, environmental disasters, acts of terrorism
- **Community violence:** Robberies, shootings, assault, gang-related violence, hate crimes, group trauma affecting a particular community
- **School violence:** Threats, fights, school shootings, bullying, loss of a student or staff member

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# Sources of Trauma


Unsplash


Pexels

- **Family trauma:** Abuse, neglect, experiencing or witnessing domestic violence, incarceration of family members, family substance abuse, sudden or expected loss of a loved one
- **Refugee and Immigrant trauma & war-zone violence:** Exposure to war, political violence, torture, forced displacement, migration and acculturation stressors, fears of deportation
- **Medical trauma:** Pain, injury and serious illness, invasive medical procedures or treatments
- **Poverty:** Lack of resources, support networks, or mobility, financial stressors; homelessness

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# Sources of Trauma

**Historical trauma:** "The cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma" — Maria Yellow Horse Brave Heart

*Examples of historical trauma:*

- American Indian and Alaska Native communities
- Communities of color
- Holocaust survivors
- Japanese-American survivors of internment camps
- LGBTQIA+ communities


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# Sources of Trauma

**Racial trauma:** Potentially traumatic experiences resulting from direct experiences of racial harassment, witnessing racial violence toward others, and experiencing discrimination and institutional racism.
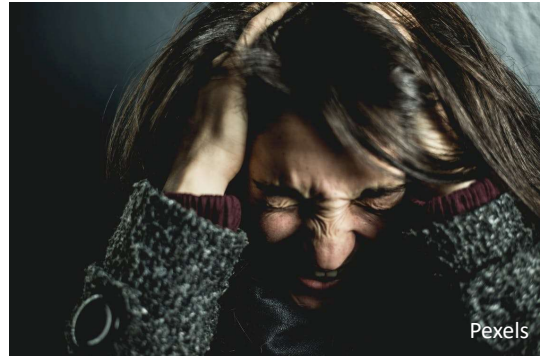
For example:

- Threats of harm of injury and/or being humiliated
- Witnessing hate crimes or violence by law enforcement
- Racial Microaggressions – brief, everyday verbal or behavioral exchanges that intentionally or unintentionally communicate hostile, derogatory, or negative racial messages or insult (e.g., racial slurs, being followed in a store, exchanges that negate person of color's thoughts, feelings, or experiential reality)
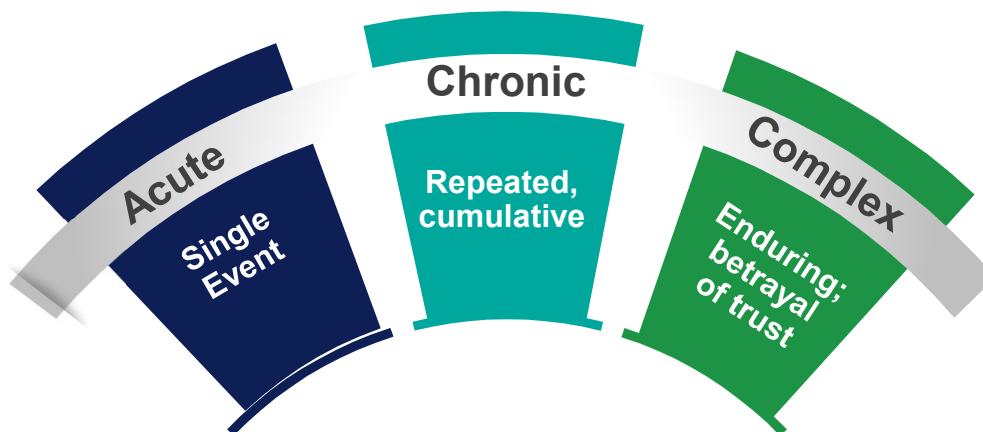
# Traumatic Stress overwhelms coping

Traumatic events **overwhelm an individual's capacity to cope** and may elicit feelings of terror, powerlessness, and out-of-control physiological arousal.



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# Types of Trauma



**Acute** — Single Event

**Chronic** — Repeated, cumulative

**Complex** — Enduring; betrayal of trust

# Complex Trauma

**Complex trauma** refers to exposure to multiple traumatic events from an early age, **and** the immediate and long-term effects of these experiences over development.

- Attachment and Relationships
- Physical Health
- Emotional Regulation
- Behavior
- Cognitions
- Negative Self-Concept and Future Orientation

(Cook et al., 2005; Herman et al., 1992)

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# Adverse Childhood Experiences Study
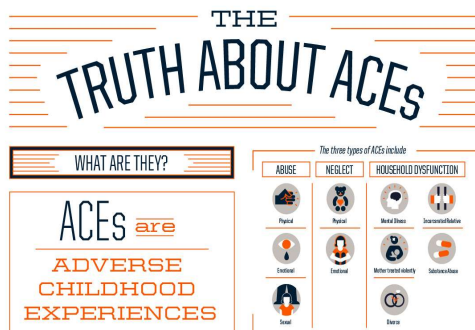
## Adverse Childhood Experiences Study



Dr. Vincent Felitti:
Kaiser Permanente

Dr. Robert Anda:
Centers for Disease
Control and Prevention

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## Adverse Childhood Experiences Study



- 1995 to 1997
- 17,337 participants
- Ages 19 – 60+
- 54% Female
- 75% Caucasian
- 75% attended college
- Middle class from Southern CA

(Felitti, et al., 1998)

# Adverse Childhood Experiences

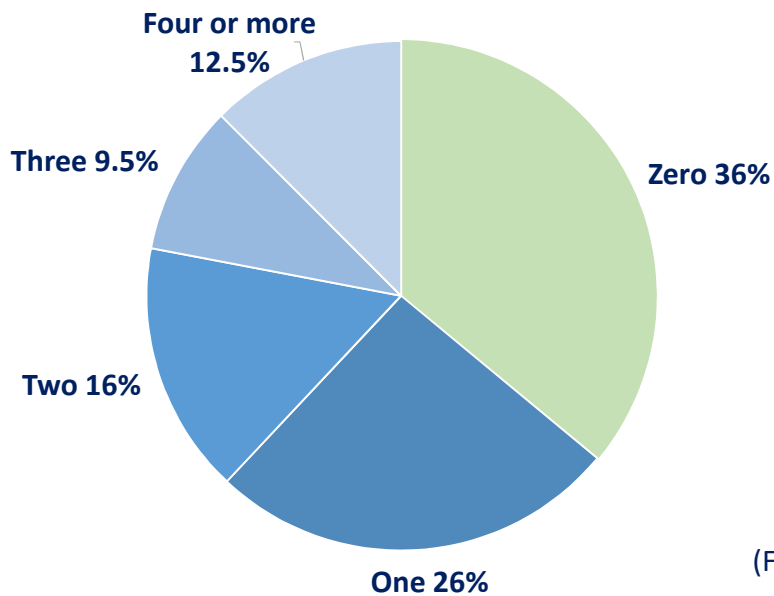| Abuse & Neglect | Household Stressors |
|---|---|
| • Emotional Neglect (15%)<br><br>• Physical Neglect (10%)<br><br>• Physical Abuse (28%)<br><br>• Sexual Abuse (21%)<br><br>• Emotional Abuse (11%) | • Domestic Violence (13%)<br>• Substance Abuse (27%)<br>• Parental Separation/ Divorce(23%)<br>• Mental Illness in Household (19%)<br>• Household Member Incarcerated (5%) |

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(Felitti, et al., 1998)

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# Adverse Childhood Experiences Study

Four or more 12.5%

Three 9.5%

Two 16%

One 26%

Zero 36%

**2/3 had at least 1 ACE**

**1/5 had 3 or more ACEs**

(Felitti, et al., 1998)

# Kentucky ACE Data

| State | % of Adults with at least 1 ACE | % of Adults with 4 or more ACEs |
|---|---|---|
| California | 61% | 16.7% |
| Iowa | 55% | 14% |
| **Kentucky** | **59%** | **17.5%** |
| Minnesota | 55% | 13% |
| Montana | 61% | 17% |
| Vermont | 57% | 13% |
| Washington | 62% | 17% |
| Wisconsin | 56% | 14% |

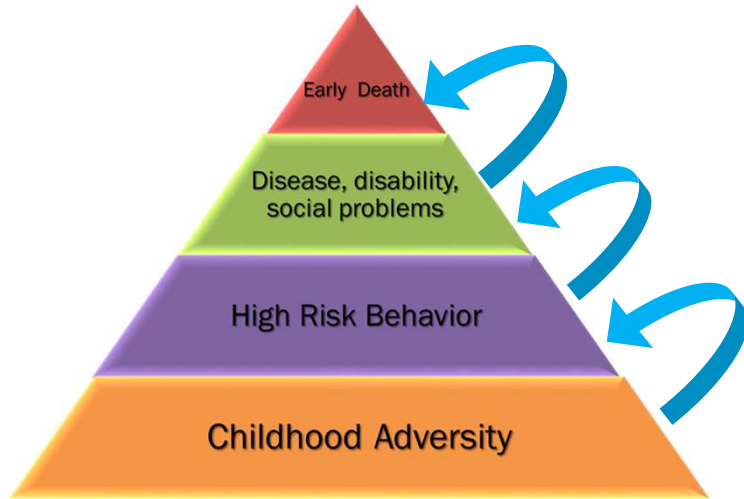Data Source: Kentucky Behavioral Risk Factor Surveillance (KyBRFS); Year 2015
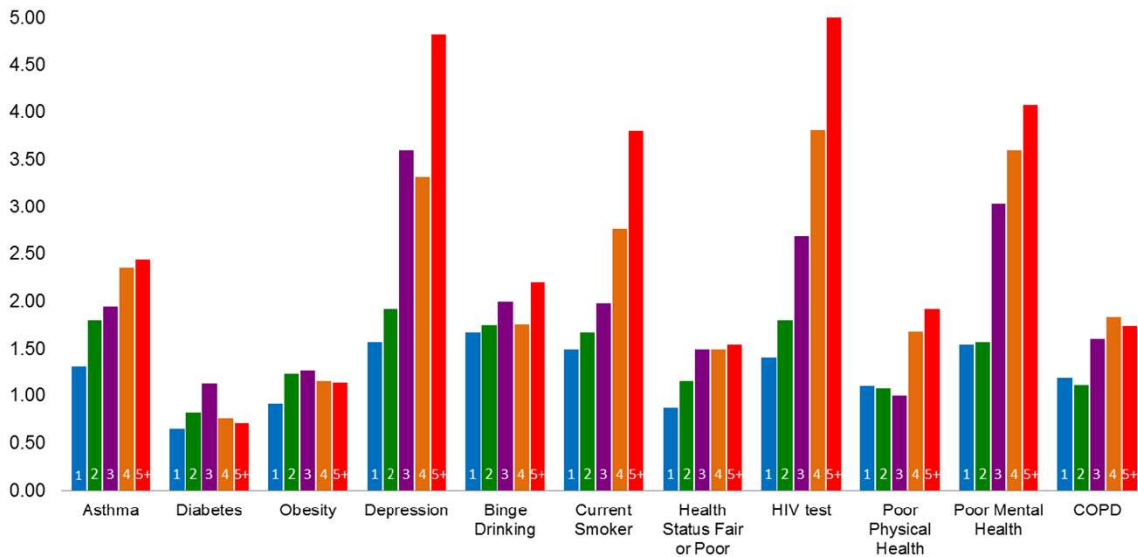
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# Negative Coping Mechanisms

**ACE Score**

Smoking
Severe obesity
Suicide attempts
Alcoholism
Drug abuse
50+ sex partners
Repetition of original trauma
Self-Injury
Eating disorders

**Risk for these**
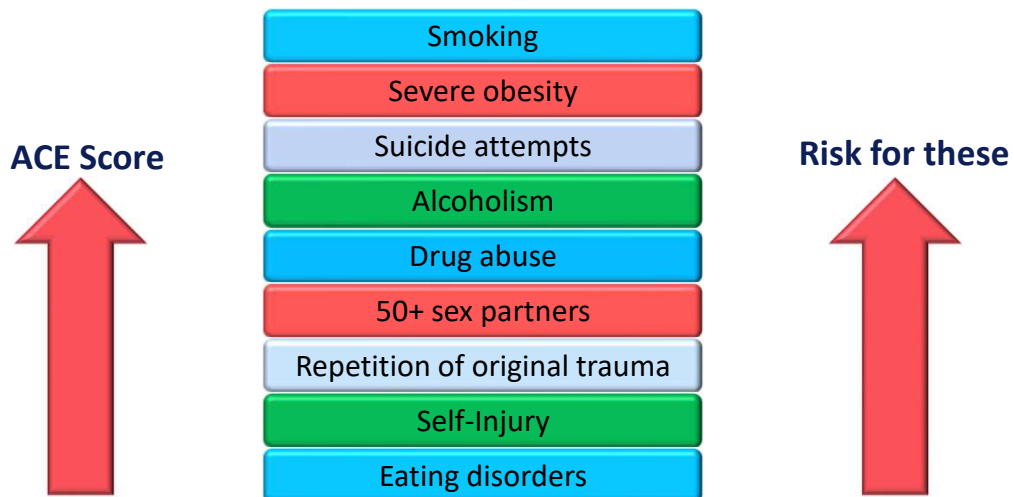
# Coping Responses to ACES

Health risk behaviors negatively impact health outcomes

Early Death

Disease, disability, social problems

High Risk Behavior

Childhood Adversity

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## Increased Risk of Condition/Behavior By Number of ACEs Present
### Compared to No ACEs

Data Source: Kentucky Behavioral Risk Factor Surveillance (KyBRFS) - Year 2015

# ACES & Academic Performance

- There is limited research connecting ACE exposure and academic outcomes among college students. However, the existing research consistently demonstrates the **harmful effects** of ACEs on academic outcomes.

- Experiencing at least one ACE results in **lower personal and academic adjustment** to the college transition and each additional ACE experienced decreases the likelihood of **timely graduation** (Banyard & Cantor, 2004)

(Gresham & Karatekin, 2022)

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# ACES among social work students

- Research findings indicate social work students have **higher ACE** prevalence than the general population (Butler et al., 2018; Esaski & Larkin, 2013, Thomas et al., 2016)


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| Total # of ACES | % of SW Students |
|---|---|
| None | 20% |
| One or more | 79% |
| Four or more | 42% |

(Thomas, J.T., 2016)

## Resilience & Protective Factors

- Studies show that friendship support buffers academic stress and supports resilience along with supportive peer relationships (Wilks & Spivey, 2009; Wilks, 2008).

- Factors that can support resilience in *social work students*: emotional intelligence, reflective ability, empathy and social competencies/support (Grant & Kinman, 2012)



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# College Students who have experienced trauma



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# Why is trauma-informed education important?

- All students can face challenges as they transition to college, but for students with a history of trauma this transition can be more difficult.
- College students are at a higher risk of experiencing new trauma, including sexual assault compared to the general population (Galatzer-Levy, Burton, & Bonanno, 2012)
- Trauma-exposed students *can persist* in their postsecondary education!
- A campus community that works together with a shared responsibility for their physical, social, emotional, and academic safety are more likely to produce students who are resilient and successful.

Trauma Informed **Teaching**

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- Trauma exposure among college students is estimated between **66-84%**

- **20-25%** of students experience 2 or more traumatic events prior to entering college

- PTSD symptoms in College Students: **6-17%**

- **20%** report subclinical PTSD symptoms

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(Humprey & White, 2000; Scarpa et al., 2002; Marx & Sloan, 2002; Read et al., 2011; Bernat et al., 1998; Kilpatrick et al., 1997; Vrana & Lauterbach, 1994, Butler et al., 2017)

# Trauma Exposure & PTSD
## among newly matriculated college students

- **66%** of college freshmen reported being exposed to trauma

- **9%** met criteria for PTSD

- **Most common traumatic events:** Life-threatening illness & sudden/expected death of loved one (1/3 of sample)
  - ➤**25%** history of physical assault and **7%** history of sexual assault

(Read et al., 2011)

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Association for University College Counseling Center Directors Annual Survey 2021

Mean Percent of Clients with Specific Presenting Concerns

| Presenting Problem | # of Centers Reporting | Mean Percent |
|---|---|---|
| Anxiety | 203 | 60.8% |
| Stress | 176 | 46.9% |
| Depression | 201 | 44.3% |
| Family | 179 | 28.8% |
| Academic Performance Difficulties | 191 | 27.3% |
| Relationship Problem | 172 | 25.7% |
| Social isolation / Loneliness | 165 | 18.2% |
| Trauma (Not Including Sexual Assault) | 173 | 17.4% |
| Sleep Disturbance | 155 | 15.9% |
| Adjustment to New Environment | 178 | 15.7% |
| Eating/Body Image | 194 | 14.6% |
| Grief or Loss | 192 | 11.2% |
| Suicidal Thoughts/Behaviors | 178 | 10.7% |
| Career Concerns | 165 | 10.4% |
| Survivor of Sexual Abuse or Assault or Misconduct | 176 | 8.1% |
| Non-Suicidal Self-Injury | 173 | 5.7% |

NOTE: The number of centers reporting data varied for each presenting problem area. Some centers collect this data from clinician rating of concerns while other centers collect this data from client self-report. Another reason for the variability is that many centers did not report any data on these variables, either because they do not collect such data or because the manner in which the data is collected does not allow for easy tabulation.

# College students exposed to direct trauma

*Increased risk of:*
- PTSD
- Depression
- Adjustment problems
- Lower GPA
- Substance use
- Dropping out of school


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(Read et al., 2011; DeBerard et al., 2004; Duncan, 2000)

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# Student Groups with Elevated Risk of Trauma

- Student Veterans
- Current and former foster youth
- American Indian/ Alaska Native Students
- Refugee Students
- LGBTQIA+ students
- Nontraditional adult learners


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# Student Veterans

- *2019:* 909,320 student Veterans were receiving educational benefits

- **Traumatic brain injuries:** impact memory, focus, vision, hearing

- **Physical Injuries from combat**: side effects of medications, pain, class attendance (appointments)


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(Post-9/11 GI Bill statistics source: Office of Performance Analysis and Integrity Enterprise Data Warehouse, 2019)

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# Student Veterans

- **Mental health diagnoses**: PTSD, depression, substance abuse, and suicidality can impact learning, concentration, motivation.

- Some Veterans may have difficulty accepting "disability" status and may not seek out accommodations as easily.

- Consider the importance of classroom layout in promoting a **feeling of safety** and ensuring instructions for assignments are readily available for students who have memory impairment (Sinski, 2012).


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# Student Veterans Resources



If you're in crisis, call the new Veterans Crisis Line number.

Dial 988 then Press 1.

- Vet Centers: 1-877-927-8387.
- Veterans Crisis Line: 988
- Coaching into Care: 1-888-823-7458
- Self-Help Courses: veterantraining.va.gov
- Tutoring at no cost: https://military.tutor.com/home?ceid=hp-btn

# Current or former foster youth


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- Very high rates of childhood maltreatment
- More ACEs and lifelong trauma exposure
- May have a **lack of knowledge about resources** available to them after leaving foster care system.
- Possible they have limited family support once they leave care.
- May need support through transitions (summer/winter breaks)

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# American Indian/ Alaska Native Students

- American Indian and Alaska Native (AI/AN) youth experience trauma at higher rates than other youth in the U.S. population. (BigFoot et al., 2008)

- For Native youth ages 10 to 24, suicide is the **second leading cause of death.** The Native youth suicide rate is **2.5 times higher** than the overall national average, making these rates the highest across all ethnic and racial groups (CDC, 2019)

- AI/AN students may have experienced historical trauma (Brave Heart, 1999a, 1999b, 2000; Brave Heart & DeBruyn, 1998).

# Refugee Students


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- Students who came from countries impacted by natural disaster or war can present with different challenges compared to other students

- Refugee students may be negotiating difficult circumstances (e.g., family and financial issues) and can be at increased risk for depression (Dessoff, 2011).

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# LGBTQIA+ Students

- Individuals with minority sexual orientation report elevated frequency, severity, and persistence of physical and sexual abuse in childhood (Austin et al., 2008, Balsam et al., 2005; Corliss et al., 2002).

- More likely to experience violence in their communities (e.g., hate crimes) and intimate partner violence and sexual assault during adulthood (Herek, et al., 2009; Balsam, et al., 2005; Garnets et al., 2003)

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# LGBTQIA+ Students

- The experience of discrimination, violence, and hate can lead to problems in physical and mental health (e.g., depression, suicidality, PTSD).

- Victimization can take away an LGBTQIA+ survivor's sense of trust, safety, and security in the world.


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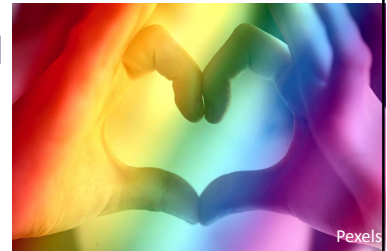
# Nontraditional Adult Learners

- Nontraditional adult learners may be juggling academic responsibilities as well as work and family demands. These multiple roles can be challenging to manage (and can increase stress) especially for students who have been exposed to trauma.

- For those students with a background of trauma, there may be a negative educational history with could have led to an internalized fear of learning (Horsman, 2000; Hyland-Russell & Groen, 2011).
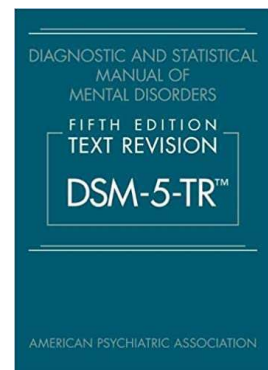
# How exposure to trauma may manifest

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## Post-Traumatic Stress Disorder

1. Intrusion
2. Avoidance
3. Negative Alterations in Cognitions and Mood
4. Hyperarousal/ Reactivity

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DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

FIFTH EDITION
TEXT REVISION

DSM-5-TR™

AMERICAN PSYCHIATRIC ASSOCIATION

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# Cluster B: Intrusion Symptoms

**Images, sensations, or memories of the traumatic event recur uncontrollably.**

- **Nightmares**
- **Disturbing thoughts**
- **Dissociative reactions (flashbacks)**
- **Physiological reactions**
- **Psychological distress**

Pexels

# Cluster C: Avoidance Symptoms
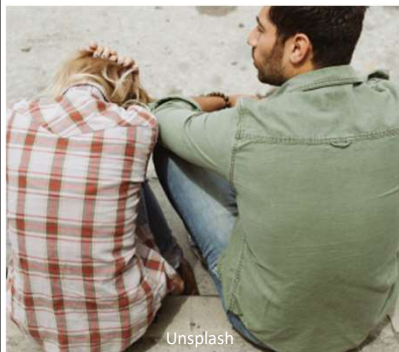
**Avoidance of *internal reminders***

- **Distressing Memories**
- **Thoughts and feelings**
- **Body sensations**

**Avoidance of *external reminders***

- **People, places, objects**
- **Activities, situations, conversations**

Pexels

# Cluster D: Negative Alterations in Cognitions & Mood


Unsplash

- **Inability to remember parts of traumatic event**
- **Persistent negative emotions**
- **Persistent difficulty experiencing positive emotions**
- **Decreased interest or participation in activities**
- **Feeling detached from others**
- **Persistent exaggerated negative expectations**
- **Persistent distorted blame of self or others**

# Cluster E: Hyperarousal & Reactivity Symptoms

- **Irritable or aggressive behavior**
- **Self-destructive behavior**
- **Hypervigilance**
- **Exaggerated startle response**
- **Problems with concentration**
- **Sleep disturbance**


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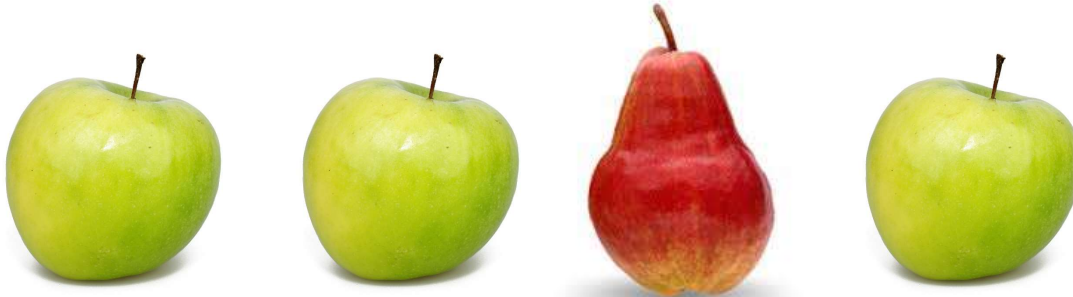Evidence in action

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# PTSD - Dissociative Subtype

- **Depersonalization:** Feeling detached from, and as if one were an outside observer of one's mental processes or body (e.g., feeling like in a dream, sense of unreality of self or body or of time moving slowly)

- **Derealization:** Unreality of surroundings (e.g., the world is experienced as unreal, dreamlike, distant or distorted)

Unsplash

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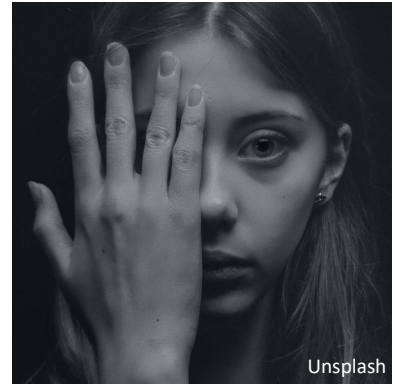
# PTSD: The Exception Rather Than The Rule

Storyblocks

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# What increases the risk of PTSD?
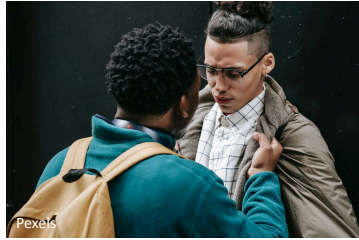
- Event specific factors
- Female gender
- Previous trauma exposure
- Pre-existing psychiatric disorders
- Parental psychopathology
- Low social support

Storyblocks

# Trauma Reminders



Trauma reminders include **sights, sounds, smells, feelings, places, people or situations** related to a previous traumatic event.

Reminders of past traumatic experiences that automatically cause the body to react as if the traumatic event is happening again.
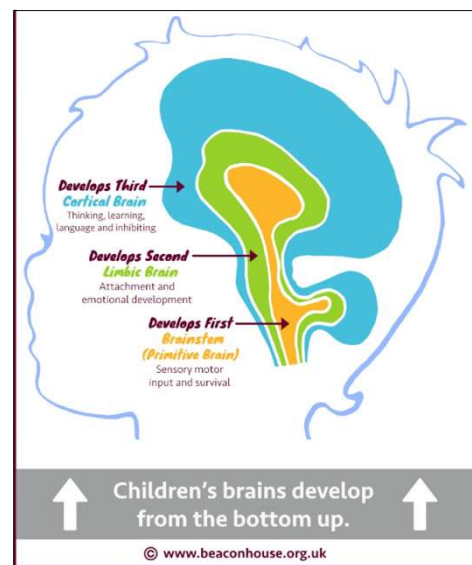
We Learn from Experience

# How does trauma exposure impact the brain & learning?


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# Early Childhood- Typical development

Brain development occurs in stages-
The function of each structure depends on the development of the one before it.

- Brainstem
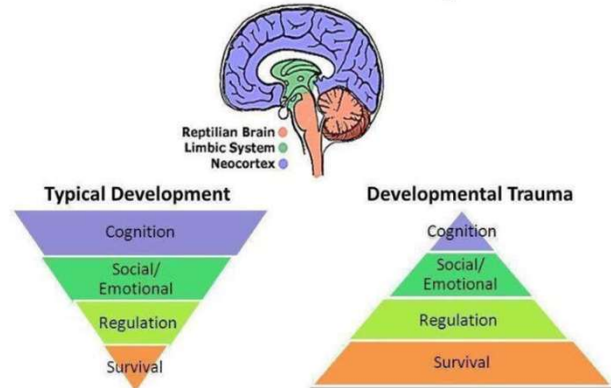
- Limbic System

- Cortex



Develops Third
*Cortical Brain*
Thinking, learning, language and inhibiting

Develops Second
*Limbic Brain*
Attachment and emotional development

Develops First
*Brainstem (Primitive Brain)*
Sensory motor input and survival

Children's brains develop from the bottom up.
© www.beaconhouse.org.uk

# Early Childhood - Impact of Trauma

- Brain development disrupted
- Inconsistent co-regulation
- Emotional regulation gets "stuck"

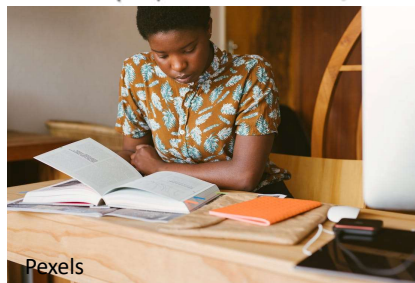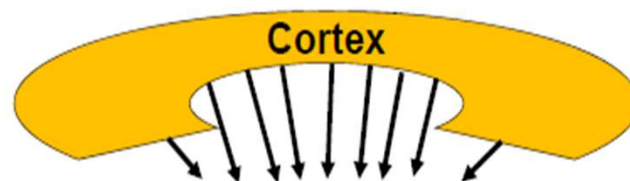The child develops a brain wired for survival, *not for thinking and learning.*

**Trauma & Brain Development**

Reptilian Brain
Limbic System
Neocortex

**Typical Development**

Cognition
Social/Emotional
Regulation
Survival

**Developmental Trauma**

Cognition
Social/Emotional
Regulation
Survival

Adapted from Holt & Jordan, Ohio Dept. of Education

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# Impact of Cortex Development in the Classroom

**Cortex**

Pexels

**Attend to Work**

**Difficulty, Distraction**

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# Impact of Cortex Development in the Classroom



Cortex

Pexels

Attend to Work

Difficulty, Distraction



Cortex

Storyblocks

Steps Aside

Aggressive Behavior

Cortex

Pexels

Steps Aside                    Aggressive Behavior



**Healthy Brain**
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

Front

Temporal lobes

Back

Front

Temporal lobes

Back

**An Abused Brain**
This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.

MOST ACTIVE          LEAST ACTIVE

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

# Stress Response: Fight, Flight, or Freeze

Response of the Sympathetic branch of the Autonomic Nervous System to physical *or* psychological threat, in **1/20 second!**

- Increased heart rate, breathing, muscle tension, energy

- Decreased executive functioning, fine motor, emotional regulation, expressive and receptive language

- The traumatic memory is encoded in the hippocampus as a cue of potential danger.
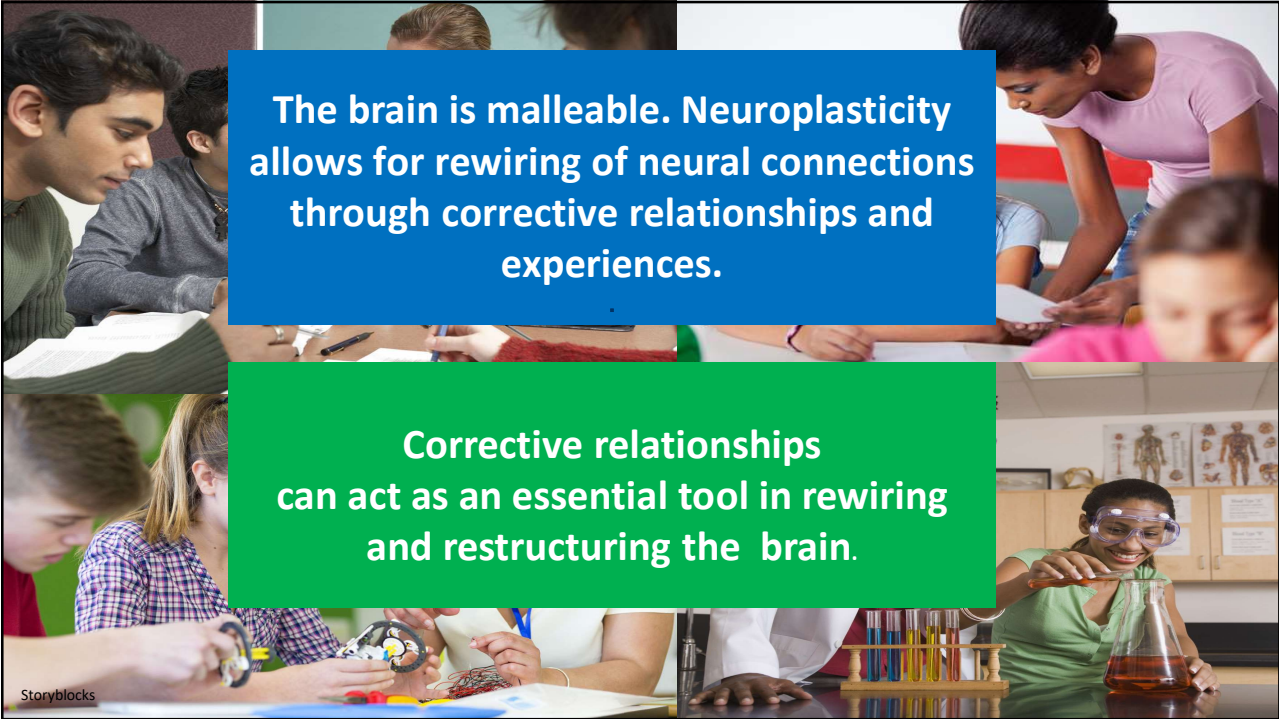
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# How may this show up in the classroom?

- Difficulty focusing, attending, retaining, and recalling
- Tendency to miss a lot of classes
- Challenges with emotional regulation
- Fear of taking risks
- Anxiety about deadlines, exams, group work, or public speaking
- Anger, helplessness, or dissociation when stressed
- Withdrawal and isolation
- Involvement in unhealthy relationships

(Hoch et al., 2015)

The brain is malleable. Neuroplasticity allows for rewiring of neural connections through corrective relationships and experiences.

Corrective relationships
can act as an essential tool in rewiring
and restructuring the  brain.

Storyblocks

Strategies for working with students with a trauma history

# We have to start with *ourselves*

- Be aware of & monitor signs of STS and burnout
- Persistent guilt, anger or helplessness in relation to a student's suffering
- Preoccupation with one or more students
- Headaches, physical complaints, intrusive images, sleep problems, exhaustion, fatigue
- Disconnection, isolation, diminished self-care, poor boundaries, loss of creativity
- Belief or feeling like you "aren't doing enough"

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# UK CTAC Secondary Traumatic Stress Innovations and Solutions Center

- ❑ Screeners – STS, Moral Distress, Stress, Burnout, Compassion Satisfaction
- ❑ Advanced Training on STS
- ❑ Video podcasts
- ❑ STS Resources
- ❑ STS Informed Supervisor  Competencies

# Trauma-Informed Teaching


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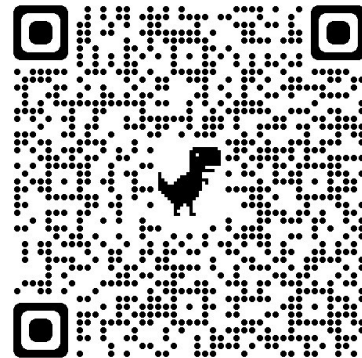
### *Does not mean…*

- Avoiding teaching about trauma or other sensitive topics
- Students will never become upset, distressed or experience a trauma reminder
- That you should lower your standards of excellence
- All students will successfully be able to complete their coursework

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# Trauma-Informed Teaching

**It's a balancing act!**

**Support**

**Education**


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# Cautions & Disclaimers

- Educate about possible level of discomfort or distress as a result of the content and discussions.
- Remind them of ways to manage their emotional reactions
- Students should receive education about appropriate sharing and should be encouraged to maintain boundaries around their stories.
- Course is not intended to be a support or therapy group.

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(Philadelphia ACE Project, 2016)

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# Trigger Warnings in Higher Education

## *Should we use them?*

"The evidence argues that when embedded as part of a broader, more holistic and trauma-informed approach, trigger warnings can assist as a **valuable tool** in effectively managing the traumatization of students."

(Bryce et al., 2022)

# Empower students

- Encourage a sense of agency by **offering choices** in how students participate in your class.

- For example, in an online class let students introduce themselves to the class on Zoom or in a pre-recorded message, through a biographical paragraph, or artistic representation.

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(Trauma-Informed Practices for Postsecondary Education: A Guide, 2022)

Center on
**Trauma & Children**
*Evidence in action*

University of
Kentucky.

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# Checking in with students

Create an assignment where students respond to a prompt regarding their experience in the course so far.

1. "I've learned…."
2. "I am surprised by…."
3. "I would like….."
4. "I hope to…."
5. "I'm confused about…."
6. "I'm feeling…."
7. "I liked…."

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Center on
**Trauma & Children**
*Evidence in action*

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# Checking in with students

*"How are you feeling?" Exercise:*

"Imagine we're all traveling along the same lake. We start at the same place and the end goal is the same [*equity, solidarity, justice, being seen, understanding difficult histories, solving complex problems, etc.*] but we have different means and paces to get to where we need to be. Some feel too fast, others not fast enough"

1. How are you feeling?
2. Where are you in this lake we're all traveling in?
3. Do you feel like you're swimming, paddling in the canoe, or on a speedboat?
4. Do you want to keep going at this pace?
5. If you do, how can you support the folx* who are moving at a different pace than you?
6. Do you want to speed up, or slow down?
7. Is your pace sustainable?
8. What will happen if you chance pace?

(Jewell & Durand, 2020, p. 111)

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# Provide breaks

• Consider giving more breaks than normal especially when teaching sensitive content.

• Breaks can be short (even 2-3 mins) and can be an opportunity to introduce the concept of giving our brains a break to help with memory and learning.

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• Consider implementing a 'mindful moment' (deep breathing, grounding)
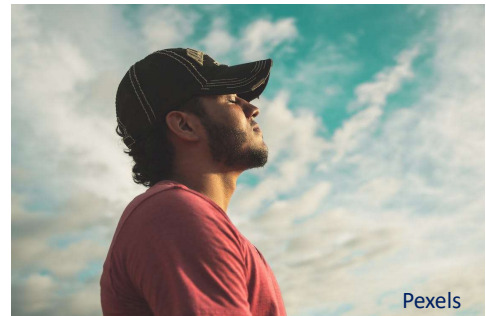
(Philadelphia ACE Project, 2016)

# Choose activities intentionally


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Be very intentional in your selection of class activities and ensure that the level of vulnerability expected of students match the level of **established safety** among group members and within the environment, and the available resources to promote emotion regulation, self care and any necessary follow-up.

(Philadelphia ACE Project, 2016)

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# Be sensitive to family structures

- Educators must recognize that students have different family settings, and they should consider changing their language accordingly.

- For example, saying "caregiver" instead of "parent."

- Assignments should be constructed to maximize the inclusion of alternative family structures.


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(Trauma-Informed Practices for Postsecondary Education: A Guide, 2022)

# Grading Strategies

- Be predictable

- Be flexible

- Help students prioritize

- Give formative feedback

(Trauma-Informed Practices for Postsecondary Education: A Guide, 2022)

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# Developing student resilience

RESILIENCE

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- Allow space within the curriculum for students to explore their personal attributes
- Be explicit in teaching about resilience
- Help students develop the "big picture" of professional identity
- Foster increased peer support and reflective supervision opportunities
- Teach about ways to develop coping strategies regarding self-care and the maintenance of work–life balance

(Beddoe et al, 2013)

# Provide resources & encourage self-care

- Crisis resources - 988
- Helpline - 211
- University and local MH resources
- Free or reduced-cost therapy options
- Information related to STS, compassion fatigue and vicarious trauma (UK CTAC website)
- Support groups and self-care ideas/resources.
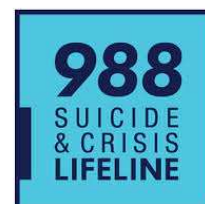
(Philadelphia ACE Project, 2016)

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Questions?

Comments?

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If you have time, you are welcome to complete an evaluation of this presentation using the QR code below.

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