

# TRAUMA-INFORMED TEACHING IN HIGHER EDUCATION



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# TRAUMA



- Trauma can be defined as any experience in which a person's internal resources are not adequate to cope with external stressors.

- 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



- Some traumatic experiences occur once in a lifetime, and others are ongoing. Many people have experienced multiple traumas, and for far too many, trauma is a chronic part of their lives.

# TRAUMATIC EXPERIENCES

- Physical or sexual abuse
- Abandonment, neglect, or betrayal of trust (such as abuse from a primary caregiver)
- Death or loss of a loved one
- Caregiver having a life-threatening illness
- Automobile accident or other serious accident
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Witnessing or experiencing community violence, including shootings, stabbings, or robberies
- Domestic violence
- Poverty and chronically chaotic housing and financial resources
- Witnessing police activity or having a family member incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism (viewed in person or on television)
- Military combat
- Historical trauma

# SPECTRUM OF TRAUMA

Historical

Insidious

Compassion Fatigue

Vicarious

Secondary

Toxic  
Stress

Complex  
trauma

Acute  
Trauma

PTSD

Globalized World: Political  
violence, displacement, natural  
disasters

Community/Social Class:  
Violence, poverty,  
commercial exploitation

Peers/School/Extended  
family: IPV, Bullying

Parents/Caregivers:  
Incarceration,  
addiction

Individual:  
Abuse, neglect,  
injury or illness

## IMPACT IN HIGHER EDUCATION

- Many individuals enter higher education as first gen students, who often have little direct knowledge. They often have personal struggles or difficulties that are unacknowledged (Stewart-Spencer, 2010).
  - Evans (1997) reported that 93% of 205 graduate students in counseling reported having experienced at least one trauma in their lives.
  - Conteh, Huber, & Bashir (2017) reported 95% of graduate students in counseling reported 1 to 8 traumas with almost 50% of the sample reporting 4 or more traumas. Compare to the general Adult population that reports 69% lifetime occurrence of at least 1 trauma.
- More women-presenting than men-presenting candidates
  - Women were consistently more likely to meet criteria for PTSD and experience more severe symptoms than men who experienced the same posttraumatic event (PTE) (Vishnevsky, Cann, Calhoun, Tedeschi, & Demakis, 2010). Men report significantly more traumas than women (5 to 3.5) though women report experiencing far more sexual traumas (Conteh, Huber, & Bashir, 2017).
- As programs become more racially and ethnically diverse, they must deal more intentionally with concerns of historic trauma and ongoing racism.

# TRAUMA- INFORMED CARE



SAMHSA (2014) 6 Principles of a Trauma Informed Approach

- TIC is an approach developed by Harris and Fallot (2001) to improve clinical practice and service delivery.

## PRINCIPLES & PRACTICES OF A TRAUMA- INFORMED PEDAGOGY

An academic program that is trauma-informed

- **realizes** the widespread impact of trauma and understands potential paths for recovery;
- **recognizes** the signs and symptoms of trauma in students, faculty, supervisors, administrators, and others involved with the program; and
- **responds** by fully integrating knowledge about trauma into education, training, supervision, research, and self-reflection and
- seeks to actively resist **re-traumatization**.

## SIGNS OF TRAUMA IN YOUR STUDENTS

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



# KEY COMPONENTS OF TRAUMA-INFORMED TEACHING



## WHAT ARE YOU TEACHING THEM ABOUT?

- Some course content obviously has the potential to traumatize or retraumatize.
- Exposure to traumatic material during class can occur in course readings, video and other presentations, discussions, and during field training.
- Given the unknown nature of context and history, it is better to assume that any material has the potential.
  - Such exposures can contribute to Secondary Traumatic Stress or Re-traumatization) in students (and also faculty and site supervisors)
  - Higher risk for those with greater histories and those with less trauma training and experience
- Preview material for disturbing content and decide what is necessary for learning.
- Examine course content for assumptions about student preparedness



# CONSTRUCTING SYLLABI AND ASSIGNMENTS

- Examine your rationales and objectives and how your syllabi meet necessary parameters.
  - How can you have students engage with content while respecting limits?
  - What are the risks of classroom disclosure on both students who disclose and those who witness?
  - How much personal disclosure is required or necessary? Are there alternatives provided?
  - Scrutinize assignments for their potential to trigger or disturb.
  - Can there be policies that help students avoid shame?
    - E.g. late day policies that do not require self-disclosure
    - Ungraded drafts



# HOW ARE YOU WITH THEM?



In the classroom, do you promote physical and psychological safety?

- Warn students what to expect of content, duration, and severity. This can include verbal warnings prior to viewing, and online warnings prior to clicking on electronic content. You may add an “informed consent” to syllabi.
- Acknowledge, normalize, and validate difficult feelings that arise when processing disturbing material—including
  - being overwhelmed,
  - feeling helplessness, disgusted, angry, despairing, shameful, hopeless, guilty,
  - and experiencing the desire to rescue.
- Explicitly acknowledge that these feelings can be triggering for some students.
- Confront firmly but without punishing, aggressive, angry or combative behavior by students who push boundaries either because triggered or because they are unaware of the limits.

# BOUNDARIES

- Do you maintain appropriate boundaries?
  - Do not glamorize trauma. Do not use “show and tell” with student stories
  - Do not parent or treat students as fragile
  - Do not treat your students as clients



- Are you structured and predictable?
  - Are decisions designed for transparency?
  - Do you model trustworthiness?
  - Do course assignments and evaluation strive to be clear and equitable?
  - Do you have hidden expectations or assumptions about student behavior?

## EMPOWERMENT AND CHOICE

- Are there ways in which students can have voice and choice, and be empowered to make decisions for themselves?
- Conducting regular check-ins both written and verbal to take the emotional temperature is helpful to monitor.
- Allow and normalize tuning out as self care
- Encourage leaving the room/space/subject occasionally to cope
- Are there opportunities for collaboration and mutuality?

## PASSING IT ON - EMOTIONAL RESILIENCE & SELF-CARE

- Predict challenge and discomfort and reassure students about their coping
- Teach students about grounding
- Help students stay present with movement
- Brain breaks
- Teach emotional regulation skills
- Teach mindfulness (but with caution as it can potentially trigger)



# GROUNDING

Savoring a calm  
smell



Hand over heart breathing



Mutisensory present time  
focus on your breathing, then identify



Tai Chi hand exercises

Imaginal calming



Coloring for anxiety





# SUPPORTING TRAUMATIC RESILIENCE & POST TRAUMATIC GROWTH

- Moving beyond a deficit model, acknowledge that beyond the negative experiences and effects of trauma, there is also empirical evidence for positive growth.
- Educators who have had the opportunity to attend to and integrate trauma, can have deeper empathy and more resilience with future stressors.
- How do YOU do self care?



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