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CREATING STRONG SCHOOLS & COMMUNITIES

Trauma-Informed Practices for Postsecondary Education: A Guide

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Introduction to the guide

> **Trauma-informed educators recognize students' actions are a direct result of their life experiences. When their students act out or disengage, they don't ask them, 'What is wrong with you?' but rather, 'What happened to you?' (HUANG ET AL., 2014)**

Over the past 30 years, researchers have built a strong evidence base for trauma-informed approaches in medical and judicial fields. Awareness of trauma and its wide-reaching negative impacts is also becoming more widespread in education, and educators are developing their own approaches to help break the cycle of trauma for students. In 1998, the *American Journal of Preventive Medicine* published one of the largest studies about adverse childhood experiences (ACEs) and their connections to later-life health risks: "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults" by researchers from the Centers for Disease Control and Prevention and Kaiser Permanente (Felitti et al., 1998). Today, educators—from preschool teachers to university professors—are increasingly recognizing and supporting trauma-affected students by engaging them in learning, developing resources to help them, and creating safe spaces for them to succeed in school (McInerney & McKlindon, 2014).

This can be particularly important at postsecondary education institutions. All students face challenges as they transition into college, but it can be all the more difficult for those who arrive on campus with a history of trauma. Additionally, college students are at higher risk of experiencing new trauma, including sexual assault, than members of the general public (Galatzer-Levy, Burton, & Bonanno, 2012). Trauma also increases susceptibility to depression and substance abuse, making it a pressing concern for campus mental health and student services professionals (Rytwinski, Scur, Feeny, & Youngstrom, 2013). Trauma-affected students can persist in postsecondary education, however, and those who do can thrive as models of resilience and success—if the campus community works together with a sense of shared responsibility for their physical, social, emotional, and academic safety.

This guide is intended to raise awareness of trauma in postsecondary education institutions, help educators understand how trauma affects learning and development, and provide practical advice for how to work effectively with college students who have been exposed to trauma. It can be used by classroom educators, as well as administrative and student services professionals, all of whom play a critical role in creating supportive learning environments.

The first section of the guide defines trauma and describes its prevalence. The second section provides research evidence regarding the impacts of trauma on learning and development, followed by guidance on how to recognize trauma in learners. The next several sections describe the concept of resilience and provide suggestions for implementing research-based strategies to meet the needs of trauma-affected learners on campus and in the classroom. The final section discusses the importance of self-care for educators to avoid retraumatization, vicarious trauma, and compassion fatigue.

[1] https://www.cdc.gov/violenceprevention/acestudy/about.html

Trauma in our society

Trauma can be defined as any experience in which a person's internal resources are not adequate to cope with external stressors (Hoch, Stewart, Webb, & Wyandt-Hiebert, 2015). 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. Trauma can happen to both individuals and communities, and sometimes the effects of trauma can even be passed down to younger generations (Brave Heart, 2003; Denham, 2008). Earlier conceptualizations of trauma tended to focus on the actual traumatic event(s), but researchers and practitioners now recognize that the same event(s) can be experienced differently based on a range of cultural contexts, as well as social and psychological variables, unique to individuals and communities (Elliott & Urquiza, 2006).

Post-traumatic Stress Disorder (PTSD) is recognized as a diagnosis in the DSM-5, but many individuals affected by prolonged interpersonal trauma do not meet the diagnostic criteria for PTSD. In recent years, some mental health professionals and policymakers have been working towards a new diagnosis of "developmental trauma," which describes individuals whose history of trauma causes persistent and pervasive emotional and physiological dysregulation (Bremness & Polzin, 2014).

Some individuals who have been exposed to trauma exhibit signs of stress in the first few weeks but quickly return to their usual state of physical and emotional health. Even those who do not exhibit serious or immediate symptoms, however, may experience some degree of emotional distress that continues—or deepens—over time (Felitti et al., 1998). In addition, research suggests that exposure to a greater number of ACEs may lead to long-term adverse psychological effects (Hillis et al., 2004).

The rates at which youth and adults in the United States are

Traumatic life 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
- Domestic violence
- Poverty and chronically chaotic housing and financial resources
- 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
- 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

Sources: Hoch et al., 2015; National Child Traumatic Stress Network, 2008.

affected by trauma due to abuse, neglect, poverty, and violence have been studied for more than three decades. The following are just some of the statistics that demonstrate the prevalence of trauma in modern society:

- By the time they reach college, 66 to 85 percent of youth report lifetime traumatic event exposure, with many reporting multiple exposures (Read, Ouimette, White, Colder, & Farrow, 2011; Smyth, Hockemeyer, Heron, Wonderlich, & Pennebaker, 2008).
- Sixty percent of adults have reported experiencing abuse or other difficult family circumstances during childhood (National Center for Mental Health Promotion and Youth Violence Prevention, 2012).
- College students are particularly vulnerable to experiencing a new potentially traumatizing event (PTE); as many as 50 percent of college students are exposed to a PTE in the first year of college (Galatzer-Levy et al., 2012).
- Female college students with a history of sexual trauma are at higher risk for repeated trauma (Griffin & Read, 2012).
- Ethnic minority status and low socioeconomic status have been shown to be risk factors for trauma exposure (Read et al., 2011).
- Trauma increases susceptibility to depression, and trauma symptoms are more likely to co-occur with depression symptoms (Kilpatrick et al., 2003; O'Donnell, Creamer, & Pattison, 2004; Rytwinski et al., 2013).
- A longitudinal general population study of 9- to 16-year-olds in western North Carolina found that more than 68 percent of children and adolescents had experienced a potentially traumatic event by age 16. Impairments, such as school problems, emotional difficulties, and physical problems, were reported in more than 20 percent of these youth. For those young people who had experienced more than one traumatic event, the rate was nearly 50 percent (Copeland, Keeler, Angold, & Costello, 2007).
- Four of every 10 children in the United States said they experienced a physical assault during the past year, with one in 10 suffering an assault-related injury (Finkelhor, Turner, Shattuck, & Hamby, 2013).
- Two percent of all children have experienced sexual assault or sexual abuse, and the rate for 14- to 17-year-old girls approaches 11 percent. Nearly 14 percent of children have been repeatedly maltreated by a caregiver, including nearly 4 percent who were physically abused. One in four children has been the victim of robbery, vandalism, or theft within the previous year, and one in five children has witnessed violence in their family or neighborhood in the previous year (Finkelhor et al., 2013).
- Twenty-six percent of children in the United States witness or experience a traumatic event before age 4 (National Center for Mental Health Promotion and Youth Violence Prevention, 2012).

The impact of trauma on learning and development

There is nothing new about the presence of learners with histories of trauma in our K–12 schools and postsecondary education institutions; often without realizing it, educators have been responding to trauma's impact for generations. What is new is that trauma researchers can now explain the hidden story behind many difficulties that hamper our education systems—and research from developmental and cognitive psychologists, as well as advancements in neuroscience, show that educators can moderate the effects of trauma.

The impacts of childhood trauma into adulthood

Trauma can occur at all stages of life, and learners of any age may come from a background of trauma. Traumatic events in childhood are often referred to as toxic stress, risk factors, child maltreatment, and ACEs. And according to research, because brain development largely occurs when the brain is most "plastic"—that is, during a child's early months and years—traumatic experiences (such as poverty, abuse, neglect, and violence) during childhood can profoundly impact and limit brain development.

Physiological changes to the developing brain in response to trauma cause cognitive losses and delays in physical, emotional, and social development, and they provoke emotional and behavioral responses that interfere with children's learning (Burke, Hellman, Scott, Weems, & Carrion, 2011), sensory processing (Streeck-Fischer & van der Kolk, 2000), social relationships (van der Kolk, 2003), and engagement in school (Harvard University, 2007). Young children who are exposed to five or more significant adverse experiences in their first three years are 76 percent more likely to have at least one delay in their language, emotional, or brain development (U.S. Department of Health and Human Services, 2011).

Individuals who have experienced childhood trauma are also more likely to have a history of chronic absenteeism, behavioral issues, grade repetition, or placement in special education (Shonk & Cicchetti, 2001). In children's early educational experiences, trauma symptoms may be misdiagnosed as attention deficits, learning disabilities, or emotional/behavioral conduct problems (Downey, 2013). Further, children who have experienced trauma may have

The impacts of childhood trauma into adulthood

According to Felitti et al. (1998), as the number of traumatic childhood events increases, so does the risk for serious health problems in adulthood. In addition, adults who experienced trauma as children are:

- 15 times more likely to attempt suicide
- 4 times more likely to become an alcoholic
- 4 times more likely to develop a sexually transmitted disease
- 4 times more likely to inject drugs
- 3 times more likely to use antidepressant medication
- 3 times more likely to be absent from work
- 3 times more likely to experience depression
- 3 times more likely to have serious job problems
- 2.5 times more likely to smoke
- 2 times more likely to develop chronic obstructive pulmonary disease
- 2 times more likely to have a serious financial problem

learned to distrust teachers because authority figures failed to keep them safe in the past, and they may view rules and consequences as punishment—thus increasing the potential for retraumatization (that is, reliving an experience of trauma) when they are subject to school discipline and exclusionary practices (Streeck-Fischer & van der Kolk, 2000).

Additionally, trauma affects one's ability (or willingness) to form relationships with others. Individuals who have experienced childhood trauma may be distrustful or suspicious of others, leading them to question the reliability and predictability of their relationships. Research indicates that youth who have been physically abused or exposed to violence tend to engage in less intimate peer relationships and be more avoidant, aggressive, or negative in peer interactions (Margolin & Gordis, 2000).

Implications for postsecondary persistence and completion

Although starting college is a positive and exciting milestone for many people, negotiating new environments and responsibilities can also be stressful—particularly for students with a history of exposure to trauma (Read et al., 2011). For example, trauma-exposed African American female students are more likely to leave college before the end of their second year, and the effect of trauma exposure on leaving college is higher for African American students at predominantly white institutions and for African American students entering college with lower GPAs (Boyraz, Horne, Owens, & Armstrong, 2013).

Research findings on the effects of trauma are not limited to behavioral evidence, however. Neuroscientists have discovered differences in fundamental brain function among college students with co-occurring trauma and depression symptoms (Schaefer & Nooner, 2017).

Recognizing trauma in learners

Educators always hope students will enter an academic environment both academically ready to learn and emotionally ready to experience the enjoyment and excitement of discovery. However, many effects of trauma often block a student's ability to learn in the classroom.

Processing prolonged stress and trauma can be physically and emotionally demanding and time-consuming (Brewin, 2003; Foa & Kozak, 1986). Normal goals and obligations may be suspended, at least temporarily, while the individual devotes time and energy to processing and working through the traumatic experience (Bonanno, Pat-Horenczyk, & Noll, 2011).

Even after a stressful or traumatic situation has ended, people can continue to react as if the stress or trauma is continuing. They become self-protective; they spend a lot of their energy scanning their environment for threats; their bodies act as if they are in a constant state of alarm; their brains are endlessly vigilant; and they may experience a constant baseline feeling of low-level fear, which leaves less space for curiosity, exploration, and learning (Hoch et al., 2015).

Trauma in postsecondary learners: What you might see

- 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

Source: Hoch et al., 2015.

Student groups at elevated risk of trauma

Trauma can happen to anyone. The following section highlights several student groups that may have specific risk factors for past or ongoing trauma: veterans, current and former foster youth, American Indian/Alaska Native students, refugee students, LGBTQ students, and nontraditional adult learners. This is not an exhaustive list of student groups at risk of experiencing trauma, nor does it indicate that students from the following groups are less likely to thrive in college as healthy, confident, strong, and resilient adults.

Veterans

Since the 2009 passage of the Post-9/11 GI Bill, over 600,000 veterans—many of whom lived through traumatic experiences (both personal and vicarious) during their service—have entered higher education (Sinski, 2012). Many veteran students live with post-traumatic stress disorder (PTSD), which affects cognitive functioning (such as memory and the ability to switch quickly between tasks) while transitioning from a highly structured military environment, renegotiating new identities as veterans, mixing in with traditional-age college students, and often coping with physical disabilities (DiRamio, Ackerman, & Mitchell, 2008; DiRamio & Spires, 2009; Griffin & Gilbert, 2015).

Research on helping veterans transition to college is still emergent. Sinski (2012) emphasizes the importance of both classroom layout in promoting a feeling of safety and making sure instructions for assignments are readily available for students who may have issues with memory and recall. Griffin and Gilbert (2015) suggest an approach grounded in the theory of "The Four S's:" situation, self, support, and strategy (Schlossberg, Waters, & Goodman, 1995):

1. **Situation** involves minimizing stressors that can exacerbate transitional challenges for veterans, such as making sure schedules and policies are clearly outlined and explained.
2. **Self** involves promoting internal resources through counseling and assistance.
3. **Support** focuses on the institutional structures colleges can put in place to ease transitions, such as having a dedicated veterans office on campus.
4. **Strategy** involves helping veterans navigate different response options during times of transition by helping them devise specific stress-management strategies.

Current and former foster youth

For some foster youth, the hardest part of the foster system is leaving care and entering the world without adequate resources or guidance (Hallett & Westland, 2015). Along those lines, current and former foster youth often face challenges with access to and readiness for higher education and the workforce. Through the federal Fostering Connections Act, foster youth can access monetary benefits by voluntarily remaining in the foster care system, provided they are enrolled in a postsecondary or vocational education institution. Foster youth are also eligible to claim independence on the Free Application for Federal Student

Aid (FASFA), which can increase their eligibility for financial aid. Due to these benefits, postsecondary institutions may see an increased number of foster youth pursuing higher education. And because youth transitioning out of foster care are more likely to have had ACEs and lifelong trauma exposure (Buchanan, Brinke, & Flouri, 2000), it is important that they have both access to a safe space and ample support on campus.

Hallett and Westland (2015) recommend five ways postsecondary education institutions can help foster youth succeed:

1. **Safe spaces and supportive staff.** Students who may have few positive adult connections benefit from institutional support in navigating postsecondary education. Having a designated space on campus with a foster youth coordinator can help students connect with a supportive adult, as well as other foster students, and build a sense of community.
2. **Counseling and the opportunity to heal.** Counseling services that specifically address trauma can help foster students more fully access educational opportunities on campus. A foster youth coordinator can work collaboratively with on-campus counseling services to create trauma-informed educational strategies (such as the use of peer mentors) that meet the specific needs of foster youth.
3. **Support for academic success.** Although not all foster students struggle academically, many need support to face the academic rigors of higher education. This can take the form of tutoring services, summer bridge programs, and study skills workshops.
4. **Financial help for the journey.** Foster youth may not always have the resources or guidance to take full advantage of the financial aid or benefits available to them, and they can benefit from assistance with access and budgeting.
5. **The need for support through transitions.** Transitional periods, such as summer and winter breaks, can create significant financial and emotional challenges for foster students, who also benefit from support with navigating the transition out of college. One strategy is for postsecondary institutions to coordinate efforts to help foster students identify and prepare for internships and employment.

American Indian/Alaska Native students

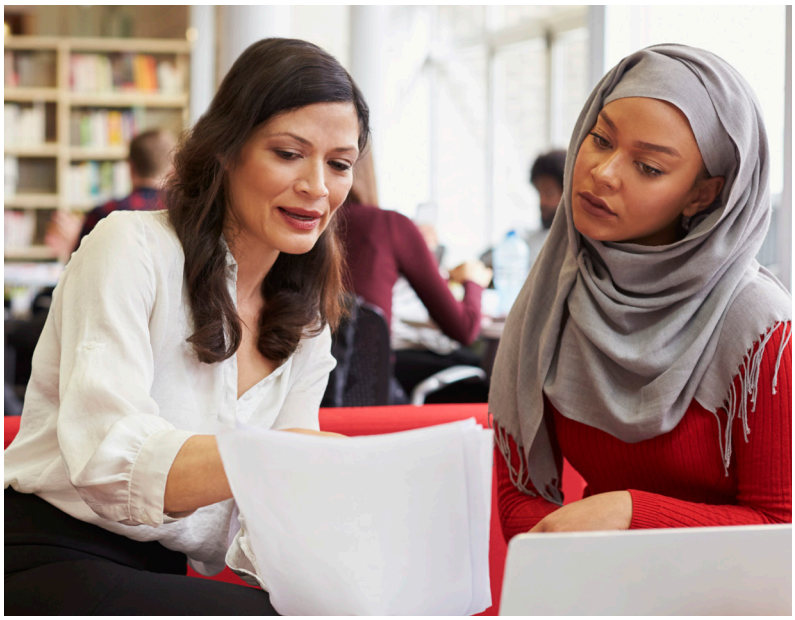
Understanding the mental health and psychological experiences of American Indians and Alaska Natives individuals and communities involves understanding historical trauma, which can be defined as interpersonal losses passed down within and across generations (Brave Heart, 2003). American Indians and Alaska Natives are underrepresented in behavioral health outcome studies and clinical trials; there is not much empirical evidence to support specific approaches for promoting positive mental health outcomes for Native students.

The Iwankapiya study (Brave Heart et al., 2016) sought to address a gap in the availability of culturally grounded mental health treatment approaches for American Indians and Alaska Natives. It also sought to include American Indians and Alaska Natives in the development, design, and delivery of treatments. A pilot study resulted in two promising evidence-based interventions targeting depression, grief, and PTSD symptoms: group interpersonal psychotherapy (IPT) and the historical trauma and unresolved grief intervention (HTUG). The study offered suggestions for researchers working in American Indian and Alaska Native communities, and some may be helpful for non-Native educators in postsecondary education:

1. **Practice cultural humility.** This practice involves constantly evaluating your own knowledge and skills; acknowledging power imbalances; and committing to respectful, humble, and sincere collaboration.
2. **Recognize and respect American Indian and Alaska Native wisdom, knowledge, and intelligence.** Engage in ways that value both Native and non-Native knowledge.
3. **Prepare to play multiple roles and be patient and flexible.** Creative adaptation may require rescheduling, outreach, crisis-intervention skills, compassion, and sensitivity.
4. **Recognize that ongoing community trauma and loss will impact your work.** Any trauma-informed approach acknowledges the widespread impact of trauma; understands potential pathways for recovery; recognizes the signs and symptoms of trauma; integrates knowledge about trauma into policies, procedures and practices; and actively resists retraumatization.

Refugee students

Students from countries impacted by war or natural disaster have different challenges and needs than the average student from abroad. Refugee students are more susceptible to depression, and they are often negotiating difficult, precarious familial and financial circumstances (Dessoff, 2011). Colleges can help by providing group and individual counseling to refugee students, and community members can help by mentoring refugee students, hosting them for holidays or extended visits, and being available to help during transition periods. In addition, refugee students may need assistance finding attorneys or charitable organizations to meet specific needs that are outside the scope of postsecondary education institutions.



LGBTQ students

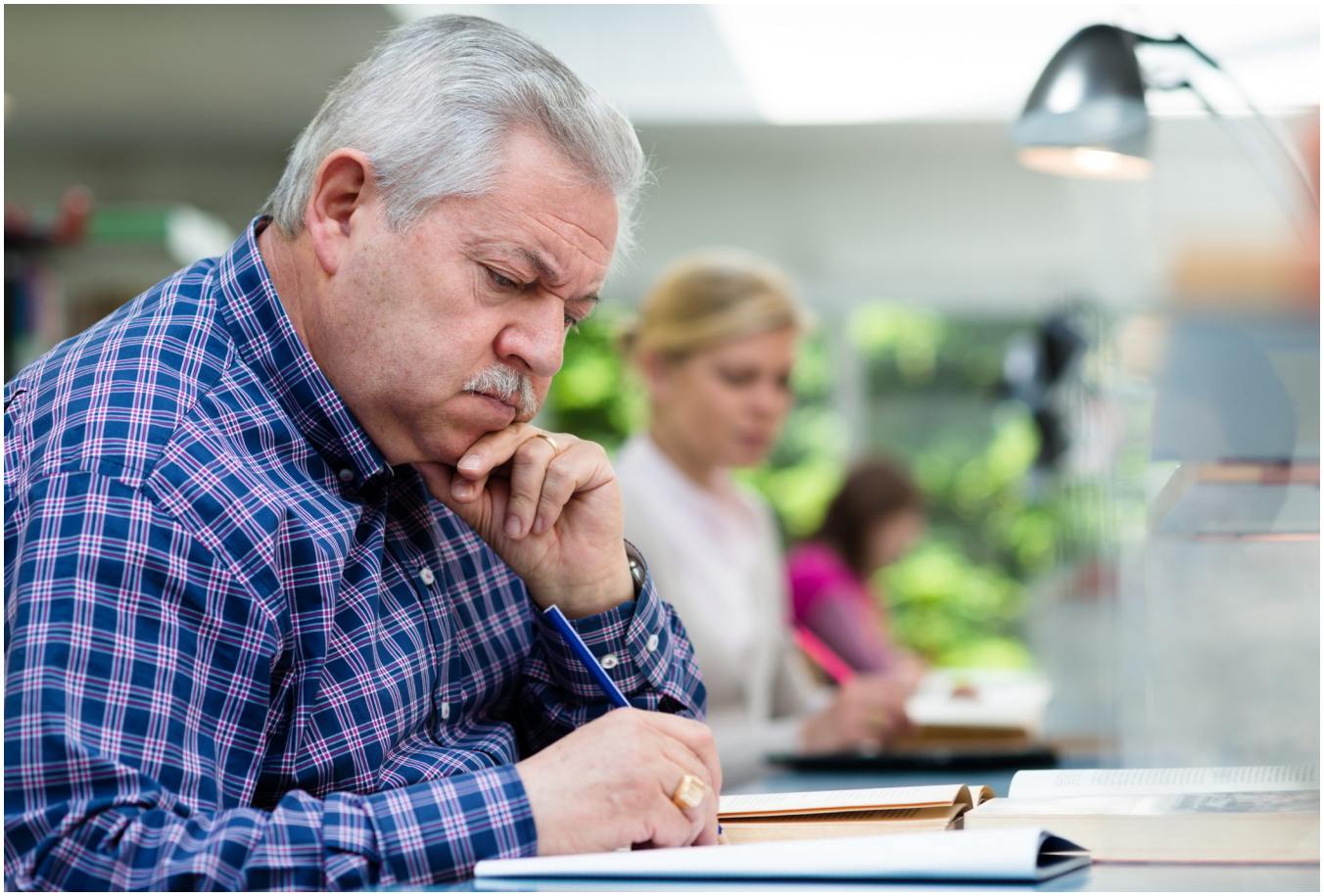
Many lesbian, gay, bisexual, transgender, and questioning and/or queer (LGBTQ) students have been exposed to anti-LGBTQ attitudes and behaviors throughout their lives, ranging from covert discrimination to overt acts of violence. These experiences can contribute to a traumatic response—or even PTSD. Transgender individuals, for example, often encounter gender-based societal risk factors, including violence (National Coalition of Anti-Violence Programs, 2008), and experience a higher level of individual risk factors and predictors associated with suicidality, including a history of sexual trauma, depression, and substance abuse (Clements-Nolle, Marx, & Katz, 2006). In addition, research shows that transgender college students often seek help from counseling professionals at proportionally higher rates than cisgender (nontransgender) students and may also benefit from campuswide efforts aimed at promoting a sense of belonging (Becker et al., 2017).

Because nonfamilial adults, such as teachers and counselors, may be particularly important sources of help for LGBTQ students, college campuses should ensure that educators and mental health providers receive training and supervision from those experienced in working with the LGBTQ community. Additionally, educators and student support staff members should provide an atmosphere of openness, inclusion, and affirmation with students of all genders and sexual orientations.

Nontraditional adult learners

The term "nontraditional" can mean many things, but students are typically considered nontraditional if at least one of the following characteristics applies to them: delayed enrollment after high school, part-time student status, financial independence, having dependents, not having a high school diploma. For adults who begin or return to college later in their lives, a range of economic and non-material barriers may have prevented them from accessing postsecondary learning earlier. For students with a background of trauma, these barriers are compounded by their life events—and often, a negative educational history—all of which can combine and lead to deep attitudinal barriers and internalized fear of learning (Horsman, 2000; Hyland-Russell & Groen, 2011). Additionally, many nontraditional learners must negotiate multiple roles related to family responsibilities, career, and student life, which can make the college experience a difficult one that is characterized by intensified feelings of dislocation and disjunction. According to Hyland-Russell and Groen (2011), safe learning spaces for nontraditional adult learners should:

1. Treat every student as a person worthy of respect and capable of learning, regardless of experiences
2. Position learning as a dialogue among equals
3. Have program or campus staff members who demonstrate deep care
4. Establish and maintain clear, healthy boundaries
5. Provide opportunities for students to reflect on what they have learned and renegotiate their beliefs about themselves in relation to the rest of the world



Recognizing and promoting resilience

The American Psychological Association describes resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress." Resilience involves behaviors, thoughts, and actions that can be learned and developed in anyone—at any stage of learning and life (American Psychological Association, n.d.).

Researchers increasingly acknowledge that resilience and recovery look different for each individual. Thus, what educators often identify as maladaptive behaviors are really misapplied survival skills that may be functional in other settings. Some researchers even argue that trauma-informed behaviors are important coping mechanisms developed to help an individual survive extremely stressful experiences and that eliminating these behaviors can be damaging—especially in the context of ongoing trauma (Teicher et al., 2003).

Coping flexibility and post-traumatic growth

While recovering from trauma, people often move between actively processing the event and using adaptive behaviors to distract themselves, remain optimistic, and focus on moving past the event. These seemingly contradictory perspectives demonstrate "coping flexibility" (Bonanno et al., 2011; Galatzer-Levy et al., 2012), which research suggests is associated with resilient outcomes. In addition, although research tends to focus on the negative outcomes of trauma, more attention is being paid to positive behavioral changes people may make as a result of negotiating the aftermath of a traumatic experience, which Shakespeare-Finch and Barrington (2012) call "post-traumatic growth."

Social networks as a protective factor

Protective factors help individuals who have experienced trauma be resilient by acting as buffers against risk factors (e.g., trauma exposure). Social support has been shown to be an especially important protective factor for traumatized students. For example, Galatzer-Levy et al. (2012) found that "embeddedness," or social integration, was more important than the size of a social network for the most distressed students; the quality—not quantity—of social connections predicts adaptation. In addition, Boyraz et al. (2013) found that among trauma-exposed African American female college students, involvement in on-campus activities and feeling more connected on campus in the first semester were associated with higher first-year GPA. This, in turn, was related to increased likelihood of remaining in college.

Social and emotional learning

Learners of all ages need to continue developing the necessary life skills for healing and growing beyond childhood trauma. This can occur only in the kind of environment where elements of social and emotional learning (SEL), such as sense of belonging, perseverance, and self-regulation, are likely to flourish (Tough, 2016; Greenberg, Wortman, & Stone, 1996).

There is general agreement in the research literature that many SEL factors are actually life skills that can be learned. For example, educators can support students' resilience by promoting growth mindset—which is the belief that intelligence is developed, not fixed, and that trauma-affected students can learn self-efficacy and social-emotional skills. To cultivate growth mindset, trauma-affected students must be taught to explore and learn in the context of their own life experiences so they can begin to repair relationships, engage with caring individuals, and become empowered (Cole, Eisner, Gregory, & Ristuccia, 2013).

Educators have many options for professional learning that will teach them how to incorporate SEL into various learning environments and youth development work (see the appendix for more information).

Trauma-informed practices for postsecondary education: Campus-level strategies

Policymakers and practitioners increasingly recognize that trauma-related information is a necessary part of postsecondary education, as well as ongoing professional education; even the most experienced educators may unwittingly expose students with a history of trauma to uncomfortable or distressing situations. With support from the whole campus community, college faculty members and administrators can provide instruction and assessment in ways that allow all students to feel successful.

Colleges are systems, and creating a trauma-informed climate requires the entire campus community—faculty members, administrators, staff members, counselors, and clinicians—to deepen its shared understanding of trauma's impacts on learning and agree to a campuswide approach. All staff members must work together with a sense of shared responsibility for the physical, social, emotional, and academic safety of every student. Along those lines, when students' needs are addressed holistically, the staff works together to help traumatized students improve their relationships, regulate their emotions and behavior, bolster their academic competence, and increase their physical and emotional well-being (Rodenbush, 2015).

The U.S. Department of Health and Human Services (2014) has identified specific trauma-informed principles, including safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment; and cultural, historical, and gender issues. Fallot and Harris (2009) adapted earlier iterations of these principles (see McHugo et al., 2005) to serve as a guide for community members to assess their own capacity for trauma-informed practice (Table 1).

Suggestions for training faculty and staff members in trauma-informed practices

- Make training a part of new employee and incoming student orientation
- Incorporate it into annual training opportunities/requirements
- Offer training annually to student leaders and student groups
- Offer to provide in-person training at all faculty and staff meetings
- Use student theater troupes to portray realistic scenarios and offer valuable feedback
- Offer quarterly training opportunities with role-play and dialogue
- Mandate annual advanced training for campus safety officials, hearing boards, appellate officers, and other individuals/groups who talk with students about safety and confidentiality
- Institute training on the effects of trauma for all student health services personnel

Source: Hoch et al., 2015.

Table 1. Core values of trauma-informed practice

Core values	Questions to guide the development of trauma-informed practices
Safety (physical and emotional)	• How safe is the building or environment? Are sidewalks and parking areas well-lit? Are there easily accessible exits? • Are directions clear and readily available? • Are security personnel present? • Are signs and other visual materials welcoming, clear, and legible? • Are restrooms easily accessible (e.g. well-marked and gender neutral?) • Are first contacts or introductions welcoming, respectful, and engaging?
Trustworthiness	• Do students receive clear explanations and information about tasks and procedures? • Are specific goals and objectives made clear? • How does the program handle challenges between role clarity and personal/professional boundaries?
Choice and control	• Is each student informed about the available choices and options? • Do students get a clear and appropriate message about their rights and responsibilities? Are there negative consequences for making particular choices? Are these necessary or arbitrary consequences? • Do students have choices about attending various meetings? • Do students choose how contact is made (e.g., by phone or mail to their home or other address)?
Collaboration	• Is there a student advisory board, and does it have a significant role in planning and evaluation of services? Are there members who identify as trauma survivors or are from a targeted group (such as veterans, foster youth, etc.)? • Is student input and preference given substantial weight in service planning, goal setting, and the development of priorities? • Do educators identify tasks on which they and students can work simultaneously (e.g., information gathering and committees)?
Empowerment	• How are each student's strengths and skills recognized? • Do educators communicate a sense of realistic optimism about students' capacity to achieve their goals? • How can each class, contact, or service be focused on skill development or enhancement?

Source: Fallot & Harris, 2009.

Education institutions are often regarded as an ideal entry point to mental health services for students; by developing partnerships with local mental health services providers, campuses can help connect students to additional supportive services. Education systems must determine which trauma-informed model is appropriate, and they should consider offering trauma-informed care across systems to increase the opportunities for cross-system learning and collaboration (McInerney & McKlindon, 2014).

Drawing from social work models, trauma-informed educators can become more sensitive to understanding students' current challenges in the context of past trauma. Specifically, trauma-informed educators should neither ignore nor dwell on students' trauma, but they should validate and normalize students' experiences, help students understand how the past influences the present, and empower them to manage their present lives more effectively (Knight, 2015).

Trauma-informed approaches are holistic and require a paradigm shift at both the staff and organizational level because they reshape a college's culture, practices, and policies. Along those lines, choosing a trauma-informed approach requires an entire campus community to shift its focus to understanding what happened to a student rather than fixating on that student's negative behaviors. As a result of this cultural shift, faculty members, administrators, and staff members can begin to engage in the kind of teamwork, collaboration, flexibility, and creativity that lead to a deep understanding of the impact of trauma on learning.

Four principles for working with trauma-affected individuals

1. Normalize and validate their feelings and experiences
2. Assist them in understanding the past and its emotional impact
3. Empower them to better manage their current lives
4. Help them understand current challenges in light of the past victimization

Sources: Knight, 2015; Martsolf & Draucker, 2005; Wright, Woo, Muller, Fernandes, & Kraftcheck, 2003.

Hoch et al. (2015) recommend that postsecondary educators take the following steps to meet the needs of students who have experienced trauma:

- Connect students to the school community
- Provide students with opportunities to practice their skills
- Embrace teamwork and shared leadership
- Anticipate and adapt to the changing needs of students and the community

Students should be involved in efforts to promote their own resilience. One way to do so is to host discussions and give students information on the human brain and its developmental periods, emphasizing the effects trauma can have. Peer educators and peer counselors should also receive ongoing education and training regarding the effects of trauma, as well as best practices for assisting students who are dealing with the effects of trauma (Hoch et al., 2015).

Trauma-informed practices for postsecondary education: Classroom-level strategies

Within individual classrooms, faculty and teaching staff members can take important steps to ensure success for all learners. Carello and Butler (2014) have found that narratives about trauma are increasingly taught in various nonclinical courses, including those in the humanities and social sciences, in U.S. universities. They emphasize, however, that teaching about trauma is not the same thing as using trauma-informed pedagogy and educators should aim to reduce the risk of retraumatization (triggering or reactivating trauma-related symptoms originating from earlier life events) and secondary traumatization (experiencing trauma-related symptoms from learning others' stories) when exposing students to potentially sensitive material.

The foundation for effective trauma-informed classroom practice is the educator's grasp of how trauma impacts students' behavior, development, relationships, and survival strategies. A trauma-informed educator never forgets that students bring their entire lives into the classroom every day, and that on some days, students will be actively responding to trauma (Perkins & Graham-Bermann, 2012). Opinions about the use of "trigger warnings" before introducing sensitive material are mixed; in fact, some students may find even the word "trigger" objectionable because it implies something out of their control, preferring the term "activate" instead (DiMarco, 2017). In addition to verbal sensitivity, trauma-informed educators maintain a consistent

De-escalation techniques

- **Watch for signs in the other person.** These may include irrational actions, a flushed face, intense emotions, or disjointed sentences.
- **Be careful not to "mirror" the other person's behaviors.** Remember: Mirror neurons work quickly.
- **Stay calm, move slowly, and be aware of safety.** People who are using their midbrain and not their cortex can behave erratically and dangerously. Also, the more you stay calm and connected, the easier it is for them to "mirror" you.
- **Practice empathy and give the other person space.** Listen and acknowledge their feelings—but don't talk at them, touch them, make fast movements, crowd them, or give any complicated directions.
- **Invite them to take a nonpunitive "cool-down time."** This works best if it is an option, not a command.
- **Suggest simple tasks to engage the cortex.** For example, ask them to remind you how their name is spelled or encourage them to breathe and count to 10.
- **Ask for help.** When the other person has begun to de-escalate, change the subject by asking them for their help (e.g., "I can tell you aren't ready to engage in work yet, but are you calm enough to help me by ...?")

Source: Sound Discipline, 2016.

schedule and classroom structure, model flexibility when faced with unexpected changes to their routine, and help trauma-affected students recognize their progress by providing ongoing positive feedback in the face of obstacles and highlighting students' strengths (Rodenbush, 2015).

The following are some strategies for trauma-informed teaching across disciplines, according to Carello and Butler (2014); Downey (2013); Health Federation of Philadelphia (2010); and Wolpow, Johnson, Hertel, and Kincaid (2009):

- **Empower students.** By offering choices for participation and encouraging their sense of agency, educators help students feel some control over their lives. In addition, when students make positive choices and educators praise them for doing so, they begin forging a positive direction in their own lives.
- **Check in with students.** Identify learning as the primary goal—and students' emotional safety as a necessary condition for it. Educators should never underestimate the impact of sincerely asking a student, "What's going on?" This simple question can open up a dialogue and provide information educators need to better understand and meet students' needs. Along those lines, asking this question lets students know their teachers and the community care about them.
- **Prepare for significant anniversaries.** On a particular date or during a particular time of year, students will remember a traumatic experience, such as going into foster care or losing a loved one to violence. If a student shares this information with an educator, it is critical to check in with that student around the time of the anniversary to identify needs for additional support.
- **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"). Lesson plans should be constructed to maximize the inclusion of alternative family structures.
- **Avoid romanticizing trauma narratives in subject content.** Although some individuals experience post-traumatic growth after successfully adapting to the fallout of traumatic experiences, ensure your lesson content or subject matter does not depict trauma as romantic or desirable.
- **Identify mentors and other support systems.** Connect students to peers or other adults who can provide them with additional support. Be prepared to refer students to your institution's counseling services or emergency care if needed.

In addition, according to Wolpow et al. (2009), these six principles should guide interactions with students who have experienced trauma:

1. **Always empower students.** Trauma-informed educators avoid struggles with students; classroom discipline is necessary, but it should be done in a way that is respectful, consistent, and nonviolent. Students who have experienced trauma often seek to control their environment to protect themselves, and their behavior will generally deteriorate the more helpless they feel.
2. **Express unconditional positive regard.** Trauma-informed educators, as consistently caring adults, have the opportunity to help students build trust and form relationships. Even if a student acts out and expresses hatred for or cruel judgments of the educator, the response must always be unconditional positive regard: "I'm sorry you feel that way. I care about you and hope you'll get your work done."
3. **Maintain high expectations.** Trauma-informed educators set and enforce limits in a consistent way that provides high expectations for all students. Maintaining consistent expectations, limits, and routines sends the message that the student is worthy of continued unconditional positive regard and attention. In addition, consistency in the classroom helps students differentiate between the arbitrary rules that led to their abuse and the purposeful ones that assure their safety and well-being.

4. **Check assumptions, observe, and question.** Trauma-informed educators talk to students and ask questions instead of making assumptions, as trauma can affect any student and manifest in many ways. Trauma-informed educators also make observations to students about their behaviors and then fully engage in listening to the response.
5. **Be a relationship coach.** Trauma-informed educators assist traumatized students of all ages in developing social skills and help them cultivate positive relationships.
6. **Provide guided opportunities for helpful participation.** Trauma-informed educators model, foster, and support ongoing peer "helping" interactions, such as peer tutoring and support groups, to provide traumatized students with the opportunity to practice academic and social-emotional skills.

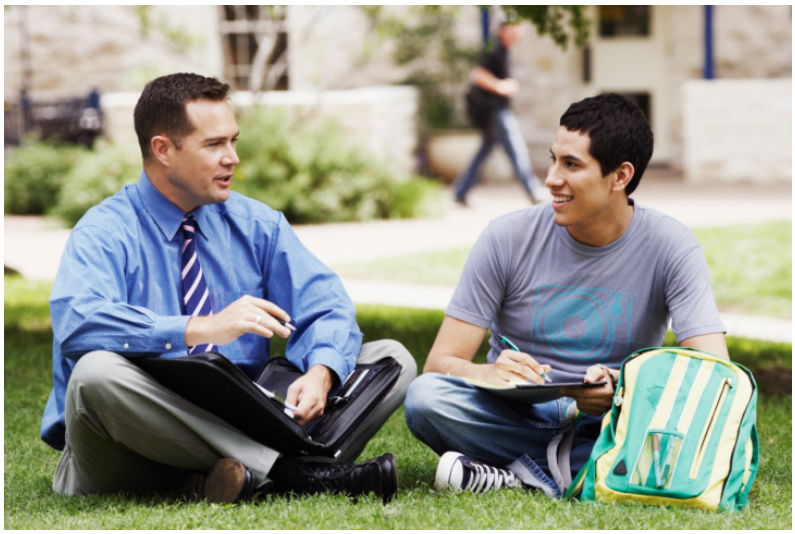
There are bound to be ups and downs while implementing trauma-informed practices in the classroom. When educators encounter an obstacle or setback, they can keep in mind the following suggestions from Hoch et al. (2015):

- Students are the expert on their own life and feelings.
- Do not expect instant trust.
- Be absolutely trustworthy and reliable.
- Normalize and validate feelings that come from experiencing trauma.
- Ask students what will help them feel more comfortable and how you can best work with them.
- Realize and accept that difficult behaviors have probably served students well and may be hard to give up.
- Maintain appropriate boundaries (this is always important but is even more so with traumatized learners, as it contributes to a sense of safety).

Mindfulness in the classrooms

Although the research evidence linking mindfulness and resilience is still emergent, early findings suggest that engaging in mindfulness exercises can be beneficial for students who have experienced trauma. Kuhl and Boyraz (2017) found that among trauma-exposed college students in the southeastern U.S., those who scored themselves higher on a mindfulness scale were more likely to both trust others and perceive higher levels of social support. In addition, mindfulness may help trauma-exposed college students manage their emotions and enhance their relational functioning, as well as increase their ability to have compassion and empathy for others and themselves. Meditation and guided reflections are examples of activities that can promote mindfulness in the classroom.

Retraumatization, vicarious trauma, and compassion fatigue: Guidance for educators



Trauma takes a toll on learners, families, education institutions, and communities. It also takes a toll on educators and support staff members, who tend to receive little training on how to recognize the symptoms of trauma—and virtually no training on how to deal with the way trauma can affect them (Wolpow et al., 2009).

It is easy for a caring educator to become overly engaged with a learner who has experienced trauma. However, trauma-informed educators must balance the appropriate display of empathy with strong emotional boundaries. If an educator begins to overly identify with a student by experiencing the student's pain as his or her own, the educator's effectiveness in the student's life is significantly decreased, which can harm both individuals. Paying attention to the balance between healthy empathy and over-identification is essential not only for the student but also for the health and well-being of the educator, and self-care and self-awareness are critical to that balance (Rodenbush, 2015).

Any educator who works directly with trauma-affected learners is vulnerable to the effects of trauma—and susceptible to compassion fatigue and secondary traumatic stress, or "vicarious trauma" (American Counseling Association, 2011). Educators may begin to feel physically, mentally, or emotionally worn out and/or overwhelmed by their students' traumas. According to the American Counseling Association (2011), the signs of compassion fatigue and vicarious trauma include the following (and the best way to deal with them is early recognition):

- Difficulty talking about feelings
- Free-floating anger and/or irritation
- Jumpiness
- Over- or under-eating
- Difficulty falling asleep and/or staying asleep
- Worrying you are not doing enough
- Dreaming about traumatic experiences
- Diminished joy toward things you once enjoyed
- Feeling trapped by your work (for crisis counselors)
- Diminished feelings of satisfaction and personal accomplishment
- Dealing with intrusive thoughts about especially severe trauma histories
- Feeling hopeless about work
- Blaming others

Educators need strength and courage to open their hearts to others' suffering, but they also must understand their own feelings and show themselves compassion. Too often, educators judge themselves as weak or incompetent for having strong reactions to a student's trauma. Compassion fatigue is not a sign of weakness or incompetence, however. Rather, it is the cost of caring (Figley, 1995).

In addition, educators should consider that given the high rates of childhood trauma in our society, it is likely they might uncover their own unresolved traumatic experiences in dealing with their students' trauma, which is also known as retraumatization. Educators should seek professional counseling if they experience ongoing signs of compassion fatigue, vicarious trauma, or retraumatization.

Self-care for affected educators means guarding against getting lost in the feelings of trauma-affected students, as well as maintaining perspective by spending time with individuals who are not traumatized. Staying healthy and physically fit, engaging in fun activities, finding time for reflection, taking breaks during the workday, crying as needed, and finding things to laugh about will all help educators maintain balance. In a study of self-care practices among a group of social work students, Shannon, Simmelink-McCleary, Im, Becher, and Crook-Lyon (2014) found that the students benefited from being introduced to evidence-based practices for mediating the stress of trauma education, including mindfulness-based stress-reduction exercises, such as meditation. The students also found that journals allowed them to manage everyday stress and feel more self-aware and that mindfulness helped them remain present and calm (Shannon et al., 2014).

Along those lines, compassion fatigue is an occupational hazard for educators. No one who is privy to students' trauma should carry the burden alone, and although educators must respect student confidentiality, they must also enlist their colleagues' support. Working in teams and involving administrators in daily issues will provide the necessary support to continue doing this work without burning out (Figley, 1995).

The consensus among many state agencies and organizations (Downey, 2013; Health Federation of Philadelphia, 2010; Wolpow et al., 2009) is that to remain effective and functional, educators who work with trauma-affected students on a daily basis should identify self-care activities that help relieve stress (such as physical exercise, creative expression, and adequate rest) because by taking care of themselves first, they are in a better position to help their students.

Conclusion

> When we stand back and look at all the ways individuals fail to reach their full potential in our culture, trauma stands out as the most significant common factor across settings. **(ZIEGLER, N.D.)**

With care and support from their community, individuals with a history of trauma can persist and succeed as resilient learners in a postsecondary education setting. Educational success is an accomplishment that may carry more weight for trauma-effected learners because for them, school can confirm that the world is filled with unresponsive, threatening adults and peers—or provide an opportunity to learn that some places are safe, stimulating, and even fun. And given the large number of trauma-affected members of our society, it is time to pay close attention to how educators facilitate their learning; one size does not fit all in education (Ziegler, n.d.). If educators do not receive significant support to address trauma's impact on learning, students with a history of trauma will continue to achieve below their academic potential, and educators will burn out trying to help them (Cole et al., 2005).

Trauma-informed educators and learning environments benefit everyone: those whose trauma history is known, those whose trauma will never be clearly identified, and those who may be impacted by the behavior of trauma-affected students. Through trauma sensitivity, educators can ensure all learners are given the opportunity to achieve at their highest levels (Cole et al., 2005). What is needed in education is a synthesis of the substantial new information on trauma, brain development, treatments, and strategies so educators can develop a theory of learning and progressive academic tools (Ziegler, n.d.). Individuals can—and do—recover from the debilitating effects of trauma. But to recover, they need supportive individuals in their lives who understand and respond to their unique needs.

Appendix: Trauma-informed and social and emotional learning resources

- **The Safe Place resource kit** (http://www.air.org/resource/safe-place-resource-kit-trauma-sensitive-practice-health-centers-serving-higher-education) encompasses a broad range of material introducing and endorsing trauma-sensitive practice, with an emphasis on sexual assault trauma. Designed specifically for health center staff members who serve as primary care providers to students in higher education, ideas from the kit could be adapted for general use by faculty and staff members in the campus community.
- **National Center on Safe Supportive Learning Environments (NCSSLE)** resources (http://www.air.org/center/national-center-safe-supportive-learning-environments-ncssle) include key research, technical assistance information, and training on various issues, including bullying, violence prevention, mental health, substance abuse, discipline, and safety.
- **The National Center for Trauma-Informed Care** (https://www.samhsa.gov/nctic) is operated by the Substance Abuse and Mental Health Services Administration. The website provides information on trauma-informed care, links to models that could be adapted for implementation by education institutions, and information on training and technical assistance support.
- **NARM: Healing Developmental Trauma** (http://www.drlaurenceheller.com/Intro_to_NARM.html) proposes the NeuroAffective Relational Model as a way to help clients with self-regulation through working simultaneously with the physiology and the psychology of individuals who have experienced developmental trauma, focusing on the interplay between issues of identity and the capacity for connection and regulation.
- **The Safe Start Center** (https://safestartcenter.wordpress.com/) is operated by the national Office of Juvenile Justice and Delinquency Prevention. It works to prevent and reduce children's exposure to violence and expand understanding of evidence-based practices.
- **The National Child Traumatic Stress Network** (http://www.nctsn.org/) provides resources for various audiences, including school personnel. It offers the Child Trauma Toolkit for Educators (http://www.nctsn.org/sites/default/files/assets/pdfs/Child_Trauma_Toolkit_Final.pdf), as well as information about responding to a school crisis; resources regarding school safety, the effects of trauma, disaster response, and service interventions; and a list of web resources.
- **The American Psychological Association** offers practice-oriented publications and fact sheets, including "Managing traumatic stress: Tips for recovering from disaster and other traumatic events" (http://www.apa.org/helpcenter/recovering-disasters.aspx) and "Building Your Resilience" (http://www.apapracticecentral.org/outreach/building-resilience.aspx).
- **The Campus Sexual Violence Resource List** (http://www.nsvrc.org/saam/campus-resource-list), provided by the National Sexual Violence Resource Center, refers to campus safety resources in areas such as primary prevention on campus, campus policy information, statistics, alcohol use and sexual violence, as well as resources for administrators, student activists, and law enforcement.
- **Stanford PERTS** (https://www.perts.net/programs) creates evidence-based programs on growth mindset and social belonging for educators in K–12 and higher education settings.

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