Trauma Informed Teaching in Higher Education

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Introductions

Center for Advocacy, Resources and Education

- CARE supports students impacted by any form of sex or gender-based violence, harassment or discrimination
- Provides emotional support & counseling, accommodations, support with Title IX reporting and cases & medical & legal resource connection

Disability Resource Program

- DRP provides academic accommodations, strategy sessions for symptoms management, and peer support group for students with a registered disability
- Approximately 20% of Hastings students are registered with DRP, many have psychological disabilities and/or a history of trauma
Today’s Objectives

• **Understand** the prevalence of trauma, and the effect of trauma on the nervous system and learning

• **Learn** concrete trauma-informed teaching strategies to share with staff and faculty on your campus
Myth: Excuses behavior & acting out

Fact: Better understand behavior & meet students' needs
Myth: Irrelevant to course

Fact: Trauma shows up everywhere
Trauma-Informed Teaching
Myths and Facts

Myth: Just about trigger warnings, which don't work anyway

Fact: Help students choose resilience strategies
Trauma-Informed Teaching
Myths and Facts

Myth: Relates only to students

Fact: Being trauma-informed helps faculty and staff too
Myth: Not enough time, too much extra content

Fact: Can be as simple as taking a 1-minute stretch break
“Trauma is not the story of something that happened back then, it’s the current imprint of that pain, horror, and fear living inside people.”

- Dr. Bessel Van Der Kolk
Trauma’s Impact

What are some ways that student’s trauma histories might show up in the classroom?
Trauma and Higher Education

• 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).

• 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).
Trauma in LGBTQ+ Community

- **44%** of lesbians and **61%** of bisexual women experience violence, by an intimate partner, compared to **35%** of straight women *National Intimate Partner and Sexual Violence Survey. 2010. CDC*

- **21%** of straight cis men have experienced **sexual violence other than rape** in their lifetime, compared to **40%** of gay men and **47%** of bisexual men *The National Intimate Partner and Sexual Violence Survey. 2010. CDC*

- Trans and gender non-binary people experience disproportionate rates of sexual violence. A recent study found that **47%** of trans and GNB participants reported being sexually assaulted in their lifetime *US Transgender Survey. 2015. National Center for Transgender Equality*.
Trauma in Black & Indigenous Communities


• Black adults are 20 percent more likely to report serious psychological distress than White adults. (U.S. Department of Health and Human Services Office of Minority Health. Mental and Behavioral Health - African Americans. (2019, September 25).

• Compared with White people with the same symptoms, Black people are more frequently diagnosed with schizophrenia and less frequently diagnosed with mood disorders like depression. Howard, C. (2018, April 12). The State of Minority Mental Health. Retrieved June 24, 2020)
ACES & The Impacts of Trauma

Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Source: Center for Disease Control and Prevention
A Healthy Nervous System
The Nervous System on Trauma & Stress

Symptoms of Un-Discharged Traumatic Stress

- Anxiety, Panic, Hyperactivity
- Exaggerated Startle
- Inability to relax, Restlessness
- Hyper-vigilance, Digestive problems
- Emotional flooding
- Chronic pain, Sleeplessness
- Hostility/rage

Traumatic Event

Stuck on “On”

Depression, Flat affect
Lethargy, Deadness
Exhaustion, Chronic Fatigue
Disorientation
Disconnection, Dissociation
Complex syndromes, Pain
Low Blood Pressure
Poor digestion

Stuck on “Off”

Normal Range

(Levine, Ogden, Siegel)
Interrupting the Trauma Response
# Interrupting the Trauma Response

<table>
<thead>
<tr>
<th>TOP DOWN: Cognitive</th>
<th>BOTTOM UP: Physiological</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interrupting automatic thoughts</td>
<td>Standing up and stretching</td>
</tr>
<tr>
<td>Reframing negative thoughts</td>
<td>Holding ice cubes</td>
</tr>
<tr>
<td>Writing a list of positive attributes or pros and cons</td>
<td>Exercise</td>
</tr>
<tr>
<td>Telling yourself &quot;You can get through this&quot;</td>
<td>Diaphragmatic breathing</td>
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<tr>
<td>Telling yourself you are safe</td>
<td>Paired muscle relaxation</td>
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What is Trauma-Informed Teaching?

Trauma-informed teaching is not a rigid, prescriptive set of teaching or institutional practices, but “a perspective or lens through which practices are evaluated and refined, pursuing academic rigor and inquiry in a supportive community informed by lived experience."

-Mass Bay Community College Institute for Trauma, Adversity and Resilience in Higher Education
Strategies for Supporting Student Resiliency

Resiliency:

“The process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress.”

-American Psychological Association
Five Principles of Trauma-Informed Teaching

Credit: Buffalo School of Social Work
## Principles of Trauma-Informed Teaching #1

<table>
<thead>
<tr>
<th>Principle</th>
<th>Practice</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>The classroom is a welcoming environment, and privacy is respected</td>
<td>&quot;Thanks for sharing that information with me. Would you like to speak in my office where it's more private?&quot;</td>
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### Principles of Trauma-Informed Teaching #2

<table>
<thead>
<tr>
<th>Principle</th>
<th>Practice</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Choice</strong></td>
<td>Give students choice, control and autonomy regarding engagement in the classroom</td>
<td>“I know this is a hard topic, students in the room may be personally impacted, it’s okay to take a break as needed.”</td>
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## Principles of Trauma-Informed Teaching #3

<table>
<thead>
<tr>
<th>Principle</th>
<th>Practice</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration</td>
<td>Faculty provide opportunities for students to have a significant role as co-creators of their educational experience; promote campus resources</td>
<td>“CARE is a free, confidential resource for students. They can speak with you about how this material is impacting you.”</td>
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## Principles of Trauma-Informed Teaching #4

<table>
<thead>
<tr>
<th>Principle</th>
<th>Practice</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trustworthiness</td>
<td>Respectful and professional boundaries are maintained; there is task and role clarity and consistency</td>
<td>Faculty are consistent in what they say, do and how they interact with students</td>
</tr>
</tbody>
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Principles of Trauma-Informed Teaching #5

<table>
<thead>
<tr>
<th>Principle</th>
<th>Practice</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empowerment</td>
<td>Create an atmosphere of encouragement, confidence, and validation</td>
<td>&quot;I trust you to do what you need to do to stay engaged; I believe in your ability to take care of yourself.&quot;</td>
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Scenarios: What do you do?

1. A student with PTSD comes to DSP and complains that a professor allowed other students to make insensitive remarks about police brutality, and as a result, they do not feel comfortable or safe in the class.

2. A psychology professor comes to you stating that they notice a student is not participating and seems visibly upset during a section on sexual violence. They want to know if the student is DSP and what they can do to help.

3. You propose offering a training on Trauma-Informed Teaching for faculty and get pushback that “trigger warnings aren’t helpful for students and we are just coddling them, not preparing them for the ‘real world.’”
Recommended Resources

- The Body Keeps Score: Brain, Mind and Body in the Healing of Trauma by Dr. Bessel Van Der Kolk Jr.
- From Safe Spaces to Brave Spaces: A New Way to Frame Dialogue around Diversity and Social Justice
- ACEs Ted Talk by Dr. Nadine Burke Harris
- A Rape Law Pedagogy, Kate Bloch, UC Hastings
Q & A
Thanks For Attending!

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