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Cultivating Trauma-Informed Spaces in Education: Promising Practices Manual

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Sheridan

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Promising Practices Manual

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Land Acknowledgment

Sheridan is covered by the Dish with One Spoon treaty and the Two Row Wampum treaty which emphasize the importance of joint stewardship, peace, sovereignty, respectful relationships, and reciprocity. We recognize the land on which we gather has been and still is the traditional territory of several Indigenous nations, including the Anishinaabe, the Haudenosaunee Confederacy, the Wendat, the Mississaugas of the Credit First Nation, and the Métis. Since time immemorial, numerous Indigenous nations and Indigenous peoples have lived and passed through this territory.

As a research team of diverse settlers, we represent the following countries and regions England, Germany, Hungary, Ireland, Italy, the Middle East, Scandinavia, Scotland, South Asia, Trinidad, and Ukraine, including experiences of voluntary and forced migration. We collectively reside in Brampton, Hamilton, Mississauga, Oakville, and Toronto. We are grateful to be living and working on this land. It is our collective responsibility to honour and respect those who have gone before us, those who are here, and those who have yet to come. We recognize and pledge to advocate for change by helping to lift the voices of Indigenous people as they fight for the well-being of their communities and in our commitment to Truth and Reconciliation.

We would like to acknowledge the valuable work of Indigenous peoples at Sheridan and in the community that are making a difference for future generations. We honour the resilience of Indigenous knowledge and their knowledge and application of Trauma-Informed Practices.

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Prevalence of Trauma, Research Project Background & Promising Practices Manual

Prevalence of Trauma

On a daily basis, individuals and communities are faced with experiences of trauma including, racial trauma, oppression, violence, accidents, poverty, natural disasters, bearing witness to the trauma of others, or re-traumatization of historical and intergenerational experiences of trauma.

In Canada, 76% of adults report some form of trauma exposure in their lifetime, with 9.2% meeting the criteria for Post-Traumatic Stress Disorder (Government of Nova Scotia, 2015). In 2018, 44% of women reported experiencing some form of intimate partner violence in their lifetime (Government of Canada, 2022, para. 13) and 6 in 10 Indigenous women have experienced some form of partner violence in their lifetime (Heidinger, 2021, p. 4). The National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019 highlighted Indigenous women and girls are 12 times more likely to be missing or murdered compared with non-Indigenous women and girls (Heidinger & Canadian Centre for Justice and Community Safety Statistics, 2022, para. 73). Transgender people are more likely to experience violence from age 15, compared to cisgender people (Jaffray, 2020, as cited in Canadian Women's Foundation, 2021). Additionally, 25% of students in grades 6 to 12 report being bullied (Centre for Chronic

Disease Prevention, 2017) and 32% of adults report that they experienced abuse in childhood (Afifi et al., 2014).

As a specific example, many college and university students are starting their post-secondary education journey with some of these lived experiences of trauma. Post-secondary students are a vulnerable group, with as many as 50% of college students being exposed to a potentially traumatizing event in their first year of college (Galatzer-Levy et al., 2012). An estimated 47% of students at Canadian post-secondary institutions witnessed or experienced discrimination on the basis of gender, gender identity, or sexual orientation in the past year (Burczycka, 2020, p. 4). In Statistics Canada's 2019 Survey on Individual Safety in the Postsecondary Student Population, 71% of students at post-secondary schools across Canada witnessed or experienced unwanted sexualized behaviours in a post-secondary setting, with one in ten female students reporting that they experienced a sexual assault in a post-secondary setting the previous year (Burczycka, 2020).

Educators should assume that the student population and students in their classrooms will be at risk of trauma and re-traumatization because of their own lived experiences, mental health, current life challenges, and vicarious or secondary

trauma from exposure to the stories of others (Carello & Butler, 2015; Davidson, 2017). Trauma impacts the adult learner in the classroom and in their overall college experience as it can affect a person's sense of safety, self, self-efficacy, self-regulation, relationships, mental health, and learning experience (Poole & Greaves, 2012).

Applying a Trauma Informed Practice framework involves understanding the ways in which violence and traumatic experiences may have impacted facets of a student's life; applying that understanding to the design of systems and provisions of services; and accommodating trauma survivors' needs as conducive to healing and recovery (Butler, Critelli, & Rinfrette, 2011; Harris & Fallot, 2001).

Research Project Background

In 2021, the authors representing Sheridan College's School of Community Studies and Student Affairs embarked on a research project entitled *"Developing a Trauma-Informed Practice Framework"*. This research project was supported by the Sheridan College Scholarship, Research, and Creative Activities (SRCA) 2021-2022 Growth Grant. The project's goal was to develop proactive measures to enhance student support, and safer learning experiences, and reduce trauma, re-traumatization, and vicarious trauma. The project outcome was the development of a Trauma-Informed Practice (TIP) framework and promising practice strategies for faculty and employees within Sheridan College's School of Community Studies Department

and Student Affairs. Over the project duration, the authors came to expand this goal to include employees working in educational settings, recognizing that they also bring their lived experiences of trauma, and face exposure to re-traumatization and vicarious trauma in their work.

This research study employed a community-driven approach, drawing from the voices of key partners, including students, faculty, employees, and community-based agencies, which was supported by a comprehensive literature review. Integrating principles and practices from an Equity, Diversity, and Inclusion lens and a Trauma Informed Research approach, the researchers conducted eighteen focus groups and eleven interviews with a diverse group of students, faculty, and employees from Sheridan College. A Community of Practice Forum was also held with a cross-section of nine community-based social service agencies conversant in Trauma-Informed Practice, primarily from Halton and Peel regions, and surrounding areas including Guelph, Hamilton, and Toronto.

Through this research study, we discovered that there is currently no formally agreed-upon framework for Trauma-Informed Practices (Boylan, 2021) and no consistent implementation practices (Thomas et al., 2019, Stratford et.al., 2020 as cited in Venet, 2021; Perry & Winfrey, 2021) across the literature. Overall, Trauma-Informed Practice continues to be underexplored theoretically and practically in the education

sector (Boylan, 2021). Baker et al. (2015) and Reeves (2015) point out that the majority of published papers about Trauma-Informed Care are conceptual or theoretical discussions, white papers, editorials, or literature syntheses that do not focus on empirical research on the outcomes of implementation approaches (as cited in Birnbaum, 2019).

We were encouraged to learn about the resources (books, articles, manuals, and discussions) that exist in elementary education, health, and social service communities. In addition, we learned from members of the Sheridan College community and social service community that noticed the positive impacts of integrating Trauma-Informed Practice strategies in their work.

Highlights of Our Research Findings

The themes arising from our research (including responses from focus groups, interviews, and the Community of Practice Forum) and the literature review uncovered gaps, and areas for further exploration and substantiated several identified needs.

1. The need for a broader definition of "trauma" that incorporates an Anti-Racism and Anti-Oppression perspective, which considers racial and cultural contexts, social determinants of health, historical and intergenerational perspectives, and the role of colonization. In addition, the need to shift away from

individualized, medicalized, and pathologized views of trauma to support greater understanding and de-stigmatization.
2. The need for a better understanding of "Trauma-Informed Education" and an integrated analysis that includes Equity, Diversity, and Inclusion principles.
3. The need for promising practice strategies to implement Trauma-Informed Education Pedagogy to support adult learners.
4. The critical need for a paradigm shift from seeing Trauma-Informed Education as the sole responsibility of educators to seeing the role every individual can play in implementing Trauma-Informed Education across all levels of organizations.
5. The need for greater research on Trauma-Informed Education in post-secondary education in Canada and a deeper exploration of how trauma impacts adult learners and the employees working in these settings.
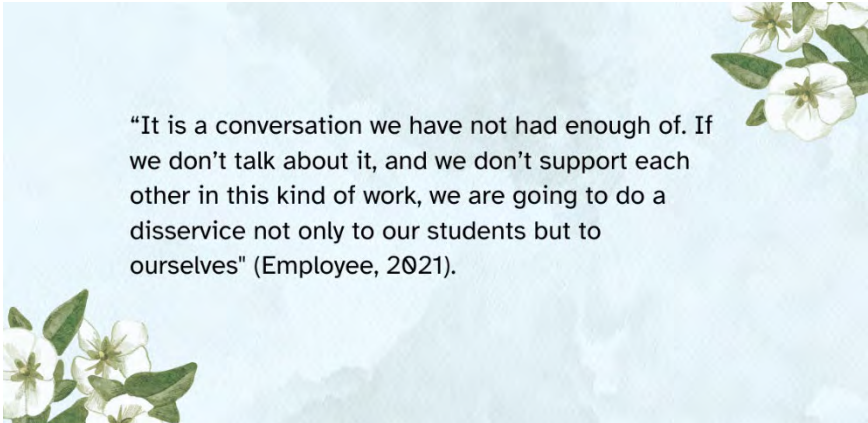
Promising Practices Manual

Our critical analysis from this research study has culminated in the development of a framework called "Trauma-Informed Education Grounded in a Systemic Analysis", which operates from a macro, mezzo, and micro perspective. This framework was embedded in the development of the "Cultivating Trauma-Informed Spaces in Education, Promising Practices Manual". This *Promising Practices*

Manual is premised on the belief that we can all improve our methods of supporting one another to bring about systemic change in education.

This Promising Practices Manual is premised on the following:

- Trauma-Informed Education is multifaceted; and is supported and enhanced by several theoretical approaches, including Anti-Racism and Anti-Oppression, Intersectionality, Equity, Diversity, and Inclusion, Indigenous Ways of Knowing, Being, and Doing, Cultural Humility, Harm Reduction, Universal Design of Learning, Strength-Based Approach, Empowerment, and others.
- Trauma-Informed Education is not a simple checklist of strategies. It is a recognition that education plays a role in social change, destigmatizing trauma and challenging the systems that create trauma in the first place, including educational institutions.
- Everyone plays the role of 'educator'; no matter what their role,

department, and experience are in an educational organization.

- Students, faculty, employees, and leadership (department leaders, senior management, and board members) working in an educational organization come to work with their own trauma stories. We bring our whole selves to work which requires vulnerability as learners, educators, and employees.
- When thinking about the prevalence of trauma in a broad way, we come to an understanding that everyone has likely experienced some form of trauma across their lifespan.
- Working in an educational organization, we bear witness to stories of trauma that can lead to re-traumatization, compassion fatigue, empathic distress, vicarious trauma, and burnout. These experiences impact everyone in unique ways.
- A true Trauma-Informed Educational organization requires everyone to play a role.

"It is a conversation we have not had enough of. If we don't talk about it, and we don't support each other in this kind of work, we are going to do a disservice not only to our students but to ourselves" (Employee, 2021).

Trauma-Informed Education Promising Practices Manual, 2022

Why We Should Care About Trauma-Informed Education

Due to the prevalence of trauma inside and outside of educational settings, teaching without a Trauma-Informed Approach can cause harm and negatively impact learning and organizational outcomes. Everyone can play a role in implementing Trauma-Informed Education, no matter what their position, level of knowledge, or experience.

Benefits of Implementing Trauma-Informed Education:

- Decreases new trauma experiences and re-traumatization and vicarious trauma.
- Supports positive organizational and learning outcomes for students and employees (increased engagement, retention, well-being, and support).
- Enhances safety and wellness for students and employees.
- Supports principles and practices of Equity, Diversity, and Inclusion, Anti-Racism, Anti-Oppression, Intersectionality, and Universal Design of Learning.
- Supports systemic change.
- Destigmatizes trauma and trauma responses and recognizes the value of lived experiences in learning spaces and organizations.
- Supports strength-based and holistic views of students and employees.
- Enhances a sense of belonging and a healthier and more compassionate community.

How To Implement Trauma-Information Education:

1. Re-evaluate your current practices and how your practices may inadvertently cause harm, trauma, re-traumatization, and vicarious trauma (ex. assumptions, biases, judgments, communication styles, expectations, documentation, curriculum, policy).
2. Reflect on how you 'hold' space, cultivate and contribute to space (reflecting on social location, practicing cultural humility, committing to Anti-Racism and Anti-Oppression, engaging in power 'with' models). Collaborate in creating safer learning and working spaces for diverse learners and employees.
3. Recognize your own historical and current experiences of trauma and how it may impact your practices and self. Engage in ongoing reflections and learning on trauma.
4. Integrate Trauma-Informed Education statements in department and program mission/value statements. Incorporate wellness statements and sensitive content warnings in the course syllabus, assignments, and student documentation forms.
5. Connect with others through debriefing circles, collaborative spaces, and Trauma-Informed Education Review Committees to support real systemic change.

This manual is guided by the following beliefs about Trauma and Trauma-Informed Education.

Working Assumptions About Trauma & Trauma-Informed Education

Assume that everyone has experienced trauma unless proven otherwise.

Trauma-Informed Education is relevant and beneficial to everyone.

Trauma & trauma responses come in many forms & are unique to each person.

Every interaction we have with people can be trauma-informed.

People's diverse identities intersect with their experiences of trauma, making it unique to them.

Trauma is one aspect of a person's experience; it is not the entirety of who they are.

Everyone is working with the tools & resources they have & doing the best they can at any given moment.

N. Johnson & I. Gianvito, 2022

Our hope is that educators and educational institutions, through this preventative and harm-reducing approach, can enhance their learning spaces and workplaces to become more compassionate, supportive, equitable, and flexible; further supporting the collective care and well-being of the diverse community, while addressing the systemic causes of trauma within and outside of the educational system.

How To Use This Manual

This Promising Practices Manual is intended to support increased awareness of trauma and the importance of Trauma-Informed Education in post-secondary education. It is also a call to action, recognizing the important role educational systems play in proactively preventing trauma and supporting healing and systemic change.

This manual is intended for learners and employees in educational settings and is relevant across diverse faculty and program departments, student services, safety and security, administration, and leadership.

The Promising Practices Manual is divided into three parts. **Part 1: Foundations** provides a knowledge base, including a glossary of important terms, information on trauma, Trauma-Informed Practice, and Trauma-Informed Education, and related theories, skills, and qualities. There is an opportunity for readers to engage in ***"Reflective Practice".***

Part 2: Framework and Promising Practices introduces a post-secondary education framework, including areas for consideration, macro-level organizational practices, and mezzo-level departmental and program practices. This section highlights the impact of trauma on learning, and micro-level employee practical strategies in five key areas including Fostering Authentic, Courageous, and Safer Spaces; Supporting Autonomy and Choice; Creative and Supportive Curriculum Design; Commitment to Reflective Practice & Growth; and Cultivating Individual and Collective Wellness. Each of these five sections culminates in a ***"Reflection in Action"*** exercise for the reader to pause, reflect, and consider the next action steps in their learning and practice.

Part 3: Practice Activities provide an opportunity for the reader to explore self-reflective questions, case scenarios based on stories, and further reading suggestions to support ongoing learning.

Some of the information in this manual is sensitive in nature and may bring up a range of emotions in the reader. We encourage readers to use grounding tools and supportive wellness strategies (see examples on page 69) if they are feeling uncomfortable or activated by the content. Where possible, utilize opportunities to debrief and connect supportively with others.

This manual will evolve through further research, applied experience, and constructive feedback from the community of readers and partners. We encourage the readers to continue to practice the strategies that are working for them and their organization recognizing that they are the experts in their organization's unique strengths and areas of enhancement.

Part 1:

Foundations

Glossary of Terms

Anti-Oppression: "Strategies, theories, and actions that challenge social and historical inequalities/injustices that have become part of our systems and institutions and allow certain groups to dominate over others" (Canadian Race Relations Foundation, 2015, term 14).

Anti-Racism: "Beliefs, actions, policies, and movements developed to actively identify and eliminate prejudice, stereotyping, and discrimination on the basis of race" (The 519, 2020, p. 4).

Burnout: "The cumulative effect of exposure to another's trauma that results in feelings of hopelessness and difficulties in dealing with work or in doing one's job effectively and that the feelings usually have a gradual onset and reflect the feeling that one's efforts make no difference. Burnout is different from compassion fatigue in that secondary symptoms of PTSD are not present" (Craig & Sprang, 2010, p. 322).

Collective Violence: "Committed by larger groups of individuals and can be subdivided into social, political, and economic violence" (Government of Canada, 2018, Glossary section, para. 3).

Colonialism: "The policy or practice of acquiring full or partial political control over another country, occupying it with settlers, and exploiting it economically. In the late 15th century, the British and French explored, fought over and colonized places within North America which constitute present-day Canada" (Canadian Race Relations Foundation, 2015, term 30).

Compassion: "The feeling that arises in witnessing another's suffering and that motivates a subsequent desire to help" (Lazarus, 1991; Nussbaum, 1996, 2001, as cited in Goetz et al., 2010, p. 351).

Cultural Humility: "A dynamic and lifelong process focusing on self-reflection and personal critique, [which requires] acknowledging one's own biases. It recognizes the shifting nature of intersecting identities and encourages ongoing curiosity rather than an endpoint. Cultural humility involves understanding the complexity of identities — that even in sameness there is difference - and that [we] will never be fully competent about the evolving and dynamic nature of a [person]'s experiences" (Khan, 2021, para. 3).

Curriculum Violence: When "classroom content and pedagogy that harms students intellectually and emotionally" (Venet, 2021, p. 32). For example, "in class re-enactments or simulations of historical acts of violence and oppression. These activities in the name of 'experiential education' thrusts students into the painful embodiment of historical trauma" (Venet, 2021, p. 32).

Diverse: "Involving the representation or composition of various social identity groups in a work group, organization, or community. The focus is on social identities that correspond to societal differences in power and privilege, and thus to the marginalization of some groups based on specific attributes—for example, race, ethnicity, culture, gender, gender identity, and expression, sexual orientation, socioeconomic status, religion, spirituality, disability, age, national origin, immigration status, and language. There is a recognition that people have multiple identities and that social identities are intersectional and have different salience and impact in different contexts" (APA, 2021b, p.3).

Educational Equity: "Ensuring that all students can access high-quality education, that they are fully included in their school communities, that they are able to engage in meaningful and challenging academic work, and that they can do all of this in an environment that values them as people" (Venet, 2021, p. 22).

Empathic Distress: "A strong aversive and self-oriented response to the suffering of others, accompanied by the desire to withdraw from a situation in order to protect oneself from excessive negative feelings" (Singer & Klimecki, 2014, as cited in Tait, 2019).

Empathy: "The most powerful tool of compassion, [it] is an emotional skill set that allows us to understand what someone is experiencing and to reflect back that understanding" (Brown, 2022, p. 120).

Equity: "Providing resources according to the need to help diverse populations achieve their highest state of health and other functioning. Equity is an ongoing process of assessing needs, correcting historical inequities, and creating conditions for optimal outcomes by members of all social identity groups" (APA, 2021b, p.3).

Harm Reduction: "An evidence-based, client-centered approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping. […] Essential to a harm reduction approach is that it provides people who use substances a choice of how they will minimize harms through non-judgemental and non-coercive strategies in order to enhance skills and knowledge to live safer and healthier lives" (Canadian Mental Health Association, 2022).

Historical Trauma: "Affects entire communities. It refers to cumulative emotional and psychological harm, as a result of group traumatic experiences, transmitted across generations within communities and families. Racial and ethnic population groups that have suffered major losses and assaults on their culture and well-being experience historical trauma. Historical trauma is constructively viewed from a public health perspective, as it has implications for the physical, psychological and social health of individuals and communities" (Resler, 2019, p. 2).

Inclusion: "An environment that offers affirmation, celebration, and appreciation of different approaches, styles, perspectives, and experiences, thus allowing all individuals to bring in their whole selves (and all their identities) and to demonstrate their strengths and capacity" (APA, 2021b, p. 4).

Intergenerational Trauma: "The transmission of trauma or its legacy, in the form of a psychological consequence of an injury or attack, poverty, and so forth, from the generation experiencing the trauma to subsequent generations. The transference of this effect is believed to be epigenetic—that is, the transmission affects the chemical marker for a gene rather than the gene itself. The trauma experienced by the older generation is translated into a genetic adaptation that can be passed on to successive generations" (Akbar, 2017; APA, 2017a; Menakem, 2017; Whitbeck et al., 2004 as cited in APA, 2021, p. 4).

Intersectionality: "The complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups to produce and sustain complex inequities. Kimberlé Crenshaw introduced the theory of *intersectionality* in a paper for the *University of Chicago Legal Forum* (Crenshaw, 1989), the idea that when it comes to thinking about how inequalities persist, categories like gender, race, and class are best understood as overlapping and mutually constitutive rather than isolated and distinct" (Grzanka et al., 2017, 2020 as cited in APA, 2021, p. 4).

Microaggressions: "Commonly occurring, brief, verbal or nonverbal, behavioral, and environmental indignities that communicate derogatory attitudes or notions toward a different "other." Microaggressions may be intentional or unintentional, and the perpetrators may possibly be unaware of their behavior (APA, 2017a). Microaggressions can accumulate over time and lead to severe harm" (APA, 2021, p. 4).

Oppression: "Occurs when one subgroup has more access to power and privilege than another subgroup, and when that power and privilege are used to dominate the other to maintain the status quo. Thus, oppression is both a state and a process, with the state of oppression being

unequal group access to power and privilege, and the process of oppression being the ways in which that inequality is maintained" (APA, 2021b, p. 4).

Performative Allyship: "Also known as *optical allyship*, this term refers to someone from a nonmarginalized group professing support and solidarity with a marginalized group but in a way that is not helpful. Worse yet, the allyship is done in a way that may actually be harmful to "the cause." The "ally" is motivated by some type of reward. On social media, that reward is a virtual pat on the back for being a "good person" or for being "on the right side" of a cause, or "on the right side of history" (Kalina, 2020 as cited in APA, 2021, p. 4).

Polyvagal: "The knowledge that the automatic nervous system is shaped by early experience and reshaped with ongoing experience, that habitual response patterns can be interrupted, and that new patterns can be created" (Dana, 2020, p. xxii).

Post-Traumatic Growth: "The experience of individuals whose development, at least in some areas, has surpassed what was present before the struggle with the crisis occurred. The individual has not only survived, but has experienced changes that are viewed as important, and that go beyond the status quo" (Tedeschi & Calhoun, 2004, as cited in Klinic Community Health Centre, 2013, p. 108).

Post-Traumatic Slave Syndrome: "A condition that exists when a population has experienced multigenerational trauma resulting from centuries of slavery and continues to experience oppression and institutional racism today" (DeGruy, 2017, p. 105).

Psychologically Safe Workplace: "An absence of interpersonal fear. When psychological safety is present, people are able to speak up with work-relevant content" (Edmondson, 1999, as cited in McKinsey & Company, n.d.).

Racial/Racialized/Race-Base Trauma: "A form of race-based stress, referring to people of color and Indigenous individuals' reactions to dangerous events and real or perceived experiences of racial discrimination. Such experiences may include threats of harm and injury, humiliating and shaming events, and witnessing racial discrimination toward other people of color. Although similar to posttraumatic stress disorder, racial trauma is unique in that it involves ongoing individual and collective injuries due to exposure and re-exposure to race-based stress (Comas-Díaz et al., 2019; Kniffley, 2018; Mosley et al., 2020 as cited in APA, 2021, p. 13).

Recovery: "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (SAMHSA, n.d., as cited in Klinic Community Health Centre, 2013, p. 89).

Resilience: "A dynamic process that enables an individual to develop, maintain, or regain their health and well-being despite experiences of significant adversity or trauma. Resilience is developed through a range of individual (i.e., psychological, biological) and environmental (i.e., social, political, and cultural) factors that can help people positively adapt to difficult life circumstances" (Government of Canada, 2018, Glossary section, para. 9).

Re-traumatization: "Not only refers to the effect of being exposed to multiple events but also implies the process of re-experiencing traumatic stress as a result of a current situation that mirrors or replicates in some way the prior traumatic experiences (e.g., specific smells or other sensory input; interactions with others; responses to one's surroundings or interpersonal context, such as feeling emotionally or physically trapped)" (Substance Abuse and Mental Health Services Administration, 2014, p. xviii).

Self-Compassion: "A method of relating to oneself that can be particularly helpful when considering personal inadequacies, mistakes, and failures, as well as when confronting painful life situations that are outside our control" (Germer & Neff, 2013, as cited in Miller et al., 2019, p. 2).

Social Determinants of Health: "A specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education, or employment. Experiences of discrimination, racism, and historical trauma are important social determinants of health for certain groups such as Indigenous Peoples, LGBTQ, and Black Canadians" (Government of Canada, 2022, para. 3).

Social Justice: "A fundamentally fair society. There are many views of what is fair and what is socially just, but from an anti-oppressive perspective, this tends to be conceptualized as people being treated according to their needs" (Dumbrill & Yee, 2019, p. 359).

Systemic Violence: "Perpetrated against people through systems often as a result of widespread beliefs and socio-political systems, for example, ethnic-based genocide such as the Holocaust, the colonization of Indigenous peoples, or the normalization of gender-based sexual violence. The terms systemic and structural violence are often used interchangeably" (Government of Canada, 2018, Glossary section, para. 5).

Trauma Exposure Response: "The experience of bearing witness to atrocities that are committed human against human. It is the result of absorbing the sight, smell, sound, touch, and feel of the stories told in detail by survivors who are searching for a way to release their own pain" (Health Canada, 2001, as cited in Klinic Community Health Centre, 2013, p. 123).

Trauma-Informed: "The ways in which a service system is influenced by having an understanding of trauma and the ways in which it is modified to be responsive to the impact of traumatic stress" (Sporleder & Forbes, 2016, as cited in Venet, 2021, p. 4).

Trauma-Informed Approach: "Realizes the widespread impact of trauma and understands potential paths for recovery recognizes the signs and symptoms of trauma to clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization" (SAMHSA, 2014, as cited in Venet, 2021, p. 5).

Trauma-Informed Care: "A strengths-based service delivery approach "that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment" (Hopper et al., 2010, p. 82).

Trauma Response: "The reflexive use of over-adaptive coping mechanisms in the real or perceived presence of a trauma event, [... with] the four trauma responses most commonly recognized are *fight, flight, freeze, fawn*. [... After] experienc[ing] something traumatic or hav[ing] been exposed to prolonged stress, it causes part of our brain, the amygdala, to go into hyperdrive where we see and feel threats in non-threatening situations [...] The [trauma] response is often based on what your brain thinks will help you survive the current situation" (Nguyen, 2021, para 3-4).

Trauma Responsive: "Requires integration of Trauma-Informed principles into staff behaviour and practices, and partnership with professionals who provide trauma-specific treatment" (Bloom, 2016, as cited in Lipscomb et al., 2019, p. 1).

Trauma Sensitive Schools: "Train[ing] teachers and administrators to consider [student]'s trauma when developing and implementing policies and procedures. [... It] aims to raise awareness of trauma, [... changing] how classrooms are structured, how staff interact with students, and how discipline is dispensed. [... It] may apply to settings where staff are not trained to implement certain TIC practices [... and] would be appropriate for systems and

organizations where all trauma-focused and many Trauma-Informed approaches are beyond the scope of practice for most staff" (The Institute for Child and Family Well-Being, n.d., p. 2).

Trauma and Violence Informed Care (TVIC): "Account[s] for the intersecting impacts of systemic and interpersonal violence and structural inequities on a person's life, emphasizing both historical and ongoing violence and their traumatic impacts" (Wathen et al., 2021, p. 2).

Universal Design for Learning (UDL): "An approach to accessibility that evolved from the architectural practice of universal design, in which accessibility features are built proactively and can be used by anyone, rather than adding in options for accessibility as an afterthought" (Venet, 2021, p. 55).

Vicarious Resilience: "Therapists who work in extremely traumatic social contexts learn about coping with adversity from their clients, that their work does have a positive effect on the therapists, and that this effect can be strengthened by bringing conscious attention to it. [... It is] a specific resilience process [that] occurs as a result of psychotherapists' work with trauma survivors. This process is characterized by a unique and positive effect that transforms therapists in response to client trauma survivors' own resiliency. It refers to the transformations in the therapists' inner experience resulting from empathetic engagement with the client's trauma material, [...] illuminating further the complex potential therapeutic work both to fatigue and heal" (Hernández et al., 2007, p. 237).

Vicarious Trauma: "Refers to the cumulative transformative effect on the helper of working with survivors of traumatic life events" (Saakvitne & Pearlman, 1996, p. 17).

White Supremacy: "The ideological belief that biological and cultural Whiteness is superior, as well as normal and healthy, is a pervasive ideology that continues to polarize the United States and undergird racism" (APA, 2021b, p. 14).

Understanding Trauma

The term "trauma" has gained more attention in recent years, with a range of terminology and understandings used to describe the experience. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) defines "Trauma" by identifying the 3 E's of trauma:

> Events and circumstances may include the actual or extreme threat of physical or psychological harm or severe, life-threatening neglect for a child that imperils healthy development; The individual's experience of these events or circumstances helps to determine whether it is a traumatic event; The long-lasting adverse effects of the event are a critical component of trauma (p. 8).

There are various types of traumas, including *single-incident, complex, developmental, intergenerational, and historical trauma* (Klinic Community Health Centre, 2013). Although the term trauma has historically been defined with a focus on the actual traumatic event(s), it is now recognized that events can be experienced differently based on individual and community factors related to culture, social, and psychological experiences (Elliott & Urquiza, 2006, as cited in Davidson, 2017).

Our research found that trauma terminology has been both ambiguous and inconsistent. Terminology is often framed from a deficit perspective – through medicalized and pathologized language. This perspective has pathologized the person rather than focusing on what experience led to the injuries, namely the root causes of trauma, including systemic oppression, patriarchy, and colonization (Linklater, 2014). Dr. Joy DeGruy (2005, 2017) coined the term 'Post-Traumatic Slave Syndrome' to reflect African Americans' historical experience reflecting 'trans-generational adaptations associated with traumas, past and present, from slavery and ongoing oppression" (p. 8). Viewing trauma from an individualized perspective fails to consider collective experiences of trauma, including historical and intergenerational trauma experiences that many marginalized communities continue to face. Additionally, a focus on the individualization of trauma shifts accountability from the very systems that create trauma.

Boylan (2021) points out that the "complex interaction between oppression and personal trauma is ignored" (p. 12). Trauma definitions need to consider diverse cultural and racial contexts, the role of colonization, historical and intergenerational perspectives, and social determinants of health, as well as integrate an anti-racism and anti-oppression analysis.

In recent years, more strength-based perspectives from terms like *post-traumatic growth, resilience, vicarious resilience, and Indigenous resilience* have emerged in

trauma literature, recognizing the transformative experiences of trauma. These terms reflect that people can simultaneously experience 'surviving' trauma while also experiencing positive life changes as a result of trauma (Klinic Community Health Centre, 2013). Positive changes can include, reordering priorities, developing an enhanced or new sense of spirituality, gaining a deeper appreciation for life and for loved ones, as well as increased feelings of self-efficacy, empathy, and concern for others (Bonanno 2004; Linley and Joseph 2004; Tedeschi and Calhoun, 2004 as cited in Knight, 2019). In the context of Indigenous communities, Linklater (2014) states that "Indigenous resilience should be seen as a culturally rooted, community-based response that encompasses resistance and survival strategies as leading sources of strength" (p. 26).

Adverse Childhood Experiences (ACE) Study and its Impact on Understanding Trauma

Many trauma researchers and practitioners refer to the ground-breaking Adverse Childhood Experiences (ACE) study. Published in 1998, the first ACE epidemiological study found a correlation between the ACE score and the nine major causes of death in adult life (Perry & Winfrey, 2021). The ACE questionnaire consisted of ten questions about the 'adversities' that an individual may have experienced before they turned eighteen (Perry & Winfrey, 2021). The result was that

the more adversities individuals had in childhood increased the risk of health problems, including the risk of suicide, mental health problems, substance use, and dependence, among others (Perry & Winfrey, 2021).

This study has faced several critiques over the years which should be considered when understanding trauma. One issue related to the study's design, since the sample study was predominantly white and middle-income, resulted in limited applicability to diverse communities (Perry & Winfrey, 2021), whereby risks could be worse if the sample was broader. Another issue related to the ACE questionnaire's focus on ten adversities, leaving out other important experiences like systemic and institutional factors that contribute to trauma, such as racism and homophobia (Petrone & Stanton, 2021). There has also been confusion between correlation and causation, as the ACE score did not tell the full story of someone's experiences and effects of trauma, such as the timing, pattern, intensity of experience, and how protective factors such as connection and support influence the individual's experience (Perry & Winfrey, 2021).

Alvarez (2020) and McGee & Stovall (2015) have stated that (as cited in Boylan, 2021):

> There is a risk of the misapplication of the social and epidemiological concept of adverse childhood experiences as primarily individual phenomena which can lead to under-

recognition of structural and political mechanisms in reproducing adversity or in reducing protective factors. Similarly, a lack of clarity about how injustice and trauma relate to each other can lead to misidentifying as personal trauma the effects of discrimination, marginalization, and oppression. The legacy of intergenerational and cultural trauma may be overlooked and how this shapes people's experiences (p. 12).

In summary, it is important to recognize these gaps in trauma terminology and work towards a broader understanding that integrates a systemic analysis of trauma.

The following illustration reflects the various features and complexities related to trauma.

Medicalized, Stigmatized & Pathologized

Rooted in Systemic Oppression, Patriarchy, Colonialism

Across the Lifespan

Various Types & Forms

The Dynamics of Trauma

Diverse Responses & Impacts

Individual & Collective Experiences & Impacts

Event, Ongoing, Repetitive, Cumulative

Fluid & Layered Experience

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Reflective Practice

How do you define trauma?

Are there any aspects of your understanding of trauma that you want to explore further?

We have sought to create a broader definition of "trauma".

Trauma is a subjective response to an expected or unexpected event, collection of events, repetitive experiences, or the cumulation of multiple experiences, that compromise an individual's sense of safety and control (adapted from Klinic, 2013). Trauma can take different forms, such as single incident, complex or repetitive, developmental, historical, and intergenerational (Klinic Community Health Centre, 2013), and intersects with racism and various forms of oppression. Trauma is best defined by the person that experiences it.

Trauma responses can impact a person in a multitude of ways including behaviorally, economically, emotionally, physically, psychologically, relationally, and spiritually. Trauma can be both an individual and collective experience, often the result of systemic oppression, patriarchy, colonization, and social determinants of health.

Trauma can result from an individual's daily engagement in navigating the very systems intended to support people, including the criminal justice system, education, medical, and social service systems.

Trauma can also result from demonstrating empathy and compassion for others, often referred to as Compassion Fatigue (Carla Joinson, 1992 as cited in Chachula, 2020), Vicarious Trauma (Pearlman & Saakvitne, 1995), and Empathic Distress (Singer & Klimecki, 2014 as cited in Tait, 2019.).

Trauma-Informed Practice

As the study of trauma has grown, so have organizational responses to trauma. Organizations are using a variety of approaches, including but not limited to, Trauma Aware Services, Trauma Sensitive Services, Trauma-Informed Care, Trauma-Informed Practice, Trauma and Violence Informed Practice, and more recently Trauma-Informed Education.

The term "Trauma-Informed" was coined in 2001 by researchers Maxine Harris and Roger Fallot to refer to "social, behavioural, and mental health services that account for the possibility that clients may have experienced some form of past trauma" (Knight, 2019, p. 79). Harris and Fallot (2001) connected Trauma-Informed Perspectives with universal design theories as they are both strength-based, person-centered, and solution-focused approaches (as cited in Carello & Butler, 2015, p. 265).

Before Trauma-Informed Approaches gained buzzword attention, Indigenous communities led the development of a Trauma-Informed Approach in response to healing from a long history of systemic oppression and historical racism (Brave Heart, 1998 as cited in Linklater, 2014). Feminist-based anti-violence organizations were early adopters of Trauma-Informed Practice, with earlier published Trauma-Informed work derived from female survivors of sexual assault whose voices led to domestic violence movements in the

1970s (Herman, 1992, as cited in Goldin et al., 2021).

The conceptual and empirical literature has grown since the term was first coined, leading to the development of the core characteristics of the Trauma-Informed Perspective, including trust, safety, choice, collaboration, and empowerment *(*Knight, 2019).

The Substance Abuse and Mental Health Services Administration's (SAMHSA) (2014) definition of the Trauma-Informed Approach is:

> A program, organization, or system that is Trauma-Informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization (p. 9).

According to Klinic (2013), the core Trauma-Informed Principles are recognition that trauma is pervasive, safety, trust, choice and control, compassion, collaboration, and a strength-based approach (p.16). A central belief of Trauma-Informed Practice is that people can recover, and the approach is grounded in hope and the honoring of each

individual's resiliency (Poole et. al., 2013, p. 20).

As noted earlier, the lack of consistency and limitations of traditional "trauma" definitions has implications on how we look at Trauma-Informed Practice and Trauma-Informed Education approaches. Various terms for Trauma-Informed Care and Practice often mean that people are operating from their own understanding and personal lens, making it difficult to know what version people are coming from (Perry & Winfrey, 2021). These various terminologies used in Trauma-Informed circles create ambiguity, misconceptions, and confusion for implementing consistent implementation practices and quality research. According to Baker et al.(2015), the range of terms and definitions makes it difficult to evaluate the design, implementation, and outcomes of Trauma-Informed initiatives (as cited in Birnbaum, 2019), which are often not supported by specific implementation plans or changes to services, programs, or policy (Perry & Winfrey, 2021).

"Trauma-Informed Practice is a way of reaching people with what they need, as opposed to what it is that we think that they need"
(Community Agency, 2021).

"Assume that everybody has experienced some sort of trauma and let that guide the way you work with each other"
(Community Agency, 2021).
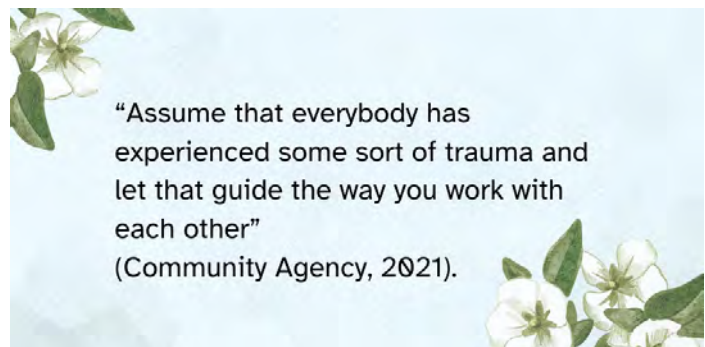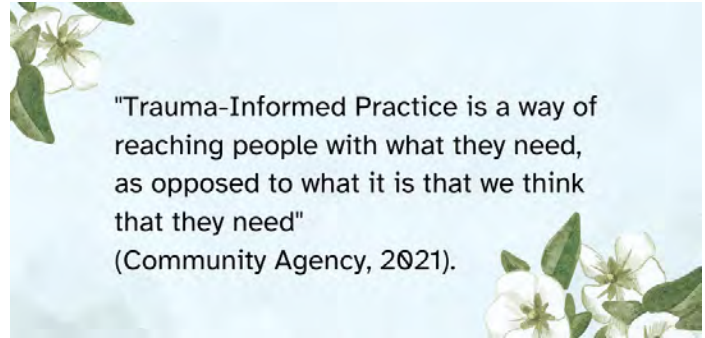
Research participants used the following reflections to describe Trauma-Informed Practice.

It is a best practice.
It is an ethical responsibility.
It is necessary. The right thing to do. It is preventative.
We do more harm when not using TIP.

A lens we can apply to everything we do.
A way of being with & seeing others.
Always at the forefront of my mind.

It's natural.
Feels authentic.
It is relational (connection is key).
It is a human affirming practice.
Supports healing & resiliency.

Integral to everything we do. Cannot be separated from teaching/learning.
Cannot separate our lived experiences.

Reflections on Trauma-Informed Practice [TIP]

People's diverse identities intersect with their experiences of trauma, making it unique to them.

Relevant to everyone & good for all learners.
Student centric.
Supports safety & choice.
Empowering & strength based.

It is multifaceted.
Is a system & a concept.
Requires a layered approach.
Overlaps with other approaches.

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Reflective Practice

How do you define Trauma-Informed Practice?

What informs your own definition and understanding of Trauma-Informed Practice?

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Trauma-Informed Education

According to McInerney & McKlindon (2014), there has been a strong evidence base for Trauma-Informed Approaches in medical and judicial fields over the past 30 years (as cited in Davidson, 2017). Today there is an increased interest in preschool to university settings, recognizing the need to support students that have experienced trauma to succeed in school (McInerney & McKlindon, 2014, as cited in Davidson, 2017).

However, in application to the educational field, the term "Trauma-Informed Education" does not have a clear universal definition (Thomas et al., 2019; Stratford et al., 2020, as cited in Venet, 2021). Many "Trauma-Informed Education" definitions focus on students that have experienced trauma, mainly focusing on trauma that occurs during childhood (Petrone & Stanton, 2021). This overlooks the role educational institutions play in committing and perpetuating trauma. Smith & Freyd (2014) explore how schools cannot only cause trauma, but can also commit institutional betrayal through policies that cause trauma, fail to respond to trauma, minimize the harm done, or cover up harm (as cited in Venet, 2021) demonstrating how schools can be 'trauma indifferent' or; at worst; 'trauma inducing' (Venet, 2021, p. 27).

Another concern with ambiguous terminology around "Trauma-Informed Education" is that it focuses on students being the ones that experience trauma, while the adults supporting them are viewed as not experiencing trauma, ultimately creating a dichotomized view of the 'traumatized child' and the 'untraumatized adult' supporting them in school (Dutro, 2019). Literature and approaches that solely focus on children and youth result in Trauma-Informed discourse, aging out students, and neglecting the unique needs of adult learners in education (Ontario Federation of Indigenous Friendship Centres, 2016).

Venet (2021) identifies both Trauma-Informed work and equity-centered work as "part of a universal drive towards justice in which an affirming, invigorating educational experience is a right for every student" highlighting that Trauma-Informed work "needs to follow a universal approach that touches every part of a school community in proactive ways" (p. 55). Zingaro (2012) speaks to a "universal precaution's philosophy" that "intentionally operat[es] 'as if anyone who comes into our care is likely to be a trauma survivor", arguing that a "Trauma-Informed Approach with universal precautions might recognize the existence of trauma in our culture while dignifying the particular and personal experience of traumatic learning" (as cited in Poole & Greaves, 2012, p. 35). Linklater (2014), also points to Trauma-Informed Approaches as viewing harm reduction strategies as ways for people to cope with their traumatic responses. Furthermore, Boylan (2021)

highlights the alignment between Trauma-
Informed Practices and restorative justice,
specifically in how they contrast with
punitive approaches.

Recognizing the lack of a universal definition for Trauma-Informed Education; and in an effort to address some of the gaps we have created the following term "*Trauma-Informed Education Grounded in a Systemic Analysis*" which is broadly defined as:

Trauma-Informed Education Grounded in a Systemic Analysis is a multi-faceted pedagogical approach and practice which integrates principles of Equity, Diversity, and Inclusion, Anti-Racism and Anti-Oppression, Intersectionality, Harm Reduction, and Universal Design of Learning. It builds upon Harris & Fallot's (2001) term "Trauma-Informed Practice" and the five core values of trust, safety, choice, collaboration, and empowerment.

This approach recognizes the prevalent and systemic nature of trauma, the range of individual and collective trauma experiences, including historical and intergenerational trauma, and that trauma is institutionally embedded, including trauma in education systems and the many systems communities engage and operate in daily.

Integrating a strength-based perspective, this approach recognizes there are a range of trauma responses based on diverse experiences and needs; and aims to understand that individual and community adaptations to trauma exist along a continuum of coping and survival strategies.

Operating from a belief that every interaction can be Trauma-Informed, Trauma-Informed Education integrates specific helping qualities, skills, preventative and supportive strategies, and a commitment to social justice and social change. Trauma-Informed Education Grounded in a Systemic Analysis is a system-wide approach and practice that is best implemented across macro, mezzo, and micro, systems to effect real change.

"Trauma-Informed Practice is a way of being; it's a relationship that you form, a practice of safety, choice and empowerment" (Employee, 2021).
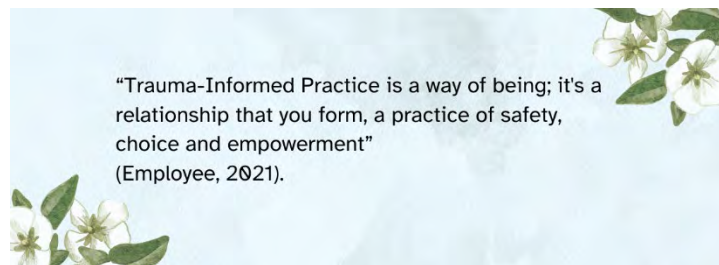
Intersecting Theories

Trauma-Informed Education is a multifaceted approach. The following illustration highlights the intersecting theories and approaches that support Trauma-Informed Education based on our research findings.

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"Trauma-Informed Practice is unextractable from anti-racism and anti-oppression work. I don't think we can divide a line between the two" (Employee, 2021).

"Indigenous teachings, as well as Trauma-Informed Practice, recognizes a person's right to choose and self-determination" (Employee, 2021).
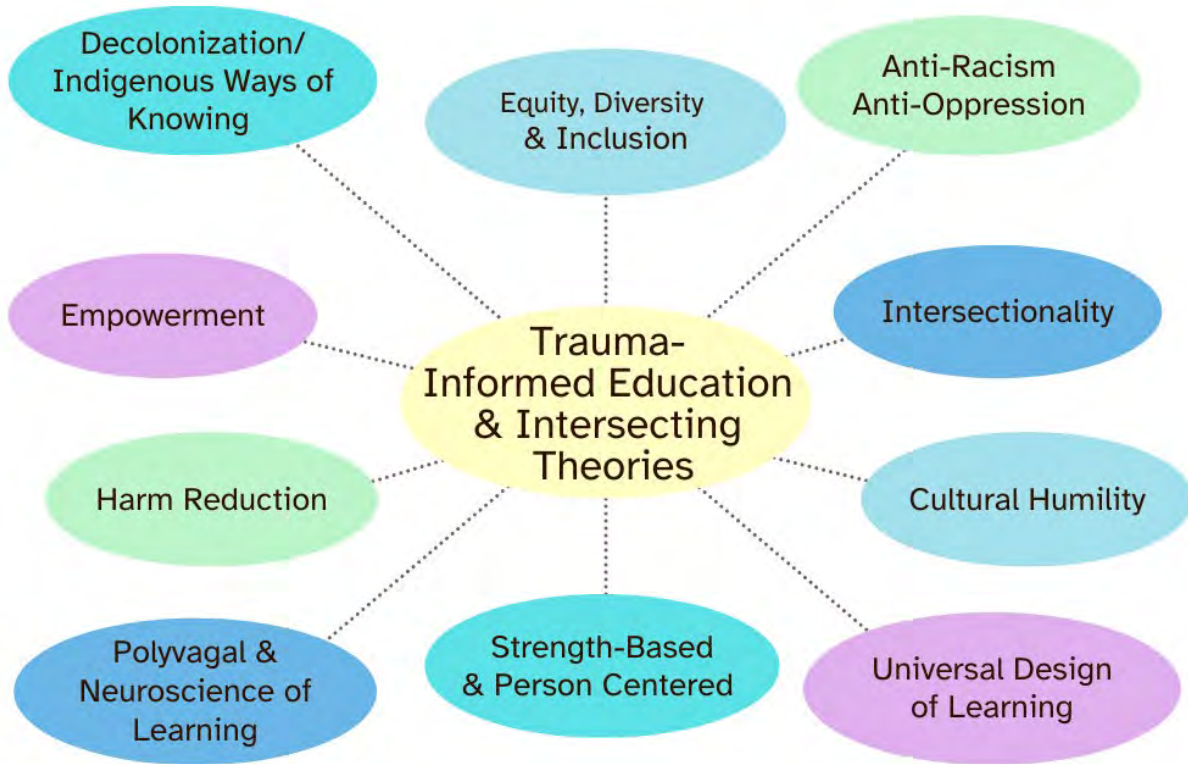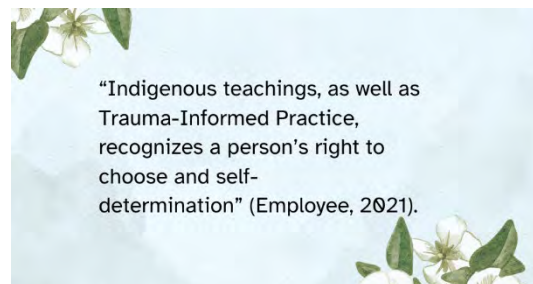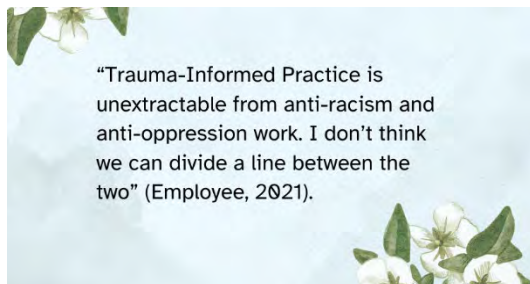
Trauma-Informed Educator Qualities & Skills

Trauma-Informed Educator Qualities

- Empathy & Compassion
- Kind, Caring & Understanding
- Respectful & Open-Minded
- Patient
- Non-Judgmental & Trustworthy
- Curious & Always Learning
- Authentic
- Grounded/ Centered

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"Every single moment of everything we do, try really hard to take a step back and look at how it might be felt from someone experiencing it"
 (Community Agency, 2021).

"I take my time caring for people's emotions and feelings"
(Employee, 2021).

"Being kind and compassionate under any circumstance"
(Employee, 2021).

"Compassion is not a relationship between the healer and the wounded. It's a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity".
(Pema Chodron, The Places That Scare You)

Trauma-Informed Educator Skills

- Anti-Racist & Anti-Oppressive Cultural Humility, Inclusivity & Responsive
- Welcoming & Engaging
- Active Listener Non-Judgmental Transparent Communicator
- Validating Normalizing Reassuring Comforting
- Flexible Clear Boundaries Collaborative Mindful
- Advocate Empowering Strength-Based Person-Centered
- Self-Aware Reflective Self-Compassionate
- Accountable to Self & Others

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Reflective Practice

What Trauma-Informed Educator qualities and skills do you consider to be your strengths?

Identify the qualities and skills you want to strengthen.

Understanding Behaviours and Reframing Language

Stigmatizing & Pathologizing Language

How can we shift our views & reframe our language in a more Trauma-Informed way?

Demanding; Difficult; Disrespectful

Passive Aggressive; Resistant

Manipulative; Disruptive; Out of Control

Attention Seeker

Students at Risk; Traumatized Learner

Disengaged; Distracted; Lazy
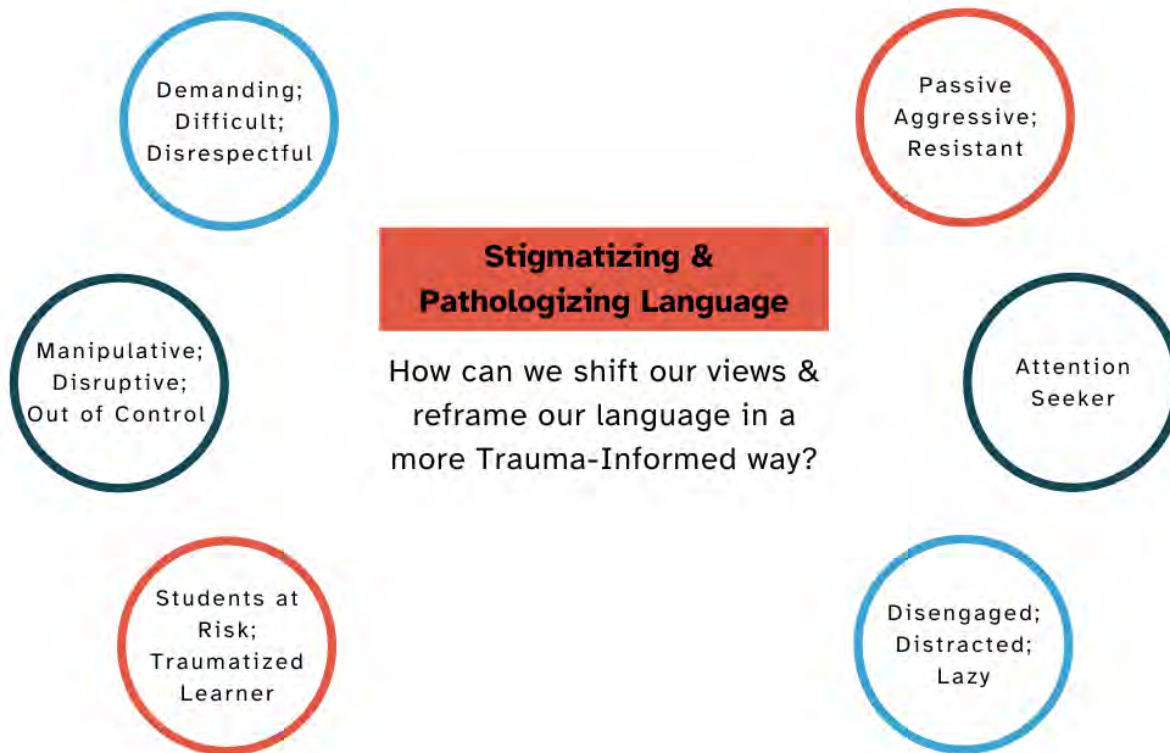
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As educators, we are often trained to 'manage students' behaviours' and 'manage the classroom'. In this context, behaviours are often viewed in labeling, stigmatizing, and deficit-based ways. This approach implies the onus is on educators to control and manage people's diverse ways of being and responding in learning environments. Labels such as "disengaged", "lazy", "disruptive", and "at risk", not only lack understanding and compassion, but these labels also limit how we work and respond to learners. These views serve to disempower learners and impact our ability to connect with them.

Wang et al. (2018) state that "Holding deficit mindsets towards our students lowers our expectations, and this, in turn, lowers student achievement" (as cited in Venet, 2021, p.87), with deficit mindsets contributing to academic inequities (Venet, 2021). A deficit mindset leads educators to misunderstand the student and can prevent us from seeing our students' strengths and resources.

Reframing how trauma is viewed is a key feature of Trauma-Informed Practice. When trauma is viewed as an 'injury' to someone, it changes the paradigm from 'sickness' to 'impact,' therefore changing the language

from "What is wrong with you?" to "What has happened to you?" (Klinic Community Health Centre, 2013, p. 15). This shift in thinking brings to the forefront the layers and complexities of trauma while moving away from the deficit and stigmatizing views (Poole et al., 2013). Gaining an understanding of *what happened* to the student; instead of focusing on their negative behaviours requires teamwork and collaboration, flexibility, and creativity to both learn and understand the impact of trauma on learning (Davidson, 2017).

A Trauma-Informed Practice lens comes from an understanding that behaviours and symptoms originate from adaptations to the traumatic event(s) or context (Klinic Community Health Centre, 2013). Often the behaviours we are witnessing are trauma responses, coping, and survival strategies that have aided the person to get to where they are today. Coping strategies used by trauma survivors can sometimes be misidentified by educators as maladaptive behaviours, when in fact these behaviours are important coping mechanisms that helped someone survive their experience (Haskell, 2012 as cited in Poole & Greaves, 2012).

It is important to understand the layers and complexities of trauma, the range of trauma responses, and how trauma informs adult learners' behaviors and diverse ways of being. It requires educators to shift from assumptions and punitive approaches towards reframing behaviors from a strength-based perspective and engaging in proactive approaches.

Reflective Practice

Looking at the words on the previous page, do any of these assumptions come up for you when working with students?

In what ways can you shift your views?
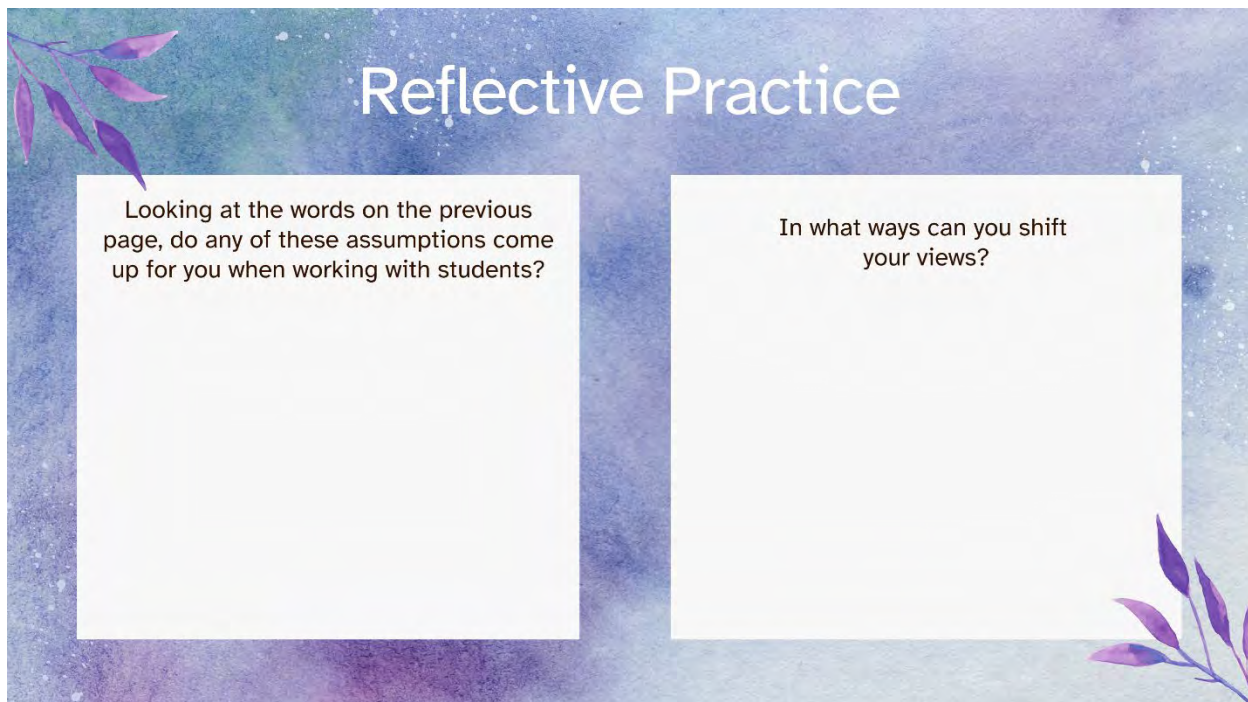
The traditional Trauma-Informed Approach has tended to focus on students that are known to have experiences of trauma, which is problematic as it assumes that we know what students are going through based on what they tell us and how they present. Venet (2021) points out that the goal of Trauma-Informed Practice is to decrease stigma about trauma and shift away from a medical model of diagnosing, moving the focus to prevention and not needing to know who has experienced trauma. We do not need to know the person's story, but we need to understand the impact and ways to support them.

Individuals do not leave their trauma behind as they enter learning spaces. Research shows that trauma can have a significant impact in educational settings (Espelage, et al., 2013; Horton, 2015, as cited in Bohannon et al., 2019; Knight, 2019; Perry & Winfrey, 2021). Psychologists and researchers report that when students experience trauma, they tend to think, feel, and react differently than they typically would to people, situations, or conditions around them (Cook et al., 2005; Ford et al., 2012, as cited in Alvarez, 2020; Perry & Winfrey, 2021).
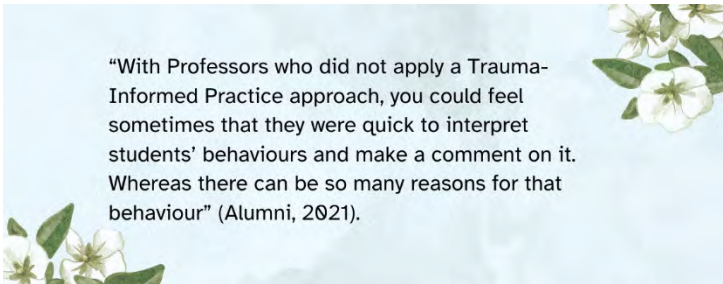
Perkins & Graham-Bermann (2012) state that "a Trauma-Informed educator never forgets that students bring their entire lives into the classroom every day and that on some days, students will be actively responding to trauma" (as cited in Davidson, 2017). Therefore, Trauma-Informed Education is about "being human and seeing students as competent people with strengths and skills who simply need some extra tools to build the next stage of their lives" (Wilson, 2020, p. 12-13).

Examples of Reframing our Understanding of Behaviours

Attention Seeker → Connection Seeker

Demanding → Self Advocate

Disengaged → Reflective/Cautious
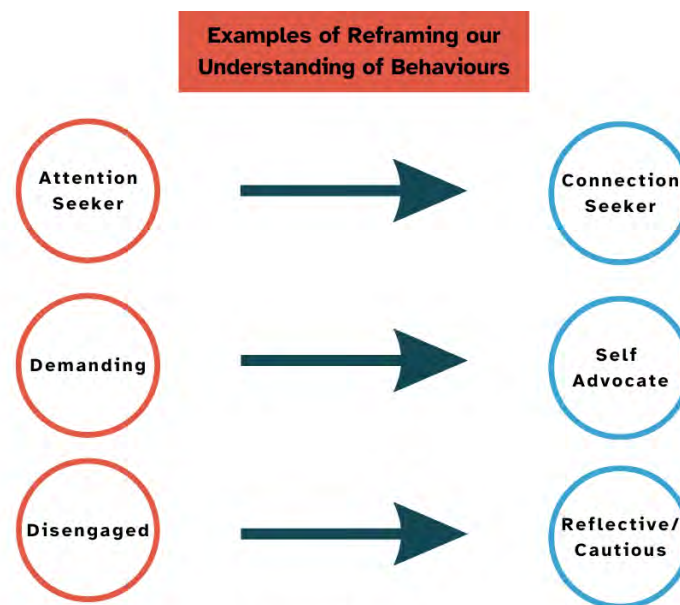
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Impacts of Trauma & Implications on Student Learning Experiences

- Trauma can increase the susceptibility to depression and substance abuse (Rytwinski, Scur, Feeny & Youngstrom, 2013 as cited in Davidson, 2017).

- Some students may demonstrate low self-efficacy, whereby they may doubt themselves, be hesitant to explore difficult tasks, and may focus on obstacles they will face versus on ways to perform successfully, leading to further stress and depression (Bohannon et al., 2019).

- Research findings have discovered differences in brain function among college students with co-occurring trauma and depression symptoms (Schaefer & Nooner, 2017, as cited in Davidson, 2017).

- Students may be coping with "disintegrated thoughts, emotions, images and physical sensations," which can make it easy for them to experience triggers -even pointing out that something may be triggering can reinforce this (Treleaven, 2018, p. 79).

- Trauma may lead some students to become very focused on cues that may serve as reminders of their traumatic experience – such as people talking, yelling, or loud noises like sirens – which makes learning difficult (J. C. Alexander et al., 2004, in Alvarez, 2020).

- For many with trauma-related stress response systems, finding a balance can be a very tiring experience (Perry, 2006), with many people not being aware or able to recognize when they are activated in the first place (Perry & Winfrey, 2021).

- When students are in a hyper-aroused state, they may not be able to focus on the educator, may jump at noises, and could also have outbursts of emotions at inappropriate times. When in a hypo-aroused state, they may appear emotionless, overly emotional, or refuse to work with other students or the educator, with these behaviours being subject to change on a daily basis (Perry, 2006).

- A state of calm is required to activate the frontal and related cortical areas of the brain to then take in new cognitive information to learn effectively (Perry, 2006).

- Trauma may impact the student's ability to take risks, try new tasks, respond to questions, and cause difficulty maintaining self-esteem, which may lead to the student becoming avoidant or missing classes (Kerka, 2002 as cited in Perry, 2006).

> "With Professors who did not apply a Trauma-Informed Practice approach, you could feel sometimes that they were quick to interpret students' behaviours and make a comment on it. Whereas there can be so many reasons for that behaviour" (Alumni, 2021).

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Many students are impacted by experiences of trauma and re-traumatization. They may present various trauma responses. There is an opportunity for educators to engage in reflexive practice and growth and approach student behaviour in a more supportive way.

Strategies to Consider When Deficit Based Assumptions Are Being Made

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Pause & Notice
When assumptions, bias or judgements come up in your interactions.

Recognize & Empathize
Something may be happening in their life.

Remember
Trauma responses are coping & survival strategies. They are neither good or bad.

Explore & Unpack
What is their need (sleep, food, control, connection, support, empathy)?

Connect
Believe. Support. Connect. Bridge a referral.

"I go through life assuming that I do not know what someone's been through. If someone has a behaviour that does not make sense to me, maybe they are having a bad day, maybe they are triggered. I do not know what is going on in their life" (Alumni, 2021).

"If a student has acted out in class, I make sure that when they come back to class, I still engage them in a way that shows nothing has changed, so they feel comfortable" (Faculty, 2021).

"If we could listen without judgement, if we could just accept that if someone is saying they are having a hard time, they are" (Faculty, 2021).

"Every interaction is an opportunity for healing. If everyone could just think about it like that, it might change the way you interact with people" (Employee, 2021).

"I do think that a collective vision around who we are as teachers, and what caring looks like in education is helpful" (Faculty, 2021).

Part 2:

Framework & Promising Practices

Trauma-Informed Education:
A Post-Secondary Education Framework

It is evident from the research that every organization is impacted by trauma, has the possibility of re-traumatizing people, and that organizations can play a role in supporting healing and change (Klinic Community Health Centre, 2013). The benefits of implementing Trauma-Informed Education are far-reaching. Implementing this practice reaches individuals that we know have experienced trauma, individuals whom we may not know about, individuals impacted by others' trauma experiences, and those who will experience trauma in the future (Davidson, 2017).

Need for System-Wide Change

Much of the literature on Trauma-Informed Practice tends to focus on strategies at a micro level which puts the onus on educators and employees working directly with students. Some schools may even refer to themselves as Trauma-Informed, yet the practices often do not reflect system-wide approaches looking at school pedagogy, curriculum, and policies aligned with trauma theory (Boylan, 2021). Often the focus is on building student resiliency, which Gorsky (2019) stresses is "an 'equity detour' that allows educators and schools to feel like they are making progress on equity without actually addressing the conditions that cause inequity" (Venet, 2021, p. 40).

Current literature reveals that it is critically important for Trauma-Informed Practice/Education to be applied across organizations. Trauma-Informed Approaches should be embedded in all systems that support people (Poole & Greaves, 2012) and not be considered a separate initiative from the goal of creating educational equity (Venet, 2021). Rodenbush (2015) affirmed the importance of creating a 'Trauma-Informed climate' where the campus community has a shared understanding of trauma and its impact on learning, requiring a campus-wide approach (as cited in Davidson, 2017). Davidson (2017) points out that Trauma-Informed Approaches require a paradigm shift at all levels of the organization, requiring organizations to reshape their culture, practices, and policies.

The Mental Health Commission of Canada (2022) supported a national survey by the Campus Mental Health Community of Practice from the Canadian Association of College and University Student Services, which reached 69 campuses in 2020-2021. The survey results highlighted the need for "integrating mental health and well-being into the whole post-secondary environment, including academic structures, policies, and practices" (p.19); and "building supportive, safe, and inclusive environments that contribute to institutional cultures that are

conducive to student mental health and well-being" (Rashid & DiGenova, 2022, p. 28).

Need for Organizational Support to Address Wellness

Organizations have a responsibility to provide workplaces that are psychologically safe and that support wellness from the impact of trauma exposure by promoting Trauma-Informed Principles for everyone (Klinic Community Health Centre, 2013). This means it is vital to have policies, procedures, and appropriate professional development opportunities made available for those working in post-secondary institutions.

Dr. Sandra Bloom and colleagues have documented the vulnerability of organizations due to the impact of trauma and stress, highlighting the importance of shifting organizational culture so it is safe, democratic, and emotionally intelligent, making it an environment where Trauma-Informed practice can be effective (Klinic Community Health Centre, 2013). When we learn more about trauma and the responses, we gain an understanding of the behaviours we may see in school, in relationships with others, and in the workplace, resulting in better outcomes (Perry & Winfrey, 2021).

Post-Secondary Education Organizations as Systems of Change

Post-secondary education organizations are sites that can have a positive impact on social change. As Hübl (2020) states, schools are not just places where information is acquired, they are also places of "wisdom and where courage, bravery, and compassion are empowered" (Hübl & Avritt, 2020, p. 209) and as Venet (2021) stresses, educational institutions can be seen as agents of change.

In a research review of twenty years of studies on Trauma-Informed Education, Alvarez (2020) found that trauma is one of the most underreported racial equity issues in education (as cited in Venet, 2021, p. 10). Goldin et al. (2021) identified school-based Trauma-Informed Practice as being taken on by a field where "white saviorism is a founding tenet" and that schools need to consider how they are racist systems in order to create Trauma-Informed Schools (p. 3).

Our hopes are that post-secondary educational organizations infuse Trauma-Informed Education into all levels of the organization.

"Implementing a trauma-informed practice reaches everyone involved" (Community Agency, 2021).

"Trauma-informed practice widens our perspective and our lens. It creates a more compassionate community, a stronger and healthier community" (Employee, 2021).
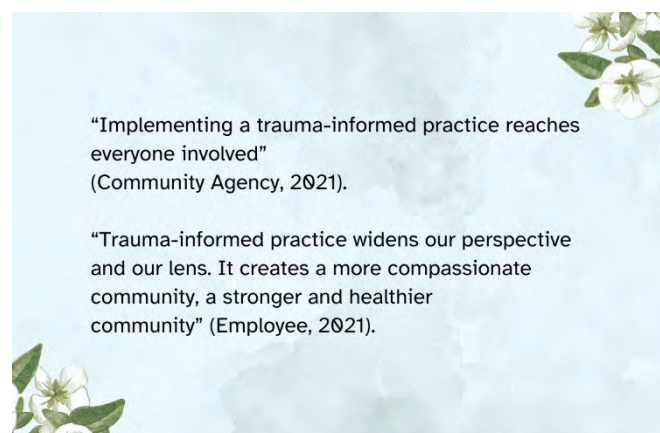
The illustration below highlights the areas where Trauma-Informed Education can be integrated at the macro, mezzo, and micro levels of post-secondary education. It is important to acknowledge that Trauma-Informed Education is not a one size fits all model. Every post-secondary educational organization has its own unique organizational structure, diverse departmental identities, and cultures, as well as its unique strengths and areas of enhancement.

Where do you see yourself in this framework and what can you do to create change?

Trauma-Informed Education Grounded in a Systemic Analysis Organizational Framework

Vision, Mission & Values

Organizational Culture

Employees & Students

Faculty Departments & Programs

Leadership

Fostering Authentic, Courageous & Safer Spaces

Student Affairs

Human Resources & Employee Support

Student Union

Supporting Choice & Autonomy

Research

Micro Level: Employee Practices

Creative & Supportive Curriculum Design

Mezzo Level: Departments

Macro Level: Organization

Commitment to Reflective Practice & Growth

Centre for Indigenous Learning & Support

Union

Cultivating Individual & Collective Wellness

Policies & Procedures

Centre for Equity & Inclusion

Centre for Teaching & Learning

Facilities, Safety & Security

Finance, Marketing & Promotion

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The subsequent sections of this manual will explore the macro, mezzo, and micro strategies for individuals and organizations to consider.

Trauma-Informed Education Grounded in a Systemic Analysis: Recommendations for Post-Secondary Education Organizations

1. Form a Trauma-Informed Education Advisory Committee comprised of diverse partners from all levels of the organization and community-based organizations.
   - Partners within the organization are recommended to include the Centre for Equity and Inclusion, the Centre for Indigenous Learning and Support, the Centre for Teaching and Learning, the Centre for Professional Organization Development, International Services, Safety and Security, and Student Affairs (Services).
2. Develop comprehensive training programs on Trauma-Informed Education for all employees through diverse training modalities.
3. Conduct an organizational audit of:
   - Existing Trauma-Informed Education practices, identifying strengths and areas of enhancement at all levels of the organization.
   - Security structures, security, and safety policies and practices.
   - Facilities, including physical spaces and outdoor spaces.
4. Collaboratively create a collective vision of Trauma-Informed Education and what a 'caring community' looks like, supported by values and organizational culture shifts.
5. Develop an implementation plan to support a universal design approach to Trauma-Informed Education across the organization.

6. Review and enhance Trauma-Informed educational policies and procedures, including academic, accommodation, and co-op/internship/practicum policies and procedures.
7. Review and enhance Human Resource policies, procedures, and practices from a Trauma-Informed Education lens.
   - Recruitment and hiring, orientation, training, and ongoing professional development;
   - Supervision and support; healthy workload management;
   - Leadership training and leadership practices; and
   - Proactive support on Compassion Fatigue, Empathic Distress, Vicarious Trauma, Re-Traumatization & individual and collective wellness.
8. Support Trauma-Informed Education and best practices in teaching pedagogy, including teaching and learning practices, curriculum design, and delivery.
9. Support and formalize Trauma-Informed Educational practices within all faculties and departments, including Student Services.
10. Engage in ongoing reflection, feedback, evaluation, monitoring, research, and accountability to continuously enhance promising practices.

Macro Level - Organizational Practices

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Trauma-Informed Education - Macro Level Practices

TIE Training & Collaboration	Develop a TIE Vision for the Organization	TIE Human Resources & Leadership Practices	TIE Informed Policies and Practices	TIE Informed Facilities, Safety & Security
Design Trauma Informed Education training for all employees.	Create a collective vision of what a caring community looks like.	Review practices ensuring a TIE lens in: -Recruitment -Hiring -Orientation -Training -Accessible Support -Supervision -Wellness Programs	Review how policy is developed and applied.	Audit facilities from a TIE lens.
Explore diverse training modalities.	Engage all voices to inform needs, concerns & changes.		Audit from a TIE lens.	Seek feedback from partners on safety needs.
Consider requirements (optional, mandatory).	Examine TIE at an organizational systems and culture perspective.	Allocate financial resources.	Consult with all partners for input, review and feedback.	Develop TIE integrated into security practices.
Provide additional resources to support ongoing learning.	Embed TIE language in organizational value statements.	Proactively address compassion fatigue/empathic distress/vicarious trauma.	Integrate TIE informed policies and practices.	Explore creative models of space that enhance feelings of safety.
Evaluate effectiveness of training.			Explore flexibility in policy and practices.	Integrate culturally specific designs & practices into spaces.
Engage in research.			Formalize the language of TIE in documentation.	

Further Considerations:

- Rigid policies, rules, and procedures can negatively impact students, particularly marginalized communities. Organizations should consider asking themselves if their policies and actions "support a culture of care or a culture of compliance" recognizing that policies do not need to be harsh to be clearly understood (Venet, 2021, p. 150).

- By integrating Trauma-Informed Education into organizational and learning environments (labs, co-ops, practicum, virtual spaces, residence) policies ensure that accountability and equity are not designated to only some employees and some roles, which supports a larger educational vision (Venet, 2021).

- Organizations should have clearly written policies that publicly declare their commitment to Trauma-Informed Services, showing that it is a priority for the organization (Klinic Community Health Centre, 2013).

- Organizations should consider forming a working group of diverse representatives from all levels of the organization and from various roles, including community-based organizations, – to listen to their participants' experiences, gather recommendations to inform changes, and provide a space for accountability.

Mezzo Level - Departmental & Program Practices

Departmental Vision
Create a collective vision of Trauma Informed Education & culture of care within the department. Embed language in visible vision statements & relevant documentation.

Research, Evaluation & Accountability
Engage in ongoing research and best practices. Form a TIE Advisory Committee with employees from the department. Commit to ongoing review & evaluation of practices.

Training & Development
Engage in TIE training for all employees within the department. Utilize different teaching modalities, and specific tailored training programs to support varying degrees of application.

Collaboration
Create opportunities for cross collaboration across departments. Explore the creation of debriefing spaces & circles. Connect with community based agencies & other colleges/ universities.

Policy & Practices
Review all spaces from a TIE lens. Audit existing policies & practices, looking for strengths & enhancements. Engage employees in the review & redesign of policies & practices.

Trauma Informed Education - Mezzo Level Practices

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Collaboration with the community is essential in Trauma-Informed Education. For example, Indigenous Friendship Centres and communities should be included in the planning and implementation of Trauma-Informed schools, given that they are at the forefront of Trauma-Informed Approaches to supporting students (Ontario Federation of Indigenous Friendship Centres, 2016).

Micro Level - Individual Practices

Trauma-Informed Education Micro Level- Employee Practices

1 Fostering Authentic, Courageous, & Safer Spaces

2 Supporting Choice & Autonomy

3 Creative & Supportive Curriculum Design

4 Commitment to Reflective Practice & Growth

5 Cultivating Individual & Collective Wellness

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"Trauma-Informed Practice needs to be a culture within each program as opposed to a culture within an individual classroom" (Employee, 2021).

"The role of the Professor has changed. There's a lot more that you do in the classroom, you wear many hats and hold many roles for the students – you are a model; you are a mentor" (Employee, 2021).

Fostering Authentic, Courageous, and Safer Spaces

Creating safer spaces is imperative for students to function well in learning spaces. There are many factors that contribute to one's feeling of safety. While we cannot guarantee 100% safety, there are strategies that can be employed to collectively cultivate and hold more authentic, courageous, and safer spaces.

Research shows that interpersonal relationships and connectedness is the best predictor of mental health and well-being (Treleaven, 2018; van der Kolk, 2014; Perry & Winfrey, 2021). For people that have experienced trauma, connecting with others helps rebuild trust and safety (Treleaven, 2018).

Holding Space and Sharing Privileges

Engaging in more authentic dialogue on diversity and social justice issues while supporting the voices of those who are marginalized and impacted by the systems of oppression can mean the space does not feel safe at times (Plett, 2020). We must consider who is in these spaces and holding the space, who may be privileged and oppressed, and how we play a role in perpetuating power imbalances (Plett, 2020). It is often the people with less power that are more attuned to the power structures and rules, which takes more emotional labour to ensure their own safety (Plett, 2020). Holding space means recognizing and taking accountability for your own unearned privileges, unconscious biases, defensive and fragile responses, and honouring an individual's right to their own boundaries and experiences (Plett, 2020).

Learner Mode

Adult learners' ability to learn is compromised when they are in distress and/or feel unsafe. Frank C. Garrity coined the term 'learning mode' to refer to the mental, physical, emotional, spiritual, and psychological readiness to learn and claims that if students are not in learning mode, they simply will not learn (Souers and Hall, 2016). The learning environment plays a significant role in either exacerbating or minimizing post-traumatic stress and the student's ability to be in the state of mind to learn (Wilson, 2020). A common practice trap is a belief that "learners can go away and 'heal' from the trauma and come back to class when they are ready to learn" (Horsman, 1998, p. 1, as cited in Wilson, 2020, p. 10). Yet, trauma impacts the individual's worldview, trust, and sense of emotional and physical safety (Herman, 1997; Silove, 2013 as cited in Wilson, 2020; Perry & Winfrey, 2021; van der Kolk, 2014).

"I think that trauma shows up in folks lives in really unexpected ways, in ways that can't be contained, it's often hard and messy. So, a Trauma-Informed Practice is about carving out and creating space for challenging moments, creating a sense of safety through non-judgmental, supportive anti-oppressive practice" (Community Agency, 2021).

The following are some strategies to consider when building safer spaces:

- Take the time to **get to know students** (5-minute meet and greet before the term starts; personal sharing cards; a quick question of relatability; drop-in office hours).
- **Engage in ongoing rapport-building** activities to foster positive connections.
- Approach every class and interaction with a **welcoming and kind approach.**
- **Explain to your students what Trauma-Informed Education** is and what you are collectively hoping to create together.
- **Verbally and in writing, intentionally create safer and more comfortable** learning spaces that are conducive to learning.
- **Support students** in shaping what the space looks like and feels like.
- While recognizing power differences, **try and co-create a collective, collaborative atmosphere - a power "with" model.**
- **Create a predictable** environment and class structure that supports check-in and check-outs, debriefing, and wellness strategies.
- **Model inclusive practices** (such as gender pronouns; people-first language).
- **Be accessible,** emphasize your availability, and follow through.
- **Model respect, empathy, and compassion.**
- **Provide strategies for emotional regulation and self-compassion.**
- **Be mindful of communication** that is minimizing, dismissive, threatening, ridiculing, or that shows impatience, disappointment, or power differences (Carello & Butler, 2015).
- **Clarify roles, expectations, and model professional boundaries.**
- **Explain and model confidentiality practices.**
- **Use self-disclosure appropriately** and in a contained way to build trust.
- **Create space** for challenging moments, through silence, accountability, reflection, and debriefing.
- **Address conflict, harm, microaggressions, and oppression.** Safety is built upon a space that is committed to social justice and change.
- **Integrate and explicitly discuss current community social justice issues** in learning spaces, recognizing the need for a space where students can discuss the personal and collective impacts.
- **Support flexibility** with no questions asked; or assumptions made (i.e., students can arrive and leave when they need to, camera and laptop on or off).
- **Bring awareness** to classroom activities and assignments that could activate the student. Normalize, validate, and offer support and referrals. Recognize that some students may not realize they are being activated.
- **Be open to feedback from students** about their experiences of being activated.

- **Be mindful of other students** in the room impacted by disclosures.
- **Normalize stress and trauma** by naming them.
- **Assume that the student's behaviour has a purpose** - it might be a pattern or serving them well. Bring a non-judgmental stance.
- **Respect proxemics** (i.e., personal space).
- **Continue to reflect** on creating ways to ensure your students thrive.
- **Capture your learning** and success stories and share them with others.
- **Encourage the development of an individualized self-care/wellness plan.**

Key Concepts

Unconditional Teaching & The Ethics of Care

- Building on Carl R. Rogers' work on "unconditional positive regard," Alfie Kohn (2005) developed the concept "unconditional teaching" to apply unconditional positive regard to the classroom, which accepts students for who they are and not what they accomplish (as cited in Venet, 2021).
- Nel Noddings calls for "ethics of care," which is where we care *for* our students and do not just care *about* them, as the latter supports a distanced relationship model (as cited in Venet, 2021).
- It is important to integrate care into all aspects of teaching. As Venet (2021) states, "too often our approaches to relationship building in school can feel transactional" (p. 100).

Window of Tolerance, Dan Siegal

- "An internal zone of support to help people safely observe and tolerate a range of experiences while ensuring people are not exceeding what they can handle" (Treleaven, 2018, p. 88).
- When people are in their window, they feel regulated and present, and when they fall outside of their window, they are more likely to feel dysregulated, less control, and be triggered (Treleaven, 2018).
- This zone falls between hypo-aroused and hyper-aroused states, where people can fluctuate between not feeling sensations, feeling apathetic, and rigid, to being hypervigilant to their surroundings and emotions. When people are within the window, they are likely to feel engaged, relaxed, and alert (Treleaven, 2018).

7 F's: Flock, Flight, Fight, Freeze, Flood, Fawn, Flop

- Stress researcher Walter B. Cannon coined the term 'flight or fight response' to describe the acute stress response to a perceived threat and the corresponding arousal response of psychological changes (Perry & Winfrey, 2021).
- This model has expanded to include other responses.
- When people face a threat, the first response is to flock, whereby they take cues from the environment to interpret the situation (Perry & Winfrey, 2021).
- The physiology of the arousal response is to fight or flight, but when those are not options, the physiology of freeze (or dissociation) serves a purpose to help people rest, replenish, survive, and tolerate difficult experiences or pain (Perry & Winfrey, 2021).
- The fawn response is a people-pleasing response, where one consistently abandons their own needs in order to help others, to avoid conflict, criticism, or disapproval (Ryder & Gepp, 2022).
- The flood response is when someone has an intrusive reaction to trauma, by being overwhelmed with emotions (Living Well, 2018).
- The flop response is where we become unresponsive physically or emotionally (may faint) from feeling overwhelmed (Johnson, 2022).
- The arousal response and dissociative response fall on a continuum and avoidant behaviours can present as part of that continuum (Perry & Winfrey, 2021).
- Many adult learners may find adaptive responses such as dissociation or a frozen state when they are faced with a threat and need to self-protect (Perry & Winfrey, 2021).
- When the adult learner is in a state of alarm or fear, it will impact their feeling of discomfort and safety, increase fear and anxiety, impact their ability to focus and concentrate, and make them more attentive to nonverbal cues (Perry & Winfrey, 2021). In an attempt to self-protect, they may become hypervigilant and spend their energy scanning the environment for threats (Hoch et al., 2015, as cited in Davidson, 2017).
- All of these responses are survival strategies.

"Students need to feel like they have choices, they have control over some of the things that they get to learn about and choose. Those things support academic outcomes" (Faculty, 2021).

Trauma-Informed Education Promising Practices Manual, 2022
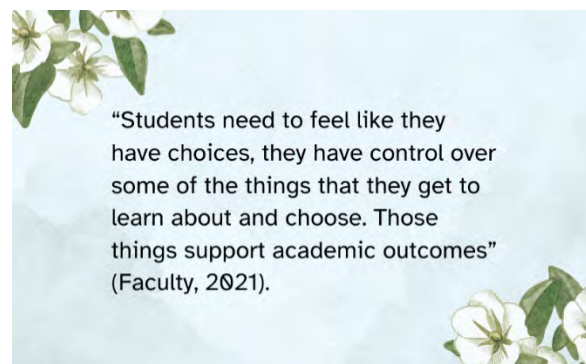
Emotional Safety

- Trusting the educator is essential for students to feel safe (Carello & Butler, 2015). Students are more likely to believe an educator's encouragement and feedback whom they trust (Bohannon et al., 2019). When students feel emotional support from their teacher, they produce better academic work and do better with their social-emotional health (Guess & Bowling, 2014, as cited in Venet, 2021).

- Support emotional safety through structure, predictability, flexibility (Rodenbush, 2015 as cited in Davidson, 2017; Carello & Butler, 2015) and transparency, consistent teaching and communication (Perry, 2006; Wilson, 2020).

- It is necessary to have a space where students can ask questions and take risks without fear or responses that instill shame, reprisal, and that make them feel unsafe (Wilson, 2020).

Physical Space

- Changing the physical space of an educational setting is not simple, given many restrictions and scarcity of space.

- However, the classroom layout is important in promoting a feeling of safety for students (Sinski, 2012, as cited in Davidson, 2017).

- For example, a circular space can serve as containers for holding collective spaces since everyone is seated in equal positions, can look at one another, listen deeply to their stories, and build trust (Plett, 2020).

- Circles can "help us hold the complexity of power imbalances, conflict, and deep collective grief and fear, and circles teach us to be present for each other's pain and share the burden of it without projecting it onto each other" (Plett, 2020, p. 321)

"The faculty that employed Trauma-Informed Practice, were the ones that excelled in creating these safe spaces. They made sure we were equipped with skills for self care, resiliency and coping skills, grounding skills. They were the ones that made everyone feel welcome, everyone feel valued and seen" (Alumni, 2021).

"It was an incredibly positive experience when a professor embodied a Trauma-Informed Practice. It can be a heartbreaking experience when it doesn't exist because then some of the students may be upset, they may not feel included, they may not feel safe to speak in a classroom and that is detrimental to learning" (Alumni, 2021).

Fostering Authentic, Courageous & Safer Spaces

Awareness of individual & systemic barriers. Build cultural safety.

Strive for safer conversations. Seek permission when asking questions.

Commitment to Equity, Diversity, & Inclusion Practices. Actively challenge oppression.

Normalize triggers & activating experiences.

Model empathy, compassion & understanding.

Respect privacy & confidentiality.

Be welcoming & inclusive.

Promote support and wellness.

Engage in self-reflective practice.

Collaborate & share power (power "with").

Build connections & trust.

Pay attention to proxemics & kinesics.

Be accountable & flexible.

Model authenticity & vulnerability.

Reflection in Action

How do you create authentic, safer, and courageous spaces in your role with others?

Consider how you hold space in diverse settings and what you can do differently.

Action:
What do you commit to doing to create physically and emotionally safer spaces?

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Supporting Choice & Autonomy

A core value of Trauma-Informed Practice is choice and control (Fallott & Harris, 2009 as cited in SAMHSA, 2014). While power differentials are realities in educational settings, there are strategies to empower students to have choice and control in their learning and educational experiences. A Trauma-Informed Perspective recognizes that people have possible activating experiences, often including situations where they experience a lack of respect, safety, control, and choice, which relates to experiences that remind them of their past trauma (Haskell, 2012 as cited in Poole & Greaves, 2012).

"Trauma-Informed Practice means giving the steering wheel of the conversation to the person that you are speaking to" (Employee, 2021).

"I try to be clear about respecting boundaries, so they are in control of how much they say or do not say. Providing a sense of knowing what is happening next and consistency in what they expect from me" (Faculty, 2021).

Seek feedback & openly receive it.

Support at their pace.

Be mindful of power differences.

Seek permission. Ask safe questions.

Respect coping & priorities. Empower.

Provide information & options.

Supporting Choice & Autonomy

Recognize strengths & post traumatic wisdom.

Support & respect self-determination.

N. Johnson & I. Gianvito, 2022

Trauma-Informed Education Promising Practices Manual, 2022

The following are some strategies to consider:

- **Support students to identify their strengths** and help them develop coping skills that work for them.
- **Support them at their pace.**
- **Provide information** to students on options and choices without overwhelming them.
- **Recognize power differentials when providing students with choice and control.** For example, students may select the option that we are leaning toward whether we do it explicitly or implicitly.
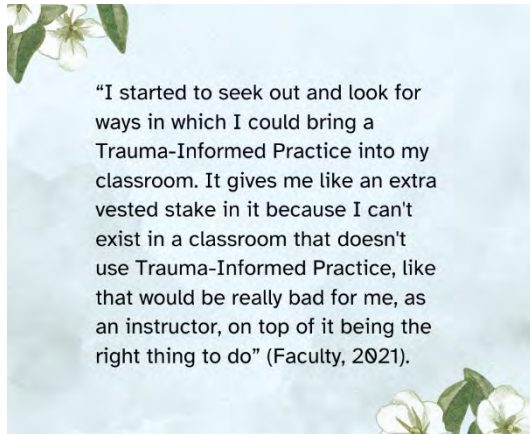- **Support students** in making choices that are right for them.
- **Support self-determination** by "fostering empowerment [through] start[ing] at a very basic level with ceasing all attempts to control people's bodies within schools (i.e., free to use washrooms when needed; sit how they want to sit; move in whatever way works for them; revise dress codes and other restrictive policies)" (Venet, 2021, p. 69).
- **Remind students that they have the power** to make their own decisions to support their physical, mental, emotional, and spiritual well-being.
- **Get permission to ask questions.** Ask relevant and sensitive questions.
- **Reframe questions** from "What is wrong?" to "What would be helpful?".
- **Ensure students are not retelling their stories** if they don't want to.
- **Tread carefully** with the use of the word 'trauma' or consider not using it, as not everyone will identify their experience as being traumatic.
- **Be cognizant of your role**, and power imbalances, and create opportunities for them to share power and control of the outcome.
- **Check in with all students** as some may not ask for support.
- **Follow-up to show care** and interest in their well-being and success.
- **Recognize that students may deal with stress points** in the semester in diverse ways.
- **Witness and honour** someone's experience without interpreting it or judging it.
- **Help students normalize** their experience and make connections.
- **Recognize when a student needs support** and the need to make referrals.
- **Take the extra step to ensure a seamless referral** (join them in making the appointment, walk them to counselling, explore what helping identities would make them feel safer).
- **Model wellness and grounding strategies**.

Reflection in Action

Have there been situations where you did not support someone's choice and autonomy? Why?

Consider the ways you support student self-determination.

Action:
What do you plan to do differently to better support choice and autonomy?

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Creative and Supportive Curriculum Design

"I started to seek out and look for ways in which I could bring a Trauma-Informed Practice into my classroom. It gives me like an extra vested stake in it because I can't exist in a classroom that doesn't use Trauma-Informed Practice, like that would be really bad for me, as an instructor, on top of it being the right thing to do" (Faculty, 2021).

Creating a curriculum requires thoughtfulness and creativity. It is critical for educators to be mindful of learning curricula that can potentially traumatize or retraumatize students and to remove possible barriers to learning (Carello & Butler, 2015). The following illustration reflects some strategies educators can consider to lower the risk of students facing re-traumatization or vicarious traumatization and support their academic success.

Curriculum Design

Consider the ways you can implement Trauma-Informed Education into your curriculum, programs, practices and strategies.

Emphasize confidentiality.

Operate from a place of openness, trust, inclusivity & support.

Stress safety, choice and control. Offer optional or alternative assignments. Universal design approach to deadlines.

Model compassion & flexibility (class attendance; avoid asking reasons for absenteeism; offer to review assignments).

Keep students well-being top of mind. Engage in check in's, debriefing opportunities, self-care/wellness reminders.

Reflect on the purpose of your content and teaching tools and their potential impact.

Be planful in how you deliver the content (screen videos and activities, avoid detailed examples of trauma or shock value stories).

Give notice when there is heavy content. Normalize activating responses.

Engage in broader academic policy discussions.

Consider team teaching approaches.

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Sample statement to add to a course syllabus

Support and Wellness:
This course covers various sensitive topics, including trauma and oppression. There may be times when you or your colleagues feel uncomfortable and may experience a range of emotions, thoughts, and reactions. Your well-being is important to us. We encourage you to explore ways to support your well-being while learning, including wellness strategies and support systems. We can also support you with referrals to Student Services.

The following are some important considerations:

Understand the Experiences of Learners

- Many adult learners with a history of trauma are sensitive to the stressful demands of education – such as deadlines, exams, or public speaking – resulting in moderate activation of the stress response which can impact the learning and memory aspects of the brain (Perry, 2006).

- New experiences can stimulate the automatic responses of traumatic learning due to the fact that "the deepest learning in some kinds of trauma is the experiential knowledge that the world is not safe" (Zingaro, 2012, as cited in Poole & Greaves, 2012, p. 33).

- Trauma can impact the learner's work habits – such as their ability to prioritize educational tasks (Bohannon et al., 2019) – with the physical and emotional demands of prolonged stress and trauma being time consuming, impacting the student's ability to focus on goals and deadlines (Brewin, 2003; Foa & Kozak, 1986; Bonanno et al., 2011, as cited in Davidson, 2017).

- Traumatic stress can limit language acquisition; specifically storing and retrieving new information (Perry, 2006); which impacts the student's memory of content learned and subsequent application of their learning (Johnson, 2018).

Course Syllabus and Assignments

- Incorporating a self-care statement in the course syllabus with links to resources can be highly beneficial (Carello & Butler, 2015).

- Be mindful of language used that could have the potential to intimidate learners and impact their ability to be successful with their work.

- Explicitly state that students have 'choice and control' in the assignment outlines, offering optional or alternative assignments where needed.

- Educators should closely assess their assignments for how it can potentially impact and activate their students, and develop policies and practices that support safety, comfort, and lower risk (Carello & Butler, 2015). Consider options to submit draft assignments for feedback and late day policies that provide all students with the option to have extra days without having to provide reasons and risk penalties (Carello & Butler, 2015).

Note: we recognize some of these strategies are challenging to carry out due to organizational policies and practices across course sections and workload constraints.

Curriculum Violence and Activating Experiences

- Curriculum violence is when content and pedagogy harms students intellectually and emotionally, including some kinds of experiential education that triggers historical trauma for students (Venet, 2021).
- Some students may find the word 'trigger' problematic as it implies that it is something out of their control. Consider using other terms such as being 'activated' (DiMarco, 2017, as cited in Davidson, 2017).
- The word 'trigger' itself can be a sensitive word based on people's experiences of violence.
- Important to be aware of the language we use even during times of trying to be helpful.
- Alternative terms could be "sensitive content"; "content warnings"; "heightened emotions"; "tender spots"; or "feelings of discomfort".

Sample statement to add to assignments

Sensitive Content Warning:
Please note that the content in this case study assignment is sensitive in nature and may bring up a range of emotions, thoughts, and reactions. The content may impact some people in a more personal way. We encourage you to use supportive wellness techniques, and your support systems. We can also support you with referrals to Student Services.

Field Components of Curriculum

- Clinical training programs have the potential to re-traumatize and vicariously traumatize students, faculty, and field educators (Bussey, 2008; Butler & Carello, 2014; Knight, 2019, as cited in Carello & Butler, 2014), especially those with less training and experience (Adams & Riggs, 2008; Knight, 2010; Michalopoulos & Aparicio, 2012 as cited in Carello & Butler, 2015).
- Studies suggest that communication with field instructors can both be a protective and risk factor for vicarious trauma (Didham, Dromgole, Csiernik, Karley, & Hurley, 2011; Litvack, Mishna, & Bogo, 2010, as cited in Carello & Butler, 2015).
- Effective Trauma-Informed field instruction requires "educating the student, creating a learning environment that is conducive to learning, and attending to students' personal and affective reactions to their work and the supervisory relationship" (Knight, 2019, p. 83).
- A collaborative relationship between the student and field instructor and self-directed learning; reflects the Trauma-Informed Practice principle of choice (Knight, 2019).
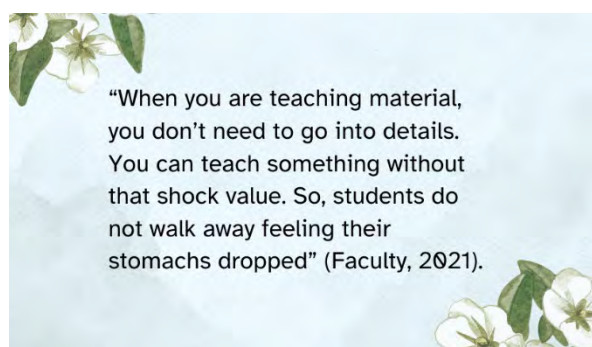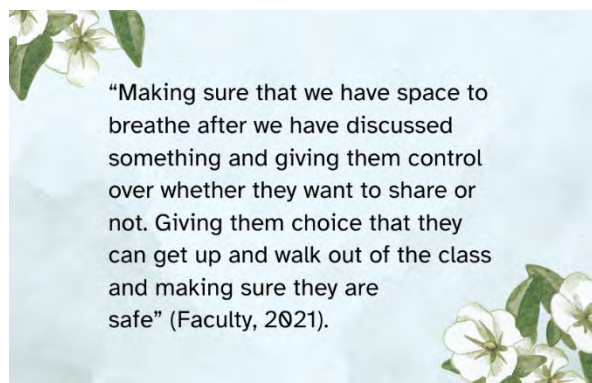
- Integrate helpful strategies such as normalizing and validating students' reactions to indirect trauma, check in's, and opportunities to discuss reactions and impacts (Etherington as cited in Knight, 2019).
- Offer training and support to Field Educators and Field Supervisors, particularly when less familiar with Trauma-Informed Approaches.

Teaching About Trauma

- The goal of Trauma-Informed educational practice is to remove possible barriers to learning, not to remove traumatic, sensitive, or difficult material from the curriculum (Carello & Butler, 2015).
- Educators must teach about trauma with compassion and a responsibility to both the experiences of trauma survivors and students (Carello & Butler, 2014), being mindful of the portrayal of trauma narratives.
- In the essay "Our Trauma Shall be Viral No More" (2020), shea martin stresses that videos of violence against Black people, Indigenous people, and racialized people sensationalize suffering, with the goal of creating empathy actually creating a 'cycle of voyeurism' (as cited in Venet, 2021).
- Important to share stories of resilience and resistance (Venet, 2021).
- It is possible to safely teach about trauma by supporting students on how to effectively listen and respond to pain (Newman, 2011 as cited in Carello & Butler, 2014).
- Some strategies to safely address trauma content in the curriculum- include limiting exposure levels, varying the intensity of the content, and providing information on self-care (Zurbriggen, 2011 as cited in Carello and Butler, 2014).
- Gradual exposure to challenging content can support students, using a "crawl-run-walk approach" (LaPorta et al., 2017).
- Advanced warnings of difficult content, including the severity and duration, helps students prepare for their learning (Carello & Butler, 2015).
- Critical reflection can help students feel validated and develop a sense of competence (Zosky, 2013).
- Writing and reflection can often times be therapeutic as writing about painful events can reduce stress and improve health (Smyth, et al. 2002 as cited in Bohannon, Clapsaddle, & McCollum, 2019, p. 72). Consider adding an optional reflection component to assignments.
- Provide tangible resource lists with crisis lines, counselling services etc. for all students recognizing that some students may be hesitant to reach out for support directly.

Support for Students

- Educators can support post-traumatic growth among students who have experienced adversity by acknowledging past difficulties and helping students build coping skills (Li et al., 2014).

- Educators need to keep in mind that a student's reluctance to participate could be a method of self-protection rather than an act of resistance or lack of preparation (Carello & Butler, 2015).

- Educators should emphasize the professional and ethical reasons for practicing self-care (Carello & Butler, 2015) and explicitly discuss and explore any barriers to implementing self-care strategies (Zosky, 2013).

"Making sure that we have space to breathe after we have discussed something and giving them control over whether they want to share or not. Giving them choice that they can get up and walk out of the class and making sure they are safe" (Faculty, 2021).

"Be aware of your position, your social location and intersectionalities. Validating and honouring people's experiences when they are sharing experiences" (Community Agency, 2021).

"Remembering that this is an approach that is relational, so you need to create that connectedness with your students" (Community Agency, 2021).

"When you are teaching material, you don't need to go into details. You can teach something without that shock value. So, students do not walk away feeling their stomachs dropped" (Faculty, 2021).

Reflection in Action

How are you addressing trauma in your curriculum?

Consider strategies to address the introduction of traumatic material.

Action:
Talk to your team about how to collectively create a more supportive curriculum design.

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Commitment to Reflective Practice and Growth

"Self-reflection can feel challenging. It also takes up a lot of space, time, and energy. But if you are doing a Trauma-Informed Practice without thinking about your own social location and thinking about how you are impacting the service user and environment, then it's going to fall slightly short" (Community Agency, 2021).

The following are some strategies to consider in your commitment to communities, to yourself, and to your practice as an educator:

- **Recognize the environment you are cultivating and contributing to.** Continuously reflect on the space, the power you hold, how people experience you, as well as power dynamics. It is critical to consider "the spaces that we choose, the way we introduce topics of conversation, the stories we share, the expectations we have for other people- all of these can enhance privilege or oppression for different people" (Plett, 2020, p. 285).
- **Be continuously aware of your social location** and how this impacts your worldview and teaching practices. Understand unearned privilege, unconscious bias, and teaching practices and commit to the process of unlearning. It is important to recognize the systemic biases we carry to be truly Trauma-Informed (Perry & Winfrey, 2021).

- **Consider how you are perpetuating oppression and creating trauma.** "As with microaggressions, small moments can have a huge impact in creating trauma. Being Trauma-Informed, means we need to consider how we may be perpetuating dominant narratives of white supremacy, homophobia, transphobia, misogyny, Islamophobia, anti-Semitism, and ableism" (Venet, 2021, p. 167).
- **Practice cultural humility** - by continuously evaluating your knowledge, skills, and power imbalances and making a commitment to collaborating respectfully (Davidson, 2017).
- **Recognize you will make mistakes and will learn from them.**
- **Recognize your own historical and current experiences with trauma** and how that impacts your practice and well-being.
- **Support yourself** by utilizing your favourite grounding and wellness strategies.
- **Explore courageous vulnerability** and stay in tune with the emotions of others and yourself at your own pace. An emotionally safe environment is required for this.
- **Practice continuous reflection** on your role, limitations, and boundaries as an educator.
- **Commit to continuous learning** and openly receive feedback.

- **Integrate Trauma-Informed Education into everything you do -** so it is a part of you, not just something you do at work.
- **Seek out opportunities to debrief with allies in your environment.** Connection is key to Trauma-Informed Education.
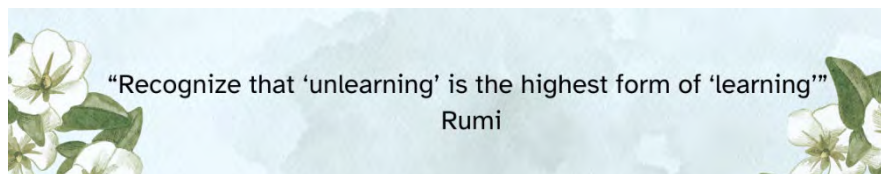
"Professors need to be prepared and deal with their own trauma to be prepared to deal with student's trauma" (Alumni, 2021).
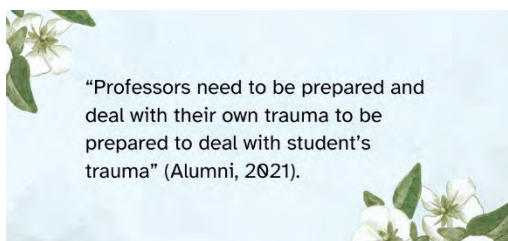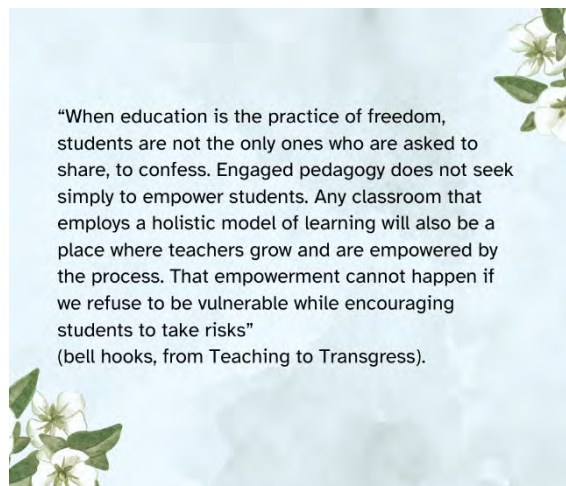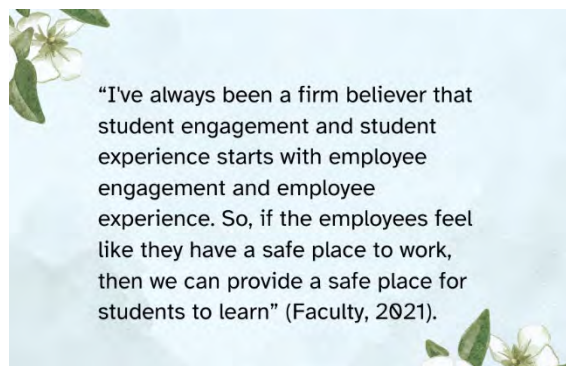
Commit to Anti-Racist Education

- Teachers who are not recognizing the impact of racism may unintentionally perpetuate racism (Alvarez, 2020).
- Sensitivity to racial trauma must be a part of all Trauma-Informed strategies, recognizing the historical and contemporary systems of oppression (Resler, 2019).
- Failure to address race and racism within Trauma-Informed Practice has led to its "weaponization with educators implementing simplistic solutions that ultimately harm the students they are meant to support

which reifies systems of oppression rather than preventing re-traumatization" (Khasnabis & Goldin, 2020, as cited in Goldin et al., 2021, p. 3).

- The concept 'white saviorism' is a form of white supremacy, with the belief that white educators can and should save youth of color and youth living in poverty, through colorblind racism (Bonilla-Silva, 2013; Sondel et al., 2019 as cited in Goldin et. al, 2021).
- It is "necessary to situate the dominant trauma discourse and research within a racialization framework to disrupt White supremacist notions of normality" and deficit beliefs about people of color (Alvarez, 2020, p. 85).
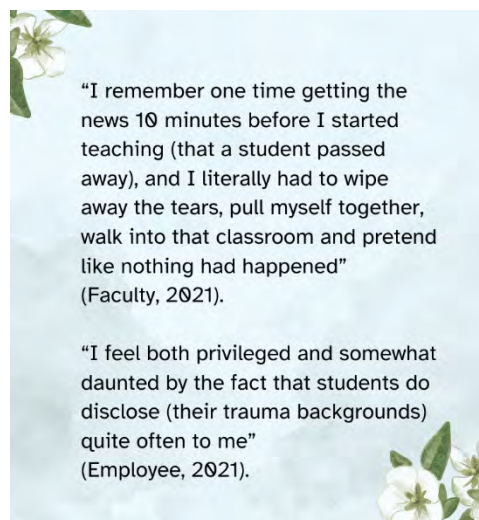
"When education is the practice of freedom, students are not the only ones who are asked to share, to confess. Engaged pedagogy does not seek simply to empower students. Any classroom that employs a holistic model of learning will also be a place where teachers grow and are empowered by the process. That empowerment cannot happen if we refuse to be vulnerable while encouraging students to take risks"
(bell hooks, from Teaching to Transgress).

"Recognize that 'unlearning' is the highest form of 'learning'"
Rumi

Reflection in Action

In your role how have you engaged in reflective practice and professional growth?

Consider the ways you have engaged in anti-racism, anti-oppressive practice and cultural humility.

Action:
What do you need to commit to doing more of? How will you do this?

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Cultivating Individual & Collective Wellness

"I've always been a firm believer that student engagement and student experience starts with employee engagement and employee experience. So, if the employees feel like they have a safe place to work, then we can provide a safe place for students to learn" (Faculty, 2021).

Compassion fatigue, empathic distress, and vicarious trauma are realities in helping professions including in the education sector. Educators and employees working in post-secondary education are impacted by the stories they hear from students and their colleagues, the curriculum they teach, and the services they offer to students. They can face their own lived experiences of trauma, oppression, and inequities in and outside of education. Confidentiality practices and limitations in time and space to debrief can result in employees trying to manage the impacts themselves, which can be overwhelming and isolating.

Literature and practices in the helping profession, tend to focus on "self-care" as the solution to these professional and personal impacts of the work. Although self-care can be a helpful tool, it can also be a limiting concept that does not always consider the lived realities and systemic barriers which impact the ability to practice and care for oneself. The impacts of trauma can also make it difficult to engage in self-care practices.

The concept of wellness has gained momentum, with many organizations integrating wellness strategies in the workplace. While these programs can be beneficial, it is important that wellness not fall only on individual employees. Wellness should be part of a collective strategy and needs to be infused with a Trauma-Informed lens. Bettina Love (2019) points out that the education system replicates racism and inequity that we see in society and that we need to do more than help racialized people 'survive' and move towards 'thrive' through critical wellness, which is a social justice issue (as cited in Venet, 2021).

"I remember one time getting the news 10 minutes before I started teaching (that a student passed away), and I literally had to wipe away the tears, pull myself together, walk into that classroom and pretend like nothing had happened" (Faculty, 2021).

"I feel both privileged and somewhat daunted by the fact that students do disclose (their trauma backgrounds) quite often to me" (Employee, 2021).

Organizations have a responsibility to provide safe spaces and wellness for everyone. Many researchers stress that "a vicarious Trauma-Informed organization recognizes challenges and proactively addresses the impact of vicarious trauma through policies, procedures, practices, and programs" (Bell, Kullcarni, Dalton, 2003; Middleton and Potter, 2015). Vicarious
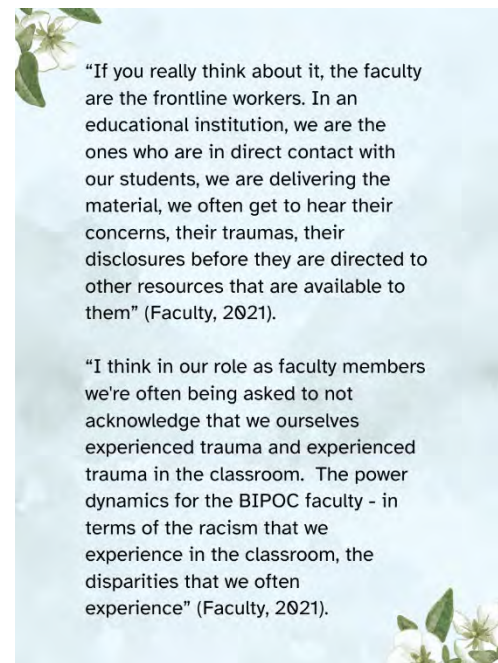
trauma has serious impacts and can have devastating effects. It can impact team cohesion, communication, collaboration, and coordinated responses (Knight, 2013). Additionally, it can lead to higher rates of turnover (Bell et al., 2003; Middleton and Potter, 2015), lower morale, increases absenteeism and tardiness, undermines authority, as well as reduces the quality and timeliness of client care and employees' administrative responsibilities (Newell and MacNeil, 2010; Knight 2013).

Gentle Reminders and Strategies:
- Being a Trauma-Informed Educator **requires vulnerability, courage, humility, and clear boundaries.**
- **Engaging with others' vulnerability** increases our vulnerability which can feel risky (Johnson, 2014 as cited in Dutro, 2019 and Plett, 2020).
- **As "critical witnesses" to student experiences**, pay attention to your connections, and differences between your story and other stories (Dutro, 2011 as cited in Petrone & Stanton, 2021).
- **It takes strength and courage to listen to others' pain**, which requires us to understand our own reactions, and feelings, and have self-compassion (Davidson, 2017).
- **Find a balance between empathy and boundaries** for the well-being of your students and yourselves (Rodenbush, 2015, as cited in Davidson, 2017).
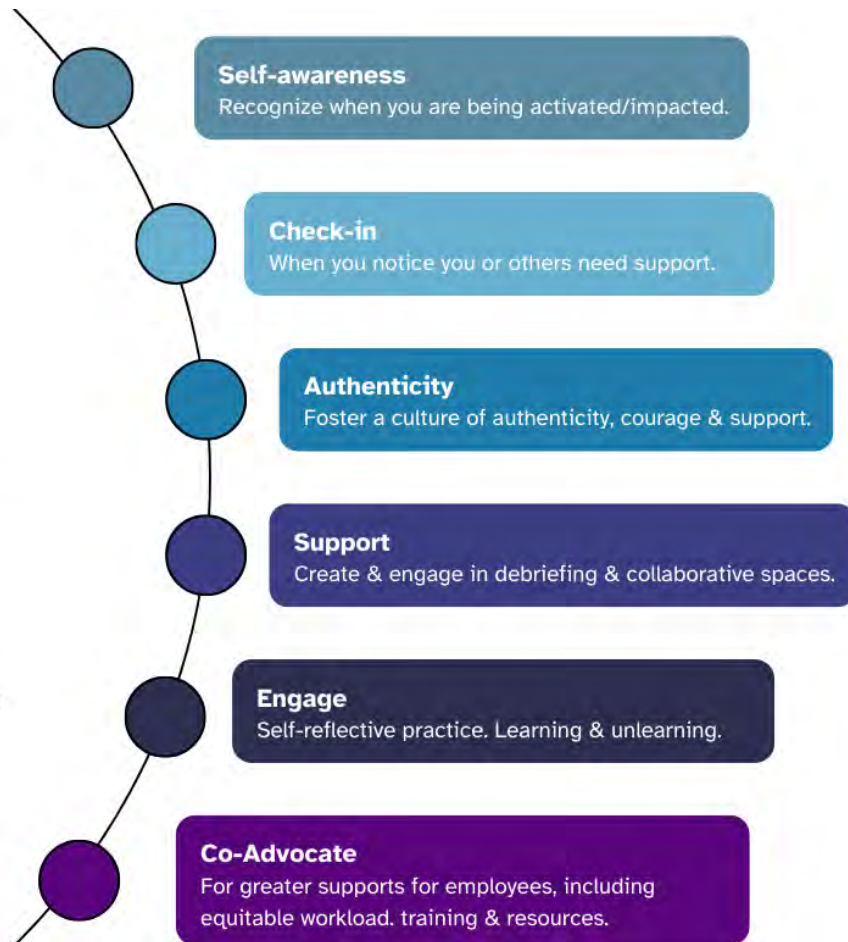
- **Engage in "Trauma Stewardship"**- which is the practice of engaging with someone's pain without you taking on the pain yourself (Lipsky, 2009, as cited in Treleaven, 2018).
- **Show yourself self-compassion.** Remember compassion fatigue is not a sign of weakness or incompetence, it is the 'cost of caring' (Figley, 1995 as cited in Davidson, 2017).
- **As you engage with wellness strategies,** keep in mind "there are different worldviews on what it means to be well and unwell" (Employee, 2021) and different strategies that work for you and others.
- **Pay attention to empathic distress,** where you begin to pull back from caring and helping, due to concerns about the impact on yourself.

"If you really think about it, the faculty are the frontline workers. In an educational institution, we are the ones who are in direct contact with our students, we are delivering the material, we often get to hear their concerns, their traumas, their disclosures before they are directed to other resources that are available to them" (Faculty, 2021).

"I think in our role as faculty members we're often being asked to not acknowledge that we ourselves experienced trauma and experienced trauma in the classroom. The power dynamics for the BIPOC faculty - in terms of the racism that we experience in the classroom, the disparities that we often experience" (Faculty, 2021).

Implementing Trauma-Informed Education Grounded in a Systemic Analysis requires a priority on individual and collective wellness. The following are considerations to support individual and collective wellness for employees.

Cultivating
Individual &
Collective
Wellness

N. Johnson & I. Gianvito, 2022

Self-awareness
Recognize when you are being activated/impacted.

Check-in
When you notice you or others need support.

Authenticity
Foster a culture of authenticity, courage & support.

Support
Create & engage in debriefing & collaborative spaces.

Engage
Self-reflective practice. Learning & unlearning.

Co-Advocate
For greater supports for employees, including equitable workload. training & resources.

It is important to recognize advocacy is an emotionally draining experience, particularly for those whose voices are not always heard. It is not always safe for people to be their authentic selves in the workplace, based on historical and current experiences of oppression and trauma. Advocacy and change need to be a collectively driven experience.

"One of the best guides to how to be self-loving is to give ourselves the love we are often dreaming about receiving from others". bell hooks

Grounding/Centering Strategies

- Open your eyes/look around
- Feel your feet on the ground
- Find something that anchors you such as a special personal item, stone, a mantra, a lyric from a song
- Take a walk/move your body
- Wrap yourself in a blanket
- Drink some water
- Take a few slow deep breaths
- Name 5 things you can see, hear, feel
- Splash water on your face or wrists
- Visualize a calming place
- Color/doodle on a piece of paper
- Say a word to yourself that is calming
- Write down a word or two to describe how you are feeling
- Read a supportive affirmation
- Talk to someone

Reflection in Action

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Have you had situations where you did not feel grounded or centered? How did you handle it?

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Consider the grounding or wellness strategies that work for you.

Action:
Talk to your team about ways to improve individual and collective wellness.

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Part 3:

Practice Activities

Self-reflective practice is an important competency in Trauma-Informed Education. Take your time reflecting on each question, perhaps making notes. Revisit the questions on occasion to see if your answers have evolved.

Self-Reflective Practice for Educators

How do you see your role as an Educator?

How do students experience you as an Educator?
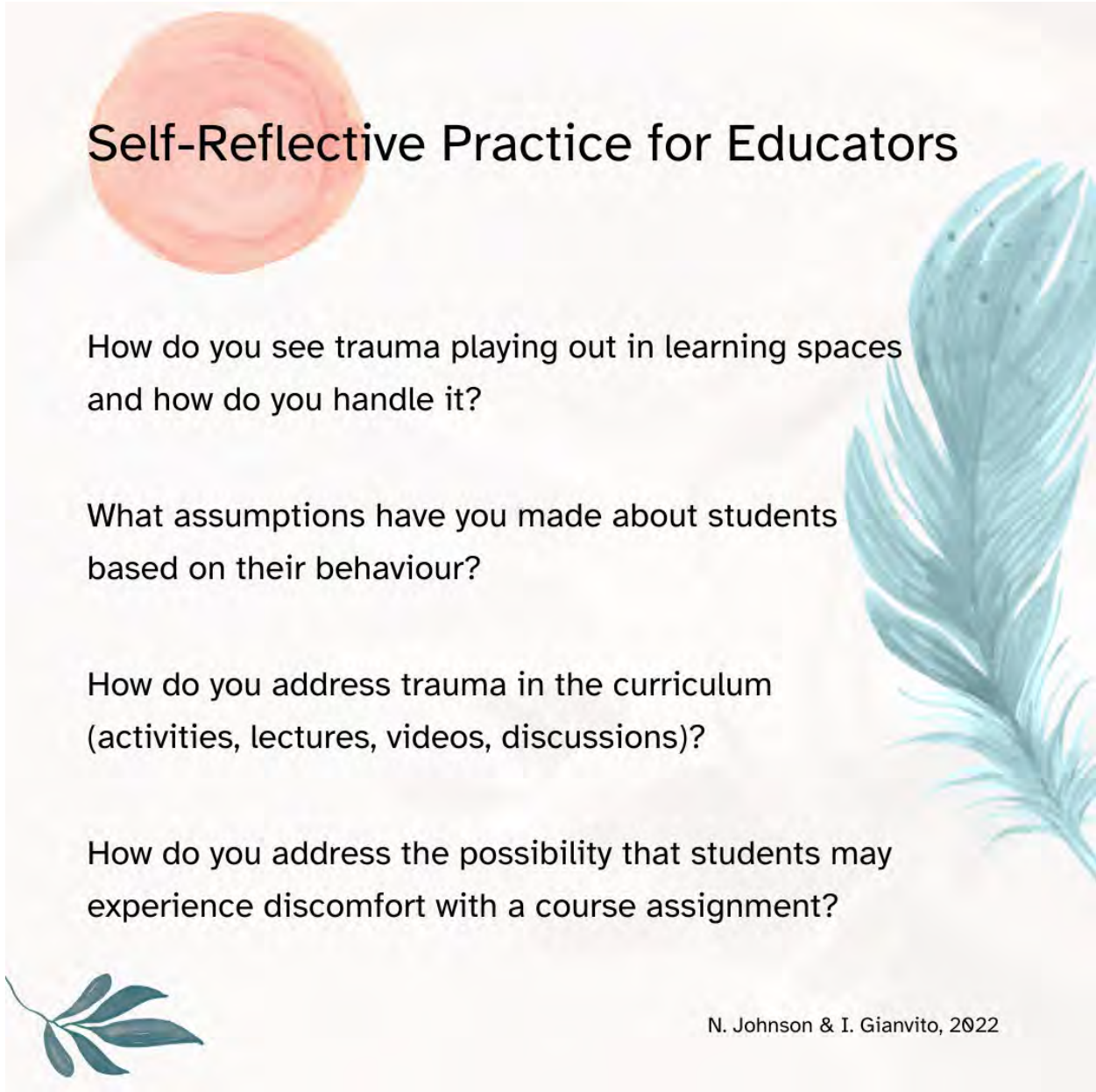
How does your social location (areas of privilege and marginalization) play out in learning spaces?

How do you reflect on your teaching practices?

N. Johnson & I. Gianvito, 2022

Notes:

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Self-Reflective Practice for Educators

How do you see trauma playing out in learning spaces and how do you handle it?

What assumptions have you made about students based on their behaviour?
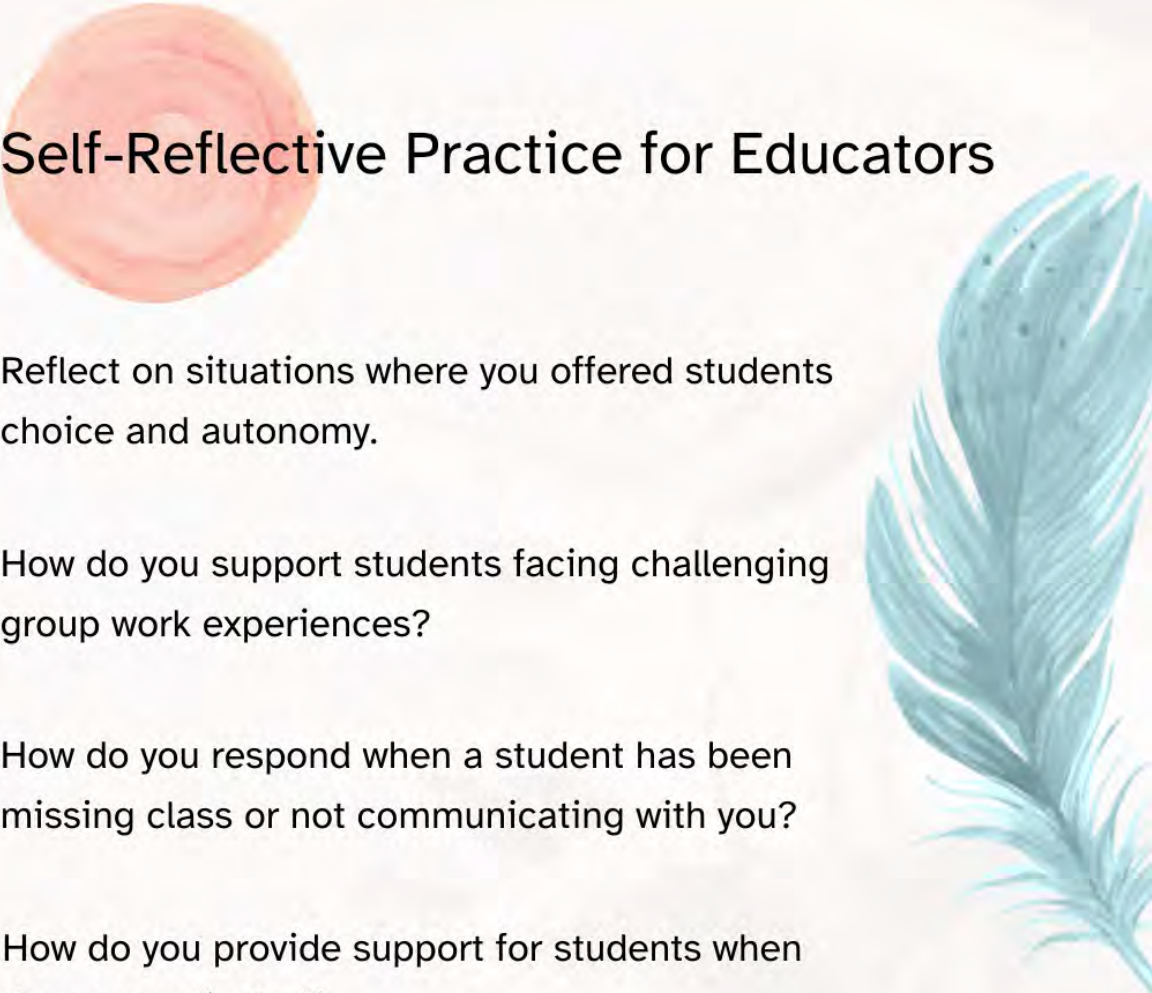
How do you address trauma in the curriculum (activities, lectures, videos, discussions)?

How do you address the possibility that students may experience discomfort with a course assignment?

N. Johnson & I. Gianvito, 2022

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Self-Reflective Practice for Educators

Reflect on situations where you offered students choice and autonomy.

How do you support students facing challenging group work experiences?

How do you respond when a student has been missing class or not communicating with you?

How do you provide support for students when they are activated?

N. Johnson & I. Gianvito, 2022

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Self-Reflective Practice for Educators

How are your teaching practices supporting your students to thrive?

How do you foster authenticity, courage, safety and wellness in your learning spaces?

Is there anything you can do to foster even safer spaces for your students?

How do you take care of your wellness when exposed to vicarious trauma, or when activated in the learning space?

N. Johnson & I. Gianvito, 2022

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Compassionate Reminders:

The following scenarios are based on stories gathered from our research that have been slightly modified.

- Take your time reading through the scenarios as they are impactful.
- Some scenarios may remind you of situations you have experienced or had to navigate yourself.
- Read one and discuss with a colleague.
- Return to the others when you feel ready.

Reflect on how these scenarios did not apply a Trauma-Informed Education lens.

A student tells their Counsellor that last week in one of their classes, a student was describing graphic details of a child sexual abuse case that they learned about at their practicum. The Professor of the class allowed the student to share for a lengthy period of time. The student tells the Counsellor that the students were visibly upset, many in tears and some left the class because it was too much to handle.

The Professor notices the student in their class has strong body odour. After a few weeks, they decide to address this with the student as they will be starting their field practicum soon. When the Professor discusses it with the student, the student tells them they are well aware and that it is intentional. It is a way to self-protect from abuse, as they are a sexual assault survivor.

A student is very stressed out and approaches their Academic Advisor. The Advisor says they only have a few minutes and is quick to suggest they consider dropping some courses and recommends they talk to the Professor of the course they are concerned about. However, the student has not had a chance to share that the Professor they need to talk to consistently misgenders them and they don't feel safe talking to them.

The Professor asks a student to put their camera on during the virtual class break out group. The student is uncomfortable putting their camera on because they are not wearing their religious/cultural attire. The student asks for a minute to change and come back, however the Professor insists they come on camera now.

During a visit to the Campus Health Centre, a student shows signs of self-injury on their arm. When the nurse notices they tell them they need to go speak to a Counsellor right away. However, the student was not there to discuss their coping strategy and now feels ashamed.
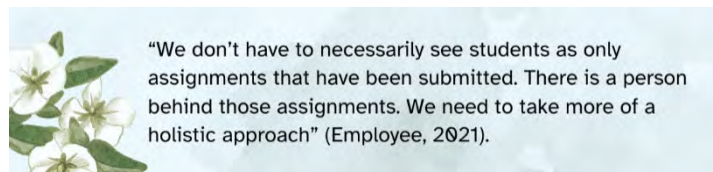
A student misses their mid term exam due to the loss of their aunt and does not communicate their absence with their Professor. The Professor emails the student telling them they failed the exam since they did not write it. The student explains that they were in shock of their loss and in their religion they hold the funeral within 12 hours of the death. The Professor tells them they require a death certificate and that they will need to speak to the Associate Dean.

Reflect on how you would proceed in these situations.

You are meeting with a student for the first time who lives in residence, and they want to know if what they experienced as a child is trauma. They reported having nightmares and flashbacks interfering with their ability to meet academic deadlines.

A student tells you they need to leave your evening class 1 hour early as they get nervous leaving campus at night and waiting for the bus.

You have a really interactive activity you want to try in class this week. It requires students to stand close together.

You are talking with a student in the virtual class and invite them to put their camera on during the virtual break out group. The student appears uncomfortable and does not put the camera on.

A student walks out during a video you are showing in class. They do not come back to class.

A student tells you the course assignment is too personal and they don't think they can do it.

"We don't have to necessarily see students as only assignments that have been submitted. There is a person behind those assignments. We need to take more of a holistic approach" (Employee, 2021).

Reflect on how you would proceed in these situations.

A student in your class emails you that their assignment is late because they have been under a lot of stress. They tell you that their landlord has been aggressive with them.

A student is in the Financial Aid Office. They are crying and talking quickly. They do not feel like they are being helped and run out crying.

You are planning a campus awareness event that is related to trauma (i.e. Black History Month, December 6th National Day of Remembrance and Action on Violence Against Women).

A student joins your virtual office hours. They are whispering as they ask you for clarification on an assignment. They tell you their partner is in the other room and that they get upset when they get disturbed.

A student tells you they do not go to the Campus Fitness Centre anymore as they feel uncomfortable in the space.

A student is in distress during your class.

"Embedding trauma and violence-informed approaches into all aspects of policy and practice create universal trauma precautions that reduce harm and provide positive support for all people" (Government of Canada, 2018).
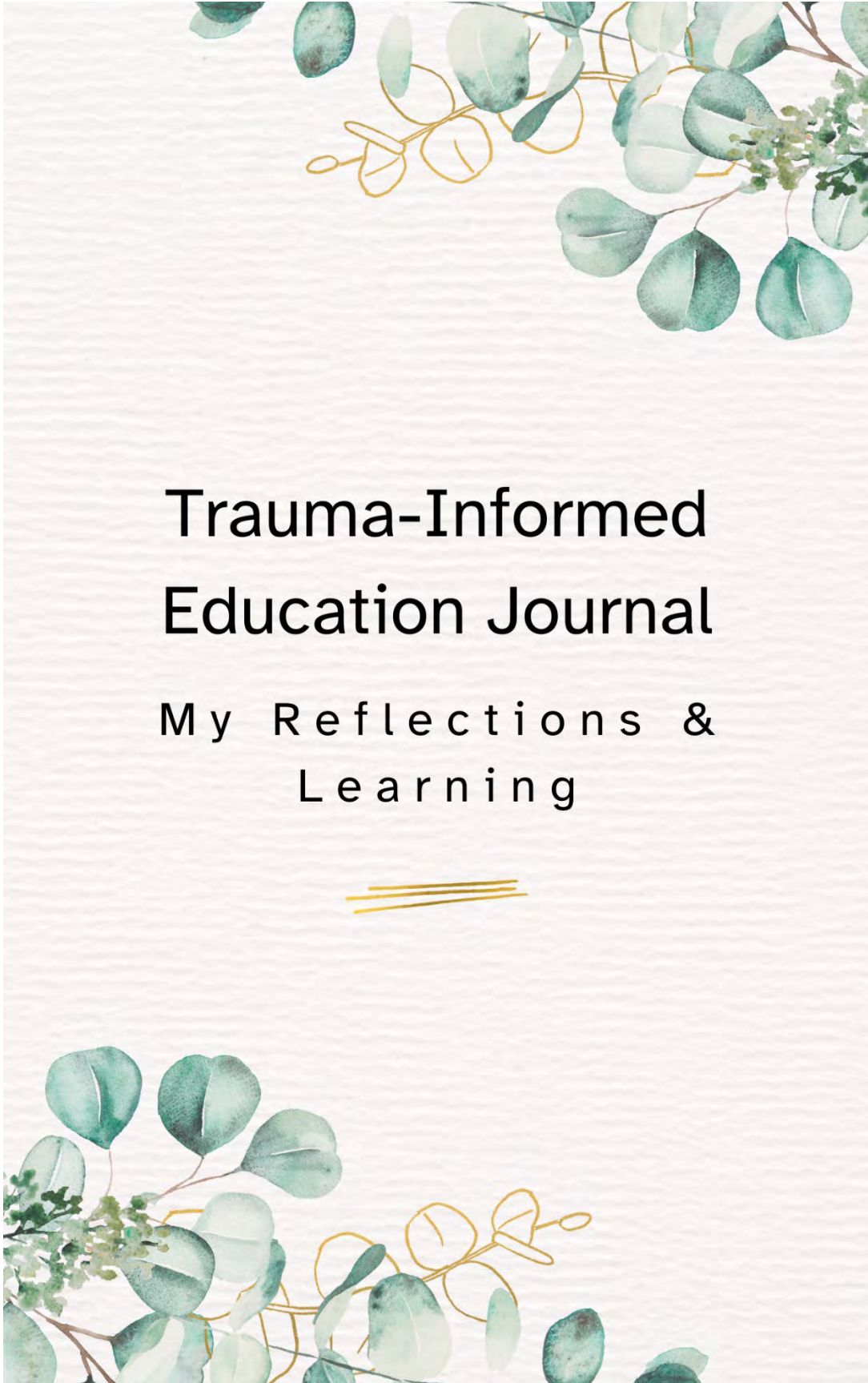
Trauma-Informed Education Journal

My Reflections & Learning

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Further Exploration & Readings

Books

Becoming Trauma-Informed (2012), Centre for Addiction and Mental Health Ontario

Colonized Classrooms: Racism, Trauma and Resistance in Postsecondary Education (2014), Sheila Cote-Meek

Culturally Responsive Pedagogy; Working Towards Decolonization, Indigeneity and Interculturalism (2018), Fatima Pirbhai-Illich

Decolonizing Trauma Work Indigenous Stories and Strategies (2014), Renee Linklater

Equity Centered Trauma-Informed Education (2021), Alex Shevrin Venet

Healing Collective Trauma, A Process for Integrating our Intergenerational and Cultural Wounds (2020), Thomas Hübl

Healing the Soul Wound, 2nd edition, Trauma-Informed Counselling for Indigenous Communities (2019), Eduardo Duran (Tiospaye Ta Woapiye Wicasa)

In An Unspoken Voice: How the Body Releases Trauma and Restores Goodness (2010), Peter A. Levine

My Grandmother's Hands (2017), Resmaa Menakem

Polyvagal Exercises for Safety and Connection (2020), Deb Dana

Post Traumatic Slave Syndrome (2017), Dr. Joy DeGruy

The Art of Holding Space: A Practice of Love, Liberation, and Leadership (2020), Heather Plett

The Deepest Well: Healing the Long-Term Effects of Childhood Trauma and Adversity (2018), Nadine Burke Harris

The Sanctuary Model: A Trauma-Informed Operating System for Organizations (2009), Sandra, L. Bloom

The Vulnerable Heart of Literacy, Centering Trauma as Powerful Pedagogy (2019) Elizabeth Dutro

Transforming the Pain: A Workbook on Vicarious Traumatization (1996), Karen W. Saakvitne and Laurie Anne Pearlman

Trauma and Memory: Brain and Body in a Search for the Living Past (2015), Peter A. Levine

Trauma and Recovery (2015), Judith M.D. Herman

Trauma Stewardship (2009), Laura L. Van Dernoot Lipsky

Waking the Tiger: Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences, (1997), Peter A. Levine

What Happened to You? (2021), Bruce D. Perry. M.D, PhD. And Oprah Winfrey

When the Body Says No, The Cost of Hidden Stress (2021), Gabor Mate, MD

Online Resources & Links

SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach
https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf?fbclid=IwAR3JDMperQwdPU6kl6CT_24ioudcQZZAIYbZwiI3akhWIEQL21BzQ_tsOMU

The Trauma Toolkit
Klinic Community Health Centre in Winnipeg
Trauma-Informed_Toolkit.pdf

Trauma-Informed Practice Guide
BC Provincial Mental Health and Substance Use Planning Council
Trauma-Informed_practice_guide.pdf (gov.bc.ca)

Trauma and Violence Informed Approaches to Policy and Practice
https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html

About the Authors

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Nicole locates herself as a settler, a descendant of Scottish and English immigrant parents, cisgender, a mother, a trauma survivor, an educator, a lifelong learner, and a passionate social change advocate. As a Professor in the Social Service Worker program at Sheridan College for 14 years, Nicole has developed extensive curriculum and student leadership programs. Nicole is a member of Sheridan's Sexual Violence Prevention Taskforce.

Nicole brings over 20 years of experience in the social services field in diverse roles and settings including as an Executive Director and a Crisis Line & Volunteer Program Manager at two Sexual Assault/Rape Crisis Centre's in Ontario. Working in New York City, Nicole was the Clinical Coordinator of a team of one hundred crisis counsellors at a national victim services organization. She has also worked on several community collaborative initiatives.

Nicole is the recipient of Sheridan College's Bruin Awards for her work supporting wellness across the college and the recipient of the Teaching Character Award. Nicole's volunteer contributions include as past Vice President of the Board of Directors of Embrave Shelter and currently as a Peer Co-Facilitator at the Centre for Grief and Healing.

Nicole is the Principal Research Investigator on the *"Developing a Trauma-Informed Practice Framework"* Project which was funded by Sheridan's Research Creative Activities Grant.

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Ida identifies as a settler, a descendant of Italian immigrant parents, a dual citizen, cisgender, a mother, a trauma survivor, a psychotherapist, and an educator. Her passion for social justice, mental health, gender-based violence, research, and psychotherapy continues to inspire her current projects and desire as a lifelong learner.

Ida brings 20 years of experience working with individuals using a Trauma-Informed, strength-based, and anti-oppressive approach in GTA, Halton, and Peel Region. As a Registered Psychotherapist with CRPO, she holds a Master's Degree in Education in Counselling Psychology. She has worked in the trauma and violence against women sector for 16 years in roles ranging from individual/group counsellor, researcher, and coordinator. Working at Sheridan for 15 years as a Counsellor in Wellness and Counselling Services, Ida was also the Counselling Services Peer Mentor Supervisor for 6 years, a gold team winner of the 2015 President's Wellness Challenge (Sheridan Wellness Portal), past SRCA 2015 team recipient for the same project and a member of Sheridan's Sexual Violence Prevention Taskforce. Other roles that Ida has taken on include being both a Peer Assessor and Practice Advisor for her regulatory college, CRPO.

Recognized for her passion and advocacy, Ida was nominated for the Sheridan College's Bruins Award for mental wellness. Ida is the Research Co-Investigator on the *"Developing a Trauma-Informed Practice Framework"* Project which was funded by Sheridan's Research Creative Activities Grant.

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