

# Trauma-awareness in Postsecondary, CTE, and Adult Education Settings

## Support for Trauma- informed Education in Postsecondary Systems (STEPS) Webinar Series

Provided by the Illinois Center  
for Specialized Professional  
Support (ICSPS)

February 4, 2021



# Introductions

Your facilitator:

- ▶ Twenty-year educator
- ▶ Most recently of the American Institutes for Research
- ▶ Former Social and Emotional Learning Project Lead at the Center on Great Teachers and Learners
- ▶ Current Adult Education Instructor
- ▶ Began studying trauma as a refugee services provider for the UN and international non-profits



# Today's Objectives

## Deepen

Deepen understanding of adverse experiences and resulting trauma as contributors to students' neurodiversity.

## Increase

Increase awareness of trauma's impact in postsecondary settings as well as trauma-informed practices to support learners.

## Create

Create a community of learners as a resource for future support.

Trigger  
Warning:  
Please feel  
free to shift for  
the purpose  
of self-care...

Feb. 11	Trauma and Pandemic
Feb. 18	Trauma and Poverty
Feb. 25	Historical Trauma
April 29	Check-in/Progress Meter

# Start with Why:

Why become  
trauma-aware?



A trauma-informed  
classroom is a more  
equitable classroom.







People first. Consider one learner's story...



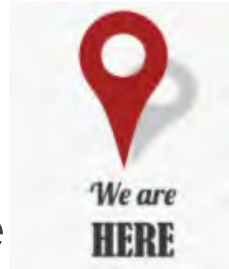
# A Journey

- ▶ Trauma-Aware
- ▶ Trauma-Sensitive
- ▶ Trauma-Responsive
- ▶ Sustainable  
Implementation of  
Trauma-Informed  
Practice



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## What is trauma?

An **event**, series of events, or set of circumstances that:

- ▶ Is **experienced** by an individual as physically or emotionally harmful.
- ▶ Overwhelms a person's ability to cope.
- ▶ Has adverse **effects** on the individual's functioning and well-being.

Individual trauma responses vary due to:

Development

Temperament

Perception

Trauma History

Post-Trauma  
Events

Available  
Support

# Types of Trauma

- ▶ Acute Trauma -  
Results from a single, sudden, usually unexpected event
- ▶ Chronic Trauma -  
Results from long-standing, repeated events, such as abuse
- ▶ Complex Trauma –  
Describes exposure to multiple traumatic events from an early age and the effects of these experiences over the course of development.
- ▶ Historical Trauma –  
Describes the cumulative impact of group trauma over generations

# Adverse Childhood Experiences (ACEs)

Young children exposed to five or more significant adverse experiences in the first three years of childhood face a 76% likelihood of having one or more delays in cognitive, emotional, or other brain development.

Source: SAMHSA



# Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing



People with 6+ ACEs can die

**20 yrs**

earlier than those who have none



1/8 of the population have more than 4 ACEs





[www.70-30.org.uk](http://www.70-30.org.uk)  
@7030Campaign


## 4 or more ACEs

3x the levels of lung disease and adult smoking 

11x the level of intravenous drug abuse 

14x the number of suicide attempts 

4x as likely to have begun intercourse by age 15 

4.5x more likely to develop depression 

2x the level of liver disease 

“ Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today ”

*Dr. Robert Block, the former President of the American Academy of Pediatrics*

**67%**  
of the population have at least 1 ACE





### Physical Brain Changes

Smaller brain structures, less brain cells, broken connections between brain cells



### Lowers Emotional Control

Brain can't process emotions- leads to mood disorders and behavior issues



### Lowers Learning Ability

Causes trouble concentrating, learning, paying attention, and lowers creativity



### Lowers Behavioral Control

Brain changes make it hard to control impulses/behavior and form relationships

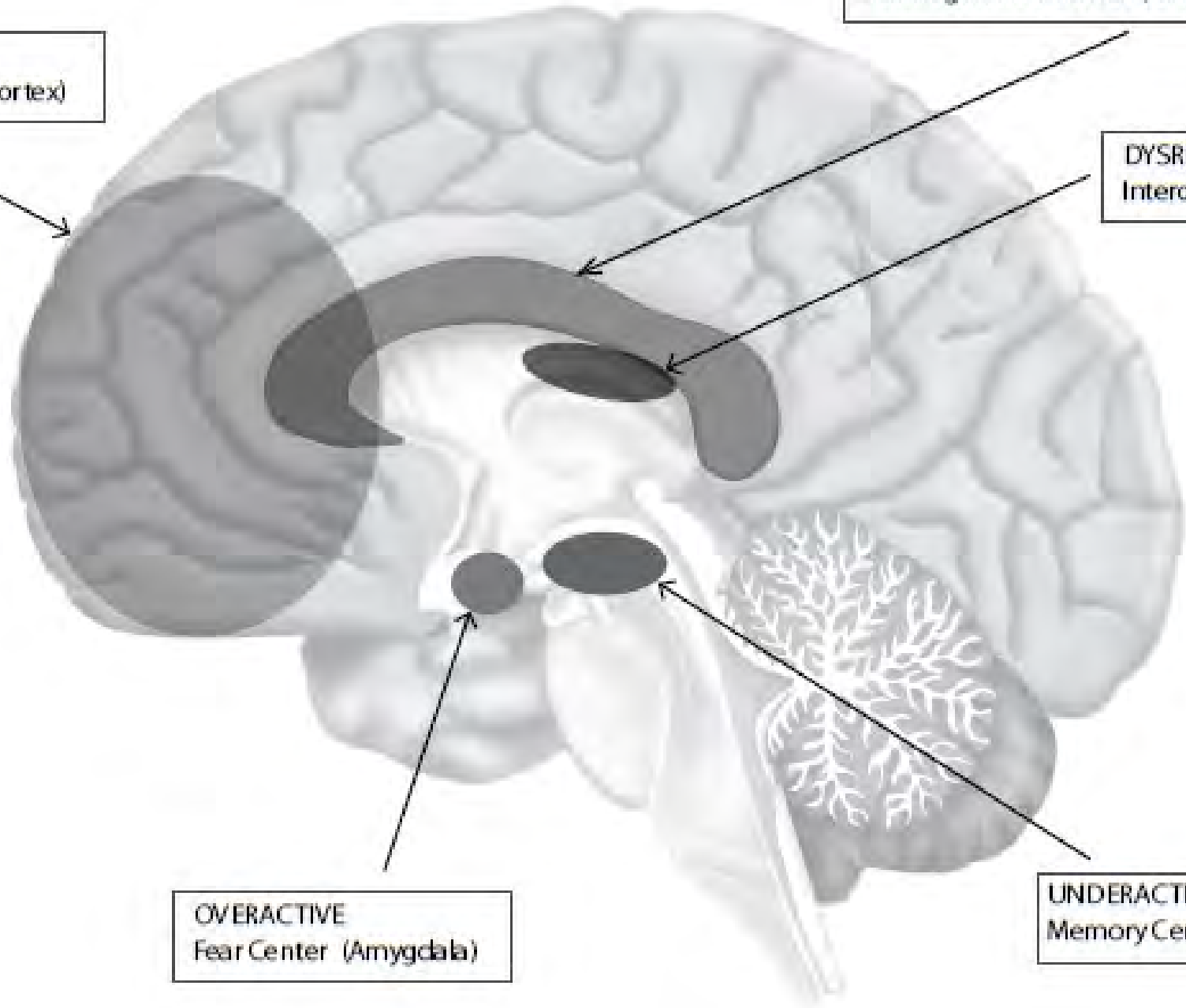




UNDERACTIVE  
Thinking Center (Prefrontal Cortex)

UNDERACTIVE  
Self-Regulation Center (Cingulate)

DYSREGULATED  
Interoception Center (Insula)



OVERACTIVE  
Fear Center (Amygdala)

UNDERACTIVE  
Memory Center (Hippocampus)

# Survival vs. Thinking Brain

## Survival Brain

- Monitors for threat
- Sounds a neurological alarm
- Activates automatic responses

## Thinking Brain

- Judges, makes decisions, controls emotions
- Provides a rational “brake”
- Goes offline during threat
- Helps the body come back into balance

# Traumatic Response

The emotional brain continues to sound the alarm and react:

- ▶ **Fight** responses: yelling, swearing, posturing, aggressive behavior;
- ▶ **Flight** responses: running away, refusing to talk, avoidance, substance use;
- ▶ **Freeze** responses: spacing out; appearing numb, disconnected, confused, or unresponsive.
- ▶ **Fawn** responses: an urgent need to please others to avoid conflict.

# Indicators of Traumatic Response



## Hyperarousal

- ▶ Trouble managing your emotions
- ▶ Feeling more agitated and irritable
- ▶ Getting angry with others more quickly
- ▶ Overreacting to smaller issues
- ▶ Panic buying
- ▶ Obsessively watching the news
- ▶ Trouble relaxing
- ▶ Difficulty sleeping
- ▶ Increased use of substances



## Hypoarousal

- ▶ Feeling emotionally disconnected from your loved ones and your work
- ▶ Physically withdrawing
- ▶ Difficulty getting out of bed or doing daily activities
- ▶ Feeling foggy or numb
- ▶ Frequently spacing out
- ▶ Feeling depressed
- ▶ Changes in appetite and/or sleep

## Emotional

- Irritability, sadness, anxiety, depression, guilt, grief, fear, apathy/numbness, agitation

## Behavioral

- Withdrawal, aggression, crying, worry, risk-taking, difficulty communicating/listening, blaming, regressed behaviors

## Physical

- Headaches/stomachaches, heart racing, fatigue, muscle pain, disrupted sleep/appetite, heightened startle response

## Cognitive

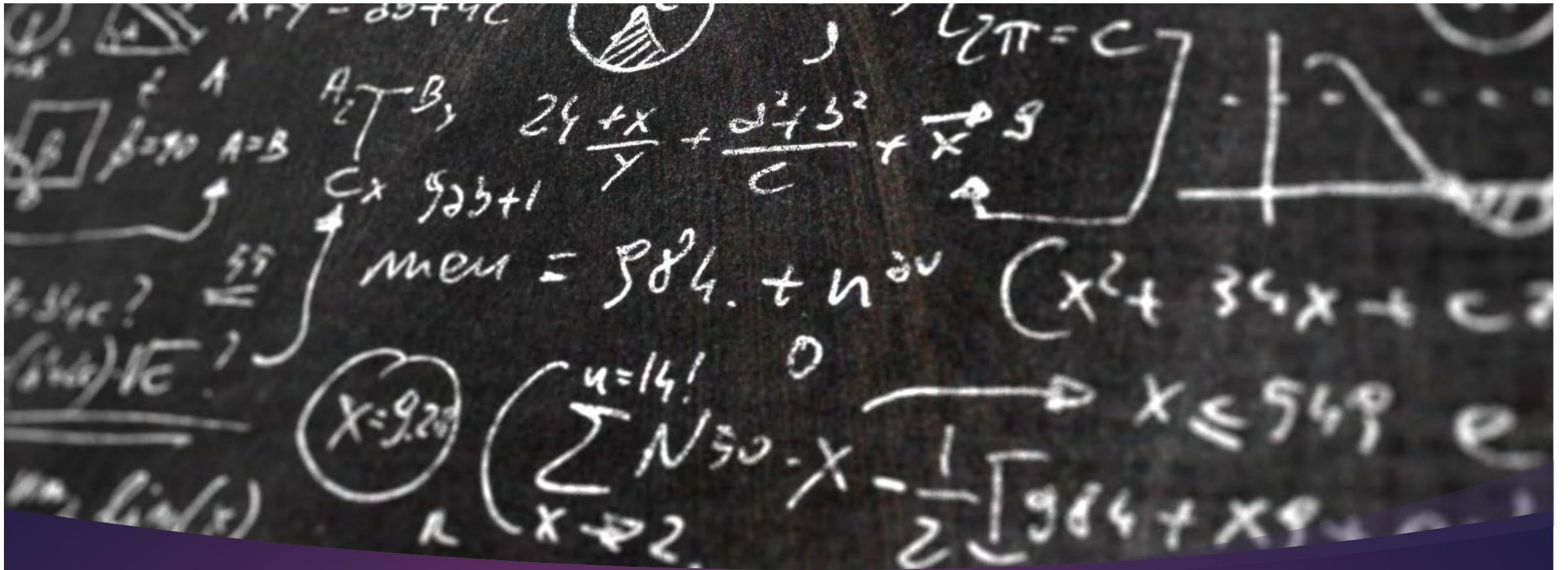
- Confusion, difficulty concentrating, forgetfulness, racing thoughts, preoccupation with event, intrusive thoughts/memories



# Trigger Responses

Triggers are reminders of past traumatic experiences that cause the body to react as if the traumatic event is happening again in that moment.

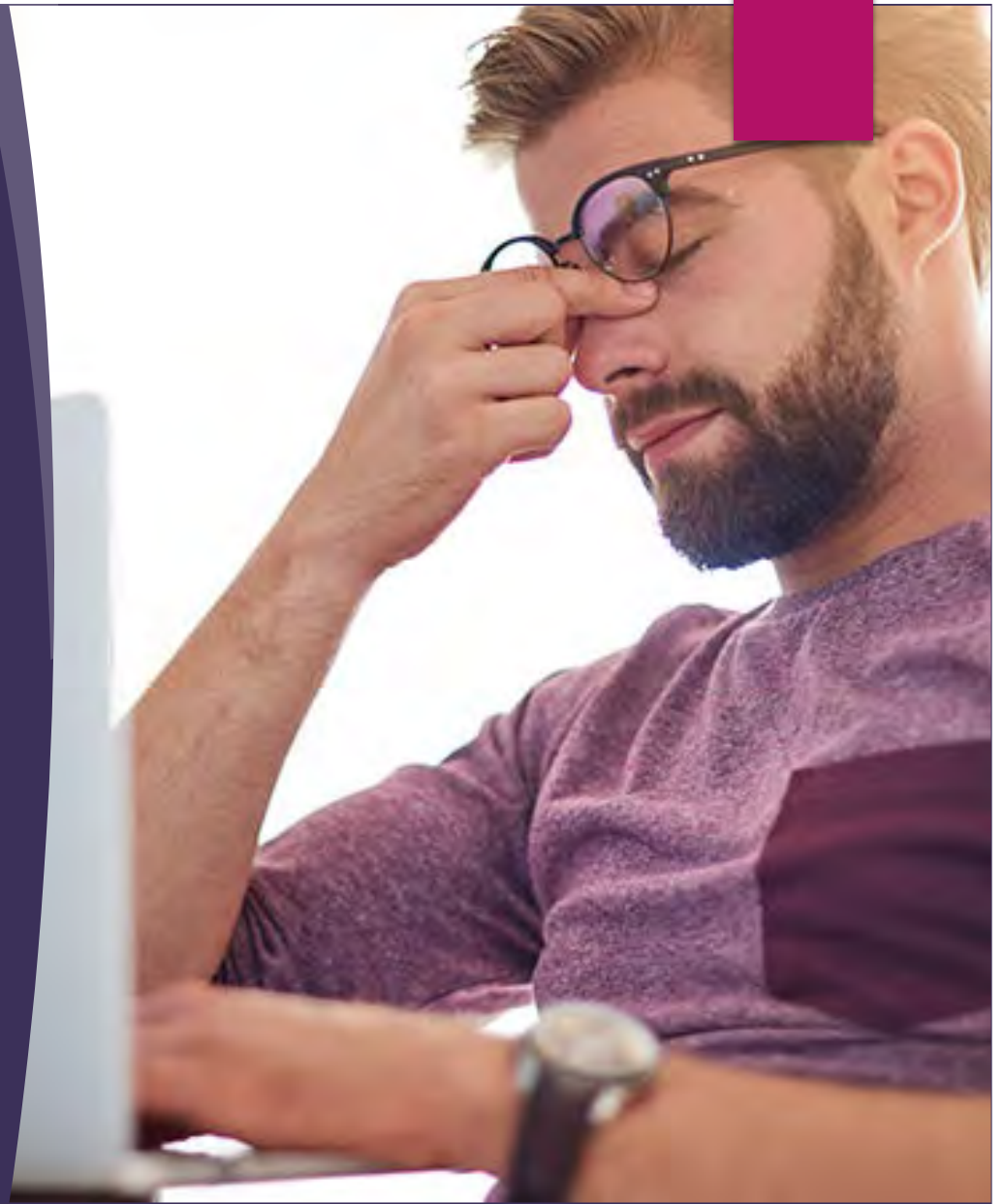
Responses can appear confusing and out of place and be misunderstood by others.



Trauma is a neurological issue, therefore it is a learning issue, therefore it is a teaching issue.

# Trauma's Impact on Learning

- ▶ Difficulty processing information and language
- ▶ Difficulty regulating emotions, attention, and behavior
- ▶ Difficulty forming trusting relationships with others





“ Instead of asking:  
Why is this person acting this way?

A trauma-informed lens moves us to:  
How has this person's experiences  
impacted them and how they best learn? ”

MIND-SHIFT

# Implications of Trauma for Remote Learning



## Pause to consider:

- ▶ How might trauma response behaviors be misinterpreted in classrooms?
- ▶ How might “regular” learning experiences impact a learner dealing with trauma or even trigger additional trauma?



# Resilience

Resilience describes a positive, adaptive response to significant adversity. Educators can play a key role!

Protective factors include:

- ▶ Adaptable, caring, and supportive relationships
- ▶ A sense of mastery over life circumstances
- ▶ Strong executive function and self-regulation skills
- ▶ Safe, supportive environments (schools, communities)
- ▶ Affirming cultural and/or faith traditions

Resilience is  
personal.

The capacity to positively adapt to adversity is:

- ▶ Not all or nothing, but rather a process
- ▶ Influenced by many factors
- ▶ Various depending on the situation
- ▶ Able to be supported at any age
- ▶ Both intrapersonal (thoughts, feelings, responses) and interpersonal (relationships)

# A Trauma- Informed Approach

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**Realizes** the widespread impact of trauma and understands potential paths for recovery;

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**Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

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**Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and

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Seeks to actively **resist** retraumatization.

# Trauma-aware instructors can:



Care



Be aware



Be flexible



Point to resources

# Instructional Considerations

Concrete practices that promote:

- ▶ Creating attachment
- ▶ Dealing with distress
- ▶ Building self-worth
- ▶ Calm transitions
- ▶ Emotional regulation
- ▶ Promoting executive functioning skills



# Classroom Level Practices: An Overview

- ▶ Empower students.
- ▶ Check in with students.
- ▶ Prepare for significant anniversaries.
- ▶ Be sensitive to family structures.
- ▶ Avoid romanticizing trauma narratives in subject content.
- ▶ Identify mentors and other support systems.
- ▶ Practice de-escalation techniques.
- ▶ Express unconditional positive regard.
- ▶ Maintain high expectations.

# Campus Level Practices: An Overview

- ▶ Create safety: physical and emotional.
- ▶ Communicate and prove trustworthiness.
- ▶ Allow autonomy, choice, and control.
- ▶ Collaborate meaningfully with students.
- ▶ Connect to community resources.
- ▶ Provide skill-building opportunities for students and staff.
- ▶ Adapt to changing needs.

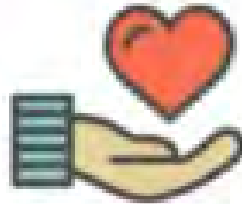
# Secondary Traumatic Stress

The emotional distress caused by hearing about the firsthand traumatic experiences of another person. May experience symptoms similar to those who experienced trauma.

# Dimensions of Self-Care



MIND



EMOTIONS



BODY



RELATIONSHIPS



WORK



SPIRIT

Self-care resources:

1-800-662-HELP (4357)

SAMHSA (Substance Abuse and Mental Health Services Administration) provides local treatment information, support groups, community services, free publications.



