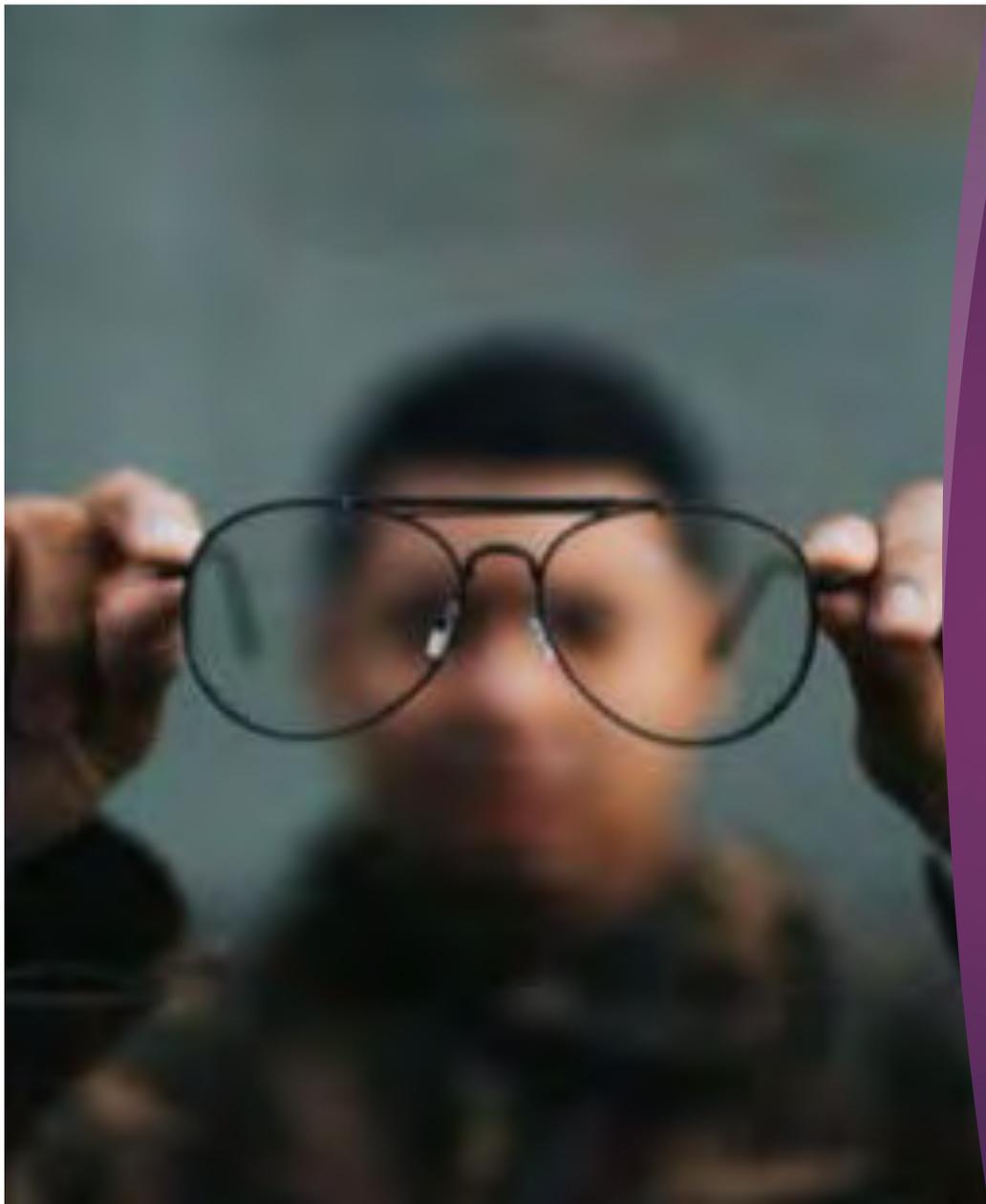


# Trauma, Covid-19, and the College Classroom

Shanna Shipman  
Forum for Excellence, 2020



Why become  
trauma-aware?

A trauma-aware  
classroom is a more  
equitable classroom.



# Today's Objectives

1

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

2

Consider trauma in the context of pandemic, economic hardship, and societal tensions.

3

Examine the impact of trauma on learning and adopt a trauma-informed instructional approach.

## 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

Support  
Systems

# 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



# Trauma Occurring on College Campuses

- ▶ Sexual assault – 20% women, 4% men are sexually assaulted while in college (but this is vastly underreported)
- ▶ Alcohol related illness and accidents
- ▶ Mass violence/shootings



# Trauma Occurring on College Campuses

- ▶ Covid-19 related illness
- ▶ Covid-19 related economic hardship
- ▶ Covid-19 related isolation

# What are we experiencing right now?

**Unprecedented levels** of stress and trauma related to:

- ▶ Physical safety/well-being
- ▶ Economic security
- ▶ New work demands
- ▶ Social unease and isolation
- ▶ Domestic relationship strain
- ▶ Societal, political, and racial tensions
- ▶ Global news and impacts

What else might we be experiencing?



A close-up photograph of a woman with a distressed expression, her hand covering her face. The image is dimly lit, with a dark, semi-transparent overlay. The woman's eyes are closed or looking down, and her hand is pressed against her forehead and cheek, suggesting a state of emotional pain or mental anguish. The background is blurred, focusing attention on her face.

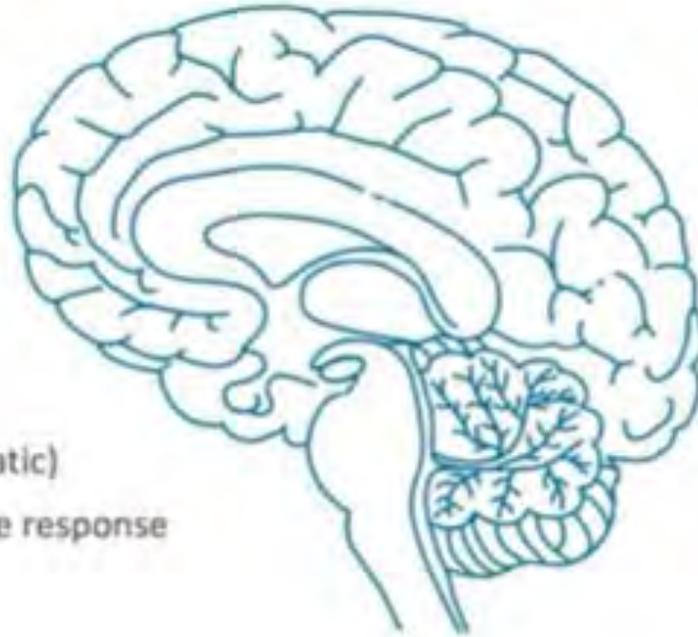
What else might we be experiencing?

The **neurological** impacts of trauma.

## The Stress Response

### Survival Brain

- Monitors for threat
- Sounds the alarm (automatic)
- Activates fight-flight-freeze response



### Thinking Brain

- Judgement, decision making, emotional control
- The "rational brake"
- Goes offline during threat
- Helps the body come back into balance

Trauma is a brain issue and therefore, a learning issue.

# 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 to avoid conflict.



# Trigger Responses

Reminders of past traumatic experiences that automatically 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.

# 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/numbing, agitation, anger

# Behavioral

- Withdrawal, aggression, increased conflict, crying frequently, excessive worry, difficulty communicating or listening, blaming other people for everything, changes in energy levels, regressed behaviors (children), increased risk-taking (e.g. substance use), decline in school/job performance

# Physical

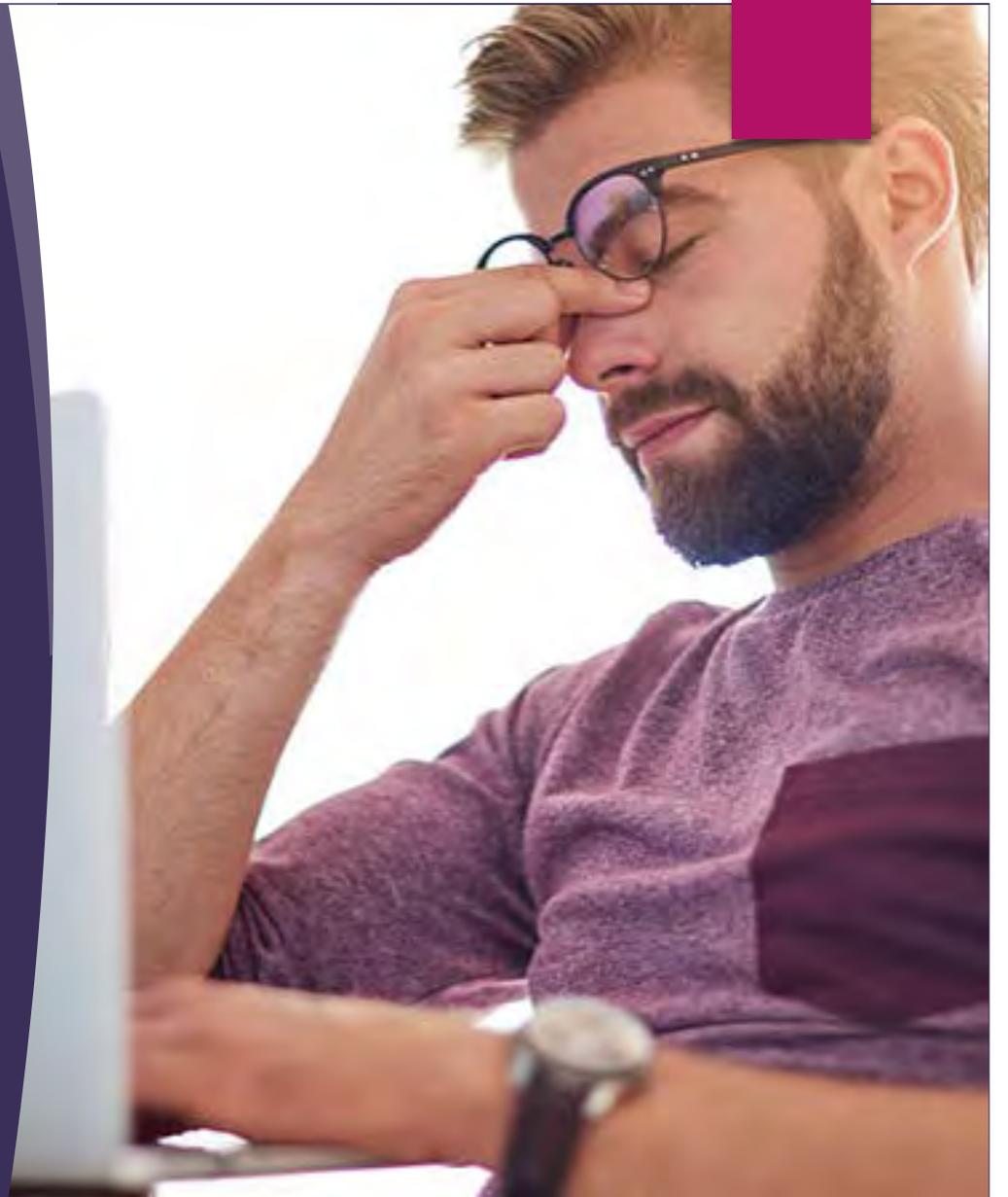
- Headaches/stomachaches, heart racing, fatigue, muscle pain, disrupted sleep/appetite, heightened startle response

# Cognitive

- Confusion, difficulty concentrating, forgetfulness, racing thoughts, preoccupation with the event (e.g. intrusive thoughts/memories, trouble thinking clearly)

# Trauma's Impact on Learning

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



## Pause to consider:

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



# Resilience

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

- ▶ 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 faith and/or cultural traditions

# Resilience

The capacity to positively adapt to adversity.

- ▶ Not all or nothing, but rather a process
- ▶ Many factors influence
- ▶ Can vary by situation
- ▶ Can be supported at any age
- ▶ Is intrapersonal (thoughts, feelings, responses) and interpersonal (relationships)

# A Trauma- Informed Approach

---

**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;

---

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

---

Seeks to actively **resist** retraumatization.

# Instructional Considerations

Concrete practices that promote:

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

# Trauma-informed instructors can:



Care



Be aware



Be flexible



Point to resources

## 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

“ 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



