Trauma- and Resilience-Informed Practices for Postsecondary Education

A Guide

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About Education Northwest

Education Northwest is a nonprofit, nonpartisan organization dedicated to helping all children and youth reach their full potential. We partner with public, private, and community-based organizations to increase access to educational opportunities and improve student success. While most of our work centers on the Pacific Northwest, our evaluations, technical assistance, and research studies have national impact and provide timely and actionable results.

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Introduction

Postsecondary educators, student services professionals, and administrators can prevent and ameliorate trauma in learning settings while supporting students to meet their basic needs.

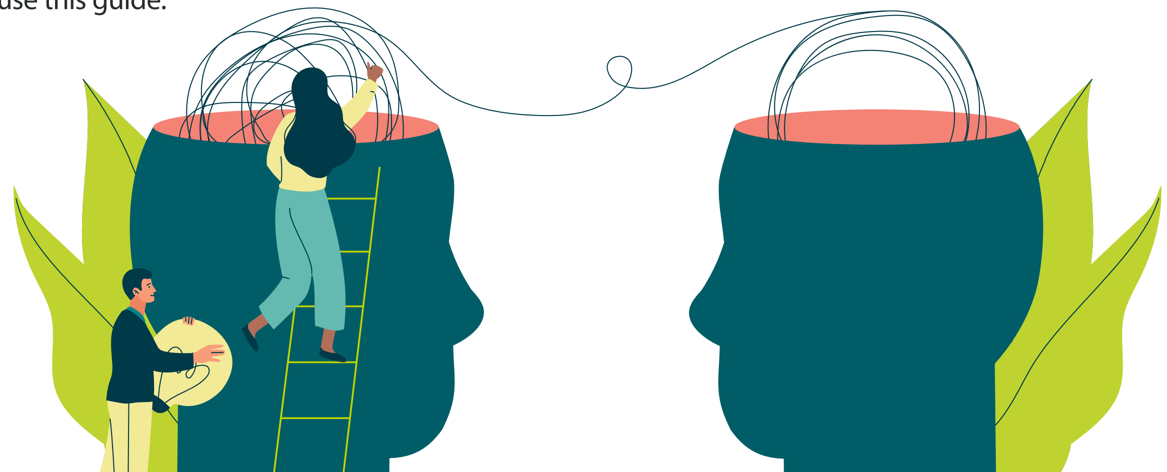
Postsecondary education can be a time of excitement as well as challenges. Many postsecondary students are navigating new, complex roles in their adult lives, whether they are leaving home for the first time, returning to a classroom after years in a profession, or juggling caregiving responsibilities while taking classes online. Postsecondary students represent a wide spectrum of ages, backgrounds, and life experiences, and many have already navigated trauma by the time they start their postsecondary education journey. Students with a history of trauma exposure are more susceptible to depression and substance abuse, making trauma awareness a pressing concern for campus health and student services professionals (Rytwinski et al., 2013). Further, a range of factors can introduce new or emergent trauma exposure among postsecondary students, from struggling to meet their basic needs (Goldrick-Rab, 2021) to experiencing acute potentially traumatic events such as assault (Rothman et al., 2021).

Students affected by trauma can and do persist in postsecondary education, thriving as models of resilience and success. Members of a healthy college or university community can best support student wellness by working together with a sense of shared responsibility for the physical, social, emotional, and academic safety of every learner, regardless of their historical or ongoing trauma exposure.

How to use this guide

This guide is intended to raise awareness of trauma and resilience in postsecondary institutions, explain how trauma affects learning and development, and provide practical strategies for working effectively with students with varying levels of trauma exposure. It can be used by faculty members and instructors, student services professionals, and administrators in various positions, all of whom contribute in essential ways to creating supportive and healing learning environments.

The list on the next page offers concrete suggestions on how postsecondary professionals in various roles can use this guide.



How different postsecondary professionals can use Trauma- and Resilience-Informed Practices for Postsecondary Education: A Guide

Faculty members and instructors

- Develop syllabi and norms that reflect the core principles of trauma-informed practices
- Design instructional approaches that offer students options for participation that build on their strengths and learning styles
- Understand the different ways students engage in academic environments
- Learn how to recognize and respond to vicarious trauma, compassion fatigue, and re-traumatization

Student services professionals

- Inform the design or refinement of services, including wellness and basic needs services, to reflect the core principles of trauma-informed practices
- Increase access to services and create a culture that normalizes accessing and using wellness and basic needs services
- Build staff capacity to recognize and respond to trauma cues

Administrators

- Assess and re-assess policies and practices to consider their impact on the whole community
- Ensure that student voice and choice are centered in policy processes and that policy change aligns with actions that follow
- Plan physical spaces and facilities that reflect the core principles of trauma-informed practices

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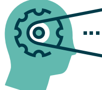
An institution may achieve the best results when postsecondary professionals in multiple roles use this guide to spark discussion, inform decision making, and build momentum behind developing or continuously improving trauma-informed practices. To that end, each section of this guide concludes with a series of discussion questions that will support readers in applying the content to generate ideas for taking action.

The four Rs. Key assumptions in a trauma-informed approach

The structure of this guide follows the four assumptions of a trauma-informed approach introduced by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014). SAMHSA is a branch of the U.S. Department of Health and Human Services. Their guidance for a trauma-informed approach is relevant across sectors and can serve as a foundation for organizational efforts to develop a systemwide, trauma-informed climate (SAMHSA, 2014).

SAMHSA describes the key assumptions that ground trauma-informed work, or the Four Rs, as follows:



All people at all levels of the system have a basic **realization** of trauma and its impact on groups and individuals.

All people at all levels of the system can and do **respond** to the signs with a trauma-informed approach.

All people at all levels of the system can **recognize** the signs of trauma.

All people at all levels of the system seek to **resist** re-traumatization.

This guide modifies SAMHSA's four assumptions to align with the mission and culture of postsecondary institutions. The four sections of the guide proceed as follows:

Section I. Realize

Critical context on trauma and resilience provides key background information about trauma and resilience in society and describes how trauma impacts physiological development and learning.

Section II. Recognize

Trauma in the context of postsecondary education describes the signs of trauma in students and establishes colleges, universities, and other postsecondary environments as important sites for addressing trauma.

Section III. Respond

Creating trauma-informed environments at postsecondary institutions provides examples of strategies that align with SAHMSA's six core principles of trauma-informed practice:

Safety

Collaboration and mutuality

Trustworthiness and transparency

Empowerment, voice, and choice

Peer support and mutual self-help

Culture, gender, and historical issues

Section IV. Resist re-traumatization

Managing vicarious trauma discusses how to sustain individual and systemic trauma- and resilience-informed practices while navigating vicarious trauma and compassion fatigue among educators and student services providers.

SECTION I. REALIZE

Critical context on trauma and resilience

People are more than what has happened to them.

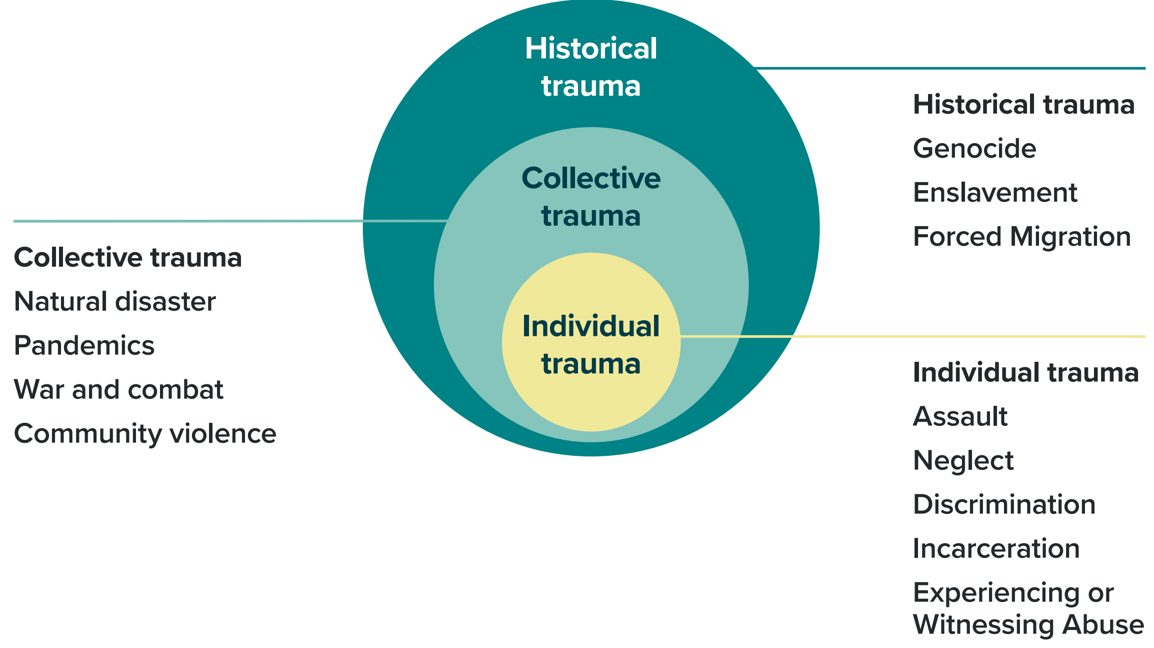
Ideas about trauma have changed over time

> **"In a trauma-informed approach, all people at all levels of the organization or system have a basic *realization* about trauma and understand how trauma can affect families, groups, organizations, communities, as well as individuals."**
>
> – SAMHSA, 2014, p. 9

Early conceptualizations of trauma emerged primarily from the health and medical fields. Nineteenth- and twentieth-century physicians and psychiatrists developed theories about nervous disorders and other long-term outcomes following traumatic events, mostly attributing them to hereditary causes (Sütterlin, 2020). However, perspectives shifted during the 1970s with a rising awareness of interpersonal violence and with Vietnam War veterans returning to the U.S. with delayed and lasting symptoms of traumatic stress (Chamberlin, 2012). Mental health practitioners and activists lobbied for scientific and medical institutions to acknowledge and treat psychological injuries. In 1980, the American Psychiatric Association added post-traumatic stress disorder (PTSD) as a diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition* (Kendell, 1980).

Our understanding of the social and ecological influences on trauma continues to deepen through an explosion of theoretical and empirical work. Research—such as the landmark 1998 study from Kaiser Permanente and the Centers for Disease Control on adverse childhood experiences (ACEs) and their lasting effects into adulthood—has demonstrated the pervasiveness of trauma exposure beyond the context of war, as well as its wide-reaching impacts (Felitti et al., 1998). Trauma researchers and practitioners now recognize that the same event(s) can be experienced differently based on a range of sociocultural variables and highlight that some populations—particularly those that have a history of marginalization--have a higher incidence of trauma than others (Benjet et al., 2016; Elliott & Urquiza, 2006; Ruíz, 2024). The trauma paradigm has also expanded to include traumatic events that are experienced as a group, which is known as collective trauma (Thamotharampillai & Somasundaram, 2021), and inherited trauma that is passed down through generations through epigenetics (Howie et al., 2019) and culture (Hirschberger, 2018).

Figure 1. People may experience trauma from different life experiences and at different levels



Source: Adapted from Lewis-O'Connor et. al, 2019.

Individual trauma involves an event, series of events, or set of circumstances that an individual experiences as physically or emotionally harmful or life threatening and that has "lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2014, p. 7). Some examples of individual trauma in childhood include physical or emotional abuse, witnessing violence between caregivers, being left without care or food for long periods, experiencing discrimination, and having a parent incarcerated (Benjet et al., 2016). Examples that can occur at any age include being physically or sexually assaulted and experiencing violence, abuse, or exclusion. Trauma can include direct experiences or secondary experiences such as witnessing a violent accident or event, learning about traumatic circumstances related to close family members or friends, or experiencing repeated exposure to others' trauma through work as a first responder or even as a consumer of media (Holman et al., 2020). Some traumatic experiences occur once in a lifetime, and others are repeated or ongoing. For many, trauma is a chronic part of life.

Collective trauma involves a shared stress response among a group of people in the wake of a crisis (Ehrkamp et al., 2021; Thamotharampillai & Somasundaram, 2021), as in the case of community violence, forced displacement, hate crimes, systemic racism, or pandemics. Collective trauma can be intersectional and overlapping; for example, during the onset of the COVID-19 pandemic in the United States, members of groups that already faced historical and ongoing systemic oppression experienced disproportionate levels of infection and death (Kira et al., 2021).

Inherited, historical, or intergenerational trauma involves the transmission of trauma-related outcomes across generations. These outcomes may be transmitted through societal, cultural, or biological means. Historical trauma may be rooted in, for example, collective experiences of genocide, enslavement, or forced migration. In a review article, Hirschberger (2018) described how understandings of trauma are passed down through generations, evolving over time as a series of ever-changing lenses through which group members make sense of their social environment and collective identity. In addition, a field of research called epigenetics has uncovered biological mechanisms by which trauma influences the body at a cellular level by altering the expression of genes so that physical and behavioral traits impacted by trauma are transmitted to future generations (Howie et al., 2019; Yehuda & Lehrner, 2018), perpetuated, and reproduced (Ruíz, 2024).

The impact of trauma on development and learning

Exposure to trauma, in its collective and individual forms, is a key social determinant of health and well-being. Social determinants of health are the mutable social, cultural, economic, and environmental conditions in which people are born, develop, live, and work that are highly related to health outcomes (Spencer, 2018). Along with trauma exposure and early childhood adversity, other social determinants of health associated with health risks include poverty, food insecurity, poor housing conditions and housing instability, exposure to toxins, and barriers to health-promoting resources (Braveman & Gottlieb, 2014; Spencer, 2018; McGibbon, 2021). In this way, health disparities often mirror other social patterns. Some researchers are working to develop health indicators that more accurately reflect the unique features that contribute to well-being in their communities. Drawson and colleagues (2022), for instance, used participatory research to create a measure of well-being for First Nations children that is grounded in Indigenous knowledge and created in partnership with the community.

Trauma can have complex and lasting consequences for healthy development, well-being, and capacity to learn. Many of the specific ways in which trauma exposure affects development and health are still being investigated, but we have learned a lot from recent research on the neurobiology of trauma. When exposed to a threatening stimulus, the body's primary stress response system activates a cascade of hormonal responses (Bremner, 2006). This is an efficient, adaptive response, and in a healthy brain, feedback mechanisms end this response after the stressor has ended. However, severe or chronic exposure to stressors can result in lasting damage to neural circuits and plasticity. In these cases, an individual may continue to react as if the stress or trauma is continuing even after the stressor has ended, requiring suspension of normal goals and obligation, at least temporarily, while the individual devotes time and energy to processing and working through the traumatic experience (Bonanno et al, 2011). Research increasingly suggests that disregulated stress responses are implicated in a range of affective disorders, such as major depressive disorder, bipolar disorder, anxiety disorders, and PTSD (McEwen & Akil, 2020).

The effects of chronic stress on physical and psychological health are particularly potent when trauma exposure occurs during childhood. Brain development largely occurs during childhood when the brain is most "plastic" or malleable. Traumatic experiences (such as poverty, abuse, neglect, and violence) during childhood can cause neurobiological changes that have a ripple effect on other developing areas of the brain (McLaughlin et al., 2020). When the developing brain experiences physiological changes in response to trauma, it can cause cognitive losses and delays in physical, emotional, and social development. These changes may also provoke emotional and behavioral responses that interfere with learning (Burke et al., 2011), sensory processing (Streeck-Fischer & van der Kolk, 2000), social relationships (van der Kolk, 2003), and engagement in school (Harvard University, 2007). Young children who are exposed to five or more significant adverse experiences in their first three years are 76 percent more likely to have at least one delay in their linguistic, emotional, or brain development (U.S. Department of Health and Human Services, 2011).

What educators often identify as maladaptive behaviors are really misapplied survival skills that may be functional in other settings. Individuals who experienced childhood trauma are more likely to struggle with mental health disorders into adulthood. In postsecondary spaces, trauma symptoms may manifest as persistent challenges with attendance and performance, lower educational self-efficacy, campus alienation, and higher rates of attrition (Artime et al., 2019). These trauma-informed behaviors may have been misdiagnosed in students' early educational experiences as attention deficits, learning disabilities, or emotional/behavioral conduct problems (Downey, 2013). In fact, trauma-informed behaviors can be important coping mechanisms that individuals developed to survive extremely stressful experiences (Teicher et al., 2003). If students and their trauma-informed behaviors were misunderstood in early learning experiences, it may be difficult for them to develop trusting relationships in future educational settings, including postsecondary.

Trauma affects relationships with others in the learning environment. Individuals who have experienced trauma may be distrustful or suspicious of others, leading them to question the reliability and predictability of their relationships. Research indicates that individuals who have been physically abused or exposed to violence tend to engage in less intimate peer relationships and be more avoidant, aggressive, or negative in peer interactions (Margolin & Gordis, 2000). Further, individuals who have experienced trauma may have learned to distrust educators because authority figures failed to keep them safe in the past, and they may view rules and consequences as punishment—thus increasing the potential for re-traumatization (that is, reliving an experience of trauma) when they are confronted about academic performance or conduct (Streeck-Fischer & van der Kolk, 2000).

Resilience and post-traumatic growth

Resilience can be developed in anyone, at any stage of learning and life. The American Psychological Association (Newman, 200) describes resilience as “the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.” Resilience can include thoughts, feelings, and behaviors. Individuals who have experienced trauma can develop resiliency with the support of protective factors, which act as buffers against risk factors (e.g., trauma exposure).

Relationships are a strong protective factor. Social support has proven to be an especially important protective factor for traumatized students. For example, Galatzer-Levy and colleagues (2012) found that “embeddedness,” or social integration, was more important than the size of a social network for the most distressed students. In other words, the quality—not quantity—of social connections predicts adaptation. Boyraz and colleagues (2013) found that among trauma-exposed African American female college students, involvement in on-campus activities and feeling more connected on campus in the first semester were associated with higher first-year GPA. This, in turn, was related to increased likelihood of remaining in college.

Coping flexibility and post-traumatic growth can and do happen. Resilience and recovery look different for each individual, and people often move between actively processing trauma and using adaptive behaviors to distract themselves, remain optimistic, and focus on moving past the trauma. These seemingly contradictory processes demonstrate “coping flexibility” (Bonanno et al., 2011; Galatzer-Levy et al., 2012), which emergent research suggests is associated with resilient outcomes. It is important to not minimize the way trauma impacts life outcomes and to continue resisting forces that perpetuate trauma. At the same time, individuals may experience positive changes from negotiating the aftermath of a traumatic experience, sometimes called post-traumatic growth (Shakespeare-Finch & Barrington, 2012). Researchers are working to uncover cognitive processes such as positive reappraisal that, when combined with social support, can promote resilience, recovery, and growth (Henson et al., 2021).

DISCUSSION QUESTIONS

After reading this section, what is your understanding of what trauma can mean for different people? How are trauma and related terms used at your institution?

How can you and your colleagues use the information in this section to understand the potential root causes of challenges students at your institution may face?

What measures does your institution collect to better understand the issue of trauma? For example, what are some of the indicators of student wellness your college or university uses?

To what extent do students at your institution represent communities likely to have histories of collective trauma? What implications does this have for how your institution understands and addresses trauma?

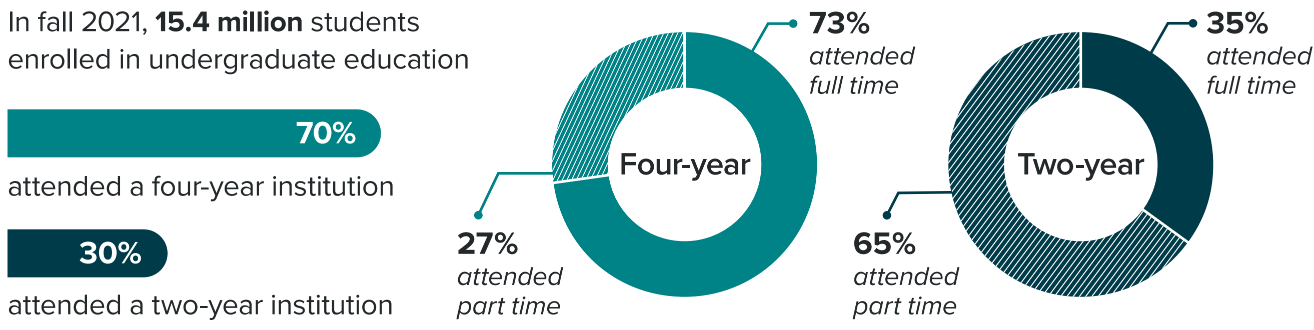
SECTION II. RECOGNIZE

Trauma in the context of postsecondary education

Educators have been responding to trauma's impacts for generations—often without realizing it. In recent decades, trauma researchers have begun to learn the hidden story behind many difficulties that hamper our education systems and exploring ways that educators can moderate the effects of trauma.

Postsecondary institutions are communities where people work together to support learners in ways that can either mitigate or perpetuate the effects of historical, ongoing, or emergent trauma. This section establishes the important role that postsecondary educators and student services professionals play in promoting resilience for students affected by trauma.

Postsecondary students have diverse life experiences



The undergraduate student population was

- **52%** White
- **22%** Hispanic
- **13%** Black
- **7%** Asian
- **4%** Two or more races
- **1%** American Indian/Alaska Native
- **<0.5%** Pacific Islander

Data from the 2019–20 school year demonstrate the diverse experiences of college students:

46%
were **first generation**
(their parents did not have a college degree)

19%
were **financially insecure**
(had less than $500 within the next month)

36%
were **low income**
(had $0 expected family contribution on FAFSA)

18%
were **parents**

The age range of college students varies by institution type

28% of students at ***four-year institutions*** *are 24 years old or older*	**47%** of students at ***two-year public colleges*** *are 24 years old or older*	**71%** of students at ***for-profit colleges*** *are 24 years old or older*

Sources: Fall 2021 data from National Center for Education Statistics. (2023); 2019–20 data from National Postsecondary Student Aid Study.

Postsecondary students and trauma

Students have different rates of exposure to trauma and differential likelihood to seek mental health supports. By the time they reach college, up to two-thirds of young adults report lifetime exposure to at least one potentially traumatic event, with many reporting multiple exposures (Cusack et al., 2019; Read et al., 2011; Smyth et al., 2008). There are differences in trauma exposure, posttraumatic stress, and reporting rates among college students based on multiple and intersecting factors, including caregiver status, veteran status, demographic indicators, and history with housing and food insecurity (Chamberlin, 2012; Cusack et al., 2019). Even when an individual perceives a certain event as traumatic, they may be hesitant to disclose it due to perceived stigma or a desire to avoid trauma-related memories and reminders (Lipson et al., 2018).

> **"People in the organization or system are … able to *recognize* the signs of trauma. These signs may be gender, age, or setting-specific and may be manifest by individuals seeking or providing services in these settings."**
>
> – SAMHSA, 2014, p. 9

Trauma during college

Many students actively navigate responses to trauma while in college. These students not only face the typical difficulties associated with transitioning to college but also may have to navigate the effects of a traumatic stress response (Galatzer-Levy et al., 2012). Further, the impact of trauma may be compounded by other pressing health and social service needs. Although starting college is a positive and exciting milestone for many people, negotiating new environments and responsibilities can also be stressful—particularly for students with a history of exposure to trauma (Read et al., 2011). The effects of trauma are not limited to behavioral evidence: neuroscientists have discovered differences in fundamental brain function among college students with co-occurring trauma and depression symptoms (Schaefer & Nooner, 2017).

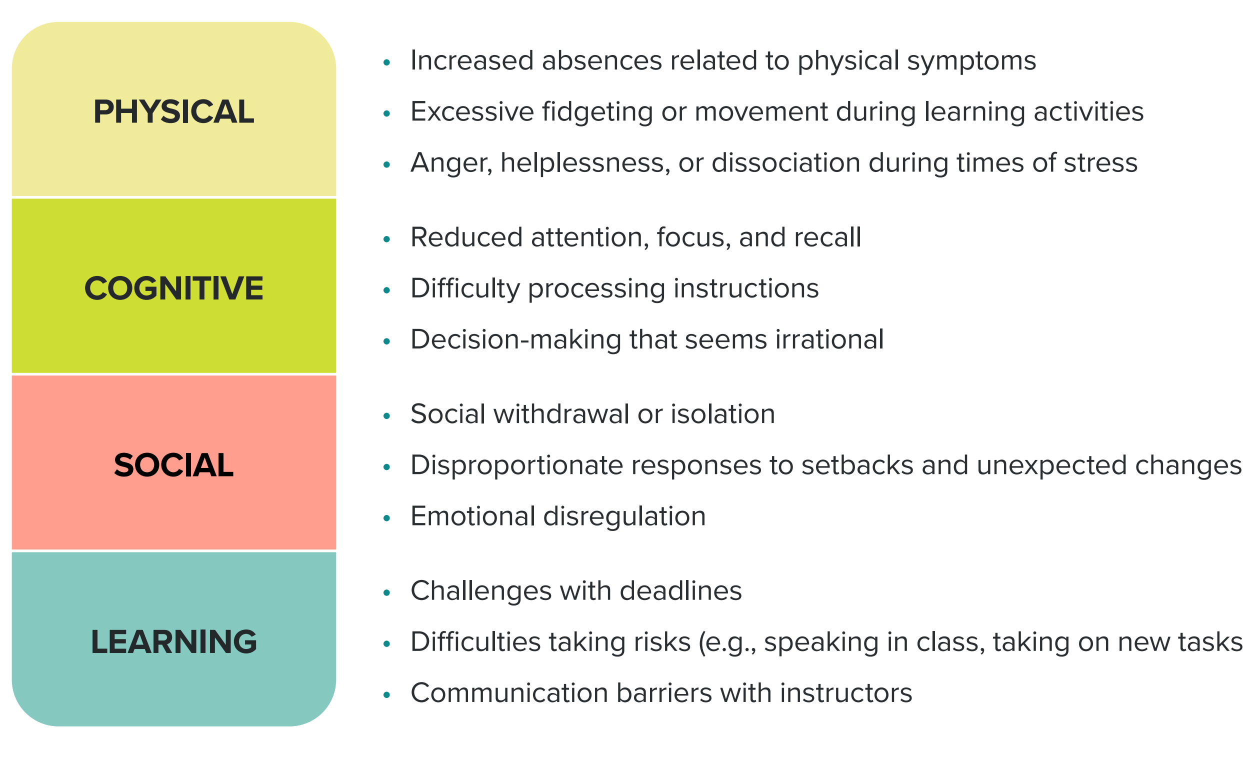
College students are particularly vulnerable to experiencing *new* potentially traumatic events. Overall, college students have a much greater risk of experiencing new trauma than the general public. As many as 50 percent of college students are exposed to a potentially traumatic event in the first year of college (Galatzer-Levy et al., 2012). Greater exposure to interpersonal potentially traumatic events, such as assault, is associated with higher rates of post-traumatic stress symptoms among young people compared to older adults (Cusack et al., 2019). This is notable because earlier research found that baseline PTSD symptoms predict depression, anxiety, and new trauma exposures among freshman college students—highlighting the complex progression of mental health symptoms and often-cyclical patterns of trauma exposure (Cusack et al., 2019).

Many college students experience basic needs insecurity, which includes a lack of access to healthy food, stable housing, reliable transportation, affordable child care, physical and mental health care, the internet and technology, and other necessities students need to survive and thrive in a postsecondary academic setting (Riggs and Hodara, 2024). According to the National Post-secondary Student Aid Study, in 2020, 23 percent of undergraduates had experienced food insecurity and 8 percent had experienced homelessness within the last 30 days (U.S. Department of Education, National Center for Education Statistics, 2023). Research consistently shows that basic needs insecurity adversely affects students' overall well-being and college enrollment, achievement, and completion and reinforces the connection between family socioeconomic status and postsecondary outcomes (Goldrick-Rab, 2021; Hallet & Freas, 2018; Haskett et al., 2020; Maroto et al., 2015; Martinez et al., 2018; Phillips et al., 2018; Silva et al., 2017; Trawver et al., 2020; Wolfson et al., 2021).

How trauma shows up in postsecondary education settings

Every individual experiences trauma exposure differently, so there are no universal symptoms of trauma. However, there are some cognitive, social, and behavioral cues that may indicate someone is in an activated state of trauma-related response (figure 2). Even if you suspect a student may be navigating a trauma response, it is important not to presume to know their story or press them to share more details than they want to offer.

Figure 2. Several behavioral cues may indicate that a student is navigating a trauma response



Source: adapted from BHE-TAC (2022) and REL Appalachia (2020).

If you notice any of these cues, the first step is to check in with the student. Never underestimate the impact of sincerely asking a student, "What's going on?" This simple question can open a dialogue and provide information to better understand and meet the student's needs. Asking this question also lets the student know their teachers and the community care about them.

Postsecondary educators, student services professionals, and administrators may also find it useful to become familiar with de-escalation techniques that can be useful for supporting students navigating a trauma response (figure 3).

Figure 3. De-escalation techniques

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

Source: SAMHSA, 2014.

If you believe a student needs additional support, be prepared to refer them to student services professionals. Institutions have different policies about making referrals, so familiarize yourself with your institution's policies and recommended referral procedures.

DISCUSSION QUESTIONS

What does your institution know about the mental health needs of your student population? Does your institution gather feedback from students about the mental health supports they need?

What are the main challenges related to basic needs (access to food, housing, transportation, child care, etc.) that you encounter among your students?

Have you observed any trends over time in the frequency of cognitive, social, and behavioral cues described in figure 2?

Does your institution offer guidance or procedures for faculty or student services staff members to follow if they notice trauma cues that are impacting the welfare of individual students or members of the learning community?

SECTION III. RESPOND

Creating trauma-informed environments at postsecondary institutions

People in all roles within a postsecondary institution can adopt six core principles as a framework for recognizing and responding to trauma in the community.

Postsecondary institutions are uniquely positioned to support students' academic and social transitions into different phases of adulthood. Institutions can work to develop the whole student by engaging in systemwide trauma- and resilience-informed practices that prioritize the well-being of every student.

This section introduces six core principles of trauma-informed practice, then suggests four strategies for implementing those principles in a postsecondary learning environment.

> **"The program, organization, or system *responds* by applying the principles of a trauma-informed approach to all areas of functioning."**
>
> – SAMHSA, 2014, p. 10

Trauma-informed practices are most impactful when woven into the fabric of the learning environment. Implementing trauma-informed care across systems will increase the opportunities for cross-system learning and collaboration to better meet the needs of students (McInerney & McKlindon, 2014). This requires the buy-in of the entire campus community including administrators, faculty, staff, student services professionals, health professionals, and students themselves. When needs are addressed holistically, students can improve their relationships, better regulate emotions and behavior, bolster academic competence, and increase their overall physical and emotional well-being (Knight, 2015).

Six core principles of trauma-informed practice

Various models of trauma-informed practice exist, and postsecondary education leaders should discuss the most appropriate approach based on their institutional history and context. One framework that practitioners have applied in many different institutional contexts comes from SAMHSA's (2014) six core principles to a trauma-informed approach:

Safety. Educators, community members, and the learners they serve feel both physically and psychologically safe.

Trustworthiness and transparency. Decisions are conducted with transparency and the goal of building and maintaining trust among educators, families, and students receiving services.

Peer supports and mutual self-help. Peers and self-help are key vehicles for building trust, establishing safety, and empowerment.

Collaboration and mutuality. Healing happens in relationships. Everyone has a role to play in a trauma-informed approach.

Empowerment, voice, and choice. People need to meaningfully participate in sharing power and making decisions.

Cultural, historical, and gender issues. Community strives to actively move past stereotypes, respects traditional cultural connections, and recognizes and addresses historical trauma. Focus is on what individuals have to offer, rather than responding to perceived deficits.

The six core principles may already be embedded in an institution's practices, policies, and infrastructure. Administrators and institutional leaders working to build a culture of trauma-informed practice may find it helpful to first assess the extent to which the institution as a community already promotes practices, policies, and infrastructure that reflect these core principles. In their book Trauma-Informed Pedagogies, Thompson and Carello (2022) provide an extensive appendix of evidence-based assessment tools to help educators gauge their progress in developing and implementing trauma-informed practices across different areas of the postsecondary learning landscape. Importantly, assessments should always focus on systems, not individual students.

Table 1 presents each core principle alongside questions designed to help postsecondary faculty members, student services professionals, and administrators assess how their current practices and policies align with trauma-informed practice.

Table 1. Core principles of trauma-informed practice and questions to support their application in postsecondary institutions

Core principle	Questions to guide the development of trauma-informed practices
Safety. Educators, community members, and the learners they serve feel both physically and psychologically safe.	**Faculty members.** Do your syllabi clearly outline expectations for course performance? Do students know where to go and who can help when they have questions? Are there clearly established communication norms in place to ensure a welcoming and respectful learning environment? **Student services professionals.** Are first contacts or introductions during orientation welcoming, respectful, and engaging for all students? Do students know where to go and who can help when they need to access services? Are efforts in place to protect privacy and reduce stigma around seeking wellness and basic needs services? **Administrators.** Are there clear, accessible tools in place to help navigate directions (in either a physical or virtual space)? Are signs, including exit and restroom signs, legible and available in the appropriate languages? Is there adequate lighting for sidewalks and parking areas?
Trustworthiness and transparency. Decisions are conducted with transparency and the goal of building and maintaining trust among educators, families, and students receiving services.	**Faculty members.** Are students informed about the purpose of each assignment, including how it relates to achieving learning goals and building skills? Are expectations and grading standards clearly articulated and consistently applied? Do students know in advance about the significant assignments they will be expected to complete as part of each course? **Student services professionals.** Do students have access to clear information about services available to them, including wellness and basic needs services? When applicable, are eligibility requirements for services made clear? Are students informed about norms and expectations for conduct? **Administrators.** Are policies, procedures, and community expectations followed consistently? Are accommodations or deviations from stated policy offered consistently and fairly to all students? Do policy changes align with the actions that follow?

Core principle	Questions to guide the development of trauma-informed practices
 Peer supports and mutual self-help. Peers and self-help are key vehicles for building trust, establishing safety, and empowerment.	**Faculty members.** Do courses include opportunities for students to work together with partners or peer groups if they choose to do so? How do you collect student preferences for participating in group work? Does the learning environment feel welcoming and safe for students to interact with each other? **Student services professionals.** Are there student committees or boards that have a significant role in planning and evaluating student services? Are there members who identify as trauma survivors or are from groups with specific needs (such as veterans, foster youth, etc.)? Is student input and preference given substantial weight in student services planning, goal setting, and the development of priorities? **Administrators.** Do faculty and staff members have opportunities to build community and support each other? Do you collect data on faculty and staff wellness and satisfaction?
 Collaboration and mutuality. Healing happens in relationships. Everyone has a role to play in a trauma-informed approach.	**Faculty members.** Do you express positive regard for students, even when working through challenges? Do you maintain consistently high expectations, limits, and routines for all students that set them up for successful interactions? Do you model flexibility when faced with unexpected changes to your routine? Do you feel your institution prioritizes belonging and connectedness? Where do you see opportunities to strengthen relationships? **Student services professionals.** Do faculty and staff members know how to refer students to services (e.g., mental health services, basic needs provision) if they feel they need additional help or support? Do professionals in different offices or departments communicate and work together to provide cohesive support to students with multiple and intersecting needs? **Administrators.** Do faculty and staff members have access to professional development on trauma-informed practices? Are there institutional structures or processes for collaborating across roles, departments, and offices to better support students? Do students have opportunities to build long-lasting connections with someone (e.g., an advisor or counselor) who can help them navigate pathways to their academic goals?

Core principle	Questions to guide the development of trauma-informed practices
 Empowerment, voice, and choice. People need to meaningfully participate in sharing power and making decisions.	**Faculty members.** How can each class, contact, or assignment focus on skill development or enhancement? To what extent can students make their own choices when it comes to different aspects of course expectations? Are there reasonable accommodations for making up missed work due to unforeseen or challenging circumstances? Do you collect student feedback about their academic experiences and make changes in response to that feedback? **Student services professionals.** Are services centrally located and easy to navigate so that students feel empowered to seek them out? Is student voice a central part of creating awareness of the available services and how to access them? Do you collect student feedback about their experiences with accessing and using services? Do you make changes in response to that feedback? **Administrators.** Do students choose how faculty members and advisors contact them (e.g., by phone or mail to their home or other address)? Do you collect student feedback about their campus life experiences and make changes in response to that feedback?
 Cultural, historical, and gender issues. Community strives to actively move past stereotypes, respects traditional cultural connections, and recognizes and addresses historical trauma. Focus is on what individuals have to offer, rather than responding to perceived deficits.	**Faculty members.** Do you have opportunities to learn about and recognize your students' strengths and skills? Are students' various and intersecting identities represented in your learning materials? **Student services professionals.** Are student services and supports designed to be accessible to multilingual learners? Are services available for student groups with specific needs (e.g., students who are parents, leaving foster care, veterans, or experiencing food or housing insecurity)? **Administrators.** Are the faculty and staff members supported in learning about the student and community population, their histories, strengths, and needs? Are faculty members encouraged to use resources to review their syllabi to ensure that student needs are at the forefront? At an individual level, are faculty members supported to understand their individual students' strengths, needs, and aspirations?

Source: Adapted from Fallot and Harris (2009) and SAMHSA (2014).

Strategies for applying core trauma-informed principles in a postsecondary learning environment

This section offers four examples of strategies that illustrate how postsecondary institutions can apply the core principles of trauma-informed practice. These are just a few of the many ways colleges and universities can demonstrate their commitment to their students' mental health and wellness.

Provide comprehensive, student-centered basic needs and mental health supports that are easy to access

Providing comprehensive services requires a campuswide vision for basic needs services, key partnerships across the institution, and support from community partners (Riggs and Hodara, 2024). Institutions may wish to designate a single point of contact: one central location that offers a variety of wraparound supports related to basic needs and mental health. This might look like an on-campus benefits hub or basic needs center that provides access to resources and connections to campus, community, and federal services and resources that can meet students' basic needs. By strengthening the mental health supports offered by the college and developing partnerships with local providers, campus health and wellness professionals can position themselves as an entry point to services for students who may not otherwise seek them. When it comes to mental health, early intervention is important because of attrition: more than one-third of students who enter community college each fall, for instance, do not persist to enroll the following fall (CCCSE, 2024).

Making services easy to access may look different in physical versus digital postsecondary spaces. Data suggests that students who most need mental health support are least likely to know where to find it (CCCSE, 2024). In physical spaces, institutions can place services in visible, frequently used locations such as student unions. This streamlines access to services and resources while avoiding making students feel marginalized by sending them to remote corners of campus (Hallett et al., 2018). In digital spaces, there are myriad communication tools to help students encounter and access information, including social media platforms, campus email, and software programs like Canvas. Because individuals have different preferences about communication, using a wide variety of channels will increase the chances that students receive important messages.

Students also have different preferences about when to seek help and from whom (CCCSE, 2024). In physical and digital spaces, institutions can facilitate access to services by using a single online intake form that directs students to what they need. Case managers and support staff members can then follow-up with students to ensure their needs are met and direct them to additional services. In addition, all students should have easy access to the phone number, website, and operating hours of the campus counseling center and other service centers or hubs; the number of any campus peer support hotline; and

the numbers for the National Suicide Prevention Lifeline and Crisis Text Line, the National Helpline (for substance use), and the National Sexual Assault hotline (Harris et al., 2022). This information can even be included on campus ID cards or printed on syllabi.

How this strategy reflects core principles

Safety

Easy access to comprehensive, student-centered services and resources may support students to feel physically and psychologically safe. This is especially important for students facing mental health challenges and basic needs insecurity. Institutions increase access when they reduce the institutional complexity students have to navigate to reach the resources they seek. Creating a single safe and supportive hub or center can also decrease stigma or shame that students might feel about seeking help (Hallett et al., 2018).

Transparency and trustworthiness

Clear pathways and trusted sources of information provide transparency and build trust around basic needs and mental health services, showing students that the college cares about their well-being and offers them options to meet their varied needs. For instance, some students may prefer to hear about services and supports from trusted peers or mentors like faculty members, resident life staff members, academic advisors, or coaches, while others may prefer to go straight to mental health professionals (CCCSE, 2024).

Normalize the use of mental health and wellness services by involving students in their design and promotion

Students should be involved in creating and continuously improving services that meet their needs. Institutions can involve students in designing services by collecting feedback to ensure services are effective and useful. For example, institutions can incorporate questions about mental health supports into an annual student survey, conduct student focus groups, or administer brief "pulse" surveys for continuous feedback. Specific student populations should be offered safe and representative avenues of outreach to make sure that services and programs are meeting their needs, especially students that tend to have higher rates of trauma exposure or seek help at lower rates. Populations to consider for focused outreach include older adult students, students involved in the foster care system, veterans, athletes, international students, and students on scholarship or financial aid, among others with unique college experiences who would benefit from tailored services and supports (Harris et al., 2022).

Involving students in promoting services can support increased access, especially for students who have experienced trauma and may otherwise not seek help. Peer educators and peer counselors should receive ongoing education and training regarding the effects of trauma, as well as best practices for assisting

students who are dealing with the effects of trauma. Active Minds is an organization that supports student-led chapters on campuses to plan events, programs, and initiatives related to mental health. The chapter can function either within the counseling center or as an independent student organization that maintains a strong, collaborative relationship with the counseling center. Another way to normalize accessing mental health supports is to use messaging that includes student testimonials and storytelling from peers, especially if the narratives emphasize hope and resilience instead of crisis (Harris et al., 2022).

How this strategy reflects core principles

Empowerment, voice, and choice

Engaging students in making decisions about and promoting mental health and basic needs services allows them to meaningfully participate while normalizing access to services. Collecting student input—and acting on it—allows students to be meaningfully involved in decisions that impact them. Using student voice to promote services can reduce stigma that students may feel about seeking help.

Peer support and mutual self-help

Involving students in efforts to promote their own resilience and that of their peers can build feelings of trust, safety, and empowerment. Engaging students in peer education or counseling and sharing student testimonials may build students' trust in available services and help them feel more safe and less stigmatized when seeking help.

3 Offer professional development for trauma-informed instruction and pedagogy

Through trauma-informed pedagogy, educators can understand students' current challenges in the context of past or ongoing trauma and take steps to ensure success for all learners. Trauma-informed pedagogy involves teaching about any subject—and interacting with students more broadly—using methods that facilitate learning for individuals affected by trauma. The foundation for effective trauma-informed classroom practice is the educator's grasp of how trauma impacts students' behavior, development, relationships, and survival strategies.

It is important to note that teaching about trauma is not the same thing as using trauma-informed pedagogy. Carello and Butler (2014) have found that narratives about trauma are increasingly taught in various nonclinical courses, including those in the humanities and social sciences, in U.S. universities. This suggests an increase in teaching about trauma, but that is different from trauma-informed pedagogy.

A trauma-informed educator never forgets that students bring their entire lives into the classroom every day. On some days, students are actively responding to trauma (Perkins & Graham-Bermann, 2012). Trauma-informed educators neither ignore nor dwell on students' trauma; they make an effort to get to know students and their personal stories, validate and normalize their experiences, help students understand how the past influences the present, and empower them to manage their academic lives effectively (Knight, 2015). Intentional use of inclusive language goes a long way toward creating a sense of belonging in a learning environment. For example, students come from different family settings, so using words such as "family member" or "caregiver" instead of "parent" in lesson plans and instruction reflects sensitivity to diverse family structures (Wolpow et al., 2009). Another example is ensuring that the lesson content or subject matter does not romanticize trauma. While trainings on implicit bias can help faculty and staff members recognize ways in which their positionality and background affect how they view others, systemic and environmental change is needed to maintain significant reductions in bias across the learning ecosystem (Vuletich & Payne, 2019).

Another trauma-informed teaching practice involves self-directed learning. Adult learners in particular benefit from self-directed learning that builds on their diverse educational backgrounds and goals, offers opportunities to reflect and apply their experiences to what they are learning, and aligns with the other responsibilities in their daily lives (Kara et al., 2019). Self-directed learning can take many forms, including presenting students with discrete microlearning tasks that scaffold toward a larger goal or task and enabling students to process information at their own pace and exercise choice in their activities (Mohammed et al, 2018). Educators can also promote self-directed learning with the use of alternative assessments such as offering options for multiple small assignments instead of a large final exam (Kara et al., 2019).

Trauma-informed educators maintain a consistent schedule and classroom structure, model flexibility when faced with unexpected changes to their routine, and help students recognize their progress by providing ongoing positive feedback in the face of obstacles and highlighting students' strengths (Knight, 2015). Institutions can promote consistency in teaching practices by offering instructors equitable access to training in how to use online platforms and learning management systems to promote student engagement, dialogue, and support (Housel, 2023). They can also encourage instructors to offer more individualized support such as one-on-one conferencing and online or in-person office hours.

Remote learning modalities offer positive benefits for many postsecondary students by removing barriers such as the time and cost associated with commuting and offering enhanced flexibility for students managing jobs and caregiving responsibilities. During the COVID-19 pandemic, many postsecondary institutions began offering courses in online and hybrid platforms. Whether learning happens remotely or in person or both, instructors can combine synchronous with asynchronous activities so that students have time to reflect and process what they have learned. This additional processing and reflection time may be especially important for multilingual learners or those whose learning styles require more time to synthesize content (Housel, 2023).

How this strategy reflects core principles

Culture, gender, and historical issues

Trauma-informed pedagogy emphasizes getting to know students, moving past stereotypes, respecting their culture, and recognizing historical trauma.

Empowerment, voice, and choice

Self-directed learning can empower students to learn at their own pace and exercise choice in their learning activities. Offering a variety of modalities for participation encourages a sense of agency and control, which allows students to make meaningful decisions about how they engage with course materials and resources.

Trustworthiness and transparency

Trauma-informed educators build trust with students by using intentional and consistent instructional practices, combined with flexibility and individual support that help students adjust to changes as they arise.

Support educators in building relationships with students

The first three strategies in this section focus on changes at the systems level, but institutions should also support faculty and staff members to develop person-to-person practices. Educators can use these practices to build relationships with learners of all ages: relationships are strong protective factors that promote healing and growing beyond childhood trauma. Below are some strategies for trauma-informed relationship-building with students from Carello and Butler (2014), Downey (2013), Health Federation of Philadelphia (2010), and Wolpow and colleagues (2009).

Recognize students' emotional safety as a necessary condition for learning. When educators check in with students to express interest in their lives beyond the classroom, they build a sense of belonging and connectedness. Preparing for significant anniversaries can also help build relationships. For example, a student may share with an educator that a particular date or time of year reminds them of a traumatic experience, such as experiencing a natural disaster or losing a loved one to violence. Checking in with that student around the anniversary of that experience demonstrates care. Educators should be prepared to connect students to peers or other adults who can provide additional support if needed, up to and including referring students to an institution's counseling services or emergency care.

Express high regard and high expectations. Maintaining consistently high expectations, limits, and routines for all students sends the message that they are each worthy of continued unconditional positive regard and attention. For this reason, trauma-informed educators set and enforce limits in a consistent way. Consistency also helps students differentiate between the arbitrary rules that may have

activated their trauma in the past and the purposeful ones that assure their safety and well-being now. If a student acts out and expresses hostility toward an educator, that educator can try responding with unconditional positive regard: for example, “I’m sorry you feel that way. I care about you and hope you’ll get your work done.”

How this strategy reflects core principles

Safety

Person-to-person relationships that recognize students’ emotional needs and express high regard may help students to feel psychologically safe.

Collaboration and mutuality

As consistently caring adults, trauma-informed educators have the opportunity to help students build trust and form relationships. Relationships are a strong protective factor that support students who have experienced trauma.

DISCUSSION QUESTIONS

How do the core principles of trauma-informed care map onto practices already in place at your institution? How might they inform new directions for teaching and serving your students?

What are some barriers you might encounter when implementing the strategies outlined here? How might you overcome those barriers?

SECTION IV. RESIST RE-TRAUMATIZATION

Ways to manage vicarious trauma and sustain trauma- and resilience-informed practice

Trauma takes a toll on students, families, education institutions, and communities. It also takes a toll on educators and support staff members, who tend to receive little training on how to respond to trauma in others—and virtually no training on how to deal with the way others' trauma can affect them (Wolpow et al., 2009). This section explores how to recognize and respond to the significant emotional, cognitive, and behavioral consequences of caring for others, including compassion fatigue, empathic strain, vicarious trauma/secondary traumatic stress, and re-traumatization (Dicker et al., 2021).

> **"A trauma-informed approach seeks to *resist re-traumatization* of [students] as well as staff."**
>
> – SAMHSA, 2014, p. 10

Our brains are hard-wired for empathy

Empathy involves the capacity to perceive how others experience the world, which can include feeling their distress. Too often, educators judge themselves for having strong reactions to a student's trauma, which can affect their sense of self and well-being (Dicker et al., 2021). However, even educators who are trained in trauma-informed practices and experienced in balancing empathy with strong boundaries are susceptible to sharing another person's emotional responses to adversity. As humans, we are neurologically hard-wired for empathy. Through a process known as the mirror neuron system, virtually every interpersonal interaction results in an automatic, unconscious "induction" of what the other person is feeling (Gallese et al., 2007). The same neural circuits activated in the person expressing emotions are also activated in the person witnessing the expression. This happens at a level so subtle and automatic that it often cannot be detected.

This shared neural activation is increasingly understood as the fundamental biological basis by which we understand each other as humans. "Catching" a positive emotion can help to create a joyful bond. Negative emotions exchanged through the mirror neuron phenomenon may be therapeutically useful for those seeking help during times of distress: by witnessing a caring other's modified expression of their own feelings, they get to view a more manageable version of what they are experiencing, which can help to deescalate the cascading physical effects of stress (Gallese et al., 2007).

The emotional and physical toll of empathy and care

Anyone may be susceptible to secondary traumatic stress, or vicarious trauma, in which their own emotional state is activated in response to engaging with someone in a similar state. Educators who work closely with students affected by trauma may begin to experience compassion fatigue: feeling physically, mentally, or emotionally worn out and/or overwhelmed by the emotional cost of caring. According to the American Counseling Association (2011), signs of compassion fatigue may include:

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

In addition, given the high rates of childhood trauma in our society, it is likely that educators might encounter their own unresolved traumatic experiences when they deal with their students' trauma, which is known as re-traumatization. A systematic literature review by Leung and colleagues (2023) found that workers in mental health fields who had personal histories of trauma tended to have poorer mental health and negative changes in self-perception. Postsecondary institutions should encourage educators, support services providers, and administrators to access professional counseling if they experience ongoing signs of compassion fatigue, vicarious trauma, or re-traumatization.

Responding to vicarious trauma and compassion fatigue

At an institutional level, mental health promotion efforts for postsecondary students will be most effective when they also address the mental health needs of faculty and staff members. This will allow faculty and staff members to access resources and learn tools to support themselves, their students, and the general mental health needs of the college or university (Harris et al., 2022). Programs such as Mental Health First Aid train people to recognize the risk factors and warning signs of mental health and substance use challenges in others, in addition to learning strategies for providing initial support to in crisis and noncrisis situations.

At both the individual and collective levels, any educators who work with trauma-affected students on a daily basis should learn to recognize signs of vicarious trauma, compassion fatigue, and re-traumatization. Self-care and care for others are not distinct concepts. Those who take care of themselves are in a better position to help others (Health Federation of Philadelphia, 2010; Wolpow et al., 2009). For individuals, staying healthy and physically fit, engaging in fun activities or creative expression, getting adequate rest, finding time for reflection, taking breaks during the workday, and finding things to laugh about can promote wellness. In a study of self-care practices among a group of social work students, Shannon and colleagues (2014) found that the participants benefited from being introduced to evidence-based practices for mediating stress, including mindfulness-based stress-reduction exercises, such as meditation. For student participants, writing in journals allowed them to manage everyday stress and feel more self-aware, while mindfulness practices helped them remain present and calm (Shannon et al., 2014).

Just as relationships are protective factors for students exposed to trauma, so too do they support educators. It helps for educators to enlist their colleagues' support and access what Thompson and Carello call the "healing aspect of being in community" (2022, p. 9). While taking care to respect principles of their students' confidentiality, educators may benefit from working in teams and involving administrators in daily issues, making room to accept the necessary support to continue their work without burning out (Figley, 1995).

Vicarious resilience and healing-centered engagement

Just as individuals experiencing trauma can experience post-traumatic growth and resilience, bearing witness to someone else's resilience can engender one's own personal and professional growth. Some understand this as vicarious resilience. One tactic that can promote vicarious resilience is actively seeking to learn and understand the root causes of trauma in one's own community. This can create an enhanced responsibility to assist others, resulting in a reconciliation process that helps one identify and bounce back faster from feelings of hopelessness and confusion that can come with trauma work (Dicker, 2021). This relates to what Ginwright (2018) described as healing-centered engagement: a process that shifts the focus on managing the consequences of trauma to addressing the conditions that created the trauma in the first place. This shift has a powerful impact on overall well-being, hopefulness, and optimism.

DISCUSSION QUESTIONS

What are the resources in place at your institution to support mental health for faculty and staff members? Are there any opportunities to bolster those supports?

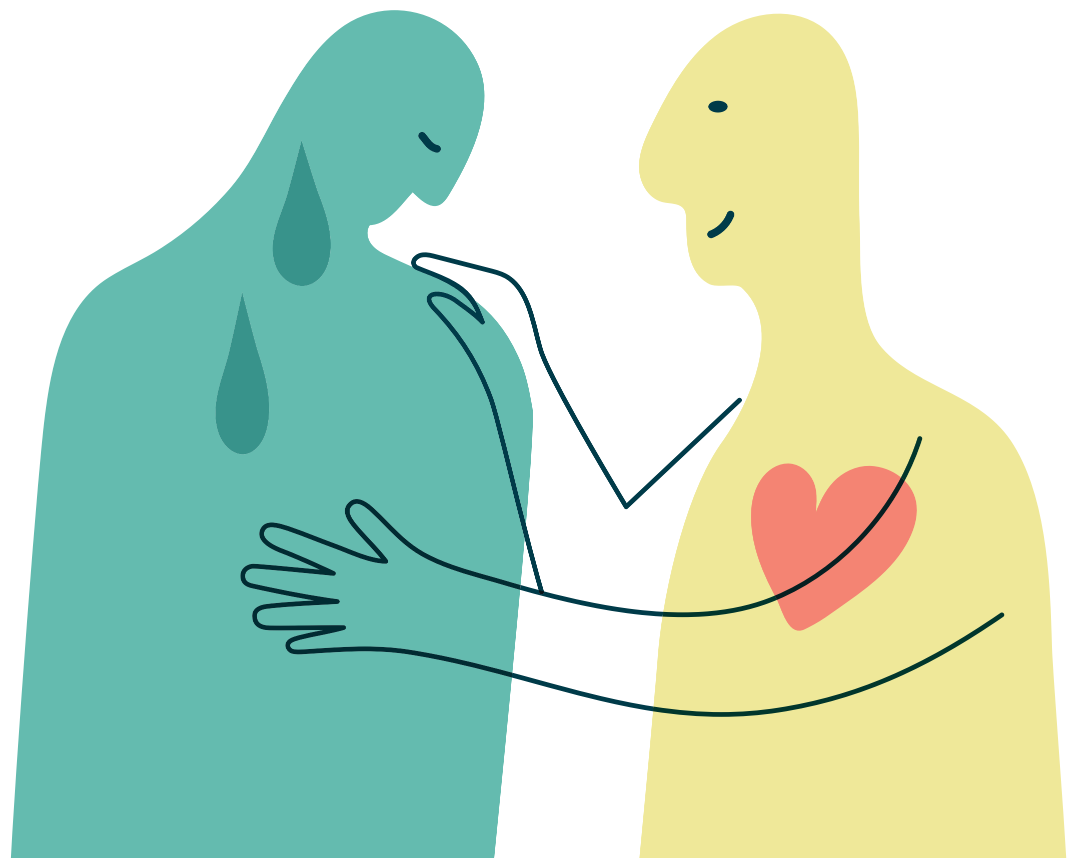
How can the institution foster collaboration and relationship-building among faculty and staff members?

What are some ways that educators can build their own awareness about root causes of trauma?

Conclusion

With support from a community that embraces core trauma-informed principles, any individual can persist and succeed in a postsecondary education setting. Trauma-informed educators can confirm to students that learning environments are safe, stimulating, empowering, and even fun. Given the large number of trauma-affected members of our society, it is time to pay close attention to how educators facilitate their learning (Wolpow, 2009). If educators do not receive significant support to address trauma's impact on learning, students with a history of trauma may struggle to reach their academic potential, and educators may burn out trying to help them (Cole et al., 2013).

Trauma-informed learning environments benefit everyone: those whose trauma history is known, those whose trauma will never be clearly identified, and those who may be impacted by the behavior of trauma-affected students. Education researchers and practitioners will benefit from further advances and knowledge-building on trauma, brain development, and effective tools and strategies (Wolpow, 2009). Individuals can—and do—recover and grow from histories of trauma, especially when they are bolstered by a community that centers principles of healing and resilience.



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