

***Trauma-Informed Advising, Teaching & Learning:
Strategies for Building Resilience
Inside and Outside of the Classroom***

Presentation Outline

System for Adult Education Basic Support (SABES)

Harrington Learning Center, Quinsigamond Community College

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Trauma-Informed Advising, Teaching & Learning: Strategies for Building Resilience Inside & Outside of the Classroom

Welcome & Introductions:

- *Opening Circle: What are Your Settings?*
- *Learning Objectives & Agenda*
- *Learning Objectives:*

At the end of this session, participants will be able to:

1. *Describe the impact that trauma can have on adult learners;*
2. *Define the concept of a trauma-informed environment; and*
3. *Identify 3 strategies or resources they can use to create a trauma-informed learning environment.*

Agenda for Today:

Part I. Building Our Trauma Awareness:

- ✓ *Welcome/ Introductions*
- ✓ *“Letting Go” Activity*
- ✓ *“Pack Your Suitcase” Activity/ Brainstorm*
- ✓ *Research Update on Trauma: What Does This Mean for Adult Learning?*
- ✓ *Masking Activity*

Part I Wrap-Up

- ✓ *Part II. Building Our TI Toolkit:*
- ✓ *Intro to TI Teaching & Advising Approaches: TI Environment First Steps & Framework*
- ✓ *TI Environment Tools*
- ✓ *Self Care Discussion*
- ✓ *Organizational Assessment Discussion*
- ✓ *Closing Circle*
- ✓ *Resources*

PART I.

Building Our Trauma Awareness

- *Questions for Part I: Building Our Trauma Awareness*
 - ✓ *What do we need to know about how trauma impacts the adult learner in order to approach our teaching and advising with awareness?*
 - ✓ *What does the research tell us about trauma and the adult learner?*
 - ✓ *What other questions do we have?*

➤ *“Letting Go” Writing & Presence Activity:*

“The writing process, no matter how much time we devote to it, contains a tremendous potential for healing. In part, this is because writing distracts us from our problems. Through writing, we cultivate the quality of absorption – becoming deeply immersed in our work. This quiets us and

calms us while, paradoxically, engaging us, whether we are writing about pleasurable moments or physic pain.” - Louise DeSalvo, from Writing as a Way of Healing, 1999

- *In front of you, there is a blank index card.*
- *Please take a moment to write down the thing(s) that are keeping you from being fully present in the moment here today on your card...*
- *These can be thoughts about family, work, relationships, money, upcoming events or projects, other stressful thoughts, etc.*
- *This card is for your eyes only and will not be shared or read by anyone.*
- *When you are finished writing, please fold your card and drop it in the basket.*
- *The basket will be the container that will hold these thoughts for us and allow us to be fully present today.*

➤ **Activity: Pack Your Suitcase**

- *You are a teacher in the country of Uganda, your country of origin. Your partner suddenly disappears. You suspect that it is probably because of his attempts to form a trade/ labor union. During the next few months you receive several threatening phone calls. Your name appears in a newspaper article, listing you along with others as suspected subversives/ criminals. When you arrive home from school this evening, you find an anonymous letter. The letter threatens your life. You decide that you must flee the country and seek political asylum elsewhere. You have 15 minutes to pack a small bag. You can only take a few items with you that you can easily carry while remaining inconspicuous on your way out of the country. What will you bring?*
(Adapted from [Boston Center for Refugee Health & Human Rights, 2014](#))
- **Brainstorm:** The Things We Carry...What do we carry with us into the classroom
- or other spaces for learning?

Research Update

- *What is the impact of trauma upon learning?*

Defining Our Terms: Trauma

- **Trauma is:**
- *“A normal reaction to an abnormal situation” (National Center for PTSD, 2015)*
- *“Emotional response to a terrible event like an accident, rape or natural disaster” (APA, 2015)*
- *“Experiences or situations that are emotionally painful and distressing, and that overwhelm people’s ability to cope, leaving them powerless... Trauma has sometimes been defined in reference to circumstances that are outside the realm of normal human experience. Unfortunately, this definition doesn’t always hold true. For some groups of people, trauma can occur frequently and become part of the common human experience” (Center for Nonviolence & Social Justice, 2015)*
- *“Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life.” (Herman, 1997)*

Defining Our Terms: Resilience

- **Resilience is:**
- *“The process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress— such as family and relationship problems, serious health problems or workplace and financial stressors. It means “bouncing back” from difficult experiences” (APA, 2016).*
- *“The ability of an individual, family, or community to cope with adversity and trauma, and adapt to challenges or change” (Substance Abuse & Mental Health Services Administration, 2016).*
- *[Among children] “Resilience is the ability of a child to recover and show early and effective adaptation following a potentially traumatic event” (National Child Traumatic Stress Network, 2016).*

Defining Terms: Trauma-Sensitive Schools

- **Trauma sensitive schools:**
- *Have a shared understanding among all staff that adverse experiences in the lives of children are more common than many of us ever imagined, that trauma can impact learning, behavior, and relationships at school, and that a “whole school” approach to trauma-sensitivity is needed;*
- *Support all to feel safe physically, socially, emotionally, and academically;*
- *Address students needs in holistic ways, taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being;*
- *Explicitly connect students to the school community and provides multiple opportunities to practice newly developing skills;*
- *Embrace teamwork and staff share responsibility for all students; and*
- *Anticipate/ adapt to the ever-changing needs of students (Trauma & Learning Policy Initiative, 2016).*

Defining Terms: Secondary/ Vicarious Trauma

- **Secondary/ vicarious trauma is:**
- *“Vicarious trauma is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured” (American Counseling Association, 2011).*
- *Also referred to as compassion fatigue, secondary traumatic stress, secondary victimization, or the “cost of caring” (American Counseling Association, 2011).*
- *“Continuous exposure to the trauma material of others” (Flinton, 2015).*

Defining Terms: Learning Anxiety

- **Learning anxiety is:**
- *Anxiety resulting from previous negative learning situations (Perry, 2006);*
- *State in which new learning experiences provokes reaction of heightened state of alert/ persistent anxiousness (Perry, 2006);*
- *May be confounded by impact of adverse childhood experiences on learning functions (Perry, 2006).*

Defining Terms: Contemplative Practices

- **Contemplative practices are:**
- “Any activity undertaken regularly with the intention of quieting the mind and cultivating deep concentration, calm, and awareness of the present moment...Ideally, the insights that arise from the mind, body, and heart in the contemplative state reveal what has meaning in our lives;”
- Practices may be done alone or in groups together (Center for Contemplative Mind in Society, 2011).
- Activities that include fostering of metacognition, or “thinking about my thinking.”

The Trauma Response in Adult Learning

- Symptoms vary across populations, age and developmental levels, genders, etc. and according to severity and duration of event, quality of post-traumatic supports, etc.
- Examples include: sleep disturbance, developmental regression, high risk behavior, hair loss, poor control of chronic disease, numbing, aggression, poor impulse control, emotional dysregulation, depression/ withdrawal from social networks (National Center for PTSD, 2013)
- What Might This Look Like in the Classroom/ Advising Session?

Kerka’s Trauma & Adult Learning Digest:

- Anxiety
- Avoidance (tests, assignments, participation, etc.)
- Concern for safety/ expectation of danger/ hypervigilance
- Depression
- Difficulty with new tasks
- Disturbed sleep
- Extreme reactions to discussions, activities in class, etc./ emotional dysregulation
- Frequent absences/ tardiness
- Guilt
- Lack of trust in others, especially those in power positions
- Memory impairment/ other cognitive difficulties
- Risk aversion
- Panic attacks
- Poor concentration
- Self-blame/problems with lowered confidence and self-esteem
- Spacing out

Van dernoot Lipsky’s Model (2009)

1. Helpless & Hopeless
2. Sense of Not Doing Enough
3. Hypervigilance
4. Diminished Creativity
5. Inability to Embrace Complexity
6. Minimizing
7. Chronic Exhaustion and/or Physical Ailments

8. *Inability to Listen/ Avoidance*
9. *Dissociative Moments*
10. *Sense of Persecution*
11. *Guilt*
12. *Fear*
13. *Anger & Cynicism*
14. *Inability to Empathize*
15. *Addictions*
16. *Grandiosity/ Inflated Sense of Importance*

Key Themes & Populations in Adult Ed

- *Themes*
- *Historical/ insidious trauma, oppression, and discrimination (racism, sexism, etc.)*
- *Intergenerational cycles/ secondary adversities*
- *Interplay between toxic stress (chronic stress over the lifespan) and traumatic exposures*
- *Poverty*
- *Trauma histories and increased vulnerability to re-traumatization and repeated exposures*
- *Violence (intimate partner, community-level, state violence, conflict, etc.)*
- *Populations*
- *Incarcerated or formerly incarcerated persons*
- *LGBT population*
- *Parents/ caregivers*
- *People with low incomes/ living in poverty*
- *Refugees/ survivors of torture*
- *Students with childhood trauma histories (see ACE Study framework)*
- *Veterans (witnessed/ experienced combat)*
- *Youth involved in foster care/ child welfare system*

What the Research Tells Us...

- *Traumatic experiences, including various types of abuse and neglect, are associated with increased risk of poor health and social outcomes throughout the lifespan, including some of the leading causes of death in the United States;*
- *Traumatic experience is a determinant of health, in addition to behavioral, social, education, family/ community stability, and economic outcomes;*
- *Adverse Childhood Experience (ACE) Study and related studies on exposure to traumatic experience and toxic/ chronic stressors including poverty demonstrate that these exposures and experiences during childhood are common within the general population and may be even more common in areas with unique/ high stressors (Felitti et al., 1998).*

Adult Exposure to Trauma in the U.S.

- *The Adverse Childhood Experience (ACE) Study began as collaboration in 1995 between the Centers for Disease Control and Prevention (CDC) & Kaiser Permanente (KP) Health System in Southern California;*
- *Over 17,000 adults insured by KP Health System participated in study;*

- *Researchers identified 10 categories of “ACEs,” including abuse, neglect, and family history of dysfunction and developed an ACE Questionnaire with these items;*
- *Collected data from participant responses in combination with patient medical histories...*
- *Adults Exposure to Trauma in the U.S.*
- *Results confirmed the already-existing suspicions of many health and human service providers: What happens in early life matters greatly to your health and social wellbeing across the lifespan;*
- *Results demonstrated that childhood trauma is a common experience: approx. 2/3 of 17,000 adult participants reported at least 1 ACE;*
- *Findings also suggested a dose response relationship: the more ACEs one experienced as a child, the higher the risk of poorer health and social outcomes throughout their lifespan...*
- *ACE Study Findings - Reported Experiences of Household Dysfunction:*
 - ✓ *Substance abuse, 27%*
 - ✓ *Parental separation/ divorce, 23%*
 - ✓ *Mental illness, 17%*
 - ✓ *Battered mother, 13%*
 - ✓ *Criminal behavior, 6%*
 - ✓ *Reported Experiences of Abuse & Neglect:*
 - ✓ *Physical abuse, 28%*
 - ✓ *Sexual abuse, 21%*
 - ✓ *Psychological abuse, 11%*
 - ✓ *Emotional neglect, 15%*
 - ✓ *Physical neglect, 10%*
- *Implications of ACEs Exposure for Health Across the Lifespan*
 - ✓ *Alcoholism and alcohol abuse*
 - ✓ *Chronic obstructive pulmonary disease (COPD)*
 - ✓ *Depression*
 - ✓ *Fetal death*
 - ✓ *Reduced health-related quality of life (QOL)*
 - ✓ *Illicit drug use*
 - ✓ *Ischemic heart disease (IHD)*
 - ✓ *Liver disease*
 - ✓ *Intimate partner violence*
 - ✓ *Multiple sexual partners*
 - ✓ *Sexually transmitted infection (STIs)*
 - ✓ *Smoking/ early initiation*
 - ✓ *Suicide attempts*
 - ✓ *Unintended pregnancy*
 - ✓ *Early initiation of sexual activity*
 - ✓ *Adolescent pregnancy*

Major Causes of Injury Death in MA & Adult Exposure to Trauma in the U.S.

- ✓ Unintentional injury and violence are the leading causes of death among young people ages 15-19 and 20-24 nationwide, while homicide is the 2nd and suicide is 3rd leading causes in MA (Children's Safety Network, 2014).
- ✓ Research demonstrates that as high as 75% of college students report exposure to traumatic events, including sexual abuse (Woo & Brown, 2013).
- ✓ A 2013 study found that among first-year African American students with PTSD symptoms, 75% reported at least one exposure to traumatic events before arriving on campus; female students were more likely to drop out during their first year (Boyraz et al., 2013).
- ✓ Ongoing research suggests greater prevalence of trauma exposure among adults living in urban areas (Philadelphia Health Management Corporation, 2013), however emerging research on rural ACEs suggests that geographic and other challenges exist and may worsen outcomes in rural areas as well.

➤ **Activity Break**

Step 1:

- In front of you, have 2 two-sided multi-colored index cards (**Yellow, Bright Pink, Teal, Purple, Green, and Orange**)
- Please write down one of these on each side of your index cards:
 - ✓ The three most important people in your life (can be more than three but at least three);
 - ✓ The three most important events/ things that have happened in your life;
 - ✓ The three most important places in your life; and
 - ✓ The three things you enjoy doing the most

Step 2:

- When finished, pair with the someone you do not know well nearby and introduce yourself;
- *If you came with colleagues today, you may need to move around the room and find someone around the room if possible that you do not know;
- Take a few minutes to introduce yourself and tell them about yourself, **without mentioning any of the information on the cards;**
- After a few minutes, switch and have your partner introduce themselves repeating the same process...

➤ **Masking Activity**

- How Did You Feel/ Why This Activity?
- Brief activity to simulate stressful experience of isolation, masking, and/or hiding;
- Rooted in sexual assault response/ violence prevention field;
- Students have described experience as "tense," "out of my comfort zone," "self-censorship," "limiting," "a distraction," "pressured," and prompting a "need for strategy" in the conversation;
- There is a reason I always introduce myself and some of my background before that activity;

- *This can sometimes be a high-risk activity, but we do not need to necessarily stop using activities with risk in the classroom to be trauma-informed (more on this later...);*
- *We are asking our students to take risks all the time which we have to model and take as well (Brookfield, 2013; hooks, 1994)*

Part I. Wrap-Up:

“Simply stated, trauma changes the brain.” - Dr. Bruce Perry, from Fear & Learning: Trauma-Related Factors in the Adult Education Process, 2006

- *What Does this Mean for Adult Learning?*
- *Exposure to trauma, toxic stressors, and adversity including violence and chronic poverty can significantly impact our students’ ability to learn and thrive;*
- *Concentration, memory, management of emotions, and self-regulation can be severely impacted by ongoing adversity and/ or past trauma histories (Perry, 2006);*
- *Especially concerning among high-risk or vulnerable adult learners who are balancing education with multiple jobs, family/ parenting/ caregiving responsibilities, other commitments, few resources, and unmet social needs;*
- *Awareness of trauma is critical and we borrow from Trauma-Informed Care (TIC) movement in health care: key question is “what happened to you?” instead of “what is wrong with you?”*

What Does This Mean for Adult Learning? Gaps in the Research & Training

- *Awareness of trauma is rare (ME Children’s Growth Council Health Accountability Team, 2011)*
- *Regular opportunities for early education and skills training on trauma exposure are also rare/ lacking for faculty/ staff in post-secondary educational settings (Reinbergs, 2013);*
- *MA and WA State became leaders in trauma-informed schools movement in elementary/ secondary systems; we need approaches to serve students equitably across the lifespan and learning spectrum;*
- *Also, most trauma research on post-secondary learners has occurred among college students and among women survivors of domestic violence (DV) enrolled in adult education programs;*
- *Learners in any setting/ at any level are at risk (Kerka, 2003) and these populations are not appropriate research proxies for all adult learners (e.g. economically privileged students are overrepresented in college student population due to the cost of attending college; learning among female DV survivors may be impacted differently when compared with students who have experienced other exposures);*
- *We are at an unprecedented moment with potential for change and we **need a new framework for adult learners** that places resilience, health, and learning for both teacher and student firmly at its core.*
- *Impacts for Adult Learners: Key Points*
- ***Approx. 2/3 of adult population** has experienced trauma in early life, across several domains of maltreatment (Perry, 2006; Felitti et al., 1998).*
- *This is confounded by **everyday demands of classroom/ learning**, which may overwhelm students with trauma histories and over-activate their stress response pushing the response from mild/ moderate to outside their window of tolerance (Perry, 2006; Siegel, 1999).*

- Trauma impacts **critical cognitive functions** and areas in the brain, including: **learning capacity, memory, regular repair and maintenance of neural systems, emotional and behavioral functioning, arousal/ activation of the sympathetic nervous system and response that involves heightened/ quickened response, increased blood pressure/ heart rate, release of adrenaline, fight-flight-or-freeze, etc.** (Perry, 2006).

Impacts for Adult Learners: Key Points

- Many adult learners are **“doubly stressed as they return to the classroom setting;”**
- Adult learners with trauma backgrounds may have less capacity for concentration, greater anxiety, and be **hyper sensitized to nonverbal cues** (looks, voice, postures/ body language);
- Students impacted by traumatic exposures in adulthood, childhood adversity, learning anxiety, etc. may have difficulty **retrieving and processing information**, and may experience frustration, humiliation, and other symptoms of dysregulation in learning;
- **Learning is state-dependent:** if student cannot internalize new information, because their baseline is hyperarousal, then they will not be able to learn effectively because they need to return to state of calm and attentiveness in order to process new information;
- **Creativity and maturity areas of the brain** are not as easily accessed when students are in fear state due to learning anxiety, past experiences, classroom humiliation, etc. (Perry, 2006).
- Classic Roadblocks That Undermine Safety in Classrooms/ Learning: Institutional Barriers
- Stress-inducing teaching methods without reflection (Brookfield, 2013; Perry, 2006);
- Institutional economic violence: budget-cuts, competing priorities in institutions;
- Hyperstressed learning and teaching: No time for self-reflection/ contemplation;
- Settings that do not protect health, e.g. lead in water, unsafe conditions, etc.;
- Cold/ impersonal settings that do not provide beauty, inspiration, etc. (Kerka, 2003);
- Not giving students agency and choice to opt-out of activities (ibid);
- Reinforcing unequal power dynamics, social inequality (ibid);
- Undermining ownership of classroom/ learning space (ibid);
- Not practicing care for ourselves and modeling self-care...
- Not Recognizing Diversity of Experiences in Our Classrooms/ Students

PART II.

Building Our Trauma-Informed Toolkits

- Questions for Part II: Building Our Trauma-Informed Toolkits
- ✓ What is a trauma-informed (TI) approach to teaching, advising, and learning?
- ✓ What are our first steps and our framework for creating TI environments?
- ✓ What do we have in our toolkit/ what are our strategies as professionals for TI teaching and advising?
- ✓ What other questions do we have?

TI Approach

“When the door was locked and the phones turned off and the fear of being interrupted was eliminated, when the collective act of self-care was given top priority and the rest of the world was sent a clear message that this was our time and space, that was when we felt a sense of well being. And that was when trust was built.” - Elizabeth Morrish, 2002, Reflections on the Women, Violence, and Adult Education Project

Trauma Informed Approaches Do...

- Require us to be **curious** about the ways our students are **experiencing learning**, how we can support them, and to be **proactive** instead of reactive (Schiffman, 2014).
- Require that we take a **strengths-based approach** and focus on our students’ capacities for growth, resilience, and adaptive learning (Flinton, 2015).
- Require that we understand that students have developed **“highly adaptive”** methods of dealing with their surroundings in presence of trauma (hypervigilance, distrust, etc.) and that they may need to develop **new skills** to succeed and cope in their adult learning lives (Perry, 2006).
- Require that we understand some of the **vulnerabilities and triggers** of survivors and recognize **risk of re-traumatization** is greater when we do not address vulnerabilities and fail to build trauma-informed systems and settings (National Council for Behavioral Health, 2014).

Trauma-Informed Approaches Do Not...

- Require or include counseling, therapy, case management, or provision of clinical **mental health services** by instructors/ advisors;
- Provide **excuses** for students to not take responsibility for learning;
- **Sacrifice** accountability in the classroom/ learning;
- Involve **disclosure** of personal information;
- Require instructors and advisors to do everything **differently**.
- Require that we only **focus** upon the trauma piece.
- TI Environmental Approach: First Steps
- ✓ **Think critically** about the learning needs and behaviors of our students, as we usually only see the “tip of the iceberg,” or what are students are willing to unmask (Part I);
- ✓ **Teach and advise with awareness** that traumatic exposures are common and sometimes happening in real time, simultaneously within our students’ lives as they are pursuing their learning goals (Part I);
- ✓ **Take a universal approach** to our classrooms and advising relationships, based upon what we know about the prevalence in our populations (Part I);
- ✓ **Continue the work we are already doing with adjustments** in our thinking based upon on our awareness (Part I)...

TI Approach (continued)

TI Environmental Approach: 4 R's Framework

- NCTIC 4 R's Framework:
 1. Recognize the prevalence of trauma;
 2. Recognize how trauma affects all individuals involved with the organization/ system, including its own workforce;
 3. Respond by putting knowledge to practice;
 4. Resist re-traumatization by reducing stress/ triggers (National Center for Trauma-Informed Care, 2015)

NCTIC 6 Key Principles:

- ✓ Safety
- ✓ Trustworthiness and transparency
- ✓ Peer support
- ✓ Collaboration and mutuality
- ✓ Empowerment, voice and choice
- ✓ Cultural, historical, and gender issues

TI Environmental Approach: Our Tools

1. Universal Prevention
2. Social Justice Principles
3. Safety Resources
4. Culture of Help-Seeking
5. Connections & Relationships
6. Contemplative Practices
7. Self Care*

1. Universal Prevention

- Universal prevention is the “**broadest approach**, targeting the general public or a whole population that has not been identified on the basis of individual risk...” (SAMHSA, 2015);
- Taking a universal approach **presumes** that we have students with trauma and adversity in their backgrounds, and/or in their present lives given the epidemiological **data**, and that we are prepared to respond **appropriately**;
- **Not limiting focus** only to survivors, but ensuring and building in a universal approach for all;
- Taking a universal approach gives us **space** to be prepared, to listen, to be calm and **reintroduce state of calm** for learning, and to **refer** if needed.

2. Social Justice Principles

Examine:

- Ability
- Class
- Gender
- Inequality

- *Oppression*
- *Privilege*
- *Poverty*
- *Religion/ spirituality*
- *Sexuality*

Through a:

- *Antiracist Lens*
- *Critical Pedagogy Lens*
- *Feminist Pedagogy Lens*
- *Multicultural Lens*
- *Multiracial Lens*
- *Political Lens*
- *"We have to bust the **false binary** that suggests we must choose between an academically rigorous pedagogy and one geared toward social justice."*
- *- Dr. J.M.R. Duncan-Andrade, 2009*

3. Safety Resources

Classroom/ Advising Session Ground Rules:

- *Set creation and adoption of ground rules/ agreements **early-on** for class discussion and conduct;*
- *Ground rules/ class agreements should be **co-created** with students and **driven** by students;*
- *Promote classroom as safe place for discussion through regular **recommitment** to ground rules;*

Classroom as Safe Space:

- *Emphasize **routine** of safety, structure, predictability, and consistency in classroom (Perry, 2006; Schiffman, 2014); this could mean **beginning and ending** with breathing, opening/ closing circles, etc.*
 - *Have **safety resources guide** in case someone is in need of assistance (this includes resources at your agency, campus, in the community, etc.) that are posted/ accessible (see more under #5.);*
 - *Provide **trigger** or other warnings of potentially triggering material when possible*;*
 - ***Let students know** they can excuse themselves, take a break, visit counseling services, etc. and there are **opportunities** to follow up after class/ with instructor later.**
 - *3. Safety Resources(Continued)*
- Ground Rules Process and Example*

Instructor/ Advisor Questions: "What would a safe space for discussion **look like** in our class?"
"What do we need in our class in order to **feel safe**?" "How will we hold people **accountable** for respecting each other and our safety in the classroom?"

Ideas & Rules Generated by Students for Classroom Agreement:

- “Not speaking for each other/ asking others to speak for or **represent** certain group.”
- “Take breaks/ **no questions asked.**”
- “Practice **compassion** for ourselves and compassion towards others.”
- “Maintain healthy **boundaries** and **confidentiality** around what is shared in class.”
- “Minimize **distractions** and disruptive noise/ turn off your phone.”
- “Coming late? Use the **soft door**...(enter quietly/ don’t slam door and disrupt others).”
- “If someone does not uphold the agreement, they will need to **set up a meeting** to discuss.”
- 3. Other Essential Ground rules
- Address everyone in the room;
- Address people by name;
- Stay present/ stay in your body;
- Step in when you have a question, something to say, or something to offer the group;
- Step out when you have contributed several times and allow for other voices; and
- Use people-first language.

3. Safety Resources Guide Example

- On-Site/ Campus Resources:
- ✓ Counseling services: contact info/ hours
- ✓ Library or other quiet spaces: location/ hours
- ✓ Campus safety/ police: contact info
- ✓ After-hours contacts: location/ hours/ contact info
- ✓ *All continuously posted on board, during lessons, learning management system, etc.
- Off-Site Resources:
- ✓ Find help and treatment for mental/ behavioral health in your area,
<http://www.samhsa.gov/find-help>
- ✓ Beth Israel Deaconess Medical Center Center for Violence Prevention & Recovery: location/ hours/ contact info
- ✓ *All continuously posted on board, during lessons, learning management system, etc.

4. Culture of Help-Seeking

- We want to create a **culture** and **expectation** in our classrooms/ settings that people should seek help when they need it and that this is a sign of **strength**, not weakness;
- Promote **help-seeking** culture by establishing norms: discuss where help is available and post resources;
- Reduce **stigma** by leaving resources continuously, universally accessible and using examples;
- Be a trusted ally and ***believe*** students if they disclose past history or ongoing difficulty;
- Let students know and **remind** them regularly about available services (if applicable) when co-located, including how to access (hours, location), or off-site services in the community;
- **Recognize** signs among students (distress, physiological response, etc.) and engage where/ when appropriate.

5. Connections & Relationships

- All trauma work is **relational** whether you know you are doing it or not (Flinton, 2015);
- Work with **campus/ site-based or community** services ahead of time to inform them of potential student needs;
- Have a **specific** contact person and phone number for referral when possible (increases **self-efficacy** among students in my experience);
- **Network** to establish **good sources** of referrals and community partners;
- Examples of partners: school and agency administrators, social workers, trauma-informed law enforcement partners, specific allied academic programs of study (nursing, health sciences, mental health, social work, etc.), local professional associations, local non-profit organizations and trauma networks, faith-based groups, health departments and agencies, other local educational settings/ consortiums.

6. Contemplative Practices

Definition reminder:

“Any activity undertaken regularly with the intention of quieting the mind and cultivating deep concentration, calm, and awareness of the present moment...Ideally, the insights that arise from the mind, body, and heart in the contemplative state reveal what has meaning in our lives”
(Center for Contemplative Mind in Society, 2011).

Examples:

- ✓ Stillness practices (silence, meditation, grounding)
- ✓ Movement practices (yoga, stretching, walking, dance, walking meditation)
- ✓ Creation process practices (coloring, collage, graphic recording, music)
- ✓ Relational practices (journaling, writing, storytelling, sharing dialogue)

7. Self-Care & Modeling

- Recognize need for **one’s own self-care** and practice it **radically**;
- Use self-care strategies for educators and students; **model** for student **skill development**;
- Provide resources to students to **promote wellness** and **normalize** regular relaxation and calming exercises in class/ meetings; talk walks or hold class/ meetings outside if possible;
- Lead regular, **non-intrusive** relaxation or **intention-setting** exercises in class to promote focus, self-regulation, and mindfulness/ awareness (e.g. grounding exercises, **externally-focused relaxation**, setting of personal values and goals for class);
- Take breaks for **self-check in’s**, **body scans**, and other forms with students and while alone;
- Involve students in keeping **gratitude journals/ journaling together** as a class activity;
- Promote **opportunities** for resilience (weekly or monthly check-in meetings, positive reinforcement, encourage students to take on class leadership roles if appropriate);
- Critical for practitioners in the **“helping”** professions
- Research suggests that we in these professions may be more **vulnerable** to **secondary/ vicarious trauma** (Esaki & Larkin, 2013; National Council for Behavioral Health, 2013)

TI Environmental Approach: More Strategies

- *Graphic recording or other activities that incorporate art work and creativity for metacognitive skills practice, reflection, contemplation, and archiving of group processes (Center for Contemplative Mind in Society, 2011).*
- *Have a redirect script for safety and boundaries, e.g. “It is my job to facilitate discussions and keep us safe and on-track in our conversation. At some point, I may redirect us if we are veering off-topic or if I think that we may need to take a break, introduce resources...”*
- *Introduce a parking lot for ideas or questions that need revisiting/ are off-topic.*
- *Open and close advising sessions/ classes with presence and relaxation activities that promote focus and attention to present moment, etc.*
- *Provide or help students access detailed rubrics, especially helpful for students who are rejoining the classroom after long periods of time away, those who have had traumatic/ learning anxiety experiences, etc.*
- **Example:** *Graphic Recording from Students on Meaning of Trauma-Informed Care*

Strategies for Grounding Activities

- **Olfactory sense for grounding:** *Scented candles, aromatherapy oils to bring us present;*
- **Somatosensory system for grounding:** *Slinkies, clay, smooth stones, or other objects to handle/ touch in advising sessions/ class to focus attention on present through tactile experience;*
- **Writing for grounding activity:**
 - ✓ *5 things you can see*
 - ✓ *4 things you can hear*
 - ✓ *3 things you can touch*
 - ✓ *2 things you can smell*
 - ✓ *1 thing that is good about you right now (Flinton, 2015)*

Revisiting Part I: Dismantling Barriers

A. Let’s Review (Part I.) – Classic Ways We Undermine:

1. *Hyperstressed: No time for self-reflection/ contemplation*
2. *Use of teaching methods that may impose stress*
3. *Not giving students choice to opt-out of activities*
4. *Reinforcing of unequal power dynamics/ inequity*
5. *Settings that are cold, impersonal, do not provide beauty, inspiration, etc.*
6. *Undermining ownership of classroom/ learning space*
7. *Not practicing care for ourselves and modeling self-care;*
8. *Not taking a universal approach and recognizing diversity of experiences in our classroom*

B. Key Ways to Build Resilience:

1. **Contemplative** *practices (journaling, meditation, etc.);*
2. **Teaching/ advising methods that reduce stress** *and promote multiple ways of participation (discussion boards for non-verbal participation, shared silence, active listening, etc.);*
3. **Allowing opt-outs;**

4. **Emphasize collaboration** and room for all voices using ground rules/ class agreements;
5. **Inspiration table** that incorporates student contributions;
6. Promote **shared ownership** and engagement/ hope as “control of destiny” (Duncan-Andrade, 2009)
7. **Practice** self-care
8. Recognize **diversity, strengths** and potential for **resilience**.

Organizational Assessment:

- *What are the current needs/ issues related to traumatic exposure in your educational setting and/or in your community?*
- *What types of initiatives, programs, or services do you think could address these needs?*
- *Who might you identify as your potential partners, allies, and/or early adopters in your setting or in your community for creating these initiatives?*
- *Are there any barriers or obstacles that you anticipate or foresee? If so, what you might you do to address them?*
- *What are some next steps that you can identify to move forward, based upon the needs identified, and what we discussed today?*

Wrap Up & Closing Circle:

- *Questions?*
- *Final Thoughts?*

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**Trauma-Informed
Advising, Teaching & Learning:
Strategies for Building Resilience
Inside & Outside of the Classroom**

System for Adult Education Basic Support (SABES)

Harrington Learning Center, Quinsigamond Community College
Thursday, June 2, 2016

Emily J. Wilson, MPH, MS, CHES

Learning Objectives & Agenda

Welcome & Introductions

Opening Circle: What are Your Settings?

Learning Objectives

At the end of this session, participants will be able to:

- Describe the impact that trauma can have on adult learners;
- Define the concept of a trauma-informed environment; and
- Identify 3 strategies or resources they can use to create a trauma-informed learning environment.

Agenda for Today

Part I. Building Our Trauma Awareness:

- Welcome/ Introductions
- “Letting Go” Activity
- “Pack Your Suitcase” Activity/ Brainstorm
- Research Update on Trauma: What Does This Mean for Adult Learning?
- Masking Activity
- Part I Wrap-Up

Part II. Building Our TI Toolkit:

- Intro to TI Teaching & Advising Approaches: TI Environment First Steps & Framework
- TI Environment Tools
- Self Care Discussion
- Organizational Assessment Discussion
- Closing Circle
- Resources

Questions for Part I: Building Our Trauma Awareness

- What do we need to know about how trauma impacts the adult learner in order to approach our teaching and advising with awareness?
- What does the research tell us about trauma and the adult learner?
- What other questions do we have?



Part I.

Building Our Trauma Awareness

“The writing process, no matter how much time we devote to it, contains a tremendous potential for healing. In part, this is because writing distracts us from our problems. Through writing, we cultivate the quality of absorption – becoming deeply immersed in our work. This quiets us and calms us while, paradoxically, engaging us, whether we are writing about pleasurable moments or physic pain.”

- Louise DeSalvo, from *Writing as a Way of Healing*, 1999

“Letting Go” Writing & Presence Activity

- In front of you, there is a blank index card.
- Please take a moment to write down the thing(s) that are keeping you from being fully present in the moment here today on your card...
- These can be thoughts about family, work, relationships, money, upcoming events or projects, other stressful thoughts, etc.
- This card is for your eyes only and will not be shared or read by anyone.
- When you are finished writing, please fold your card and drop it in the basket.
- The basket will be the container that will hold these thoughts for us and allow us to be fully present today.

Brainstorm: The Things We Carry...

*What do we carry with us into the classroom
or other spaces for learning?*

Activity: Pack Your Suitcase

You are a teacher in the country of Uganda, your country of origin. Your partner suddenly disappears. You suspect that it is probably because of his attempts to form a trade/ labor union. During the next few months you receive several threatening phone calls. Your name appears in a newspaper article, listing you along with others as suspected subversives/ criminals. When you arrive home from school this evening, you find an anonymous letter. The letter threatens your life. You decide that you must flee the country and seek political asylum elsewhere. You have 15 minutes to pack a small bag. You can only take a few items with you that you can easily carry while remaining inconspicuous on your way out of the country. What will you bring?

(Adapted from [Boston Center for Refugee Health & Human Rights](#), 2014)

Research Update

What is the impact of trauma upon learning?

Defining Our Terms: Trauma

Trauma is:

- “A normal reaction to an abnormal situation” (National Center for PTSD, 2015)
- “Emotional response to a terrible event like an accident, rape or natural disaster” (APA, 2015)
- “Experiences or situations that are emotionally painful and distressing, and that overwhelm people’s ability to cope, leaving them powerless... Trauma has sometimes been defined in reference to circumstances that are outside the realm of normal human experience. **Unfortunately, this definition doesn’t always hold true. For some groups of people, trauma can occur frequently and become part of the common human experience**” (Center for Nonviolence & Social Justice, 2015)
- “Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life.” (Herman, 1997)

Defining Terms: Trauma-Sensitive Schools

Trauma sensitive schools:

- Have a shared understanding among all staff that adverse experiences in the lives of children are more common than many of us ever imagined, that trauma can impact learning, behavior, and relationships at school, and that a “whole school” approach to trauma-sensitivity is needed;
- Support all to feel safe physically, socially, emotionally, and academically;
- Address students needs in holistic ways, taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being;
- Explicitly connect students to the school community and provides multiple opportunities to practice newly developing skills;
- Embrace teamwork and staff share responsibility for all students; and
- Anticipate/ adapt to the ever-changing needs of students (Trauma & Learning Policy Initiative, 2016).



Defining Our Terms: Resilience

Resilience is:

- “The process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress— such as family and relationship problems, serious health problems or workplace and financial stressors. It means “bouncing back” from difficult experiences” (APA, 2016).
- “The ability of an individual, family, or community to cope with adversity and trauma, and adapt to challenges or change” (Substance Abuse & Mental Health Services Administration, 2016).
- [Among children] “Resilience is the ability of a child to recover and show early and effective adaptation following a potentially traumatic event” (National Child Traumatic Stress Network, 2016).

Defining Terms: Secondary/ Vicarious Trauma

Secondary/ vicarious trauma is:

- “Vicarious trauma is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured” (American Counseling Association, 2011).
- Also referred to as compassion fatigue, secondary traumatic stress, secondary victimization, or the “cost of caring” (American Counseling Association, 2011).
- “Continuous exposure to the trauma material of others” (Flinton, 2015).

Defining Terms: Learning Anxiety

Learning anxiety is:

- Anxiety resulting from previous negative learning situations (Perry, 2006);
- State in which new learning experiences provokes reaction of heightened state of alert/ persistent anxiousness (Perry, 2006);
- May be confounded by impact of adverse childhood experiences on learning functions (Perry, 2006).



The Trauma Response in Adult Learning

- ✓ Symptoms vary across populations, age and developmental levels, genders, etc. and according to severity and duration of event, quality of post-traumatic supports, etc.
- ✓ Examples include: sleep disturbance, developmental regression, high risk behavior, hair loss, poor control of chronic disease, numbing, aggression, poor impulse control, emotional dysregulation, depression/ withdrawal from social networks (National Center for PTSD, 2013)

Defining Terms: Contemplative Practices

Contemplative practices are:

- “Any activity undertaken regularly with the intention of quieting the mind and cultivating deep concentration, calm, and awareness of the present moment... Ideally, the insights that arise from the mind, body, and heart in the contemplative state reveal what has meaning in our lives.”
- Practices may be done alone or in groups together (Center for Contemplative Mind in Society, 2011).
- Activities that include fostering of metacognition, or “thinking about my thinking.”

What Might This Look Like in the Classroom/ Advising Session?

Kerka's Trauma & Adult Learning Digest:

- Anxiety
- Avoidance (tests, assignments, participation, etc)
- Concern for safety/ expectation of danger/ hypervigilance
- Depression
- Difficulty with new tasks
- Disturbed sleep
- Extreme reactions to discussions, activities in class, etc/ emotional dysregulation
- Frequent absences/ tardiness
- Guilt
- Lack of trust in others, especially those in power positions
- Memory impairment/ other cognitive difficulties
- Risk aversion
- Panic attacks
- Poor concentration
- Self-blame/problems with lowered confidence and self-esteem
- Spacing out

Van dernoot Lipsky's Model (2009)

1. Helpless & Hopeless
2. Sense of Not Doing Enough
3. Hypervigilance
4. Diminished Creativity
5. Inability to Embrace Complexity
6. Minimizing
7. Chronic Exhaustion and/or Physical Ailments
8. Inability to Listen/ Avoidance
9. Dissociative Moments
10. Sense of Persecution
11. Guilt
12. Fear
13. Anger & Cynicism
14. Inability to Empathize
15. Addictions
16. Grandiosity/ Inflated Sense of Importance

Key Themes & Populations in Adult Ed

Themes

- Historical/ insidious trauma, oppression, and discrimination (racism, sexism, etc)
- Intergenerational cycles/ secondary adversities
- Interplay between toxic stress (chronic stress over the lifespan) and traumatic exposures
- Poverty
- Trauma histories and increased vulnerability to re-traumatization and repeated exposures
- Violence (intimate partner, community-level, state violence, conflict, etc.)

Populations

- Incarcerated or formerly incarcerated persons
- LGBT population
- Parents/ caregivers
- People with low incomes/ living in poverty
- Refugees/ survivors of torture
- Students with childhood trauma histories (see ACE Study framework)
- Veterans (witnessed/ experienced combat)
- Youth involved in foster care/ child welfare system

Adult Exposure to Trauma in the U.S.

- The Adverse Childhood Experience (ACE) Study began as collaboration in 1995 between the Centers for Disease Control and Prevention (CDC) & Kaiser Permanente (KP) Health System in Southern California;
- Over 17,000 adults insured by KP Health System participated in study;
- Researchers identified 10 categories of “ACEs,” including abuse, neglect, and family history of dysfunction and developed an ACE Questionnaire with these items;
- Collected data from participant responses in combination with patient medical histories...

What the Research Tells Us...

- Traumatic experiences, including various types of abuse and neglect, are associated with increased risk of poor health and social outcomes throughout the lifespan, including some of the leading causes of death in the United States;
- Traumatic experience is a determinant of health, in addition to behavioral, social, education, family/ community stability, and economic outcomes;
- Adverse Childhood Experience (ACE) Study and related studies on exposure to traumatic experience and toxic/ chronic stressors including poverty demonstrate that these exposures and experiences during childhood are common within the general population and may be even more common in areas with unique/ high stressors (Felitti et al., 1998).

Adults Exposure to Trauma in the U.S.

- Results confirmed the already-existing suspicions of many health and human service providers: What happens in early life matters greatly to your health and social wellbeing across the lifespan;
- Results demonstrated that childhood trauma is a common experience: approx. 2/3 of 17,000 adult participants reported at least 1 ACE;
- Findings also suggested a dose response relationship: the more ACEs one experienced as a child, the higher the risk of poorer health and social outcomes throughout their lifespan...

ACE Study Findings

Reported Experiences of Household Dysfunction:

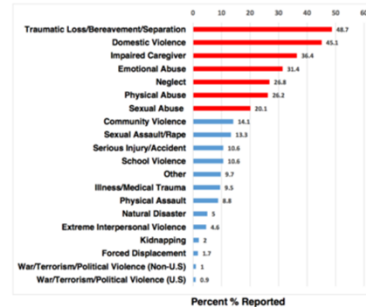
- Substance abuse, 27%
- Parental separation/ divorce, 23%
- Mental illness, 17%
- Battered mother, 13%
- Criminal behavior, 6%

Reported Experiences of Abuse & Neglect:

- Physical abuse, 28%
- Sexual abuse, 21%
- Psychological abuse, 11%
- Emotional neglect, 15%
- Physical neglect, 10%

The ACES are Among Many Childhood Traumas and Adversities Measured by the National Child Traumatic Stress Network N=10,991¹

- The original ACES (in red) are among the most commonly reported traumas in studies that look at additional traumas.
- Over 40% of the children and adolescents served by the NCTSN experienced 4 or more different types of trauma and adversity.



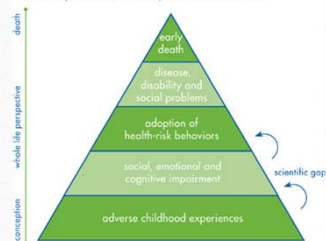
¹Pynoos et al. (2014). Psychological Trauma: Theory, Research, Practice and Policy. 6:S9-S13.

CANarratives.org

Implications of ACEs Exposure for Health Across the Lifespan

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Reduced health-related quality of life (QOL)
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Intimate partner violence
- Multiple sexual partners
- Sexually transmitted infection (STIs)
- Smoking/ early initiation
- Suicide attempts
- Unintended pregnancy
- Early initiation of sexual activity
- Adolescent pregnancy

ACE Pyramid: Conceptual Framework



Major Causes of Injury Death in MA

Table 1: Leading Causes and Total 5-Year Incidence of Deaths by Age Group, Massachusetts, 2006-2010

Rank	Age Groups					
	<1	1 - 4	5 - 9	10 - 14	15-19	20-24
1	Short Gestation 451	Unintentional Injury 46	Malignant Neoplasms 33	Malignant Neoplasms 48	Unintentional Injury 324	Unintentional Injury 675
2	Congenital Anomalies 286	Congenital Anomalies 27	Unintentional Injury 22	Unintentional Injury 45	Homicide 130	Homicide 230
3	SIDS 147	Malignant Neoplasms 25	Congenital Anomalies 13	Homicide 13	Suicide 99	Suicide 173
4	Maternal Pregnancy Comp. 132	Homicide 15	Homicide 10	Suicide 12	Malignant Neoplasms 60	Malignant Neoplasms 79
5	Placenta Cord Membranes 106	Influenza & Pneumonia ****	Benign Neoplasms ****	Heart Disease 11	Heart Disease 38	Heart Disease 58

Note. **** = indicates that the cell values range from 1-9 and are suppressed for data confidentiality purposes.

Adult Exposure to Trauma in the U.S.

- Unintentional injury and violence are the leading causes of death among young people ages 15-19 and 20-24 nationwide, while homicide is the 2nd and suicide is 3rd leading causes in MA (Children's Safety Network, 2014).
- Research demonstrates that as high as 75% of college students report exposure to traumatic events, including sexual abuse (Woo & Brown, 2013).
- A 2013 study found that among first-year African American students with PTSD symptoms, 75% reported at least one exposure to traumatic events before arriving on campus; female students were more likely to drop out during their first year (Boyratz et al., 2013).
- Ongoing research suggests greater prevalence of trauma exposure among adults living in urban areas (Philadelphia Health Management Corporation, 2013), however emerging research on rural ACEs suggests that geographic and other challenges exist and may worsen outcomes in rural areas as well.

Activity Break

Step 2:

- When finished, pair with the someone you do not know well nearby and introduce yourself;
- *If you came with colleagues today, you may need to move around the room and find someone around the room if possible that you do not know;
- Take a few minutes to introduce yourself and tell them about yourself, without mentioning any of the information on the cards;
- After a few minutes, switch and have your partner introduce themselves repeating the same process...

Activity Break

Step 1:

- In front of you, have 2 two-sided multi-colored index cards (Yellow, Bright Pink, Teal, Purple, Green, and Orange)
- Please write down one of these on each side of your index cards:
 - ✓ The three most important people in your life (can be more than three but at least three);
 - ✓ The three most important events/ things that have happened in your life;
 - ✓ The three most important places in your life; and
 - ✓ The three things you enjoy doing the most

How Did You Feel/ Why This Activity?



“Masking” Activity

- Brief activity to simulate stressful experience of isolation, masking, and/or hiding;
- Rooted in sexual assault response/ violence prevention field;
- Students have described experience as “tense,” “out of my comfort zone,” “self-censorship,” “limiting,” “a distraction,” “pressured,” and prompting a “need for strategy” in the conversation;
- There is a reason I always introduce myself and some of my background before that activity;
- This can sometimes be a high-risk activity, but we do not need to necessarily stop using activities with risk in the classroom to be trauma-informed (more on this later...);
- We are asking our students to take risks all the time which we have to model and take as well (Brookfield, 2013; hooks, 1994)

What Does This Mean for Adult Learning?

- Exposure to trauma, toxic stressors, and adversity including violence and chronic poverty can significantly impact our students’ ability to learn and thrive;
- Concentration, memory, management of emotions, and self-regulation can be severely impacted by ongoing adversity and/ or past trauma histories (Perry, 2006);
- Especially concerning among high-risk or vulnerable adult learners who are balancing education with multiple jobs, family/ parenting/ caregiving responsibilities, other commitments, few resources, and unmet social needs;
- Awareness of trauma is critical and we borrow from Trauma-Informed Care (TIC) movement in health care: key question is “what happened to you?” instead of “what is wrong with you?”

“Simply stated, trauma changes the brain.”

- Dr. Bruce Perry, from *Fear & Learning: Trauma-Related Factors in the Adult Education Process*, 2006

Part I. Wrap-Up:

What Does this Mean for Adult Learning?

What Does This Mean for Adult Learning? Gaps in the Research & Training

- Awareness of trauma is rare (ME Children’s Growth Council Health Accountability Team, 2011)
- Regular opportunities for early education and skills training on trauma exposure are also rare/ lacking for faculty/ staff in post-secondary educational settings (Reinbergs, 2013);
- MA and WA State became leaders in trauma-informed schools movement in elementary/ secondary systems; we need approaches to serve students equitably across the lifespan and learning spectrum;
- Also, most trauma research on post-secondary learners has occurred among college students and among women survivors of domestic violence (DV) enrolled in adult education programs;
- Learners in any setting/ at any level are at risk (Kerka, 2003) and these populations are not appropriate research proxies for all adult learners (e.g. economically privileged students are overrepresented in college student population due to the cost of attending college; learning among female DV survivors may be impacted differently when compared with students who have experienced other exposures);
- We are at an unprecedented moment with potential for change and we **need a new framework for adult learners** that places resilience, health, and learning for both teacher and student firmly at its core.

Impacts for Adult Learners: Key Points



- **Almost 2/3 of adult population** has experienced trauma in early life, across several domains of maltreatment (Perry, 2006; Felitti et al., 1998).
- This is confounded by **everyday demands of classroom/ learning**, which may overwhelm students with trauma histories and over-activate their stress response pushing the response from mild/ moderate to outside their window of tolerance (Perry, 2006; Siegel, 1999).
- Trauma impacts **critical cognitive functions** and areas in the brain, including: **learning capacity, memory, regular repair and maintenance of neural systems, emotional and behavioral functioning, arousal/ activation of the sympathetic nervous system and response that involves heightened/ quickened response, increased blood pressure/ heart rate, release of adrenaline, fight-flight-or-freeze, etc.** (Perry, 2006).

Classic Roadblocks That Undermine Safety in Classrooms/ Learning: Institutional Barriers

- Stress-inducing teaching methods without reflection (Brookfield, 2013; Perry, 2006);
- Institutional economic violence: budget-cuts, competing priorities in institutions;
- Hyperstressed learning and teaching: No time for self-reflection/ contemplation;
- Settings that do not protect health, e.g. lead in water, unsafe conditions, etc.;
- Cold/ impersonal settings that do not provide beauty, inspiration, etc. (Kerka, 2003);
- Not giving students agency and choice to opt-out of activities (ibid);
- Reinforcing unequal power dynamics, social inequality (ibid);
- Undermining ownership of classroom/ learning space (ibid);
- Not practicing care for ourselves and modeling self-care...



Impacts for Adult Learners: Key Points



- Many adult learners are **“doubly stressed as they return to the classroom settings;”**
- Adult learners with trauma backgrounds may have less capacity for concentration, greater anxiety, and be **hypersensitized to nonverbal cues** (looks, voice, postures/ body language);
- Students impacted by traumatic exposures in adulthood, childhood adversity, learning anxiety, etc. may have difficulty **retrieving and processing information**, and may experience frustration, humiliation, and other symptoms of dysregulation in learning;
- **Learning is state-dependent:** if student cannot internalize new information, because their baseline is hyperarousal, then they will not be able to learn effectively because they need to return to state of calm and attentiveness in order to process new information;
- **Creativity and maturity areas of the brain** are not as easily accessed when students are in fear state due to learning anxiety, past experiences, classroom humiliation, etc. (Perry, 2006).

...And Finally: Not Recognizing Diversity of Experiences in Our Classrooms/ Students

- **Blue** = Adverse Childhood Experiences
- **Brown** = Historical/ Insidious Trauma
- **Green** = Secondary/ Vicarious Trauma
- **Orange** = Violence Exposures
- **Red** = Poverty/ Economic Adversity
- **Yellow** = Minority Stress



Part II.

Building Our Trauma-Informed Toolkits

"When the door was locked and the phones turned off and the fear of being interrupted was eliminated, when the collective act of self-care was given top priority and the rest of the world was sent a clear message that this was our time and space, that was when we felt a sense of well being. And that was when trust was built."

- Elizabeth Morrish, 2002, Reflections on the Women, Violence, and Adult Education Project

Questions for Part II: Building Our Trauma-Informed Toolkits

- What is a trauma-informed (TI) approach to teaching, advising, and learning?
- What are our first steps and our framework for creating TI environments?
- What do we have in our toolkit/ what are our strategies as professionals for TI teaching and advising?
- What other questions do we have?



Trauma Informed Approaches Do...

- Require us to be **curious** about the ways our students are **experiencing learning**, how we can support them, and to be **proactive instead of reactive** (Schiffman, 2014).
- Require that we take a **strengths-based approach** and focus on our students' capacities for growth, resilience, and adaptive learning (Flinton, 2015).
- Require that we understand that students have developed **"highly adaptive"** methods of dealing with their surroundings in presence of trauma (hypervigilance, distrust, etc.) and that they may need to develop **new skills** to succeed and cope in their adult learning lives (Perry, 2006).
- Require that we understand some of the **vulnerabilities and triggers** of survivors and recognize **risk of re-traumatization** is greater when we do not address vulnerabilities and fail to build trauma-informed systems and settings (National Council for Behavioral Health, 2014).

Trauma-Informed Approaches Do Not...

- Require or include counseling, therapy, case management, or provision of clinical **mental health services** by instructors/ advisors;
- Provide **excuses** for students to not take responsibility for learning;
- **Sacrifice** accountability in the classroom/ learning;
- Involve **disclosure** of personal information;
- Require instructors and advisors to do everything **differently**.
- Require that we only **focus** upon the trauma piece.

TI Environmental Approach: 4 R's Framework

NCTIC 4 R's Framework:

1. Recognize the prevalence of trauma;
2. Recognize how trauma affects all individuals involved with the organization/ system, including its own workforce;
3. Respond by putting knowledge to practice;
4. Resist re-traumatization by reducing stress/ triggers (National Center for Trauma-Informed Care, 2015)

NCTIC 6 Key Principles:

- ✓ Safety
- ✓ Trustworthiness and transparency
- ✓ Peer support
- ✓ Collaboration and mutuality
- ✓ Empowerment, voice and choice
- ✓ Cultural, historical, and gender issues

TI Environmental Approach: First Steps

- ✓ **Think critically** about the learning needs and behaviors of our students, as we usually only see the "tip of the iceberg," or what are students are willing to unmask (Part I);
- ✓ **Teach and advise with awareness** that traumatic exposures are common *and* sometimes happening in real time, simultaneously within our students' lives as they are pursuing their learning goals (Part I);
- ✓ **Take a universal approach** to our classrooms and advising relationships, based upon what we know about the prevalence in our populations (Part I);
- ✓ **Continue the work we are already doing with adjustments** in our thinking based upon on our awareness (Part I)...

TI Environmental Approach: Our Tools

1. Universal Prevention
2. Social Justice Principles
3. Safety Resources
4. Culture of Help-Seeking
5. Connections & Relationships
6. Contemplative Practices
7. Self Care*



1. Universal Prevention

- Universal prevention is the “**broadest approach**, targeting the general public or a whole population that has not been identified on the basis of individual risk...” (SAMHSA, 2015);
- Taking a universal approach **presumes** that we have students with trauma and adversity in their backgrounds, and/or in their present lives given the epidemiological **data**, and that we are prepared to respond **appropriately**;
- **Not limiting focus** only to survivors, but ensuring and building in a universal approach for all;
- Taking a universal approach gives us **space** to be prepared, to listen, to be calm and **reintroduce state of calm** for learning, and to **refer** if needed.

3. Safety Resources

Classroom/ Advising Session Ground Rules:

- Set creation and adoption of ground rules/ agreements **early-on** for class discussion and conduct;
- Ground rules/ class agreements should be **co-created** with students and **driven** by students;
- Promote classroom as safe place for discussion through regular **recommitment** to ground rules;

Classroom as Safe Space:

- Emphasize **routine** of safety, structure, predictability, and consistency in classroom (Perry, 2006; Schiffman, 2014); this could mean **beginning and ending** with breathing, opening/ closing circles, etc.
- Have **safety resources** guide in case someone is in need of assistance (this includes resources at your agency, campus, in the community, etc.) that are posted/ accessible (see more under #5);
- Provide **trigger** or other warnings of potentially triggering material when possible*;
- **Let students know** they can excuse themselves, take a break, visit counseling services, etc. and there are **opportunities** to follow up after class/ with instructor later.*

2. Social Justice Principles

*“We have to bust the **false binary** that suggests we must choose between an academically **rigorous pedagogy** and one geared toward **social justice**.”*

- Dr. J.M.R. Duncan-Andrade, 2009

Examine:

- Ability
- Class
- Gender
- Inequality
- Oppression
- Privilege
- Poverty
- Religion/ spirituality
- Sexuality



Through a:

- Antiracist Lens
- Critical Pedagogy Lens
- Feminist Pedagogy Lens
- Multicultural Lens
- Multiracial Lens
- Political Lens

3. Safety Resources(Continued) Ground Rules Process and Example

Instructor/ Advisor Questions: “What would a safe space for discussion **look like** in our class?” “What do we need in our class in order to **feel safe**?” “How will we hold people **accountable** for respecting each other and our safety in the classroom?”

Ideas & Rules Generated by Students for Classroom Agreement:

- “Not speaking for each other/ asking others to speak for or **represent** certain group.”
- “Take breaks/ **no questions asked**.”
- “Practice **compassion** for ourselves and compassion towards others.”
- “Maintain healthy **boundaries** and **confidentiality** around what is shared in class.”
- “Minimize **distractions** and disruptive noise/ turn off your phone.”
- “Coming late? Use the **soft door**...(enter quietly/ don't slam door and disrupt others).”
- “If someone does not uphold the agreement, they will need to **set up a meeting** to discuss.”

3. Other Essential Ground rules

- Address everyone in the room;
- Address people by name;
- Stay present/ stay in your body;
- Step in when you have a question, something to say, or something to offer the group;
- Step out when you have contributed several times and allow for other voices; and
- Use people-first language.

4. Culture of Help-Seeking

- We want to create a **culture** and **expectation** in our classrooms/ settings that people should seek help when they need it and that this is a sign of **strength**, not weakness;
- Promote **help-seeking** culture by establishing norms: discuss where help is available and post resources;
- Reduce **stigma** by leaving resources continuously, universally accessible and using examples;
- Be a trusted ally and ***believe*** students if they disclose past history or ongoing difficulty;
- Let students know and **remind** them regularly about available services (if applicable) when co-located, including how to access (hours, location), or off-site services in the community;
- **Recognize** signs among students (distress, physiological response, etc.) and engage where/ when appropriate.

3. Safety Resources Guide Example

On-Site/ Campus Resources:

- Counseling services: contact info/ hours
- Library or other quiet spaces: location/ hours
- Campus safety/ police: contact info
- After-hours contacts: location/ hours/ contact info

*All continuously posted on board, during lessons, learning management system, etc.

Off-Site Resources:

- Find help and treatment for mental/ behavioral health in your area, <http://www.samhsa.gov/find-help>
 - Beth Israel Deaconess Medical Center Center for Violence Prevention & Recovery: location/ hours/ contact info
- *All continuously posted on board, during lessons, learning management system, etc.

5. Connections & Relationships

- All trauma work is **relational** whether you know you are doing it or not (Flinton, 2015);
- Work with **campus/ site-based or community** services ahead of time to inform them of potential student needs;
- Have a **specific** contact person and phone number for referral when possible (increases **self-efficacy** among students in my experience);
- **Network** to establish **good sources** of referrals and community partners;
- Examples of partners: **school and agency administrators, social workers, trauma-informed law enforcement partners, specific allied academic programs of study (nursing, health sciences, mental health, social work, etc.), local professional associations, local non-profit organizations and trauma networks, faith-based groups, health departments and agencies, other local educational settings/ consortiums.**



6. Contemplative Practices

Definition reminder:

“Any activity undertaken regularly with the intention of quieting the mind and cultivating deep concentration, calm, and awareness of the present moment...Ideally, the insights that arise from the mind, body, and heart in the contemplative state reveal what has meaning in our lives” (Center for Contemplative Mind in Society, 2011).

Examples:

1. Stillness practices (silence, meditation, grounding)
2. Movement practices (yoga, stretching, walking, dance, walking meditation)
3. Creation process practices (coloring, collage, graphic recording, music)
4. Relational practices (journaling, writing, storytelling, sharing dialogue)

7. Self-Care Continued

- Critical for practitioners in the “**helping**” professions
- Research suggests that we in these professions may be more **vulnerable to secondary / vicarious trauma** (Esaki & Larkin, 2013);
- Opposite slide (National Council for Behavioral Health, 2013)

HELPFUL COPING STRATEGIES

- 1. Acknowledge that you have been through traumatic events
- 2. Connect with others, especially those who may have shared the stressful event or experienced other trauma
- 3. Exercise — try jogging, aerobics, bicycling, or walking
- 4. Relax — try yoga, stretching, massage, meditation, deep muscle relaxation, etc.
- 5. Take up music, art, or other diversions
- 6. Maintain balanced diet and sleep cycle
- 7. Avoid over-using stimulants like caffeine, sugar, or nicotine
- 8. Commit to something personally meaningful and important every day
- 9. Write about your experience for yourself or to share with others

7. Self-Care & Modeling

- Recognize need for **one's own self-care** and practice it **radically**;
- Use self-care strategies for educators *and* students; **model** for student **skill development**;
- Provide resources to students to **promote wellness** and **normalize** regular relaxation and calming exercises in class/ meetings; talk walks or hold class/ meetings outside if possible;
- Lead regular, **non-intrusive** relaxation or **intention-setting** exercises in class to promote focus, self-regulation, and mindfulness/ awareness (e.g. grounding exercises, **externally-focused relaxation**, setting of personal values and goals for class);
- Take breaks for **self-check in's**, **body scans**, and other forms with students and while alone;
- Involve students in keeping **gratitude journals**/ journaling **together** as a class activity;
- Promote **opportunities** for resilience (weekly or monthly check-in meetings, positive reinforcement, encourage students to take on class leadership roles if appropriate;

TI Environmental Approach: More Strategies

- Graphic recording or other activities that incorporate art work and creativity for metacognitive skills practice, reflection, contemplation, and archiving of group processes (Center for Contemplative Mind in Society, 2011).
- Have a redirect script for safety and boundaries, e.g. “It is my job to facilitate discussions and keep us safe and on-track in our conversation. At some point, I may redirect us if we are veering off-topic or if I think that we may need to take a break, introduce resources...”
- Introduce a parking lot for ideas or questions that need revisiting/ are off-topic.
- Open and close advising sessions/ classes with presence and relaxation activities that promote focus and attention to present moment, etc.
- Provide or help students access detailed rubrics, especially helpful for students who are rejoining the classroom after long periods of time away, those who have had traumatic/ learning anxiety experiences, etc.

Case Study

Dana's Story

Organizational Assessment

- What are the current needs/ issues related to traumatic exposure in your educational setting and/or in your community?
- What types of initiatives, programs, or services do you think could address these needs?
- Who might you identify as your potential partners, allies, and/or early adopters in your setting or in your community for creating these initiatives?
- Are there any barriers or obstacles that you anticipate or foresee? If so, what you might you do to address them?
- What are some next steps that you can identify to move forward, based upon the needs identified, and what we discussed today?

Discussion Questions:

- What are some of the Trauma Exposure Responses that is Dana demonstrating?
- Using a strengths-based approach as your lens, what are some instances of resilience and positive attributes that Dana demonstrates?
- How might you support Dana and show compassion for her?
- If this student presented and you were dealing with your own multiple and complex stressors, how might you approach the situation with mindfulness and show care to yourself?

Wrap Up & Closing Circle

Questions?
Final Thoughts?

***Trauma-Informed Advising, Teaching & Learning:
Strategies for Building Resilience
Inside and Outside of the Classroom***

Resource Guide

System for Adult Education Basic Support (SABES)

Harrington Learning Center, Quinsigamond Community College

Thursday, June 2, 2016

Emily J. Wilson, MPH, MS, CHES

Note for Participants & Contact Information

This collection of trauma and resilience resources for advisors to adult learners and adult educators was curated by trainer Emily Wilson. Whenever possible, direct and permanent hyperlinks to articles and readings were made available for free participant access. This resource guide is not intended as an exhaustive list, but rather as a bridge to resources, readings, and partners in the trauma and learning community.

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Local & National Trauma and Resilience Resources

New England-Based Resources:

- Association for Contemplative Mind in Higher Education, <http://www.contemplativemind.org/programs/acmhe>
- Boston-Area Educators for Social Justice, <http://besj.weebly.com/>
- Boston Area Rape Crisis Center, <http://www.barcc.org/>
- Boston Alliance for Community Health 2016 Request for Proposals for Trauma & Resilience Interventions Funding, <http://bostonalliance.org/wp-content/uploads/2016/03/BACH-RFP-for-Trauma-and-Resilience-2016-final-1.pdf>
- Boston Center for Refugee Health & Human Rights, Boston Medical Center, <http://www.bcrhhr.org/>
- Boston Public Health Commission Family Justice Center, <http://www.bphc.org/whatwedo/violence-prevention/Family-Justice-Center/Pages/Family-Justice-Center.aspx>
- Center for Violence Prevention & Recovery, Beth Israel Deaconess Medical Center, <http://www.bidmc.org/violenceprevention>
- Child Trauma Training Center, University of Massachusetts Medical School, <http://www.umassmed.edu/cttc/>
- Child Witness to Violence Program, <http://www.childwitnessstoviolence.org/>
- Crittenton Women's Union, <http://www.liveworkthrive.org/>
- Communities Addressing Childhood Trauma (ACT) Funding Program, United States Department of Health & Human Services, Office of Minority Health, <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=79>
- High Risk Youth Network, Black Ministerial Alliance of Greater Boston, <http://bmaboston.org/high-risk-youth-network/>
- Home Base Veteran & Family Care Program, <http://www.homebase.org/>
- Institute for Health & Recovery, <http://www.healthrecovery.org/>
- LGBT Violence Recovery Program at Fenway Health Center, <http://fenwayhealth.org/care/behavioral-health/vrp/>
- Louis D. Brown Peace Institute, <http://www.ldbpeaceinstitute.org/>
- LUK, Inc., <http://luk.org/>
- Maine Resilience Building Network, <http://maineaces.org/wp/>
- Massachusetts Office for Victim Assistance, <http://www.mass.gov/mova/>
- My Life My Choice, <http://www.fightingexploitation.org/>
- New England Society for Treatment of Trauma & Dissociation, <http://www.nesttd-online.org/>
- Pathways for Change (formerly Rape Crisis Center of Central MA), <http://centralmasspfc.org/home/>
- Refugee Trauma & Resilience Center, Boston Children's Hospital, <http://www.childrenshospital.org/centers-and-services/programs/o-z/refugee-trauma-and-resilience-center-program/overview>
- Rosie's Place, <http://www.rosiesplace.org/>
- The Trauma Center at Justice Resource Institute, <http://www.traumacenter.org/>
- Worcester Refugee Assistance Project (WRAP), <http://www.worcesterrefugees.org/>
- YOU, Inc., <http://www.youinc.org/index.php>

National Resources:

- Academy on Violence & Abuse, <http://www.avahealth.org/>
- ACE Response, <http://www.aceresponse.org/>
- American Psychological Association, <http://www.apa.org/>
- Centers for Disease Control & Prevention (CDC) Adverse Childhood Experiences (ACE) Study Repository, <http://www.cdc.gov/violenceprevention/acestudy/>
- Center for Post-Trauma Wellness, <http://www.posttraumawellness.net/>
- Dart Center for Journalism & Trauma, <http://dartcenter.org/>
- Dave Baldwin's Trauma Pages (includes articles, resources, support links, etc.), <http://www.trauma-pages.com/>
- Foundation for Healthy Generations, <http://www.healthygen.org/>
- Futures Without Violence, <https://www.futureswithoutviolence.org/>
- Healing Justice Alliance, <http://www.healingjusticealliance.org/>
- The Institute on Trauma & Trauma-Informed Care, Buffalo Center for Social Research, University of Buffalo School of Social Work, <http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care.html>
- International Society for Traumatic Stress Studies, <https://www.istss.org/>
- Jobs with Justice, <http://www.jwj.org/>
- National Alliance on Mental Health, <https://www.nami.org/>
- National Center on Domestic Violence, Trauma, & Mental Health, <http://www.nationalcenterdvtraumamh.org/>
- National Center for PTSD, <http://www.ptsd.va.gov/>
- National Center for Trauma-Informed Care, <http://www.samhsa.gov/nctic>
- National Child Traumatic Stress Network, <http://www.nctsnetwork.org/>
- National Council for Behavioral Health, <http://www.thenationalcouncil.org/>
- National Crittenton Foundation, <http://nationalcrittenton.org/>
- National Domestic Violence Hotline, <http://www.thehotline.org/>
- National Eating Disorders Association, <http://www.nationaleatingdisorders.org/>
- National Network for Hospital-Based Violence Intervention Programs, <http://nnhvip.org/>
- National Suicide Prevention Lifeline, <http://www.suicidepreventionlifeline.org/>
- Prison Mindfulness Institute/ Prison Dharma Network, <http://www.prisonmindfulness.org/>
- Risking Connection, <http://www.riskingconnection.com/>
- Robert Wood Johnson Foundation, <http://www.rwjf.org/en/library/collections/aces.html>
- Sanctuary Institute, <http://andruscc.org/sanctuary-institute/>
- Screening for Mental Health, <https://mentalhealthscreening.org/>
- Substance Abuse & Mental Health Services Administration, <http://www.samhsa.gov/>
- Suicide Prevention Resource Center, <http://www.sprc.org/>
- The Trevor Project, <http://www.thetrevorproject.org/>
- Thomas Scattergood Behavioral Health Foundation, <http://www.scattergoodfoundation.org/>
- Trauma & Learning Policy Initiative, <http://traumasensitiveschools.org/>
- Treatment & Services Adaptation Center, <https://traumaawareschools.org/traumainSchools>
- YWCA/ find your local organization, http://www.ywca.org/site/c.cuIRJ7NTKrLaG/b.7527667/k.C931/Local_Associations/apps/kb/cs/contactsearch.asp

Trauma-Related Development Resources for Adult Advisors & Educators

New England-Based Resources:

- Center for Whole Communities, <http://wholecommunities.org/>
- Home Visitors Training on Trauma, Domestic/ Intimate Partner Violence, & Resilience, Boston Public Health Commission & Brigham & Women's Hospital, <https://www.surveymonkey.com/r/homevisitorsjune2016>
- Kripalu Center Center for Yoga & Health, <https://kripalu.org/>
- Lesley University Institute for Trauma Sensitivity Courses, <http://www.lesley.edu/center/special-education/impact-of-trauma-on-learning/>
- Omega Institute for Holistic Studies, <https://www.eomega.org/>

National Resources:

- Adverse Childhood Experiences (ACEs) Connection, <http://www.acesconnection.com/>
- ACEs in Education Group, ACEs Connection, <http://www.acesconnection.com/g/aces-in-education>
- Adult Education Research Conference, <http://newprairiepress.org/aerc/>
- American Association of Adult & Continuing Education, <http://www.aaace.org/>
- The Council of State Governments Justice Center, Higher Education & Re-Entry, <http://csgjusticecenter.org/reentry/publications/higher-education-and-reentry-the-gifts-they-bring/>
- Commission for Social Justice Educators, American College Personnel Association, <http://www.myacpa.org/commsje>
- Digital Pedagogy Lab, <http://www.digitalpedagogylab.com/>
- Hocking College, Creating Trauma-Informed & Military-Friendly Campus, <http://www.neomed.edu/academics/ohio-program-for-campus-safety-and-mental-health/military-culture.pdf>
- Mental Health First Aid (MHFA) Program, National Council for Behavioral Health, <http://www.mentalhealthfirstaid.org/cs/>
- The National Academic Advising Association (NACADA), <https://www.nacada.ksu.edu/>
- NACADA Advising Adult Learners Commission, <https://www.nacada.ksu.edu/Community/Commission-Interest-Groups/Advising-Specific-Populations-I/Advising-Adult-Learners-Commission.aspx>
- National Center on Safe, Supportive Learning Environments, American Institutes for Research and United States Department of Education, <http://safesupportivelearning.ed.gov/>
- National Council for Adult Learning, <http://www.ncalamerica.org/index.html>
- Sustaining the Soul that Serves, <http://sustainingthesoulthaterves.org/>
- Tools for Change, <http://toolsforchange.org/>
- Training for Change, <https://www.trainingforchange.org/>
- Trauma Informed and Equitable Approaches to Training Development and Implementation, Futures without Violence & Boston Public Health Commission, <http://www.futureswithoutviolence.org/trauma-informed-and-equitable-approaches-to-training-development-and-implementation/>
- Vitae, <https://chroniclevitae.com/>
- Wisconsin Department of Public Instruction Trauma-Sensitive Schools Learning Modules, <http://dpi.wi.gov/sspw/mental-health/trauma/modules>

Self-Care & Resilience Resources

Meditation & Relaxation:

- Dartmouth College Office of Health Promotion Relaxation Downloads Library, <https://www.dartmouth.edu/~healthed/relax/downloads.html>
- Everyday Zen, <http://www.everydayzen.org/>
- Hobart & William Smith Colleges' Relaxation Exercises, http://www.hws.edu/studentlife/counseling_relax.aspx
- The Activist's Ally from the Center for Contemplative Mind in Society, sample available at <http://www.contemplativemind.org/admin/wp-content/uploads/2012/09/Ally-sample.pdf>

Secondary & Vicarious Trauma:

- Compassion Fatigue Awareness Project, <http://www.compassionfatigue.org/>
- Headington Institute, <http://www.headington-institute.org/>
- Laura van Dernoot Lipsky's TED Talk "Beyond the Cliff," on secondary/ vicarious trauma, <http://traumastewardship.com/watch/#ted>
- Professional Quality of Life (ProQOL), Compassion Satisfaction, Compassion Fatigue and Professional Quality of Life tools, http://proqol.org/Home_Page.php
- ProQOL Measurement Scale, http://proqol.org/uploads/ProQOL_5_English.pdf
- Substance Abuse & Mental Health Services Administration (SAMHSA) Fact Sheet on Preventing Compassion Fatigue, http://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/preventing_suicide/preventing_compassion_fatigue.html
- SAMHSA "Tips for Disaster Responders: Understanding Compassion Fatigue," <http://store.samhsa.gov/shin/content/SMA14-4869/SMA14-4869.pdf>
- Secondary Traumatic Stress Fact Sheet, National Child Traumatic Stress Network, <http://www.nctsn.org/print/1342>
- Secondary Traumatic Stress Webinar, from Futures without Violence, The Maine Children's Initiative/Portland Defending Childhood, Maine Behavioral Healthcare, & Maine Children's Trauma Response Initiative, <http://www.futureswithoutviolence.org/secondary-traumatic-stress-workshop/>
- The Trauma Stewardship Institute (founded by Laura van Dernoot Lipsky), <http://traumastewardship.com/>

Self-Care Awareness Resources:

- Berry, J.O. (2012). My clients, my students, my patients, myself: Self-care advice for caring professionals. University of Oklahoma Health Sciences Center, College of Medicine. Available at https://www.ouhsc.edu/thecenter/products/documents/self-care_web.pdf
- Markham, L. Committing to radical self care. (2014, January 19). Psychology Today. Available <https://www.psychologytoday.com/blog/peaceful-parents-happy-kids/201401/committing-radical-self-care>
- Mindful Teachers, <http://www.mindfulteachers.org/>
- Self-Care Tips & Facts for Educators, National Child Traumatic Stress Network, http://www.nctsn.org/sites/default/files/assets/pdfs/CTTE_SelfCare.pdf

Understanding Racism, Poverty, Health, & Learning Resources

Articles & Papers:

- Bassett, M.T. (2015). Black lives matter — A challenge to the medical and public health communities. *New England Journal of Medicine*, 372(12), 1085-1087. Available at <http://www.nejm.org/doi/pdf/10.1056/NEJMp1500529>
- Coates, T. N. (2014). The case for reparations. *The Atlantic Monthly*. Available at <http://www.theatlantic.com/magazine/archive/2014/06/the-case-for-reparations/361631/>
- Harris, F. (2014, December 22). We can't afford to hold our breath. *Vitae*. Available at <https://chroniclevitae.com/news/842-we-can-t-afford-to-hold-our-breath>
- Harvard Public Health Review Editorial Board. (2015). Racism is a public health problem. *Harvard Public Health Review*. Available at <http://harvardpublichealthreview.org/hphr-editorial-racism-is-a-public-health-problem/>
- Khazan, O. (2015, September 14). When you can't afford sleep. *The Atlantic*. <http://www.theatlantic.com/health/archive/2014/09/when-you-cant-afford-sleep/380128/>
- Rockquomore, K. (2015, May 6). Radical self care: Kerry Ann Rockquomore offers advice for faculty members feeling exhausted by racial battle fatigue. *Inside Higher Ed*. Available at <https://www.insidehighered.com/advice/2015/05/06/essay-how-faculty-members-can-keep-focused-amid-so-much-disturbing-news>
- Smedley, B. (2012). The lived experience of race and its health consequences. *American Journal of Public Health*, 102(5), 933-935. Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3483928/>
- Silverstein, J. (2013, March 12). How racism is bad for our bodies. *The Atlantic*. Available at <http://www.theatlantic.com/health/archive/2013/03/how-racism-is-bad-for-our-bodies/273911/>
- Silverstein, J. (2015, April 13). Genes don't cause racial health disparities — society does. *The Atlantic*. Available at <http://www.theatlantic.com/health/archive/2015/04/genes-dont-cause-racial-health-disparities-society-does/389637/>

Videos & Radio Clips:

- Alice Goffman's TED Talk, "How We're Priming Some Kids for College — and Others for Prison," https://www.ted.com/talks/alice_goffman_college_or_prison_two_destinies_one_blatant_injustice?language=en
- Fresh Air with Terry Gross episode, "Historian Says Don't Sanitize How our Government Created the Ghettos," <http://www.npr.org/2015/05/14/406699264/historian-says-dont-sanitize-how-our-government-created-the-ghettos>
- Michelle Alexander's TED Talk, "The Future of Race in America," <http://tedxtalks.ted.com/video/The-future-of-race-in-America-M>
- "Raising of America" documentary series by California Newsreel, <http://www.raisingofamerica.org/>

- “Unnatural Causes” documentary series by California Newsreel, <http://www.unnaturalcauses.org/>

Websites:

- Facing History & Ourselves, <https://www.facinghistory.org/educator-resources>
- Project Implicit, Harvard University, <https://implicit.harvard.edu/implicit/takeatest.html>
- “Speak Up: Responding to Everyday Bigotry” guide, Southern Poverty Law Center, https://www.splcenter.org/sites/default/files/d6_legacy_files/downloads/publication/splcspeak_up_handbook_0.pdf

Understanding Trauma & Resilience Resources

Articles & Papers:

*Centers for Disease Control & Prevention Repository of Adverse Childhood Experiences (ACE) Study articles, available at <https://www.cdc.gov/violenceprevention/acestudy/journal.html>

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Anderson, J. & Blosnich, J. (2013). Disparities in adverse childhood experiences among sexual minority and heterosexual adults: Results from a multi-state probability-based sample. *PLOS ONE*, 8, e54691. Retrieved from: <http://www.plosone.org/article/info:doi/10.1371/journal.pone.0054691>

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Konnikova, M. (2016, February 11). How people learn to become resilient. *The New Yorker*. Available at http://www.newyorker.com/science/maria-konnikova/the-secret-formula-for-resilience?mbid=nl_160211_Daily&CNDID=14787643&spMailingID=8536128&spUserID=MTA5MjM5ODQyMDQ2S0&spJobID=861189416&spReportId=ODYxMTg5NDE2S0

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Waite, R. & Shewokis, PA. (2012). Childhood trauma and self-reported depression. *Journal of the Association of Black Nursing Faculty in Higher Education*, 23, 8-13. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/23387107>

Fact Sheets:

- National Institute of Corrections, Addressing Trauma Among Incarcerated People, <http://community.nicic.gov/blogs/mentalhealth/archive/2012/10/05/addressing-trauma-among-incarcerated-people.aspx>
- Substance Abuse & Mental Health Services Administration (SAMHSA) Fact Sheet on Historical Trauma, <http://mha.ohio.gov/Portals/0/assets/Initiatives/TIC/General/Historical%20Trauma%20SAMHSAs%20Gains%20Center.pdf>
- SAMHSA Fact Sheet on Types of Trauma, <http://www.samhsa.gov/trauma-violence/types>

Videos, Radio Clips, & Webinars:

- Borrowing for College: Exploring the Connection between Student Loan Debt and Health Webinar, The Network for Public Health Law, https://www.networkforphl.org/webinars/2015/06/09/643/borrowing_for_college_exploring_the_connection_between_student_loan_debt_and_health
- Center on the Developing Child, Harvard University, Key Concept Videos on Brain Architecture, Toxic Stress, Resilience, Serve and Return, & Executive Function and Self Regulation. Available at <http://developingchild.harvard.edu/science/key-concepts/>
- Complex Trauma, video by Spokane County Community Network, <https://www.youtube.com/watch?v=A1vbSSQJOHW>
- Curtis, M. E. (2014). Dr. Mary E. Curtis of Lesley Center for Special Education discusses trauma-sensitive professional development for educators. Helping Traumatized Children Learn. Available at <http://traumasensitiveschools.org/video-mary-curtis-creating-advocating-trauma-sensitive-schools/>
- Mitigating Childhood Trauma in Indian Country: Community & Policy-Level Recommendations Webinar, Futures without Violence & National Native Children's Trauma Center, <http://www.futureswithoutviolence.org/mitigating-childhood-trauma-in-indian-country-community-and-policy-level-recommendations/>
- Nadine Burke Harris' TED Talk, "How Childhood Trauma Affects Health Across a Lifetime," https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en
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- National Council on Behavioral Health Webinar Archive on trauma-related topics, <http://www.thenationalcouncil.org/events-and-training/webinars/webinar-archive/>
- Starecheski, L. (2015). This is your stressed out brain on scarcity. Shots Health News, National Public Radio. Available at <http://www.npr.org/sections/health-shots/2014/07/14/330434597/this-is-your-stressed-out-brain-on-scarcity>
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- Wiping the Tears of Seven Generations, <https://www.youtube.com/watch?v=XvBcMbKEp40>
- Wisconsin Department of Public Instruction Trauma E-Resources Library. Available at <http://dpi.wi.gov/sspw/mental-health/trauma/e-resources>

Recommended Reading for Adult Advisors & Educators

Books:

- Alexander, M. (2010). *The new Jim Crow: Mass incarceration in a time of color blindness*. New York, NY: The New Press.
- Angelo, T. A. & Cross, K. P. (1993). *Classroom assessment techniques: A handbook for college teachers*. San Francisco, CA: Jossey-Bass, Inc.
- Araujo Freire, A.M., Freire, P., & Macedo, D.P. (1998). *The Paulo Freire reader*. New York, NY: Continuum International Publishing Group.
- Bloom, S. & Farragher, B. (2010). *Destroying sanctuary: The crisis in human service delivery systems (1st ed.)*. Oxford, UK: Oxford Press.
- Bloom, S. & Reichert, M. (1998). *Bearing witness: Violence and collective responsibility*. New York, NY: Routledge.
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- Brookfield, S. (1987). *Developing critical thinkers: Challenging adults to explore alternative ways of thinking and acting*. San Francisco, CA: Jossey-Bass.
- Davis, A.Y. (1981). *Women, race, and class*. New York, NY: Random House, Inc.
- Davis, A.Y. (2003). *Are prisons obsolete?* New York, NY: Seven Stories Press.
- DeSalvo, L. (1999). *Writing as a way of healing: How telling stories transforms our lives*. Boston, MA: Beacon Press.
- Edwards, D., Bush, M., Vega-Frey, J. M. Duerr, M., Horowitz, C., Sackey, Milligan, R., & Bergman, C. (2011). *The activist's ally: Contemplative tools for social change*. Northampton, MA: The Center for Contemplative Mind In Society.
- Ehrenreich, B. (2001). *Nickel and dimed: On (not) getting by in America*. New York, NY: Henry Holt & Company, LLC.
- Gellert, G. (2010). *Confronting violence: Answering questions about the epidemic destroying America's homes and communities*. Washington, DC: American Public Health Association.
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- Haley, A. & Malcolm X. (1964). *The autobiography of Malcolm X as told to Alex Haley*. New York, NY: Ballantine Books.
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- hooks, b. (1994). *Teaching to transgress: Education as the practice of freedom*. New York, NY: Routledge.
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- Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. Boston, MA: Hachette Book Group.
- Karr-Morse, R. (2012). *Scared sick: The role of childhood trauma in adult disease*. New York, NY: Basic Books.
- Kozol, J. (1995). *Amazing grace: The lives of children and the conscience of a nation*. New York, NY: Random House, Inc.
- Lamb, W. (2008). *The hour I first believed*. New York, NY: Harper Collins.
- Lubiano, W. (ed). (1997). *The house that race built: Black Americans, U.S. terrain*. New York, NY: Pantheon Books.
- Marmot, M. (2015). *The health gap: The challenge of an unequal world*. New York, NY: Bloomsbury Press.
- Nakazawa, D. J. (2015). *Childhood disrupted: How your biography becomes your biology, and how you can heal*. New York, NY: Atria Books.
- O'Reilly, M. R. (1998). *Radical presence: Teaching as contemplative practices*. Portsmouth, NH: Heineman Publishing.
- Patterson, O. (1982). *Slavery and social death: A comparative study (1st ed.)*. Cambridge, MA: Harvard University Press.
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- Tehrani, N. et al. (2010). *Managing trauma in the workplace: Supporting workers and organizations*. New York: NY: Routledge.
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Journals:

- Adult Education Quarterly, <http://aeq.sagepub.com/>
- Adult Learning, <http://alx.sagepub.com/>
- Hybrid Pedagogy: A Digital Journal of Learning, Teaching, & Technology, <http://www.digitalpedagogylab.com/hybridped/>
- Journal of Transformative Education, <http://jtd.sagepub.com/>
- Family & Intimate Partner Violence Quarterly, <http://www.civicrosearchinstitute.com/fipv.html>
- Journal of Aggression, Conflict and Peace Research, <http://www.emeraldgrouppublishing.com/JACPR.htm>
- Journal of Contemplative Inquiry, <http://www.contemplativemind.org/journal>
- Journal of Family Violence, <http://link.springer.com/journal/10896>
- Journal of Interpersonal Violence, <http://jiv.sagepub.com/>
- Journal of Loss and Trauma, <http://www.tandfonline.com/toc/upil20/current>
- Journal of Traumatic Stress, [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)1573-6598](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1573-6598)
- PTSD Research Quarterly, <http://www.ptsd.va.gov/professional/publications/ptsd-rq.asp>
- Violence Against Women, <http://vaw.sagepub.com/>

Peer-Reviewed Articles & Papers:

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- Duncan-Andrade, J.M.R. (2009). Note to educators: hope required when growing roses in concrete. *Harvard Educational Review*, 79(2), 1-13. Available at http://www.unco.edu/cebs/diversity/pdfs/duncan_note%20to%20educators_%20hope%20required%20when%20growing%20roses%20in%20concrete.pdf
- Elliott, A., & Williams, P. (Eds.). (1995). *Isolating the barriers and strategies for prevention: A kit about violence and women's education for adult educators and adult learners*. Toronto, Canada: Canadian Congress for Learning Opportunities for Women. Available at <http://www.nald.ca/cclow.htm>
- Fishback, S.J., Shea, K.P., & Clark, M.L. (2014, June 29). *Impact of combat experiences on veteran students in adult learning environments: Two research perspectives*. Paper presented at Adult Education Research Conference, Paper 30. Available at <http://newprairiepress.org/aerc/2014/papers/30>
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- Gordon, D. (2011). Trauma and second language learning among Laotian refugees. *Journal of Southeast Asian American Education & Advancement*, 6(13). Available at <http://docs.lib.purdue.edu/cgi/viewcontent.cgi?article=1029&context=jsaaea>
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- Hirshberg, D. & Erickson, D. (2007, September 28). *Resources and resilience: An assets based examination of native student success*. Paper presented at Adult Education Research Conference, Paper 48. Available at <http://newprairiepress.org/aerc/2007/papers/48>
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- Magro, K. (2004, July 14). *Researching adult literacy learners' lives: Journeys of trauma toward transformation*. Paper presented at Adult Education Research Conference, Paper 47. Available at <http://newprairiepress.org/aerc/2004/papers/47>
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- Moquin, H. (2007, October 23). *Postcolonial reflections on research in an Inuit community*. Paper presented at Adult Education Research Conference, Paper 73. Available at <http://newprairiepress.org/aerc/2007/papers/73>
- Naughton, D. & Schied, F.M. (2012, June 1). *Darkness visible: A consideration of alternative directions and outcomes of transformative learning theory, teaching and practice*. Paper presented at Adult Education Research Conference, Paper 1. Available at <http://newprairiepress.org/aerc/2012/symposia/1>
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- Schiffman, T. (2014, April 29). How trauma impacts the brain of the adult learner. Schiffman Curriculum Design & Training. Available at <http://www.tracyschiffmann.com/2014/04/how-trauma-impacts-the-brain-of-the-adult-learner/>

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Reports:

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