

GUIDE TO

Trauma-Informed Pedagogy

Common Traumas

- **Shock Trauma** acute or chronic exposure to stressful or dangerous events (e.g. accidents, war, abuse, sudden death, surgery, sexual violence, natural disasters).
- **Developmental Trauma** occurs over time within the context of close relationships, particularly during childhood (e.g. neglect, abuse, separation, attachment disorders, lack of emotional attunement or nurturing).
- **Collective Trauma** stressful or dangerous events that affect an entire community (e.g. systemic racism, slavery, genocide, wars, pandemics).
- **Intergenerational or Historical Trauma** traumas passed on to future generations in the form of conditioned beliefs and epigenetic processes regulating mental health. Typically associated with collective traumas.

Trauma refers to experiences that overwhelm ordinary systems of care that give people a sense of agency and control. Feelings of terror, confusion, violation, and/or powerlessness are typical. When one experiences trauma, one's nervous system is pushed beyond its capacity to self-regulate. Traumatic events can be short unexpected ordeals, or they may be continuous systemic distressing experiences.

People who have experienced trauma are at risk of re-traumatization, the return of trauma-related thoughts and feelings when exposed to triggering people, situations, and/or environments. Even when not triggered, traumatized people commonly experience ongoing heightened nervous system activity typically manifested as hypervigilance or a feeling of being "on guard."

Trauma directly affects the brain, including the prefrontal cortex which is key to reasoning, problem solving, comprehension, impulse control, creativity, and perseverance. Students exposed to trauma are, understandably, more likely to struggle with their studies and potentially drop out. Trauma-informed teaching and learning aims to mitigate these effects.

70%

of adults in the US have experienced at least one traumatic event in their lives. College students reporting lifetime exposure to one or more traumatic events (depending on how the questions are asked), ranges from 66–94%.

Understanding trauma-informed pedagogy

- **Trauma symptoms vary widely** and can include addiction, anxiety, avoidance, confusion, denial, depression, dissociation, eating disorders, feeling disconnected or numb, hypervigilance, low-tolerance for conflict, mood swings, difficulty sleeping, difficulty concentrating, memory loss, guilt, shame, suicidal ideation, self-harm, and uncontrolled anger.
- **Know the difference between providing trauma services and being trauma-informed.** Counselors and other professionals have expertise in working with trauma provide trauma services. Trauma-informed pedagogy requires one to understand the effects of trauma on students and educators. This understanding then informs policies and practices to minimize or possibly prevent (re)traumatization while promoting resilience and growth.
- **Trauma-informed pedagogy does NOT mean:** that you should avoid teaching sensitive topics; that students won't experience distress or even retraumatization; that you should lower your standards of excellence; or that all students will successfully complete the course.
- **Trauma-informed pedagogy aims to balance** the educational mission with the reality that students need help dealing with trauma.

Trauma-informed pedagogy tips and reminders

- **Traumatized students may have difficulty tracking changes in the course structure,** understanding complex directions, prioritizing assignments, managing their time, engaging with the materials, and/or retaining knowledge. Mitigate these difficulties by providing precise directions and a structured, predictable, and consistent learning environment.
- **Maintain clear, firm, and compassionate boundaries.**
- **Empower students by creating an inclusive and student-centered classroom.** Develop meaningful relationships with students. Review MSU's Guide to Inclusive Teaching for more information.
- **Consider syllabus language that encourages students to practice self-care and well-being.** Talk with students about the importance of good nutrition and adequate sleep for solid academic performance.
- **Compile a list of campus and community resources** (e.g. mental health services, the Dean of Students office, veterans services, academic support resources, disabilities services) that you share visibly and often.
- **Provide content notices in advance of assigning or reviewing sensitive material.**
- **Avoid using scolding, sarcastic, or defensive language that might activate emotional defenses.**

Commit to Ongoing Learning about Trauma and Trauma-Informed Pedagogy

- Read up on [adverse childhood experiences \(ACEs\)](#). The 10-question ACEs quiz is easily found online.
- Review the CDC's [6 Guiding Principles of Trauma-Informed Care](#).
- Review the resources on Janice Carello's website, [Trauma-Informed Teaching & Learning](#).
- Read Philip Riley's *Attachment Theory and the Teacher-Student Relationship: A Practical Guide for Teachers, Teacher Educators and School Leaders*.
- Read Resmaa Menakem's *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies*.
- Read [Secondary Trauma in the Workplace: Tools for Awareness, Self-Care, and Organizational Response in Montana](#).
- Read Laura van Dernoot Lipsky's *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others and the Age of Overwhelm*.

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