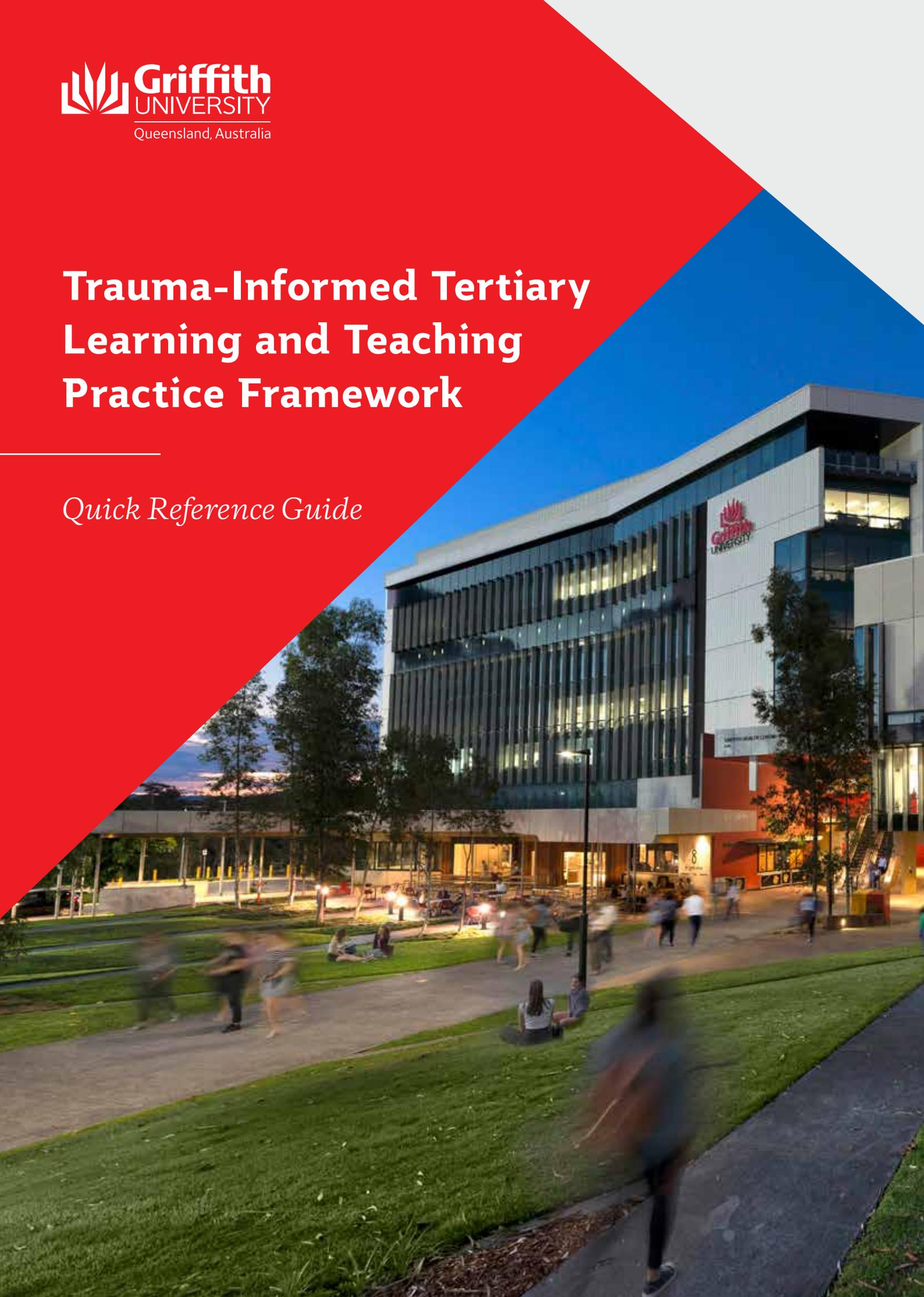


# Trauma-Informed Tertiary Learning and Teaching Practice Framework

*Quick Reference Guide*





# Glossary

**Complex trauma:** “Traumatic events that are chronic, interpersonal, and occur within the context of caregiving relationships; the term also describes the pattern of symptoms associated with such experiences” (Kliethermes, Schacht, & Drewry, 2014, p. 339).

**Burnout:** The cumulative effect of exposure to another’s trauma that results in “feelings of hopelessness and difficulties in dealing with work or in doing one’s job effectively and that the feelings usually have a gradual onset and reflect the feeling that one’s efforts make no difference. Burnout is different from compassion fatigue in that secondary symptoms of PTSD are not present” (Craig & Sprang, 2010, p. 322).

**Compassion fatigue:** Loss of empathy for, and frustration with, clients from the effects of hearing about another’s trauma, and fatigue from not being able to help a traumatised person.

**Re-traumatisation:** A sense of reliving the traumatic event triggered by reminders including feeling numb, having negative thoughts and mood, and feeling agitated or wound up (American Psychiatric Association, 2013).

**Secondary Traumatic Stress:** Symptoms of intrusion, avoidance and hyper-arousal from working with survivors of trauma when listening to graphic descriptions of events such as child abuse, violence and sexual assault.

**Trauma:** “Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being” (Substance Abuse and Mental Health Services Administration [SAMSHA], 2012, p. 2).

**Traumatisation:** Very frightening or distressing (that is, traumatic) events that result in temporary or prolonged reactions “that move from acute symptoms to more severe, prolonged, or enduring mental health consequences (e.g., posttraumatic stress and other anxiety disorders, substance use and mood disorders) and medical problems (e.g., arthritis, headaches, chronic pain)” (SAMSHA, 2014, p. 7).

**Vicarious trauma:** “Literature often uses the terms “secondary trauma,” “compassion fatigue,” and “vicarious traumatization” interchangeably. Although compassion fatigue and secondary trauma refer to similar physical, psychological, and cognitive changes and symptoms that behavioral health workers may encounter when they work specifically with clients who have histories of trauma, vicarious trauma usually refers more explicitly to specific cognitive changes, such as in worldview and sense of self” (SAMSHA, 2014, p. xviii).



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# Principles underpinning the Trauma-Informed Tertiary Learning and Teaching Practice Framework

The trauma-informed approach, whether in service delivery or educational settings, is premised on the following assumptions:

- Realization, at all levels of the organisation, about trauma and how it can affect individuals, families, groups, organisations and communities.
- Recognition of the signs of trauma.
- Response through application of a trauma Informed approach.
- Resistance of traumatisation. (US Department of Health and Human Services, 2014, pp. 9-10)

These assumptions, referred to as the four “Rs”, need to be supported with guiding principles (US Department of Health and Human Services, 2014). Carello and Butler (2014) propose the following key principles<sup>1</sup> be adopted in a trauma-informed approach to learning and teaching in higher education:

- a. Identify learning as the primary goal and student safety as a necessary condition for it.
- b. Recognize that many students have trauma histories that may make them vulnerable to exploitation by authority figures and highly susceptible to symptom recrudescence, and integrate that knowledge into your educational practice.
- c. Be prepared to provide referrals to your institution’s counselling services or emergency care if needed.
- d. Appreciate how a trauma history may impact your students’ academic performance, even without trauma being a topic in the classroom.
- e. Become familiar with the scientific research on trauma, re-traumatisation, and secondary traumatisation, and note the serious psychosocial and educational sequelae associated with each.
- f. Become familiar with the clinical literature on traumatic transference and countertransference to better understand your students and your own reactions to traumatic material.
- g. Understand the limitations and potential pitfalls of generalising laboratory research to other contexts.
- h. Check any assumptions that trauma is good (or even romantic), even though some good may be found by those who successfully adapt to the fallout of such experiences. (pp. 163-164)

As Carello and Butler (2014) note: “Trauma experiences are useful when they provide learning and promote the development of resilience; however, the intent of the last point (h, above) is that educators do not deliberately attempt to ‘provoke’ trauma as a teaching strategy based on the misguided notion of trauma experiences being good or romantic” (p. 164). Educators can, nevertheless, promote stress inoculation among students by gradually introducing more challenging materials into their courses utilising what has been referred to as a crawl-run-walk approach (LaPorta et al., 2017). Educators can also support post-traumatic growth among students who have experienced childhood adversity by acknowledging past difficulties and helping students build coping skills (Li, Cao, Cao, & Liu, 2015).

<sup>1</sup> Carello and Butler (2014) note the key principles they suggest are inspired by the work of Harris and Fallot, 2001, and Elliot, Bjelac, Fallot, Markoff, and Reed, 2005.

# Trauma-Informed Tertiary Learning and Teaching Practice Framework

The Trauma-Informed Tertiary Learning and Teaching Practice Framework identifies multiple interdependent components underpinned by trauma-informed care principles. The interdependent components are:

- **Student Characteristics:** Students' past and current experiences in tertiary education, their personal trauma histories, mental health issues and current life challenges place some students at elevated risk of trauma.
- **Course Content:** Course content has the potential to traumatise, retraumatise or vicariously traumatise students and needs to be introduced into the classroom using principles of trauma-informed care.
- **Assessment Requirements and Policies:** As with Course Content, assessment tasks may have the potential to disturb or distress students.
- **Educator Behaviour:** Educators' behaviours in the classroom (intentional and inadvertent) may be activating for students.
- **Student Behaviour:** Some student behaviours may be activating for other students and need to be planned for or managed.
- **Classroom and Field Placement Characteristics:** Features of the classroom, classroom behaviour, or Field Placement Characteristics may be activating for some students or expose them to traumatic material.
- **Self-Care and Collective-Care:** Trauma can impact on students, educators, and educational institutions therefore requiring self-care and care for others by all involved to help minimise these impacts (Carello & Butler, 2015; Cless & Nelson Goff, 2017; Davidson, n.d.).

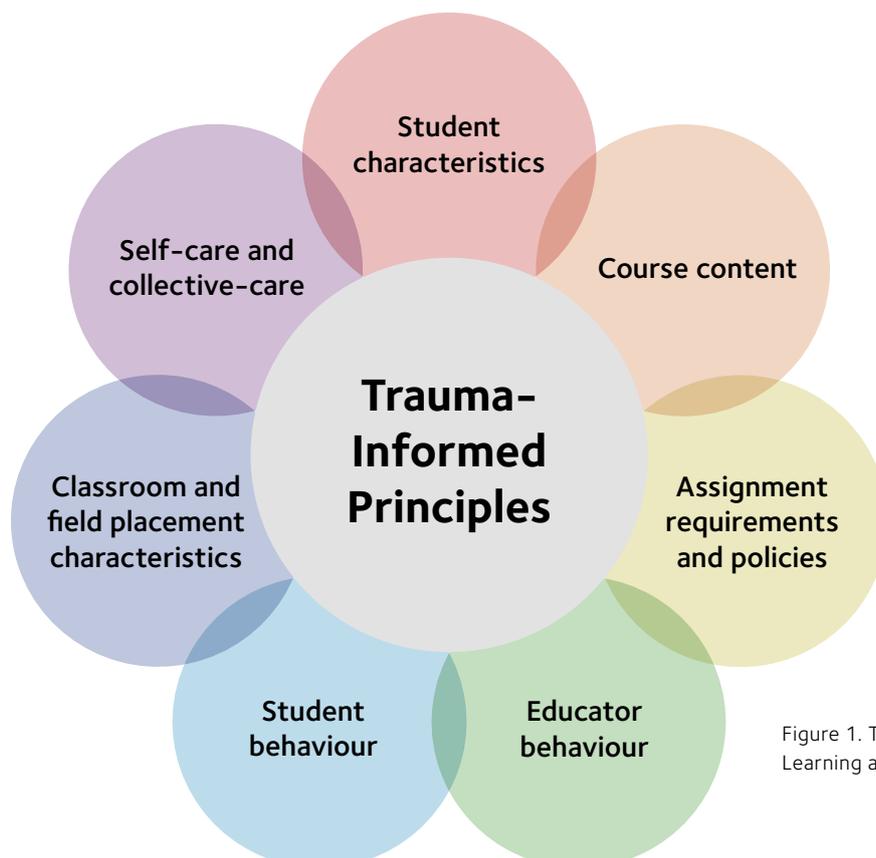


Figure 1. Trauma-Informed Tertiary Learning and Teaching Framework

# Student Characteristics

## **Introduction**

The prevalence of trauma among higher education students is well documented (Shalka, 2019). Carello and Butler (2015) note “high rates of trauma histories (66%–85%), posttraumatic stress disorder (9%–12%), and other past event–related distress” among college students in the United States, putting students at substantial risk of re-traumatisation and vicarious trauma (p. 153). Given that 57% of the Australian population is reported to have a lifetime prevalence of trauma (Rosenman, 2002), it is highly likely that local students similarly face risk of re-traumatisation and vicarious trauma through exposure to course content, assessment requirements, experiences in the classroom and while on placement. Some students with histories of trauma, particularly childhood sexual assault, experience continuing psychological distress which can render them liable to not completing higher education. Attention to risk and protective factors in exposure to, and healing from, trauma, along with provision of supports and services when needed, can reduce attrition rates, help students achieve academically and improve their life trajectory (Hardner, Wolf, & Rinfrette, 2018).

## **Learning and Teaching Strategies**

While externalised behaviour can be challenging for teaching staff and other students, internalised behaviours can be equally indicative that a student is becoming distressed (see Student Behaviour). Where an educator is concerned that a student may be experiencing distress during learning activities, the following responses may be helpful:

### **Responding to students in distress**

*Conduct discussions or correspondence privately with the student*

- This is more conducive to student disclosure and will minimise embarrassment and defensiveness. It will also allow an increased understanding of what difficult issues the student is experiencing.
- 1. Express your concern**
    - In a compassionate manner, discuss your observations using non-judgmental terms and express your reasons. Describe the behaviours that give you cause for concern. For example, “I’ve noticed you’ve been absent from class lately and I’m concerned” Or ask, “Are you okay?”
  - 2. Listen**
    - Listen carefully to what the student says, remain calm and genuinely try to understand the student’s situation, without agreeing or disagreeing.
    - Be open minded and avoid being critical or appearing judgemental.
  - 3. Give hope and offer support**
    - Restate the student’s response to check your own understanding of the issue.
    - Advise students that support is available for them and support them to identify options for action including extensions, withdrawal, or assistance from a health care provider.
    - Refer students to support services e.g. Counselling and Wellbeing, GP, or other health care provider.



# Course Content

## ***Introduction***

Course content has the potential to traumatise, retraumatise or vicariously traumatise students (Carello & Butler, 2015). Those with their own experiences of trauma are more likely to be negatively affected, particularly if adverse events occurred in childhood. Yet, even among the latter group of students, exposure to potentially distressing content can lead to personal growth and resolution of problems. Students can feel validated engaging with content reminiscent of their experience and develop a sense of competence. Integration of their own trauma experience through critical reflection may also help students become more informed practitioners (Zosky, 2013). The diversity of possible responses to challenging course content makes it essential that educators consider curriculum preparation and presentation and monitor student reactions.

## ***Learning and Teaching Strategies***

### **Preparing curriculum content**

Questions to consider while preparing curriculum content include:

- What are my goals as an educator in using this material or this activity?
- Is this the best way to achieve the learning outcomes for the topic/course?
- Is it possible, considering my cohort, that some students could be shocked or disturbed by this content?
- If so, is this content still needed? Why?
- Will these materials or activities prepare students for practice? If so, how?
- How will I manage students who are distressed during or after the content is presented?

### **Developing safety in the classroom**

- Provide clear course structure and content:
  - Advise students about content with clear course overviews and weekly topic outlines where possible. In simulations, not informing learners in advance of what they will encounter in a simulation mirrors the real world of practice and enhances learning, enabling students to gain a sense of capability to manage practice situations.
  - Identify the topics that will be discussed in the following class to prepare students for course progression.
  - Send announcements or emails to identify upcoming topics and acknowledge increasing “intensity” in course content and progression.
- Vary the intensity of materials in each class/topic of a course.
- Screen visual and aural materials prior to making them available to students and allow students to access educational tools in their own time, in a place of their choosing e.g. at home.
- Clarify the expectations for participation and attendance in class.
- Provide information on self-care and care for others (see Self-Care and Collective Care).
- Check in with students whose non-attendance or non-completion of assessment items suggests they may have disengaged from course content.
- Undertake regular verbal check-ins about how students are doing emotionally.
- Demonstrate respect for limits by allowing students to make the choice to not participate in



# Assessment Requirements and Policies

## ***Introduction***

Assessment is integral to learning and central in students' experiences of higher education. It is also potentially stressful, particularly in relation to performance anxiety, which is not equally prevalent among students (see 'Student Characteristics'). Undertaken through a variety of approaches, strategies and techniques, assessment is heavily influenced by the requirements of the discipline and the individual educator's philosophy of teaching, their values and beliefs. Deep learning is encouraged through authentic assessment in which students apply their skills and knowledge to 'real-life' situations, thereby bridging theory with practice. Learning journals, portfolios and critical reflection components in written assignments are often used to gauge the depth of student learning. Each of these asks that students express their own reactions to course content and/or discuss their own experience, which, among some students, heightens anxiety. Group-work, commonly used in higher education, can be very challenging for some students, particularly those who have had negative social interactions. Meaningful participation therefore needs to be supported with consideration for member selection and assessment of individuals within the group. As much assessment is now conducted online, it can be more difficult to gauge student reactions to assessment items (Conrad, Openo, & Open Access Publishing in European, 2018). Educators need to create a safe learning environment where students are comfortable expressing their opinions and sharing experiences in assessment items and associated activities (Helm, 2009).

## ***Learning and Teaching Strategies***

### **Assessment policies**

Ensure:

- Familiarity with assessment policies and work within those parameters. Refer to the Assessment Policy and related documents identified in the Assessment Policy (Griffith University, 2019) accessed via this link [policies.griffith.edu.au/pdf/Assessment%20Policy.pdf](https://policies.griffith.edu.au/pdf/Assessment%20Policy.pdf).
- Familiarity with the Special Consideration policy in relation to assessment submissions. Refer to the Griffith University webpage for more information via this link [griffith.edu.au/students/assessment-exams-grades/special-consideration](https://griffith.edu.au/students/assessment-exams-grades/special-consideration). Students can apply for Special Consideration if their performance in an assessment item was seriously affected or they felt disadvantaged when the assessment item was attempted.
- The Course Profile has flexibility built into assessment items. For example, choice of assessment item topics/case studies, or consider a "late-day" policy to give students extra time to complete a task without fear of a penalty or feeling they have to find an excuse (Carello & Butler, 2015).
- Assignments are suitable for the student year level. Consult Program Directors and Curriculum Advisors as appropriate.

### **Assessment tasks**

Consider:

- Using student feedback from SET/SECs in the design of assessment tasks, when appropriate.
- Checking that learning outcomes and assessment items do not promote undue self-exposure.
- Providing options for re-weighting of assessments items. For example, six assessments may be set for a trimester, but students could be advised that only the best four marks will

contribute to their final result. Students who have been absent or unwell will therefore have some choice about what and how many assignments they submit. Consult with Program Directors and Curriculum Advisors.

- Allowing students who are anxious about making presentations in front of others to video-record presentations to be assessed or make a one-to-one presentations to assessors (ADCET, n.d.).
- That some students may need extra time in examinations or require a separate room free from the distractions which may contribute to anxiety or trigger panic attacks. Take-home examinations may be an option for these students (ADCET, n.d.) and students can be referred to Disability Services, Griffith University for support with reasonable adjustments to exams (or other assessment items). For further information, refer to this link [griffith.edu.au/student-services/diversity-inclusion/transition-and-disabilities](http://griffith.edu.au/student-services/diversity-inclusion/transition-and-disabilities).
- Keeping instructions and sentences short within examination questions. Questions using bullet points, lists or distinct parts are more likely to be followed and correctly interpreted by students, particularly if they are anxious (ADCET, n.d.).
- That students with memory loss, reduced attention span or deficiencies in short-term memory will have difficulty with multiple-choice questions. Short-answer questions will better test their knowledge (ADCET, n.d.).
- Providing practice exams (including exam conditions) where possible.
- Where student trauma impacts on ability to complete assessments, postponing assessments for students experiencing a severe episode of a mental health condition (ADCET, n.d.). If the cut-off date for withdrawal without fail has passed, students should be counselled to seek advice from Disability Services, Griffith University, regarding their situation ([griffith.edu.au/student-services/diversity-inclusion/transition-and-disabilities](http://griffith.edu.au/student-services/diversity-inclusion/transition-and-disabilities)).
- If assessment items do require personal disclosure, examine the rationale and ensure the task is connected to course learning objectives and the marking criteria so that it is clear that disclosures are related to course content and assessment task (refer to 'Course Content: Preparing Curriculum Content').
- Communicating what content will be considered within the assessment tasks and the level of intensity to students early in the course. Ensure students are aware of support services if they find course content or assessment tasks emotionally or psychologically challenging (Cless & Nelson Goff, 2017). For example, counselling services via Student Services, Griffith University.
- Having an option for students to choose an alternative assignment task (Carello & Butler, 2015) or include choice for students within the assessment tasks in the early parts of programs. For example, students could be given a choice of case scenario in an assignment or an alternative to groupwork, though this would not be appropriate late in a program where the ability to collaborate effectively with colleagues is a required outcome.
- Reminding students that the Discussion Board is public to other students. As comments can be potentially distressing for others, they should limit personal disclosures. NB: posts can be removed by Course Convenors, however, there is no way to control subsequent disclosures of that material e.g. via screenshots posted elsewhere.
- The option of drafts to be reviewed for ungraded feedback as a means of capturing concerns early (Carello & Butler, 2015).
- Ensuring students' reactivity is monitored and that educators, including tutors, are alert to any signs of distress (e.g. within email content, classroom behaviours, or the content of assessments). Be prepared to refer students to counselling services within the university if necessary (Carello & Butler, 2014; Cless & Nelson Goff, 2017).



# Educator Behaviour

## ***Introduction***

Trauma informed teaching requires that educators have content knowledge, self-awareness and facilitation skills. It is also important that educators embrace a culture of trauma-informed care, rooted in practice principles of safety, trustworthiness, choice, collaboration, and empowerment (Black, 2006; Cless & Nelson Goff, 2017; Davidson, n.d.; Harris & Fallo, 2001; Harrison, 2018). Engaging in ongoing self-reflexivity will assist the educator to understand how their own worldview, experiences and perceptions impacts on student-teacher interactions and how this may affect students' educational experiences and outcomes. Higher education is a stressful experience often undertaken while students face additional psychosocial and environmental stressors. The educator's ability to recognise early indicators that a student is struggling, to appropriately approach students and establish good teacher-student relationships, can be instrumental in positive student outcomes (Mazza, 2015). The educator's behaviour also helps to ensure that students feel safe in the classroom (see Classroom Characteristics and Field Placement).

## ***Learning and Teaching Strategies***

### **Educators may consider:**

- The personal characteristics that define their social position and privilege. For example: ethnicity; age; socio-economic status; education history; gender; sexuality; (dis)ability status; marital status; and parental status. How do these provide privilege and/or how do they marginalise or result in disadvantage?
- Their own family history and how this intersects with and has influenced personal characteristics, childhood and maturation experiences. What has been learned from these experiences? How might family history lead to marginalisation or disadvantage? How might it confer power?
- What life experiences may influence noticing or responding to trauma?
- How does professional discipline frame trauma? Social and individual responsibility? What constitutes "evidence" in the specific discipline? How does this impact on the lens with which the educator views students, student behaviour and student learning?

### **Educators may also:**

- Work towards creating a teaching environment where team teaching can be supported that includes mechanisms where educators can respond to students after the teacher has had time to reflect. This will support minimising the risk of binary approaches to trauma (that is, what 'is' or 'is not' trauma) and minimise the risk of educators delegitimising students' perspective of trauma.
- Engage with peers and senior colleagues to debrief from experiences and to engage with Employee Assistance Programs for support if required. Further information is available via this link [griffith.edu.au/student-staff/health-safety-wellbeing/wellbeing/healthy-minds/staff-counselling-program](http://griffith.edu.au/student-staff/health-safety-wellbeing/wellbeing/healthy-minds/staff-counselling-program).
- Develop their skills in facilitation via the Learning and Teaching Capabilities Tool and workshops. Information regarding professional development opportunities through Griffith University Learning Futures is available via this link [griffith.edu.au/learning-futures](http://griffith.edu.au/learning-futures).



# Student Behaviour

## ***Introduction***

The experiences students bring to the classroom or to placement may lead to behaviours that compromise engagement in learning and adversely affect classroom dynamics and performance. These behaviours can occur in response to trauma, vicarious trauma or re-traumatisation and may be internalised or externalised. Students who have been exposed to trauma in childhood are at heightened risk of engaging in problem behaviours (Roche, Kroska, Miller, Kroska, & O'Hara, 2019). While externalised behaviours can instil a sense of immediacy that makes a response more likely, educators are obligated to support all students, including those whose behaviours are more subtle, less easily detected (Kropf 2000 in Mazza, 2015, p. 435) and therefore less disruptive.

## ***Learning and Teaching Strategies***

Intervention and behaviour management in the classroom will vary depending on the student behaviour but can broadly be divided into classroom management strategies or managing disruptive behaviour.

### **Classroom Management Strategies**

Classroom management strategies can include codes of conduct by educators and students. These typically comprise listening respectfully, expectations for confidentiality and rules for group-work etc. While 'use of self' is highly valued in some professions, including social work, students with trauma histories may overly disclose in class and deeply affect educators and peers alike. In such an instance, the educator has a responsibility to validate the student's experience and steer the session plan gently back to the educational goals. Students with complex or relational trauma may struggle to contribute to group-work and appear uncooperative or disinterested. These students will need support to meaningfully engage with activities or they may need to be offered an alternative task.

### **Addressing Disruptive Behaviour**

Disruptive behaviour occurs on a spectrum from mildly to severely disruptive. The more severe the behaviour, the more likely that the Student Misconduct Policy and Procedure will need to be followed to manage difficult student behaviour.

#### *Low level incidents*

"When an incident appears isolated the staff member may want to discuss the matter with the student, clearly define (in writing if appropriate) what is acceptable and unacceptable behaviour, and refer them, if appropriate, to support services for any assistance that would be helpful. Note that support services on campus are voluntary services" (Griffith University, 2013, p. 6).

#### *Repeated incidents*

"If the behaviour recurs, after the student has previously been given a clear statement (in writing if appropriate) about what is acceptable and unacceptable behaviour, a written warning should be given about consequences of any repeat instances. Support or referral should be offered to assist the student where there may be underlying reasons for the behaviour (grievance, disability)" (Griffith University, 2013, p. 6).

#### *Serious incidents*

The following are examples of behaviours where the Student Misconduct Procedure should be invoked and examples of when educators contact Security or the Police and advise the Academic Registrar, Head of School and/or Deputy Head of School (Learning and Teaching):

- Any occurrence, or threat, of physical violence or harm
- Vandalism
- Repeated verbal aggression, abuse, vilification, obscenity, particularly when the student has been warned that such conduct will not be tolerated
- Behaviour by one student which academically harms another student (Griffith University, 6 October 2015, p. 3)

**Responding to serious incidents**

Educators should contact Security (x7777) and/or the Police (000) and advise the Head of School, Deputy Head of School (Learning and Teaching), or Academic Registrar immediately of actions they have taken.

Staff members have the right to refer the behaviour of a student they consider to be misconduct to a decision-maker. Please refer to the policy for further details.

*Documentation*

Educators should "...document any incidents and subsequent actions, including any discussion that takes place, the parties present, and outcomes/undertakings given that relate to efforts to prevent and manage disruptive student behaviours" (Griffith University, 2013, p. 6).

*Staff Training*

Mental Health First Aid Training is offered by the university at no cost to elements. This nationally recognised training builds awareness, skills and confidence in responding to people who are exhibiting behaviours that cause concern. Students in leadership positions can also be supported to undertake this training. More information about this program is available from Student Services and the Office of Human Resource Management.

**Related Policies and Procedures (check policy library for updates)**

- Practical Wisdom—Steps for Managing Disruptive Student Behaviour
- Harassment, Bullying and Discrimination Policy
- Health and Safety Policy
- Inclusive Practices for People with Disabilities Policy
- Policy and Procedure
- International Student Critical Incident Management
- Student Charter
- Students with Disabilities Policy
- Student Administration Policy

***Educator Notes***

Make notes relevant to your teaching in this section e.g. strategies you would like to implement, strategies that were effective (or not), and thoughts or experiences relevant to your teaching:

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# Classroom and Field Placement Characteristics

## ***Introduction***

Trauma survivors often experience the world and people as unsafe: physical and emotional safety is, therefore, a prime consideration in a trauma-informed learning and teaching environment (Knight, 2019). Educators and field supervisors are responsible for the classroom and field education setting. This includes both the characteristics of the physical environment and the behaviours that occur within that environment (Carello & Butler, 2015), either in the classroom or on placement. Both faculty and placement supervisors need to be trauma informed and have the skills and knowledge to address the unique trauma-related needs of individual students (Holley & Steiner, 2005).

## ***Learning and Teaching Strategies***

### **Managing the physical aspects of the classroom, simulated learning spaces, and the built environment**

Consider:

- Are walkways and parking well lit?
- Are directions to reception and offices clear?
- Are reception areas welcoming, comfortable and inviting?
- Are restrooms easily accessible and gender neutral?
- Is there an additional designated supportive space on campus? For example, a women's room or low stimulus area.
- Is the room small, cramped, how far apart should the students sit? Are there windows? Do students have a view outside? Is there ventilation?



- The layout of the room and seating pattern can create a strong container early on (Kisfalvi & Oliver, 2015). For example, is the furniture fixed or movable? Are there enough chairs for debriefing purposes? Can they be placed in a circle? Is the space conducive for students to sit with their back to a wall for enhanced security (Carello & Butler, 2015)? Circle seating has benefits over row seating for discussion and inclusion. It also allows regular verbal check-ins by the supervisor to see how students are doing and to make adjustments as needed. However, some students may need to retreat or sit with their back to the wall to enhance their sense of security (Carello & Butler, 2015).
- Can adjustments be made to the lighting? Lighting (extremes or changes may be confronting). Announce any changes to lighting where you have control over this e.g. "I'm just going to turn off the lights for this video."
- Does the educator have the capacity to control audio equipment? (It would be optimal to check equipment prior to student entry)
- The position of the educator. Is the educator looming behind the student or in clear view to them?
- Co-teaching/facilitating course content that seems highly likely to result in a trauma response. This enables one educator to remain vigilant to student reactions and able to respond as needed
- Seeking feedback from students after class and following up with those who express concerns
- Creating networks of support within and beyond the classroom (Carello & Butler, 2015)

### **Creating psychological safety in learning and teaching simulations**

Educators can create psychological safety in learning and teaching simulations in three main ways:

1. Encouraging learning-oriented behaviours during briefings and debriefings by highlighting efforts made to ensure participant safety, by stressing the confidentiality of conversations ("Your performance will not be discussed outside the course") and emphasizing the importance of active participation and reflection to the learning of all participants (Rudolph et al., 2014).
2. Actively modelling psychologically safe behaviours, such as by showing accessibility ("Please interrupt me with questions"), acknowledging fallibility ("I also make mistakes"), and avoiding autocratic behaviour ("I enjoy being challenged") (Edmondson, 2002).
3. Using a conversational style in debriefings that aligns with the previous two points and combines expression of honest professional judgment (advocacy) with curiosity and good questions (inquiry) to encourage productive, reflective, and change-oriented discussions (Eppich & Cheng, 2015; Rudolph et al., 2006). (Roussin, Larraz, Jamieson, & Maestre, 2018, p. 38)

### **Managing the field placement experience**

Ensure:

- Scaffolding of the complexity and intensity of placement experiences with appropriate discipline-specific supervision.
- Students are provided with sufficient information about the placement agency including its purpose, client group, and the student's role while on placement.
- Students have the opportunity to discuss how they might respond or manage difficult experiences or identify potential triggers. For example, social work field placements use a "self-awareness" questionnaire to be completed by all students who are about to commence their first field placement.



# Self-Care and Collective-Care

## ***Introduction***

Trauma can impact not only on students, but also on educators who may have limited or no training on how to identify or respond to symptoms in students or recognise how trauma may impact them personally and professionally. Educators can feel physically, mentally or emotionally worn out or overwhelmed by students' trauma experiences (Davidson, n.d.). Their own trauma experiences and the vulnerabilities they bring to the work can influence how educators interpret and respond to student behaviours, and how they deliver and interact with course content. Educators therefore need to exercise self-care whereby they independently employ a range of individualised strategies that support their unique self-care needs, but also support collective-care among colleagues and students. Collective-care is an organisational approach that prioritises both meeting work outputs and the care and health of employees. This could include the organisation having realistic goals in relation to workload, actively encouraging breaks and, importantly, the use of holiday leave. Social support from colleagues and supervisors can also assist in lessening the impact of professional burnout which can relate to concrete support or emotional support, and might include comfort, insight, comparative and personal feedback and humour (Newell & Nelson-Gardell, 2014).

## ***Learning and Teaching Strategies***

- Institutions are responsible for managing workloads and creating work conditions conducive to staff wellbeing (de Lourdes Campos & de Lucena, 2017).
- Staff members need to do what they can to manage stressors by practicing self-care strategies which have been described as learned, purposeful and continuous behaviours that foster, reinforce and sustain wellbeing (Bryan & Blackman, 2018).
- Encourage students to manage their self-care. Include self-care content in the curriculum and be clear that students are expected to take responsibility for their own wellbeing.
- Explicitly discuss self-care and include students' responses to course content and any barriers they may experience implementing self-care strategies (Zosky, 2013).
- Carello and Butler (2015) suggest educators stress the professional and ethical rationale for self-care.
- Mindfulness practices such as meditation and guided reflections may be helpful and information on mindfulness can be made available to students and educators through printed and audio-visual materials (Schwind et al., 2017).
- A range of self-care tools can be currently accessed on the Learning@Griffith Organisation site via under Wellness STUDENT Toolkit Health (20180615\_2) > Self Care that both staff and students can self-enrol and access.
- Developing skills in self-other awareness:
  - Understand your own emotions and thoughts and distinguish yours from those of others, including students.
  - Set and maintain appropriate boundaries.
  - If you find yourself reacting to a person/situation, consider what life experiences you have had that might be influencing your response? What might you be reacting to?



- Perspective taking - see the difference between your own and others' point of view and experiences.
- Emotional regulation - manage your own emotional responses.
- Relaxation techniques should be used regularly so that they become a routinised response and therefore more effective (e.g. guided visualisations or breathing techniques for relaxation).
- Physical exercise to manage the physiological and psychological impacts of stress; this, in particular, has been shown to improve quality of life and restore some of the harmful effects of managing workload (de Lourdes Campos & de Lucena, 2017).
- Eat healthy food at regular intervals and maintain a healthy weight.
- Maintain sleep hygiene.
- Respond to bodily cues for rest or the need for movement where sustaining postures.
- Access regular debriefing support (e.g. peers, supervisors, or professionally) or professional counselling.
- Join a union to help support you to manage workload demands and stress.
- Do activities that help you manage your stress and are meaningful and relaxing to you (e.g. time with family, friends, companion animals, engagement in hobbies, and so on).



## References

- ADCET. (n.d.). Mental Health Condition. Retrieved from <https://www.adcet.edu.au/inclusive-teaching/specific-disabilities/mental-health-condition/?cv=1>
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*. (5 ed.). Arlington, VA: American Psychiatric Association.
- Black, T. G. (2006). Teaching trauma without traumatizing: Principles of trauma treatment in the training of graduate counselors. *Traumatology*, 12(4), 266-271..
- Boler, M. (1999). *Feeling Power: Emotions and Education*. New York: Routledge.
- Bryan, V., & Blackman, G. (2018). The ethics of self-care in higher education. *Emerging Perspectives*, 14-34.
- Cardell, E., & Bialocerkowski, A. (2019). Bouncing Forward: A Post-Practicum Workshop to Promote Professional Identity, Self-Efficacy, and Resilience. In S. Billett, J. Newton, G. Rogers, & C. Noble (Eds.), *Augmenting Health and Social Care Students' Clinical Learning Experiences : Outcomes and Processes* (Vol. 25). Cham: Springer.
- Carello, J., & Butler, L. D. (2014). Potentially Perilous Pedagogies: Teaching Trauma Is Not the Same as Trauma-Informed Teaching. *Journal of Trauma and Dissociation*, 15(2), 153-168. doi:10.1080/15299732.2014.867571
- Carello, J., & Butler, L. D. (2015). Practicing What We Teach: Trauma-Informed Educational Practice. *Journal of Teaching in Social Work*, 35(3), 262-268. doi:10.1080/08841233.2015.1030059
- Chan, K. D., Humphreys, L., Mey, A., Holland, C., Wu, C., & Rogers, G. D. (2019). Beyond communication training: the MaRIS model for developing medical students' human capabilities and personal resilience. *Medical Teacher*. doi: 10.1080/0142159X.2019.1670340
- Cless, J. D., & Nelson Goff, B. S. (2017). Teaching Trauma: A Model for Introducing Traumatic Materials in the Classroom. *Advances in Social Work*, 18(1), 25-38. doi:10.18060/21177
- Conrad, D., Openo, J., & Open Access Publishing in European, N. (2018). *Assessment strategies for online learning: engagement and authenticity*. Edmonton, AB: AU Press.
- Craig, C., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress, and Coping*, 23(3), 3019-3339.
- Davidson, S. (n.d.). Trauma-Informed Practices for Postsecondary Education: A Guide. In: Education Northwest.
- de Lourdes Campos, M., & de Lucena, R. d. C. S. (2017). Quality of Life and Prevalence of Burnout Syndrome in Higher Education Teachers. *International Archives of Medicine*, 10.
- Griffith University. (6 October 2015). Student Misconduct Procedures. In: Griffith University.
- Griffith University. (2013). Practical Wisdom: Steps for Managing Disruptive Student Behaviour. In. Queensland: Griffith University.
- Griffith University. (2017). *Protecting Student Privacy*. Brisbane: Griffith University Retrieved from [https://www.griffith.edu.au/\\_\\_data/assets/pdf\\_file/0028/171379/protecting-student-privacy.pdf](https://www.griffith.edu.au/__data/assets/pdf_file/0028/171379/protecting-student-privacy.pdf)
- Griffith University. (2019). *Student Administration Policy*. Griffith University Retrieved from <https://policies.griffith.edu.au/pdf/Assessment%20Policy.pdf>

- Griffith University. (February 2013a). *Practical Wisdom: Steps for Managing Disruptive Student Behaviour*. Griffith University Retrieved from [https://www.griffith.edu.au/\\_\\_data/assets/pdf\\_file/0021/238008/002\\_13-Booklet-Practical-Wisdom.pdf](https://www.griffith.edu.au/__data/assets/pdf_file/0021/238008/002_13-Booklet-Practical-Wisdom.pdf)
- Griffith University. (February 2013b). *Reality Check: Steps for Identifying & Supporting Students "At Risk" or in Distress*. Griffith University Retrieved from [https://www.griffith.edu.au/\\_\\_data/assets/pdf\\_file/0020/238007/002\\_13-Booklet-Reality-Check.pdf](https://www.griffith.edu.au/__data/assets/pdf_file/0020/238007/002_13-Booklet-Reality-Check.pdf)
- Hardner, K., Wolf, M. R., & Rinfrette, E. S. (2018). Examining the relationship between higher educational attainment, trauma symptoms, and internalizing behaviors in child sexual abuse survivors. *Child Abuse & Neglect*, 86, 375-383. doi:10.1016/j.chiabu.2017.10.007
- Harris, M., & Fallot, R. (2001). Using Trauma Theory to Design Service Systems. In R. Fallot & M. Harris (Eds.), *New Directions for Mental Health Services*. San Francisco: Jossey-Bass.
- Harrison, N., Burke, J. & Clarke, I. (2018). Stolen generations: Teaching about the experiences of trauma. *Knowledge Cultures*, 2, 53-63.
- Helm, K. M. (2009). Creating a safe learning space for the discussion of multicultural issues in the classroom. *Ethnicity and Race in a Changing World: A Review Journal*, 1, 47-50.
- Hoch, A., Stewart, D., Webb, K., & Wyandt-Hiebert, M. A. (2015). *Trauma-informed care on a college campus*. Paper presented at the Annual Meeting of the American College Health Association, Orlando, Florida.
- Holley, L. C., & Steiner, S. (2005). Safe space: student perspectives on classroom environment. *Journal of Social Work Education*, 41(1), 49-64. doi:10.5175/JSWE.2005.200300343
- Kisfalvi, V., & Oliver, D. (2015). Creating and Maintaining a Safe Space in Experiential Learning. *Journal of Management Education*, 39(6), 713-740. doi:10.1177/1052562915574724
- Kliethermes, M., Schacht, M., & Drewry, K. (2014). Complex trauma. *Child and Adolescent Psychiatric Clinics of North America*, 23(2), 339-361. doi:10.1016/j.chc.2013.12.009
- Knight, C. (2019). Trauma Informed Practice and Care: Implications for Field Instruction. *Clinical Social Work Journal*, 47(1), 79-89. doi:10.1007/s10615-018-0661-x
- LaPorta, A. J., McKee, J., Hoang, T., Horst, A., McBeth, P., Gillman, L. M., & Kirkpatrick, A. W. (2017). Stress Inoculation: Preparing Outside the Box in Surgical Resuscitation and Education. *Current Trauma Reports*, 3(2), 135-143. doi:10.1007/s40719-017-0090-2
- Li, Y., Cao, F., Cao, D., & Liu, J. (2015). Nursing students' post-traumatic growth, emotional intelligence and psychological resilience: Nursing students' professional growth. *Journal of Psychiatric and Mental Health Nursing*, 22(5), 326-332. doi:10.1111/jpm.12192
- Mazza, E. T. (2015). Working With Students With Psychiatric Disabilities or Other Emotional Problems. *Journal of Teaching in Social Work*, 35(4), 425-448. doi:10.1080/08841233.2015.1066916
- Mezirow, J. (1998). On critical reflection. *Adult Education Quarterly*, 48(3), 185-198. doi:10.1177/074171369804800305
- Newell, J. M., & Nelson-Gardell, D. (2014). A Competency-Based Approach to Teaching Professional Self-Care: An Ethical Consideration for Social Work Educators. *Journal of Social Work Education*, 50(3), 427-439. doi:10.1080/10437797.2014.917928
- Roche, A. I., Kroska, E. B., Miller, M. L., Kroska, S. K., & O'Hara, M. W. (2019). Childhood trauma and problem behavior: Examining the mediating roles of experiential avoidance and mindfulness processes. *Journal of American College Health*, 67(1), 17-26. doi:10.1080/07448481.2018.1455689
- Rogers, G. D., Mey, A., & Chan, P.C. (2017). Development of a phenomenologically-derived method to verify affective learning in student journals following impactful educational experiences. *Medical Teacher*, 39, 1250-1260. doi:10.1080/0142159X.2017.1372566

- Rogers, G. D., Mey, A., Chan, P.C., Lombard, M., & Miller, F. (2018). Development and validation of the Griffith University Affective Learning Scale (GUALS): A tool for assessing affective learning in health professional students' reflective journals. *ameeMedEdPublish* (Rogers, G.D., Mey, A., Chan, P.C., Lombard, M., & Miller, F. (2018) Development and validation of the Griffith University Affective Learning Scale (GUALS): A tool for assessing affective learning in health professional students' reflective journals. *ameeMedEdPublish*). doi:10.15694/mep.2018.000002.1
- Rosenman, S. (2002). Trauma and posttraumatic stress disorder in Australia: findings in the population sample of the Australian National Survey of Mental Health and Wellbeing. *Australian and New Zealand Journal of Psychiatry*, 36(4), 515-520. doi:10.1046/j.1440-1614.2002.01039.x
- Roussin, C. J., Larraz, E., Jamieson, K., & Maestre, J. M. (2018). Psychological Safety, Self-Efficacy, and Speaking Up in Interprofessional Health Care Simulation. *Clinical Simulation in Nursing*, 17, 38-46. doi:10.1016/j.ecns.2017.12.002
- Schwind, J. K., McCay, E., Beanlands, H., Martin, L. S., Martin, J., & Binder, M. (2017). Mindfulness practice as a teaching-learning strategy in higher education: A qualitative exploratory pilot study. *Nurse Education Today*, 50, 92-96.
- Shalka, T. R. (2019). Saplings in the hurricane: A grounded theory of college trauma and identity development. *Review of Higher Education*, 42(2), 739-764. doi:10.1353/rhe.2019.0013
- Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA's working definition of trauma and principles and guidance for a trauma-informed approach [Draft]*. Rockville, MD Substance Abuse and Mental Health Services Administration.
- Substance Abuse and Mental Health Services Administration. (2014). *Trauma-Informed Care in Behavioral Health Services* (Vol. Treatment Improvement Protocol (TIP) Series 57 HHS Publication No. (SMA) 13-4801). Rockville, MD Substance Abuse and Mental Health Services Administration.
- US Department of Health and Human Services. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Retrieved from Rockville, MA.: <https://store.samhsa.gov/system/files/sma14-4884.pdf>
- Zosky, D. L. (2013). Wounded Healers: Graduate Students with Histories of Trauma in a Family Violence Course. *Journal of Teaching in Social Work*, 33(3), 239-250. doi:10.1080/08841233.2013.795923



