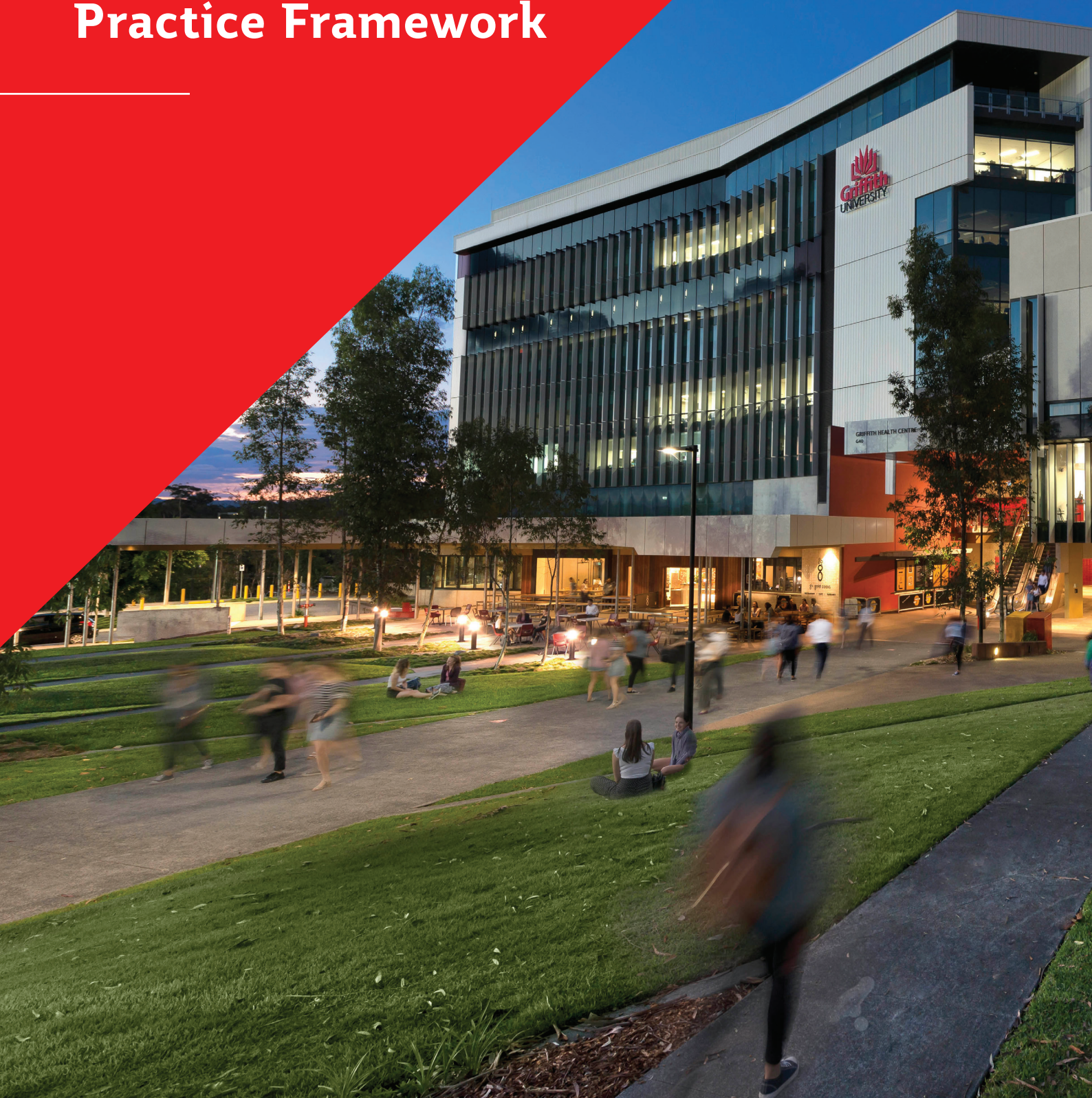


Trauma-Informed Tertiary Learning and Teaching Practice Framework



Acknowledgements

The authors would like to acknowledge the key foundational work in trauma-informed tertiary teaching literature by Carello and Butler (2015), Davidson (n.d.) and Cless and Nelson Goff (2017). These authors' works were instrumental in the development of this learning and teaching practice framework.

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The Project Team extends a warm and appreciative thank you to the colleagues from the Health Group who participated in individual and group interviews. A special thank you is extended to Dr Angela Ebert, School of Applied Psychology, for her valuable input into the early development of the Framework and to Mr Peter Young, School of Human Services and Social Work, for his insight and helpful comments on drafts of the Framework.

Griffith University acknowledges that the unique trauma experienced by Aboriginal and Torres Strait Islander people cannot be viewed separately from political, historical and cultural determinants that continue to compound trauma inter-generationally.

This document should be cited as: Tsantefski, M., Rhodes, J., Johns, L., Stevens, F., Munro, J., Humphreys, L., Chan, K., Wrigley, S., & Rogers, G. (2020). *Trauma-Informed Tertiary Learning and Teaching Practice Framework*. Brisbane: Griffith University.

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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 behavioural 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).

Foreword

The Trauma-Informed Tertiary Learning and Teaching Practice Framework is an important interdisciplinary initiative funded by a Griffith Learning & Teaching grant in 2019.

It has long been acknowledged that many students come to tertiary education with their own lived experiences and histories that have included trauma, abuse, violence or other adversities. The same is true for staff who teach courses and content in health-related fields of practice. There is an onus of responsibility on educators to ensure that an environment is created that acknowledges the impact of trauma on adult learning, as well as the risk of re-traumatisation, and develops principles to ensure that learning and teaching, whether in class or online, is trauma-informed. This highly valuable resource sets out a framework of trauma-informed components that require specific attention, including student and educator characteristics and behaviour; course content and assessment requirements; and classroom and field placement safety. Individual and collective self-care is particularly important and needs to run as a thread through an entire curriculum in health-related programs.

It is hoped that this resource will become part of staff orientation and induction at Griffith University, and that the content will be integrated into student well-being initiatives into the future. The Griffith commitment to the student experience means, in real terms, that the realities of trauma-related experiences and their impacts on successful completion of programs of study cannot be under-stated. This resource is a practical guide to ensuring that best practice is followed in trauma-informed tertiary learning and teaching.

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Preface

The Trauma-Informed Tertiary Learning and Teaching Practice Framework (the Framework) was developed for teaching academics of the Health Group, Griffith University, to better understand and respond to the needs of students in the classroom, on practicum, and in online courses, some of whom may have their own trauma histories, and to students in general who may experience program and course content as distressing. This resource is also relevant to other Groups within the university, as students can experience a trauma response in relation to a broad range of learning and teaching materials in their courses.

The Framework was developed with funding from a Griffith University Learning and Teaching Grant. Awareness of the need for the Framework grew out of the experiences of academic staff who acknowledge that students can be troubled by sensitive content in their lectures across various programs and assessment tasks, and during placement. Teaching staff reported uncertainty about how to best respond to students in these instances. The Framework aims to assist academics to understand and respond to students who, despite prior preparation, display behaviour that indicates they have been traumatised, re-traumatised or vicariously traumatised by course content, or by experiences in the classroom, online, or on practicum.

It is not possible to remove “potentially perilous pedagogies” (Carello & Butler, 2014) from curriculum in the Health Group. Programs must prepare students for working with some of the most vulnerable members of the community by including realistic vocational content in the form of case studies, data, role plays and videos. The Health Group is, therefore, confronted with dilemma of trauma and: “...how to balance their primary mission of education with the reality that many students need help in dealing with traumatic stress to attend regularly and engage in the learning process” (Ko et al., 2008, p. 398). Awareness of the potentially disruptive outcomes of difficult content and of strategies to mitigate risk can improve student engagement with content and conduct within, and beyond, the classroom or field setting and contribute to academic attainment and post-traumatic growth. The Framework therefore outlines a trauma Informed approach to learning and teaching based on the core principle that any student could have experienced a past traumatic event and that trauma among students must be acknowledged and responded to preventatively and, when necessary, remedially, and that, further, student experiences of trauma have the potential to inform and enrich self-reflective practice, leading to more fully-rounded practitioners across fields of practice (Young, 2019).

The Framework contributes to the university’s “Academic Plan 2017-2020: A Remarkable Student Experience (Goal 2, Quality)” by assisting staff to provide students with high-quality curricular and co-curricular learning and support services to ensure trauma is managed appropriately and sensitively so that students can flourish in their program and graduate with job-ready skills and knowledge.

Introduction

The need for a trauma-informed tertiary learning and teaching practice framework was identified within the Health Group, Griffith University, over several years with anecdotal reports by academics of students disclosing to staff in person, via email, in assessment tasks, or in online Discussion Board forums, that they have direct experiences of childhood sexual assault and other abuse, past or current family violence, or other adversities. Further, students have reported that course content has resulted in distress, particularly if they have personally experienced sexual assault, child maltreatment, exposure to violence or loss and bereavement. Carello and Butler (2015) note “...high rates of trauma histories (66%–85%), posttraumatic stress disorder (9%–12%), and other past event–related distress” (p. 153) among U.S. college students, putting students at substantial risk of re-traumatisation and vicarious trauma. The prevalence of trauma in the community, more broadly, means that impacted staff members bring their own traumatic history into the tertiary setting, which, in turn, is likely to influence interactions between educators and students, e.g. shutting down discussions, or not accommodating requirements for adjustments to assessment tasks and activities (Briere, 2002).

Education of health professionals requires that students are prepared for their professional environment. Consequently, there is a call to help students develop their professional identity; that is, to “think, act and feel” like a health professional (Cruess, Cruess, & Steinert, 2019). In recognition that there is an inherent stress in the health professions, and that stress is considered a necessity for learning according to constructivist and transformative theories (Rudland, Golding, & Wilkinson, 2019), reflective practice and disclosures are regularly incorporated into curricular tasks that prepare students to respond to situations they will encounter as professionals.

The focus pertinent to Health programs is working with sensitive content in class and preparation for the potential stress of placement. Despite the prevalence of trauma among students and staff in higher education, and the potential for course content to be distressing, there is limited literature on trauma-informed tertiary teaching. The publications that are available almost exclusively focus on children and adolescents in the primary and secondary school setting. Trigger warnings are implemented in some educational institutions to manage students’ reactions to potentially distressing content; however, these can have a negative impact on students’ mental health rather than improve it (Stallman, Eley, & Hutchinson, 2017). Trigger warnings are, therefore, not an appropriate trauma-informed strategy for Health Group programs where sensitive and/or distressing content in the curriculum is commonplace. As Stallman et al. (2017) note, students’ “resilience develops from experiencing distress, coping with it, and learning from the experience” (p. 90). In practice, clients disclose traumatic experiences without preparing the practitioner to receive that content: it is not, therefore, the responsibility of practitioners to be prepared *by* clients, but for practitioners to be prepared *for* clients. Several of our Trauma-Informed Tertiary Learning and Teaching Framework authors (Chan et al., 2019) have developed a contemplative teaching framework (MaRIS) that utilises the elements of graded stress, mindfulness and affective reflection in a supportive classroom that, in concert, have been shown to enhance learning and build resilience in medical students.

While it is important that students are appropriately prepared for their professional practice through exposure to sensitive content, staff must also be adequately supported



to respond appropriately to students. Staff members need an understanding of trauma in order to make sense of students' responses, whether these be sadness, anger, withdrawal or walking out. The combined lack of supporting literature on trauma-informed learning and teaching practice frameworks for the classroom, reports by students, staff observations and experiences of students having distressing emotional responses in - and outside - of class contributed to the development of this Framework.

The Framework may be used as a guide to develop curricula and reflect on student/teacher interactions and behaviour to better support students as they prepare for professional practice. The Framework is not prescriptive because educators' and students' learning and teaching contexts and needs are unique. Educators are, therefore, encouraged to engage with each component of the Framework in a way that is appropriate to their learning and teaching activities, as well as the students they are teaching.

The Impact of Trauma on Adult Learning

The potential for experiences of trauma to impact adult learning depends on a number of factors including:

- characteristics of the individual who has been exposed;
- the characteristics of the traumatic event;
- age of exposure;
- whether the traumatic experience was a single or ongoing exposure;
- the meaning that is made from the trauma (that is, the individual's explanation of the trauma); and
- sociocultural factors, including support (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

The impacts of trauma may include:

- Severe and persistent emotional problems including a range of mental health issues (including, but not limited to PTSD, anxiety, depression, or personality disorders);
- Reduced cognitive processing such learning new information, information retention and retrieval, or perception and processing of external stressors (the stress response);
- Increased health risk behaviours (such as overuse of alcohol and other drugs, eating issues/disorders, or risk-taking behaviours);
- Difficulty engaging in social settings including with peers;
- Adult disease and disability including lowered life expectancy;
- Views of a “foreshortened future” including “loss of hope, limited expectations about life, fear that life will end abruptly or early, or anticipation that normal life events will not occur (e.g. access to education, ability to have a significant and committed relationship, good opportunities for work)” (SAMSHA 2014, p. 60); and
- Changes in the quality of individuals’ relationships (Perry, 2006; SAMSHA, 2014).

Adult learners with a history of trauma may find normal educational activities such as assessment due dates, exams, speaking in class, or interacting with peers as threatening, resulting in the “moderate activation of the stress response” (Perry, 2006, p. 22).

As a result, activities and experiences in the tertiary setting that are intended as learning activities and opportunities may be perceived as threats. As individuals begin to perceive threat, the brain activates a complex response along the arousal continuum (Table 1 below). This response occurs to ensure that the individual reacts physically and mentally to the fear they are experiencing.

	<div style="display: flex; justify-content: space-between;"> No threat High Threat </div> <div style="text-align: center; margin-top: 5px;"> </div>				
<i>Hyperarousal Continuum</i>	Rest	Vigilance	Resistance	Defiance	Aggression
<i>Dissociative Continuum</i>	Rest	Avoidance	Compliance	Dissociation	Fainting
<i>Regulating Brain Region</i>	Neocortex Cortex	Cortex Limbic	Limbic Midbrain	Midbrain Brainstem	Brainstem Autonomic
<i>Cognitive Style Internal State</i>	Abstract Calm	Concrete Arousal	Emotional Alarm	Reactive Fear	Reflexive Terror

Table 1 The Arousal Continuum (Perry, 2006)



As threat is experienced, individuals are not focussed on words, but on continuing to scan the environment for ongoing threats. As threat continues to be perceived, individuals move along the arousal continuum and become less able to learn or retrieve cognitive content. An adult learner with a history of trauma will move faster along this continuum even at lower levels of challenge or perceived threat than other students (Perry, 2006).

As individuals move along the continuum, the sympathetic nervous system responds with increases in heart rate, blood pressure, breathing, glucose release to muscle, and increased muscle tone. The central nervous system changes causing hypervigilance (scanning the environment) and non-critical information is ignored. These reactions are designed to assist the individual in a flight-fight-or freeze response to avoid the threat (Perry, 2006; SAMSHA, 2014). Some learners may be in a persistent state of arousal, making engagement with learning difficult.

Once threat and arousal are experienced, each individual will have different coping styles. "Coping styles vary from action oriented to reflective and from emotionally expressive to reticent" (SAMSHA 2014, p. 60), but the type of coping style is less important than how effective the strategies are to enable individuals to "...continue necessary activities, regulate emotions, sustain self-esteem, and maintain and enjoy interpersonal contacts" (SAMSHA 2014, p. 60). It is important to respect individual coping style and not value one type of coping over others.

It is not possible for educators to know which students in their class have experienced trauma and how each student is being impacted. This makes it challenging for educators to teach students who are experiencing the stress-response (whether persistently or at a specific point in time). However, educators can support highly stressed adult learners by remembering that the adult learner experiencing the stress response is in a state of fear that is best responded to by providing "structure, predictability, and a sense of safety" (Perry, 2006, p. 25). This Framework aims to support educators to be consistent and create safety by developing educators' knowledge about trauma-informed adult learning and providing a range of strategies to create familiar learning environments that are structured, predictable and compassionate.

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

Burgeoning interest and growing knowledge of the effects of trauma have led to the development of trauma-informed care in service delivery (Harris & Fallot, 2001) and trauma-informed approaches to pedagogy (Carello & Butler, 2014). The trauma-informed approach, whether in service delivery or educational settings, is premised on the understanding that any group of clients or students is likely to include those with trauma histories and that there is potential for any individual to have a first experience of trauma, to be retraumatised or to experience vicarious trauma. The aim is to avoid traumatising or retraumatising service users or staff in human service agencies (Harris & Fallot, 2001) or students and staff in educational settings (Carello & Butler, 2014). Implementation of the approach requires organisational commitment to a trauma-informed culture (Harris & Fallot, 2001) based 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 traumatising. (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 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)

- i. As Carello and Butler (2014) note: "Trauma experiences are useful when they provide learning and promote the development of resilience; however, the intent of this 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).



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.).

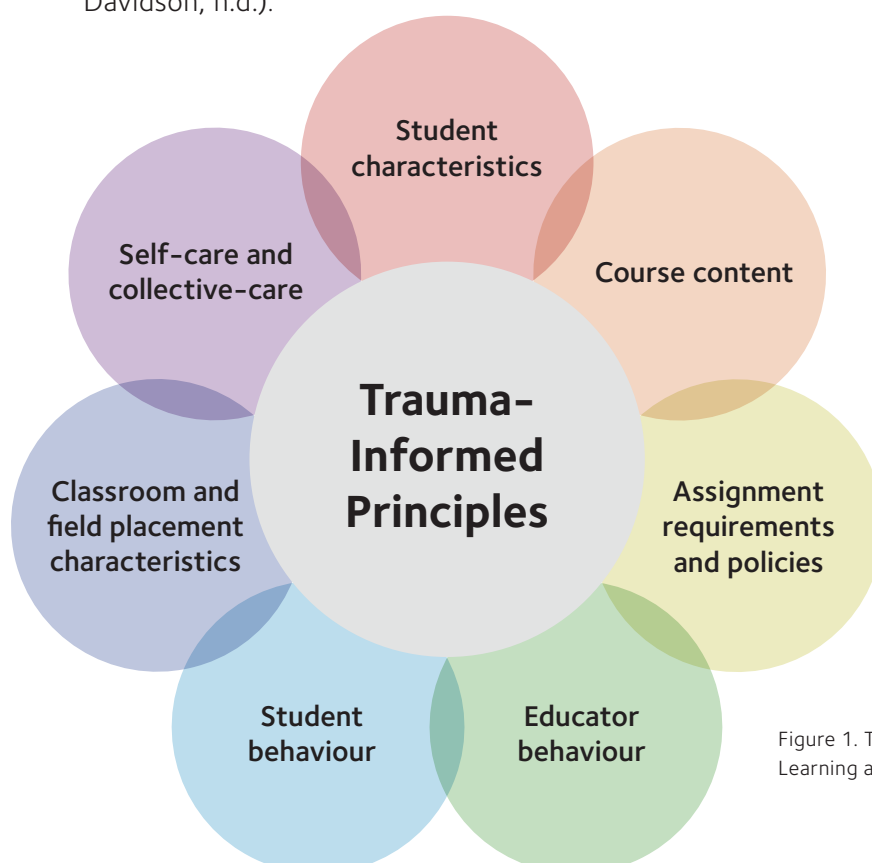


Figure 1. Trauma-Informed Tertiary Learning and Teaching Framework

Integrating the Trauma-Informed Tertiary Learning and Tertiary Teaching Practice Framework with the Griffith Learning and Teaching Capabilities Framework

While the Trauma Informed Tertiary Learning and Tertiary Teaching Practice Framework is relevant to every stage of the Griffith Learning and Teaching Capabilities Framework (Williams, 2018), the key area for implementation is in the Designing for Learning cluster through making “...intentional, evidence informed decisions about learning and teaching”.

Griffith University Learning and Teaching Capabilities Framework (Williams, 2018): griffith.edu.au/learning-futures/our-practice/professional-learning/griffith-learning-and-teaching-capabilities-framework

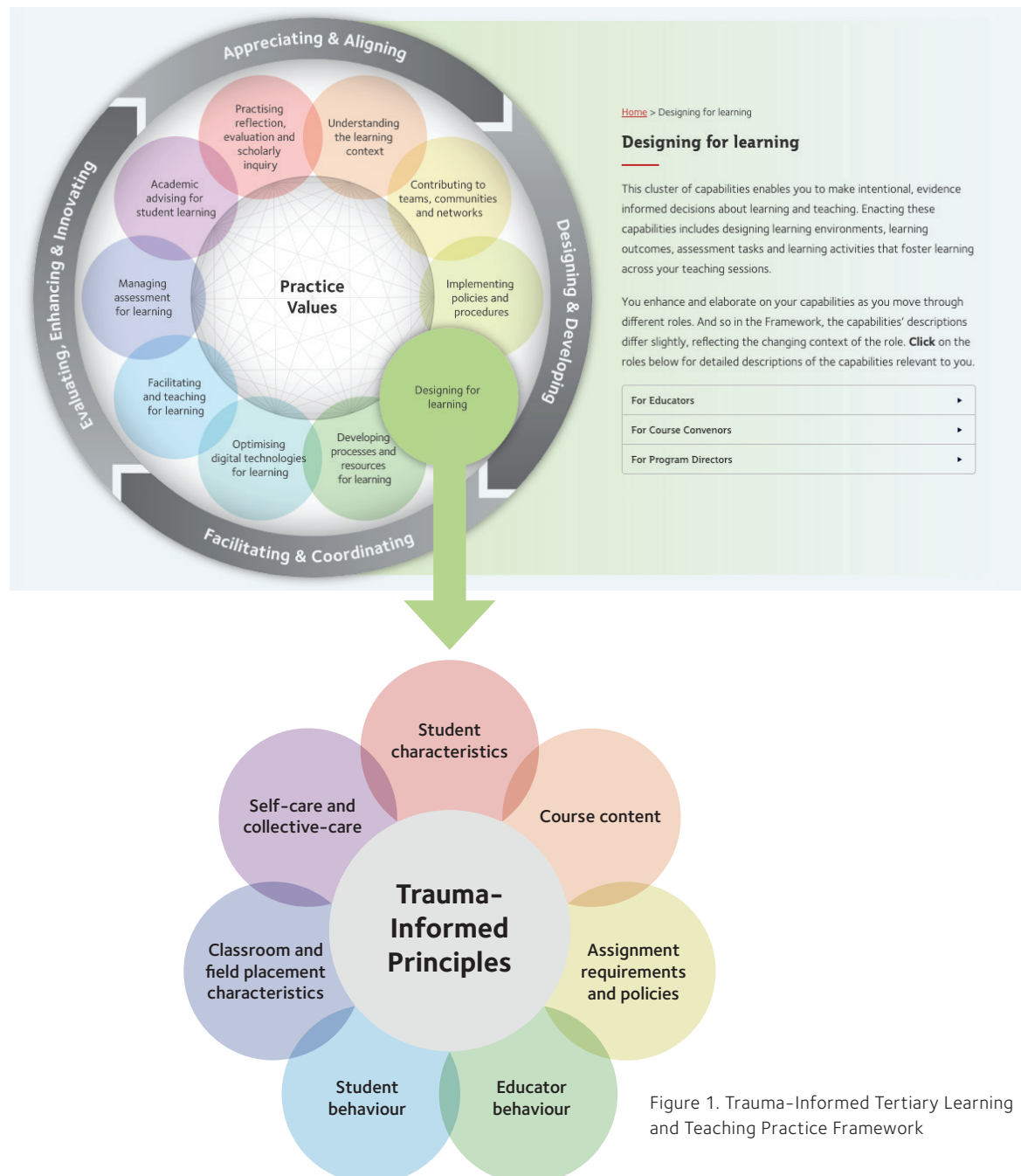


Figure 1. Trauma-Informed Tertiary Learning and Teaching Practice Framework

Student Characteristics

We have hundreds of students. You can't know everybody, but I guess it's being mindful that people have issues. There are always people who are at different stages of healing through trauma and will respond not necessarily in the way we want.

When you think of trauma, you think of it as a negative thing. I'm not saying, great, you've been abused, excellent; but people who have trauma history do bring other qualities: they bring greater attunement, greater understanding, greater emotional resilience, greater ability to connect with people, lots and lots of things. I think it's great to talk about this and I always do with my class because some of the destigmatising is looking at strengths, the positives. We can't just say, "Oh, you've had trauma experiences", we need to look at those strengths.

Griffith University Educators

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).

Background

Students are at varying levels of risk or vulnerability. For some, direct experiences of traumatic or stressful life events, or diagnoses of anxiety, depression or other mental illnesses, will be a source of personal growth and strength. Nevertheless, even among this group of students, reactions to curriculum may occur and result in continuing emotional problems (Mazza, 2015). In order to reduce the potential for traumatisation, re-traumatisation and vicarious trauma, educators need to understand risks for students, be aware of the signs and symptoms of trauma, know how to respond, and consider the implications for learning.

Student risk may be categorised as:

- Low: Students who may or may not have been exposed to trauma but are not experiencing any distress.
- Medium: Students currently experience some trauma-related symptoms that lead to some distress or disruption of functioning (personal or academic).
- High: Students with a current diagnosis of a range of psychological disorders (Cless & Nelson Goff, 2017).

Risk factors for re-traumatisation and vicarious trauma include:

- History of trauma exposure such as:
 - Adverse childhood experiences including abuse and neglect, family separation, or grief and loss. There is a highly significant relationship between adverse childhood experiences and depression, suicide attempts, problematic alcohol and other drug use, sexual promiscuity, domestic violence, cigarette smoking, obesity, physical inactivity, and sexually transmitted diseases (Felitti et al., 1998).
 - A traumatic event such as a natural disaster (e.g. bushfire or flood), being a victim of, or witness to, a crime, serious motor vehicle accident, physical or sexual assault, rape, or serious life-threatening or life-changing illness/injury.
 - Stressor-related disorders (acute stress disorder [ASD] or post-traumatic stress disorder [PTSD]).
- Specific populations such as:
 - Veterans.
 - Former children in care.
 - Current or past engagement with the child protection system.
 - Aboriginal and Torres Strait Islander students.
 - Students from refugee backgrounds.
 - LGBTQI+ students.
 - Non-traditional learners (non-traditional learners include students with: delayed enrolment after high school or mature-aged entry; part-time student status; financial independence; having dependents; non-completion of high school; alternative entry pathways (such as via enabling programs); first in family to attend higher education; or external student including rural or regional student) (Davidson, n.d.)
- Exposure to complex trauma:
 - Some students may have experienced “complex trauma”, the experience of multiple and/or chronic and prolonged developmentally-adverse traumatic events, most often of an interpersonal nature and early-life onset (van der Kolk, 2014).
 - Unlike isolated traumatic incidents that tend to produce discrete conditioned behavioural and biological responses to reminders of the trauma, chronic maltreatment has a pervasive effect on the development of mind and brain, which may impact on learning and functioning including education, family and peer relationships, engagement with the legal system, mental health status, and employment (Felitti et al., 1998).
- Current experiences of trauma:
 - Some students may currently be experiencing ongoing traumatic events that put them at risk in the classroom, for example: bereavement, domestic and family violence, sexual and/or other assault, bullying and harassment, racism, or sexism.

Signs of secondary traumatic stress

Students who have been exposed to trauma as children may continue to experience the impacts of that trauma as adults across several life domains. This may result in:

- Severe and persistent emotional problems
- Impacts on cognition, thinking and learning

- Health risk behaviours
- Serious social problems
- Adult disease and disability
- High health and mental health care costs
- Poor life expectancy
- Changes in the quality of relationships

Depending on the type of trauma exposure and students' response to that trauma, students may experience:

- Amnesia
- Hypermnnesia - unusual power or enhancement of memory
- Repressed memory
- Dissociation
- Depersonalisation (feelings that one is an observer of thoughts, feelings, body parts, memories that lack emotion, emotional or physical numbness)
- Derealisation (alienation from surroundings e.g. the person feels they are living a dream or movie and there are distortions in time or surroundings)
- Flashbacks and nightmares of specific events (Felitti et al., 1998)
- Difficulties in attention regulation with orientation in time and space (Felitti et al., 1998)
- Sensorimotor developmental disorders (Felitti et al., 1998)

These experiences and impacts can manifest in a range of behaviours in the tertiary setting which can make it difficult for students to engage in learning and successfully complete a course or program (see Student Behaviour).

Resilience in students

Exposure to difficult content does not necessarily lead to a trauma response. The severity of trauma and the presence of protective factors largely determine individual responses. Protective factors help to mitigate the risk of reactive responses, build resilience in students and contribute to their learning and retention in higher education. Protective factors include the following:

- Healthy attachment
- Social support
- Optimism
- Cognitive flexibility
- Active coping such as problem-solving and learning to face fears. (Cless & Nelson Goff, 2017, p. 27)

Learning and Teaching Strategies

While externalised behaviour can be challenging for teaching staff and for other students, internalised behaviours can be equally indicative that a student is becoming distressed (see Student Behaviour). There is a range of inclusive teaching strategies that may assist **all** students to learn.

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.

4. Set clear limits

- Be honest about the limits of your ability to help, as it is important to stay within your professional role in terms of involvement, skills and time commitment.

5. Remember

- You do not need to solve the problem.
- Don't deal with a crisis alone and seek support from peers or managers.
- Inform a supervisor, Head of School or senior colleague, if appropriate.
- If a student's behaviour becomes disruptive to the normal business of other students and of staff, you need to take action.
- Refer to Practical Wisdom, Steps for Managing Disruptive Student Behaviour (Griffith University, February 2013a) available via this link griffith.edu.au/__data/assets/pdf_file/0021/238008/002_13-Booklet-Practical-Wisdom.pdf.

Extracted from *Reality Check Steps for Identifying & Supporting Students "At Risk" or in Distress*, (Griffith University, February 2013b).

Course Content

In the health professions, we really do need to have learners experience potentially traumatising content in the safety of a supportive classroom setting, rather than encountering it for the first time unannounced in a practice setting.

Students have self-selected not to come to some classes, well, now it's an approach of informing students about the content so that they can self-select whereas they've been bumbling through. I've had students say I can't make it to the week on family and domestic violence because that's a bit fresh for me.

Griffith University Educators

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.

Background

It is important educators preview course material for appropriateness to ensure that content is used to achieve learning outcomes for the course or topic and that traumatic material or self-reflective activities are not used for therapeutic purposes – teaching is about learning and vocational preparation and not a substitute for counselling or therapy (Carello & Butler, 2014). However, one of the important learning outcomes for health professionals is the capability to retain a state of equanimity in the face of stressful circumstances in order to remain useful to their patients and clients, especially in urgent life and health-threatening circumstances. This can only be achieved through careful and supported deliberate 'exposure' to potentially traumatic material.

Students can be exposed to challenging content through client case material videos, role-plays, presentations, or the sharing of sensitive information (Butler, Carello, & Maguin, 2017). Any of these experiences can be difficult for students to manage. Consequently, trigger warnings are sometimes used to prepare students for potentially distressing course content. However, the approach has been found to be of little value. Recent research indicates that students and internet users exposed to trigger warnings equally report negative intrusive thoughts and avoidance, while comprehending content equally well, as those who are not. Further, trigger warnings may prime students to be reactive and stifle their ability to cope with potential distress (Sanson, Strange, & Garry, 2019). When introducing potentially distressing or disturbing content focus should, therefore, be on building student resilience through safety (see 'Classroom Characteristics').

Safety in learning and teaching can be created by gradually introducing students to more complex and potentially distressing content. For example, the presentation of case studies or vignettes should not be based on extreme content too early in the course. When dramatic events are described in the classroom, any associated images used in presentations should be fit for purpose. As materials are gradually introduced into the classroom, educators should continue to monitor the classroom and student reactions because as courses progress, so too can students' reactions to course content. Students' responses are not always predictable.

The use of simulation-based learning methodologies offers real promise for enabling learners to engage with difficult topics and experience the human encounters that will form part of their future professional lives, in a controlled setting where optimal support can be provided. Chan and colleagues (2019) have recently reported an approach, known as MaRIS, which employs **M**indfulness practice and **a**ffective **R**eflection (in person and through writing) to promote learning from deliberately emotionally **I**mpactive simulated experiences in a **S**upportive, safe, small group environment, with careful facilitation. They have demonstrated that this approach, which utilises trained performers as 'simulated patients and clients', is effective in promoting learners self-rated interpersonal effectiveness and personal resilience in the face of challenging content and experiences.

Flexibility in course content should match student levels of trauma reactivity. Students who are more reactive to content should be met with higher levels of flexibility, according to the needs of each course, student and educator. Flexibility does not mean that students do not need to meet academic requirements but rather that educators should allow some flexibility while maintaining course structure and boundaries. For example, allowing choices in assessment items and topics in the early part of their educational programs can enable students to self-select topics in which they can manage their own reactivity, which could be internalised or externalised, and therefore more or less recognisable. Allowing this choice late in a program is not appropriate because graduates need to be prepared to meet all that they will encounter when they enter practice. Allowing choice early may help to build resilience but doing so late in programs encourages ongoing avoidance.

The student who appears to be uncooperative or unmotivated may not be resistant; they may, instead, be managing their emotional reactions to course content and requirements (see 'Assessment Requirements and Policies'). Similarly, a disruptive student may be struggling to regulate their emotions. In this instance, the educator will need to respond empathically to the student while steering class discussion and activities back to the session plan.

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 some activities and encourage them to develop boundaries and take responsibility for their own wellbeing.
- Acknowledge and normalise difficult feelings that students may have in relation to course content. For example, feelings of helplessness, shame, despair, guilt, anger, disgust, or students’ desire to rescue others (clients or peers).
- Acknowledge that content may be difficult and recommend self-care and care for others.
- Use student feedback to revise course content: for example, students can be asked if they need support and invited to comment on how a trauma-informed curriculum could be provided or improved.

Providing flexibility in course content

- Allow choice in assessment items and topics in the early part of programs.
- Make lecture recordings available to support attendance choice.
- Allow specific number of absences for courses where there is compulsory attendance.
- Ensure reading lists and handouts available early in the course for students who may have frequent absences because this will enable them to continue with their learn despite their inability to attend classes (Australian Disability Clearinghouse on Education on Education and Training [ADCET], n.d.).
- Consider providing individual orientation to laboratory equipment or computers to minimise the anxiety likely for some students in unfamiliar learning situations (ADCET, n.d.).

Assessment Requirements and Policies

I'm reading things in assignments where somebody is telling me this is their experience, this is what they are bringing into [their program], this is how they're managing it. Then, a year down the track, something has happened and other staff, academics, are saying to me, "Is there any reason why this student should not be excluded?" I'm looking at their assignment from the beginning going, "Oh well, you know, this could potentially trigger something when you're in this subject. I don't know if it has or not, but I have information that you gave me as part of your critical self-reflection, which you managed well at the time. I don't know if you're managing that well now", but I can't share that information. That's the stuff I struggle with in assignments. Also, how do you look after the students all the way through?

Our students have to watch a program [that could trigger emotional responses]. We don't watch that as a class; they have to watch that independently and write an assignment based on that. So, how can you monitor what's going on?

Griffith University Educators

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).

Background

Specific written course work can trigger feelings of re-traumatisation, leaving students feeling exposed, anxious and panicked. Setting assessment tasks without understanding the potential for re-triggering a traumatic experience is "risky pedagogical practice" that can ultimately impact on student academic performance and attrition (Carello & Butler, 2014, p. 159). De Bellis and Zisk (2014) explain the shift from students using their learning brain where they are engaged with the content to their survival brain where they feel under threat

and, as a response, may disengage from the learning experience. Some students may feel comfortable approaching lecturers and sharing their adverse reactions to assessment tasks, whereas others will withdraw without disclosure (Cless & Nelson Goff, 2017).

There are evidence-based benefits of reflective writing in the tertiary setting; however, designing and implementing assessment tasks based on the assumption that students can effectively self-regulate and write in accordance with what they can emotionally cope with is not evidence-based. Students will often write with the aim of pleasing the lecturer and may push their emotional limits in order to excel in the task (Carello & Butler, 2015). Additionally, some educators believe students want to discuss their traumatic experiences; however, there is no evidence that a university setting is the appropriate context, nor does evidence exist that experiencing fear and helplessness are precursors to effective learning (Carello & Butler, 2014). It is important to remember that university educators have an ethical responsibility to 'do no harm' and to uphold student safety, including in assessment tasks.

The benefits of setting reflective tasks as a means of preparing students for future practice cannot be understated. For example, in social work, it is important for students to reflect on power and privilege and to be able to evaluate their own positionality in relation to the clients they aim to serve. Course content and classrooms within the program are conducive to this learning and provide opportunities for students to reflect (Garra & Rasmussen, 2014). However, activities need to be scrutinised for their potential to disturb or trigger students (Carello & Butler, 2015) (see 'Course Content: Preparing Curriculum Content' for further information about questions to guide the development of course content).

All universities have assessment policies underpinned by institutional philosophy to guide assessment design and activities. Griffith University stipulates that academic staff can exercise their professional judgement when designing a variety of assessment methods, ensuring they are relevant, valid and appropriate to the objectives of the course (Griffith University, 2019).



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.
- 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. 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 Student Experience of Course and Student Experience of Teaching surveys 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.
- 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).
- 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).
- If a student's statements in assessment tasks indicate they may harm themselves or others, educators need to inform an appropriate authority, which can be done with or without student consent. Refer to the Protecting Student Privacy Policy (Griffith University, 2017) via the following link: griffith.edu.au/__data/assets/pdf_file/0028/171379/protecting-student-privacy.pdf.
- If you are concerned about a student, contacting Counselling and Wellbeing Services if you are concerned about a student via the following link: griffith.edu.au/student-services/counselling-wellbeing/information-for-staff

Educator Behaviour

We should have the personal resources to let students explain how the course material is impacting on them. Students will feel safe to have these conversations with us if they can see that we are genuinely robust enough to hold them and their experiences.

At the beginning of the class, I just say to people, sometimes we are studying ourselves when we study other people and that it's actually, really, normal for people to come into the work with some experiences of adversity or trauma.

Griffith University Educators

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 & Fallot, 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).

Background

Exploring trauma content can be a deeply challenging experience for students; however, there is less acknowledgement of how the content and students' behaviours can impact on the educator. Educators have reported feeling 'traumatised' by reading student personal reflections that they were ill-prepared for, which moved them beyond sympathy and into secondary traumatisation (Carello & Butler, 2014; Davidson, n.d.). One educator stated he found a student's reflection about his father's suicide so "gut wrenching" that he had difficulty holding back the tears because he inadvertently linked the reflection back to his own trauma history (Carello & Butler, 2014, p. 159). It is important that educators reflect on their management of the classroom to:

- Avoid engaging in minimising or dismissing student concerns (Carello & Butler, 2015)
- Avoid "permitting threats, ridicule, displays of power, impatience or even disappointment" (Carello & Butler, 2015, p. 271) (Carello & Butler, 2015)
- Create an environment of empathy and openness in which students safely examine self and others in meaningful and integrated ways (Garrahan & Rasmussen, 2014)
- Manage their own responses and reactivity to students' comments, behaviour or disclosures

Drawing on a trauma-informed pedagogical approach requires that educators understand, recognise and acknowledge how students' experiences shape and influence their understanding of any issue, experience, situation or topic (Davidson, 2017) and that they



initiate early intervention strategies that build on students' strengths and increase their potential for success (Mazza, 2015). The educator has an integral role in negotiating and understanding the complex interplay between the following practice principles:

- Safety (physical, emotional, cultural)
- Trustworthiness and transparency (teacher-student relationship)
- Peer support (safety)
- Collaboration and mutuality (levelling power differentials)
- Empowerment, voice and choice (self-determining, strengths-based)
- Cultural, historical and gender issues (awareness of past stereotypes and responsiveness to cultural needs) (Fallot & Harris, 2009; Davidson, 2017; Black, 2006; Harrison, et al., 2018; Cless & Goff, 2017, SAMHSA, 2014)

To deeply understand the impact of trauma on learning, educators must understand what trauma is, how to teach trauma as well how their own experiences underpin how they interact with the world, including their students and the content they are teaching (Carello & Butler, 2014). This requires an advanced level of self-knowledge by drawing on skills such as self-reflexivity. When the educator has advanced knowledge of what trauma is, how it manifests and potential reactions to trauma by both students and educators, it is much easier to recognise trauma and respond.

Educators must have highly developed skills in facilitating discussions of challenging content (Cless & Goff, 2017). This requires a commitment to staying consciously engaged while continuously reflecting on teaching and how this impacts classroom management. Davidson

(n.d.) notes that “educators should neither ignore nor dwell on students’ trauma” but rather recognise and acknowledge these experiences and invite students to use these effectively as learning opportunities (p. 16). This can be achieved through direct formal teaching and feedback mechanisms or indirectly through less formal techniques, either verbally or non-verbally.

As educators play a significant role in shaping the teacher-student relationship (Cless & Goff, 2017) within the scope of their teaching role, they need to be aware of power imbalances and how these can impact on students (Harrison et al., 2018). Educators can use their self-reflection skills to model appropriate power-sharing in the classroom so that teaching is collaborative.

The educator’s communication, language and dialogue have the potential to facilitate or hinder engagement in learning. Drawing on strengths-based communication can assist students with building resilience and developing teacher-student relationships to promote student wellbeing.

Strengths based communication in education is:

- Focusing on what is present and what can be developed, rather than what is absent
- Valuing all students
- Describing learning, development and behaviour respectfully and honestly
- Building on students’ abilities within their zones of proximal and potential development
- Acknowledging that students have difficulties and challenges that require attention and support
- Identifying what is happening when learning and development are going well so it can be reproduced by the student (Department of Education and Early Childhood Development, 2012)

Strengths based communication in education is not:

- Only about what is perceived as positive
- Avoiding difficult discussions or honesty
- Accommodating or rationalising bad behaviour
- Focussed only on problems
- Minimising concerns about students, their learning, or their behaviour
- One-sided – the educator is not the only participant in defining what constitutes strengths (Department of Education and Early Childhood Development, 2012)

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.
- 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.
- Model the behaviour they want to see in the classroom from students such as respect for difference, humility, or empowerment.
- Use the tips noted on page 16 of this booklet outlining some techniques for ‘Responding to students in distress’.
- Consider further learning and teaching strategies:
 - Pedagogy of discomfort (Boler, 1999)
 - Affective learning (Chan et al., 2019; Rogers, Mey, & Chan (2017); Rogers, Mey, Chan, Lombard, & Miller, 2018)
 - Strengths based learning
 - Critical reflection (Mezirow, 1998)
 - Self-reflexivity
 - Emotional Intelligence.



Student Behaviour

There are probably a lot who are having trauma responses who sort of disengage. Those withdrawn students might be those dealing with trauma by not being able to reach out. We need to think about how we can work with them in a better way. They're not going to knock on the door and say, "Help me, I don't know how to do this".

There's a whole lot of hidden trauma that people just carry on, carry on, carry on and they make it through, or the wheels fall off right at the end where you can't do very much. That's an ongoing challenge for everybody.

Griffith University Educators

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.

Background

Problem behaviours in response to trauma frequently co-occur and including the following:

- Frequent, unexpected or unexplained absences that may be due to hospitalisation, medication changes or fluctuations in illness (ADCET, n.d.)
- Rigid thinking patterns and inflexible approaches to tasks (ADCET, n.d.)
- Isolation and a tendency to withdraw from others (these students may not speak up in class or find it difficult to fully participate in group activities) (Carello & Butler, 2015; Roche et al., 2019)
- Tendency to rote learn (Carello & Butler, 2015; Roche et al., 2019)
- Difficulty performing consistently or following through on tasks (this can be due to anxiety and perceptions of inadequacies) (ADCET, n.d.)
- Impaired participation in tutorials and/or performance in examinations (ADCET, n.d.)
- Short-term memory loss affecting the ability to recall information and attention span (ADCET, n.d.)
- Difficulty following sequences, complicated instructions and directions and integrating material from different sources (affected students be easily 'overwhelmed' by information) (ADCET, n.d.)
- Asking questions repeatedly or returning frequently to issues already covered (ADCET, n.d.)
- Misinterpreting questions, comments, non-verbal cues or instructions (Carello & Butler, 2015; Roche et al., 2019)
- Being vague in responses to questions (Carello & Butler, 2015; Roche et al., 2019)
- Impulsive, unpredictable or aggressive behaviour (Carello & Butler, 2015; Roche et al., 2019)

- Excessive tardiness to class or to field placement (Mazza, 2015)
- Sleeping in class (Mazza, 2015)
- Decrease in academic performance (Mazza, 2015)
- Dishevelled appearance (Carello & Butler, 2015; Roche et al., 2019)
- Problematic alcohol and other drug use (Carello & Butler, 2015; Roche et al., 2019)
- Inappropriate self-disclosure (Carello & Butler, 2015; Roche et al., 2019)
- Hostility towards educators or peers (Carello & Butler, 2015; Roche et al., 2019)
- Multiple emails, especially if sent late at night or very early in the morning (Carello & Butler, 2015; Roche et al., 2019)

Behaviour can be very challenging when students are angry, aggressive, combative, and disrespectful towards educators or other students. Such behaviour can be upsetting for everyone in the classroom and requires immediate intervention. For guidance on strategies to respond to disruptive behaviour, please refer to 'Practical Wisdom Steps for Managing Disruptive Student Behaviour' (Griffith University, February 2013a) accessible via this link griffith.edu.au/__data/assets/pdf_file/0038/499844/CWB_PracticalWisdom_Brochure_210x297mm_A4_CMYK.pdf.

Staff should respond in a manner commensurate with student behaviour and ensure they are fair and reasonable in their dealings with students. The student has the right to make a complaint (Student Complaints Policy) if they consider the actions of the staff member to be unfair.

Coping with trauma can also manifest in other, more adaptive ways such as sketching, journaling, accessing therapy and support services, talking with family, friends, fellow students and educators. Challenging content should be acknowledged and all students, regardless of personal history, should be encouraged to adopt positive behaviours and practice self-care (Zosky, 2013) and are for others (see 'Self-Care and Collective Care ').



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



Classroom and Field Placement Characteristics

If you've got 200 students in a lecture theatre, you're going to have a completely different conversation than when you have a small group where you can have protocols and build a relationship.

The whole structure of those placements is really fraught for someone who has got that trauma background...it's just a minefield, isn't it, waiting for a problem to happen.

Everyone is scared of self-disclosure in this space and we should be because it's not a therapeutic space...I make people aware it isn't actually a safe space as I can't guarantee confidentiality. So, I actually say to them, "Don't say anything here that you're not comfortable broadcasting on social media or telling people because I don't know where the information goes".

Griffith University Educators

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).

Background

Classroom safety 'is a precondition for meaningful self-reflection, self-discovery, and student engagement' (Garrahan & Rasmussen, 2014, p. 401). Classroom safety is based on a good relationship between the educator and students and extends beyond physical violence to include psychological and emotional wellbeing. Every classroom is likely to have members at risk of a trauma response due to their personal history, mental health problems or current life circumstances (Carello & Butler, 2015). Given the diversity of needs, it is challenging for the space to be truly safe for all students, all of the time. Physical features of the classroom may be triggering for students living with some degree of trauma, as can content that may not generate a trauma response in other students (Carello & Butler, 2015; Holley & Steiner, 2005; Kisfalvi & Oliver, 2015).

Depending on the university degree or program, students can be expected to participate in their relevant field placement. This placement may take a considerable amount of time and both emotional and practical investment. The goals of placement are to provide students with exposure to evidence-based knowledge and theories (Cleak & Wilson, 2013). Placement helps students extend their understanding of their professional role and build a sense of professional identity. Throughout the placement period, students are engaged in a range of tasks that build their professional skills and knowledge, as well as testing their interest and suitability for the profession. Negotiating new environments, such as field education settings, can be particularly stressful for students with a history of trauma (Read, Ouimette, White, Colder, & Farrow, 2011).

Educators are responsible for providing appropriate support to learners balanced with the responsibilities that adult learners have for self-care and their own wellbeing. Educator support to students needs to maintain the boundaries and roles of educator, not therapist or counsellor, and to be conducted within 'a supervisory relationship characterised by a secure attachment that promotes learning as well as self-reflection and independent thought and action' (Knight, 2019, p. 84). Such trauma-informed field instruction requires an organisational climate and culture based on trauma-informed principles. However, the settings in which students are placed are not always trauma-informed, which can leave the agency's staff, clients and students unsupported (Knight, 2019). Universities often do not have control over this aspect of the student's environment and are reliant on the agency and field placement supervisors to ensure the safety of students during placement.

Individual educators and field supervisors bring their values, beliefs, and understanding to their teaching and/or supervision and their background can impact a learning space (Hoch, Stewart, Webb, & Wyandt-Hiebert, 2015). Educators or field supervisors being dismissive of potentially traumatic content can result in students' trauma reactions being discounted or not responded to. All staff members in the field of human services benefit from information about trauma, regardless of professional training (Harris & Fallot, 2001). Training is particularly important for field education supervisors. New employee orientation should be inclusive of trauma-informed practice and training should be updated annually.

Field educators may have information regarding a student's wellness and readiness for placement and will, ideally, work with the student to support them in achieving a successful placement experience. However, at times, the demands of the placement experience can be overwhelming and can trigger responses that are unexpected and not able to be planned for.

Field placement is when some students struggle for a variety of reasons. For some, it is the first time they are supporting or treating people who have experienced child abuse, domestic violence, physical and sexual assault, severe illness or injury, armed forces related trauma, or who are from an asylum seeker or refugee background (Butler et al., 2017). If students have had their own lived experience with any of these adversities, they may have strong emotional reactions to field placement experiences. For example, in a social work program, a student with a lived experience of foster care or one who has experienced domestic and family violence, may find working with vulnerable people with similar experiences produces a flooding of emotions that can be overwhelming and potentially re-traumatising. Students can also be challenged by novel field placement experiences. Field educators need to attend to direct and indirect experiences of trauma by regularly checking-in with students and allowing them to discuss their reactions to the placement experience. In a parallel process, students need support to ensure they respond to clients through non-traumatising approaches (Knight, 2019).

Managing mental health issues or past physical or emotional trauma may pose a low-level of risk on a day to day basis in the tertiary setting, but risks can increase with the placement experiences and/or the additional expectations required from the student. Placement tasks and co-requisite course work necessary for successful completion of field placement can add to anxiety and distress, which can contribute to discomfort and disrupt functioning for a student who may previously have coped well with the challenges they face (Cless & Nelson Goff, 2017). Some of these risks may be avoided through the utilisation of learning activities that accurately simulate the experience of real service settings prior to placement. Simulation-based learning can allow students to experience emotionally impactful practice encounters in an environment that can be controlled and where facilitator and peer

support can promote the development of resilience and a sense of confidence prior to real experience in the field (Chan et al., 2019).

However, while the benefits of simulation-based learning is well established within contemporary pedagogical literature, particularly in relation to preparation for field placement (Dodds, Heslop, & Meredith, 2018), caution is still required. Research highlights that educators must be aware of the potential psychological harm that could ensue during simulation (Lamé & Dixon-Woods, 2018). Case scenarios must therefore be carefully designed in accordance with the student's level of learning, clearly aligned with learning objectives and be underpinned by relevant theory (Kourgiantakis, Sewell, Hu, Logan, & Bogo, 2019; Roberson, 2019). Some research recommends educators avoid exposing death-related scenarios to early learners as premature exposure has been found to trigger psychological distress (Lamé & Dixon-Woods, 2018; Winter, Patel, & Norman, 2017). To promote psychological safety, measures such as effective debriefing mechanisms, post-simulation follow-up and a guided written reflection activity to explore elicited feelings can be employed (Chan et al., 2019; Kourgiantakis et al., 2019; Lamé & Dixon-Woods, 2018). Simulation facilitators play a key role in creating a safe learning environment, remaining ever ready to identify and support students reacting adversely.

Identifying students who may be potentially triggered by simulation content and learning space can result in both educators and field education staff becoming aware and ensuring supports are put in place prior to exposure in real placement settings. Occasionally, alternative placements may need to be found if the context proves too difficult; however, this should be a solution of last resort, as it encourages avoidance and may lead to significant limitation of practice after graduation.

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.
- The placement workspace is physically appropriate – “hot-desking” can be used by some placement agencies, but this is not appropriate as it provides no stability for the student who is already experiencing the instability of learning.
- There is recognition that some students are not yet able to work with specific groups (Carello & Butler, 2015).
- Appropriate planning on how to manage triggers e.g. learning plans, referrals for support, self-care strategies, and Student Access Plans (via Disability Services).
- Post-placement debriefing opportunities are provided to help students build their professional identity, self-efficacy and resilience (Cardell & Bialocerkowski, 2019).

Self-Care and Collective-Care

I can't have legitimacy teaching students about self-care, or researching it, if I have terrible self-care myself, but it's a constant juggle and it's always at the forefront. The first thing I think of in the morning is how am I going to make this a good day, a non-stressful day.

If you want [a] trauma-informed [university], I don't care if you're working with students, or if you're working with your staff, the whole organisation has to have some framework around how they care for the people within their organisation.

Griffith University Educators

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).

Background

Squeezed between the demands of students, the workplace, and their own vulnerabilities, which can be exacerbated by organisational climate, educators experience pressures from various directions in the workplace. These demands place educators at risk of burnout, compassion fatigue and vicarious trauma (more information about each of these potential impacts is outlined below). In order to meet the demands of the higher education sector with its heavy workload, and to attend to the needs of students, educators need to push back collectively against unreasonable demands from management so they can prioritise self-care. Although challenging in a demanding organisational context, self-care has been described as an ethic, a responsibility (Foucault, 1997 in Bryan & Blackman, 2018). Educators can also inform students of the risk of burnout, compassion fatigue and vicarious trauma, initiate strategies to increase their own and their students' self-care and model self-care practices, all of which helps to ensure a trauma informed approach to learning and teaching (Carello & Butler, 2015; Zosky, 2013).

Burnout

Burnout is a state of exhaustion, lack of enthusiasm and motivation for one's job characterised by ineffectiveness, inefficiency, frustration or cynicism, and reduced efficacy within the workplace. It is typically triggered by the imbalance between job demands and job resources. Workplace stressors in higher education include demanding and less rewarding organisational policies, the role of administration, lack of supervision and supervisory support, role ambiguity and role conflict, lack of resources, teaching and research related workloads, remuneration and student issues (Khan, Rasli, Khan, & Naz, 2017).

Burnout is particularly prevalent in stressful organisational climates where employees feel unsupported, and where organisational issues interfere with service provision. Professions with high levels of burnout include social workers, nurses, teachers, lawyers, engineers, medical practitioners, customer service representatives, and police officers. Burnout in the higher education sector has dramatically increased in recent years, with younger staff at greater risk than older colleagues (Khan et al., 2017). Women have been found to experience burnout at higher rates than their male counterparts (de Lourdes Campos & de Lucena, 2017). Men report higher rates of depersonalisation (Lackritz, 2004 in Bryan & Blackman, 2018).

Currently, burnout, as a response to chronic stress, is the most common mental health problem experienced by higher education teachers. The process of burnout is gradual, sometimes developing over years, and can impact the higher education teacher across all life domains – personal, family, social and institutional– and undermine health (de Lourdes Campos & de Lucena, 2017). Burnout arises more readily when educators try to provide good quality teaching and support to students (Bryan & Blackman, 2018).

Burnout is frequently experienced as depression. Signs of burnout include:

- Reduced achievement
- Hopelessness
- Emotional exhaustion
- Inefficiency
- Loss of idealism
- Job strain (the perception of a lack of control at work while facing high workplace demands)

Compassion fatigue

Compassion fatigue has been described as 'an occupational hazard for educators' (Figley, 1995 in Davidson, n.d., p. 21). Compassion fatigue is a sense of indifference to the difficulties that others are experiencing and may develop after repeatedly needing to respond compassionately, both inside and outside of the workplace. Educators should not try to cope alone with student trauma; to do so can lead to burnout. Instead, the support of colleagues should be enlisted. This can include working in teams or seeking assistance from managers. In addition, educators can also have their own trauma experiences reactivated by students' accounts of trauma, either in the classroom, in assignments, on discussion boards, or through one-to-one engagement. Re-traumatisation may require the educator to seek professional counselling (Davidson, n.d.).

Compassion fatigue is typically characterised by:

- Loss of empathy
- Frustration with effects of hearing about another's trauma

- Fatigue from not being able to help a traumatised person
- Diminished capacity to respond to others who are in distress or function in a role

Vicarious trauma (VT)

Vicarious trauma (VT), sometimes referred to as secondary traumatic stress, may result when a person is exposed to another's trauma. It generally applies to helping professionals but also to those exposed to other's accounts or experiences of trauma including family members, friends, assessors, educators, or interpreters. VT is defined as the transformation in the person's inner experience resulting from empathic engagement with another's trauma material (McCann & Pearlman, 1990).

Causes of VT include:

- High compassion for others (see further notes on affective empathy below)
- Personal trauma history
- Shared trauma (shared traumatic event among a group e.g. refugees or motor vehicle accident)
- Poor coping strategies
- Personal stress
- Lack of work support or supervision
- Isolation
- Inability to help others
- Denial, disbelief and detachment
- Hyperarousal and hypervigilance
- Re-experiencing the other's trauma
- Preoccupation with the other's story

Affective empathy may contribute to experiencing indirect trauma and results from being intensely involved with others' distress. Affective empathy is characterised by:

- Facial expression – adopting the same expression as the person in distress
- Body posture – adopting the same posture as the person in distress
- Position – sitting too close to the person in distress
- Imagining what the person in distress is describing and picturing the scene, sounds and events

Signs of vicarious trauma:

<p>Emotional:</p> <ul style="list-style-type: none"> • Increased distress in response to client/ students' stories • Greater sensitivity to violence • Feeling numb when hearing about trauma • Increased level of fear • Intrusive images of clients'/ students' trauma • Somatic (bodily) complaints (e.g. nausea, pain, headaches) • Feelings of failure, shame, guilt 	<p>Cognitive:</p> <ul style="list-style-type: none"> • Suspicious, distrustful, cynical – 'They never tell the truth' • Feeling more vulnerable • Enhance awareness of fragility of life – 'I (or other) could be killed at any time' • Changed belief (e.g. in God, justice, meaningfulness, purpose or existential explanatory system) • Sense of not having control of one's life. • Cynical/pessimistic about work/clients/ students/people • Negative cognitions – view of one's self has changed from positive to negative
<p>Negative thoughts:</p> <ul style="list-style-type: none"> • 'Anyone is capable of anything' • 'The more innocent someone looks, the less she or he can be trusted' • 'Anyone could molest him' • 'The world is basically an unsafe place and one must always be vigilant' • 'As soon as one lets her or his guard down, something bad will happen' 	<p>Problem behaviours:</p> <ul style="list-style-type: none"> • Addictions and compulsions – including excessive working, compulsive eating, drinking to excess • Hyper-vigilance – excessive attention to detail; overly cautious, difficulty concentrating • Impaired functioning – missed appointments, lateness, not using supervision, isolation, poor performance
<p>Relationship changes:</p> <ul style="list-style-type: none"> • With students: <ul style="list-style-type: none"> • Detached • Over-identifying (engaging in excessive or inappropriate emotional or psychological identification with others • Taking excessive responsibility • With supervisor or colleagues: <ul style="list-style-type: none"> • Avoidance as a result of fearing exposure, failure, shame • With family or friends: <ul style="list-style-type: none"> • Withdrawal, detached • Irritability, quick to anger 	<p>Physical:</p> <ul style="list-style-type: none"> • Somatic (bodily) sensations including aches and pains of unclear origin • Loss of/increase in appetite • Difficulty sleeping/intrusive dreams

Risk and protective factors for vicarious trauma:

Protective factors:	Risk factors:
<ul style="list-style-type: none">• Experience• Older age• Social support• Work/life balance• Capacity to help• Strategies to manage vicarious trauma• Supportive work culture• Supervision• Professional development	<ul style="list-style-type: none">• Employees with less education• Employees newer to their jobs• Employees with the <i>most</i> and <i>least</i> experiences working with survivors• Students• Women• Employees who have experienced trauma, especially childhood trauma• Employees with higher levels of empathy

...and, finally, some good news about vicarious trauma

“Although these work-related experiences are described as possibly having negative personal effects, there is a view that they should be regarded as a normal consequence of working in a caring and helping profession, and therefore there is a need to depathologise and normalise such emotional responses in relation to working with traumatised patients” and clients (Jenkins & Baird, 2002 in Huggard & Nimmo, 2013, p. 37). Positive outcomes from working with others who are traumatised may include vicarious post-traumatic growth and positive changes. Educators may experience vicarious resilience and compassion satisfaction from witnessing student resilience and posttraumatic growth. Educators may also experience collegial support and the satisfaction of giving to others resulting in personal growth characterised by increased levels of sensitivity, compassion, insight, tolerance, self-awareness and spirituality.

Learning and Teaching Strategies

Reducing stress and burnout is a shared responsibility between the higher education institution and the educator. The institution needs to implement preventative measures such as policies that support 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).

Staff members also need to support students’ self-care. Attention can be drawn to the importance of self-care in course profiles, with the message reiterated at key points across the curriculum. A clear outline of the expectation that students will take responsibility for their own wellbeing can be included. Self-care can be explicitly discussed with students 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 is being encouraged in higher education settings as a self-care strategy and has been found to be particularly useful for students who have experienced trauma (Kuhl & Boyraz, 2017 in Davidson, n.d.). Strategies in the practice of mindfulness include meditation and guided reflections. Mindfulness can be done in students own time away from campus

or in classroom settings where it has been found to promote relaxation and wellbeing and to increase student capacity to focus on academic tasks and deal with potentially difficult course content (Schwind et al., 2017). Benefits have also been identified for educators; these include lower levels of stress and increased capacity to engage with students. Information on mindfulness can be made available to students and educators through printed and audio-visual materials (Schwind et al., 2017).

Self-care practices are personal and cannot be generalised. As such, strategies to manage stressors will vary depending on an individual's personal preferences, values, beliefs and tastes. 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.

Additional self-care strategies may include:

- 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).

Important contacts for staff

Health and Medical Services

Staff who do not hold a current health care/concession card are required to pay at time of consultation for medical, psychiatry and mental health services.

Gold Coast: 07 5552 8734

Nathan: 07 3735 7470

Staff Counselling

The Griffith University staff counselling program is a confidential wellbeing resource available for all employees and their immediate family members. The program is designed to assist you to enhance your individual health and wellbeing and can support your entire work, health and life journey. The services are delivered by an external provide, **Benestar**.

The service can be accessed by telephone / face-to-face / video counselling or online counselling.

The toll-free number for appointments is **1300 360 364** 24 hours a day, 7 days a week.

Online access is via the web site **www.benestar.com**. When accessing the site for the first time click on the Benestar Hub icon (top right) and enter the case sensitive logins ID: GUNI01. NB Please note that GUNI01 (please note token is capital g,u,n,i followed by numerals zero and one)



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