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Clinician's voice: Trauma-informed practices in higher education

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Abstract

As higher education practitioners, it can feel like our growing awareness of the prevalence and impact of trauma makes us responsible for the care of faculty, staff, and students in the learning environment even when we feel inadequate in doing so. As both an educator and clinician, I am aware of how difficult it might be to identify and address this in classrooms and on college campuses. This article provides some background about how trauma manifests and offers recommendations for engaging in trauma-informed practices with students.

INTRODUCTION

Trauma is pervasive, and perhaps more so now than ever before given the intersection of the COVID-19 pandemic; economic, political, and racial tensions; and weather and natural disaster events. Even if not personally affected (though so many of us are), we are otherwise connected via media and social media outlets to someone who has been exposed to traumatic events. Chronic traumatic stress, even vicarious or secondary trauma (experienced through indirect exposures to the trauma and/or trauma stories and experiences of others) can have grave impacts on mental, emotional, and physiological health, quality of life, and certainly, learning (Bride, 2007; Craig & Sprang, 2010; Felitti, 2002; Felitti et al., 1998; Qureshi et al., 2009; Siegel, 2009; van der Kolk, 2015; Zelazo et al., 2016). Additionally, the layered and cumulative impact of personal traumatic life experiences and generational/collective trauma is heightened via secondary and vicarious traumatic stress.

Support for social and emotional learning, as well as mental and behavioral health, has now become a responsibility of educators and administrators in higher education. This responsibility is not only to provide resources, but also to attend to needs for effective teaching and learning. While it is not required nor ethical to provide direct mental health help outside of clinical relationships, educators and administrators should be engaging student learning through a trauma-informed lens. As a clinician and educator, my goal is to provide insight and practical tips on how to create an environment for learning

that encapsulates these guiding principles. This article will contribute to those in higher education being able to recognize the signs and symptoms of trauma in the learning environment and address trauma in productive ways to maximize learning.

POSITIONALITY STATEMENT

I am starting this article both recognizing and disclosing the voice and lens that impacts my perspective in this writing. This lens includes my roles in both the academic world and in the mental health community. I serve as an assistant professor at the University of North Carolina Wilmington. The information and views that I express here are my own perspectives from life experiences, research, and clinical mental health work. Aside from my role in academia, I have engaged in research on mental health for more than 15 years and currently serve as an outpatient therapist in North Carolina as a licensed clinical social worker associate.

I honor what I have gained from research participants, clients, and students over the years. I respect each of their experiences as authentic, unique, and an opportunity for me to learn and grow as an investigator, clinician, and professor. I recognize that what I've learned from the research and the clients that I have served, impacts what I share about trauma in the context of trauma-informed practices in higher education within this article. I am committed to work on trauma and resilience as a part of my efforts in mental health, particularly in marginalized communities. Trauma among the marginalized is pervasive, generational, and oftentimes, complex in nature. As an academic, I am invested in improving my practice as a trauma-informed clinician and educator, as well as educating and challenging my academic peers to do the same.

SETTING THE STAGE

I begin this article with a case study example to consider. It is important to note up front, however, that there is no singular way that trauma or adverse childhood experiences manifest in the higher education context (or any context for that matter) and this case study represents just one possible example. Everyone experiences trauma differently and may "present" (as in, exhibit behaviors that reflect that trauma experience or experiences) in different ways; however, this case study offers a plausible "real-life" example and allows me to share a clinical perspective on how trauma *might* present itself. I believe this is useful even before defining trauma because without knowing more about how trauma might present, one might "see" things differently. My hope is that your awareness of trauma in higher education contexts (and ultimately your approach and practices), will be enriched as you move through this article. After all, being informed about trauma is mostly about the lens from which we look. I hope to enhance that lens.

CASE STUDY: MEET CASEY

Casey is a 19-year-old college sophomore attending a 4-year predominantly white college in the southeastern United States. Casey identifies as mixed race (Afro-Cuban) and female, was born in Cuba, and is the first person in her family to pursue a college degree. She currently lives with her mother (who identifies as mixed race, also Afro-Cuban) and stepfather (who identifies as African American), and her little brother, Jamie, who was born to Casey's biological mother and stepfather. Casey's mother is her primary motivation

for attending school. Casey's biological father who was estranged passed away about 7 years prior to her starting college, and she lost an older sister to cancer when she was 9 years. Casey's childhood memories consist of her mother and biological father having a tumultuous relationship (which included his engaging in heavy drinking) and witnessing violent, physical fights between the two of them. She has additionally witnessed a violent homicide occur in her neighborhood at the age of 11. Casey now lives off campus with her family. She describes her time at home as distant: "We don't talk much. My family doesn't really discuss things. They just expect me to work hard in college, come home and do my homework and that's it. We don't really go there about anything else."

Casey finds herself using school as her "escape." Although it can be stressful meeting expectations and getting all the schoolwork done, it is away from a home that she describes as "sometimes chaotic, sometimes empty." In class, Casey often finds her mind "floating off" thinking about her sister and about her new life in the States. Her mother has had difficulty finding work, so she feels even more pressure to finish school and even bring money home from her internship. In addition to her internship, Casey works at a local daycare 3 days a week. Casey is enrolled in five courses this semester and, some days, she skips class because of fatigue and spends time catching up on work at the university library. Casey shares that the library is quiet and calm, and she tends to get more work done that way. Oftentimes, Casey finds herself asleep on the table and has had to e-mail her professors a few times this semester asking for extended time to complete her work.

Casey would describe her social life as "non-existent." She has trouble identifying with groups on campus and sometimes feels guilty for wanting to find friends to hang out with. Casey sees her main purpose as getting her college education and working hard to help her family. She often finds herself physically drained and feeling sad. When approached by classmates to engage in conversation or to join them for social events, Casey often states she doesn't have much time for any other work. She reports being "shy about new people." In class, Casey is quite reserved and rarely participates verbally in group work or in class participation.

WHAT IS TRAUMA, AND HOW DOES IT AFFECT US?

According to the American Psychological Association (2021), trauma is an emotional response to a terrible event or disaster, such as an accident, rape/sexual assault, or natural disaster. In the past few decades, increased attention has been placed on certain traumatic events during childhood, known as adverse childhood experiences or ACEs (CDC, 2020). ACEs included examples such as: experiencing violence, witnessing violence, having a family member die by or attempt suicide, substance misuse in the home, having a parent living with mental illness, having a parent go to prison, experiencing physical or sexual abuse, and losing a parent to death or to separation or divorce (CDC, 2020). It should always be noted that by no means is this an exhaustive list of adverse experiences that take place in childhood.

In a pivotal TED talk video, pediatrician and current Surgeon General of California Nadine Burke Harris describes the relationship between childhood trauma and lifelong health (Harris, 2015). In particular, she highlights that childhood trauma creates toxic stress that has a lasting impact on the body and brain. In addition to trauma's physiological and physical health impacts, it is critical to highlight how trauma influences emotions and even affect (the expressions and mood that others typically notice about us externally). For example, children who have experienced ACEs sometimes have challenges expressing and managing their emotions as well as relating with others (The National Child Traumatic Stress Network, n.d.).

Though trauma can happen during adulthood, adverse childhood experiences or childhood trauma can have particularly long-lasting effects on the brain, because our brains are still in the process of developing (Bremner, 2006; De Bellis & Zisk, 2014). So, how exactly does trauma affect the brain? Our brain consists of several components including—notably and most relevant to trauma—the prefrontal cortex, the amygdala, and the hippocampus. Our amygdalas are responsible for processing strong emotions, mostly those related to fear or pleasure, and ultimately puts us in "fight, flight, or freeze" mode (National Scientific Council on the Developing Child, 2014). This part of our brain activates when we are in danger (or notably, presumed danger) and naturally attempts to save us by "fighting" (read: conflict, anger, and/or rage), "flighting" (read: escaping, retreating, and/or avoiding), or "freezing" (read: no affect, unresponsive and/or inattentiveness). *Remember these notes about how fight, flight, or freeze might look when we reference Casey again later in the article.* Our prefrontal cortex is responsible for our executive functioning (EF) which includes our ability to regulate emotions, our ability to think about alternating concepts or several concepts at once (read: critical thinking or the kind of thinking and application we hope for in college), and also, remembering and storing information (Zelazo et al., 2016). Our hippocampus, quite simply, is responsible for learning and new memory, even recalling details about traumatic events, but can easily be damaged by certain stimuli (Fogwe & Mesfin, 2021). All that said, sometimes what we see in a classroom might be an emotional response to a subconscious, trauma-related memory, *or* our executive functioning is inhibited because there is something that is perceived as a threat or danger (even if not so) and our amygdala is activated, and therefore, our prefrontal cortex is literally unavailable to engage in learning. In other words, when someone with a trauma history is activated (perceives danger or "triggered" if you will), the emotional brain hub is on and the learning/memory brain hub is off!

Now, remember Casey? Let's apply some of this definitional work to what we know about Casey from the case study presented at the start of the article. Given the prevalence of trauma among college students (Smyth et al., 2008), you might imagine that Casey is only one of many students on campus who have experienced trauma and whose trauma experiences may affect learning and wellbeing. You probably are now also aware that Casey's previous exposure to trauma could create difficulty for her to engage in the higher education environment in ways that administrators and educators may generally expect. In other words, Casey may be experiencing academic challenges not because of her capabilities or lack thereof, but because of experiences and circumstances that might make her engagement with either the environment or material (or both) difficult. Although we have not talked about clinical manifestations of trauma yet, we are aware that Casey grew up in a chaotic household, has experienced and directly witnessed violence, had a parent who abused substances, and lost both a father to divorce and a sister to illness.

Best said by Terrasi and de Galarce (2017), "teachers who are unaware of the dynamics of complex trauma can easily mistake its manifestations as willful disobedience, defiance, or inattention, leading them to respond to it as though it were mere 'misbehavior'" (p. 36). Though we often consider this in elementary and middle school contexts, this is incredibly relevant for students who pursue higher education. After all, they carry, *we* carry, the brains of our wounded child selves. Let's dig deeper.

RECOGNIZING TRAUMA AMONG COLLEGE STUDENTS

Trauma and its effects live among college students. In a study of 1500 college students, 85% reported having experienced at least one traumatic event, with most students in the sample reporting multiple events (Frazier et al., 2009). More recently, Mackay-Noerr (2019)

conducted a study where over 1000 college students were surveyed about ACEs, finding that 59% of surveyed students reported at least one ACE and 38% reported two or more, with higher ACEs among first-generation students. Additionally, they found that high ACEs scores were predictive of lower GPAs. It is safe to assume depending on the makeup of the student population on any given college campus that many students you interact with have experienced some trauma. Some of the students you interact with may have experienced multiple traumas, and depending on race, ethnicity, SES, and geographical location of upbringing or extended residence, some may have experienced layered, complex, and persistent trauma (Sacks & Murphey, 2018).

There are many ways in which trauma is carried with someone. In other words, though the origin of traumatic experience may be long gone, there is evidence that those experiences still take a ride with us so to speak, physiologically, mentally, and/or emotionally (van der Kolk et al., 1996). Mental health clinicians are more often sought once trauma has externalized in some to an environment or relationship (the ways in which trauma is often noticed by others, or the ways in which one copes with trauma after the event or event(s) have passed). According to Substance Abuse and Mental Health Services Administration (2014), traumatic events impact people differently based on characteristics of the person, characteristics of the event, how the person makes meaning of the trauma, and sociocultural factors around the person.

People who have experienced trauma are often quite resilient and adaptive; most may display responses to a traumatic event immediately after the event, which is to be expected (and is healthy in many ways), while others might display what we call subclinical symptoms long after the event but can still maintain healthy daily functioning and relationships (SAMHSA, 2014). Still, others may develop symptoms that meet clinical diagnostic criteria for post-traumatic stress disorder or PTSD. I find it important here to briefly explain PTSD, because it's a term that is often (and sometimes incorrectly) brought up alongside traumatic experience. First, not everyone who experiences trauma will meet the clinical criteria for PTSD, which includes: a specific definition of trauma; the feeling of reliving the traumatic event; intrusive thoughts, dreams, or nightmares; sleep difficulties; marked hypervigilance; mood and/or sleep disturbances; exaggerated startle response; difficulty focusing or concentrating; and avoidance of reminders or cues to the traumatic event, in addition to other possible symptoms and criteria (American Psychiatric Association, 2013). Ultimately, PTSD should only be diagnosed by a mental health professional. If you believe a student is experiencing the above-mentioned symptoms, refer them to the campus counseling or behavioral health center for further direction.

As a reminder, signs and symptoms of trauma vary and may be triggered by external stimuli unique to each individual and their experiences (Substance Abuse and Mental Health Services Administration, 2014). Common signs and symptoms of trauma among college students might include those that are cognitive, emotional, and/or physiological in nature (American Psychiatric Association, 2013; Substance Abuse and Mental Health Services Administration, 2014). Cognitive responses to trauma may include difficulty with memory or completing tasks, confusion, or trouble focusing. Emotional responses to trauma may include lack of impulse control, highly emotional and unexpected responses (that some might describe as characteristic of anger or "the ticking time bomb"), depressed or low mood, anger or withdrawal, and dissociation or feeling disconnected from reality. Physiological responses might include aches and pains, feelings of nervousness, anxiety or panic (which might include sweating or difficulty breathing), insomnia, nightmares, flashbacks, or agitation.

Let's take Casey's experience of witnessing a homicide in her neighborhood at the age of 11. It would not be unlikely that she could experience exhaustion, numbness, anxiety,

dissociation, agitation, and/or blunted affect for days or even months following the event (Substance Abuse and Mental Health Services Administration, 2014). Those reactions are often what we called "self-limited" meaning they are happening internally and/or only seemingly affecting the individual. Delayed experiences of these symptoms could be more severe, affect daily functioning, or interpersonal relationships and interactions. Later symptoms could also include flashbacks, nightmares, fear of recurrent events, dissociation, depression, or even emotional sensitivity or reactivity (Substance Abuse and Mental Health Services Administration, 2014). If Casey does experience these symptoms, either at home or in class, it might look like Casey is "in another world," not very attentive, or irritable. Over time, she could respond as if she is anxious, detached, or sad; she may have difficulty sleeping, and might also seem "sensitive" where things that might not bother someone else might really upset or hurt her. We'll explore more about how this might show up in class, in her work, or in other college campus settings in what follows.

CULTURAL CONSIDERATIONS AND TRAUMA

Culture plays an important role in how an adverse event or experience is interpreted by the person, or people involved, essentially the *meaning* given to the event (Chemtob, 1996). So, what is culture? Culture includes personal characteristics, gender, sexual orientation, racial/ethnic background, physical attributes, and religious beliefs and practices. These identity locations filter the impact of traumatic stress and, sometimes, traumatic stress lies in culture-specific teachings or what is perceived as culture itself (Ford et al., 2015). Essentially, culture is embedded in the fabric of our beings, our actions, and our perceptions.

For example, some groups believe in corporal punishment in child rearing, while others believe that this is a traumatic experience that should be avoided in parenting. Socioeconomic status is another factor to be considered when accounting for trauma in the academic setting. People from low-income communities, particularly those living in or previously living in poverty, are especially vulnerable to the experience of trauma, repeated trauma, and the development of psychosocial conditions, but also may have a differential symptomology experience and propensity for treating or coping (Brattström et al., 2015; Ford et al., 2015). Race, socioeconomic status, and childhood trauma are closely correlated (Assari, 2020), and at their intersection, potentially exacerbate the likelihood of trauma experiences. In other words, the meaning made of certain trauma experiences and the way that one copes with said trauma experiences, may be different for those from minoritized communities as opposed to others. First-generation students of color, for example, may have difficulty adapting to the higher education learning environment for a variety of reasons that potentially include racism and discrimination, as well as the pressure of adjustment and assimilation.

Students from minoritized communities may have additional pressure to succeed, which may hinder their engagement in higher education environments. Pressure may come from a family where resources are scarce and, therefore, the opportunity for higher education becomes a primary focus. There may also be stress related to balancing caretaking of other persons or siblings in the home, and employment outside of working toward degree attainment. The recognition of systemic trauma in environments such as schools, churches, and other organizational contexts should be observed in college environments where trauma-informed work is a priority. Systemic trauma is an additional and compounding factor that only further complicates the experience that minoritized students carry with them when they enter the campus environment. These are considerations that must be made, and in many ways, respected, when we consider

teachers, staff, and students that we see in classrooms, hallways, even virtually, in higher education environments. It is mostly about being attuned in the same way we are called to be culturally sensitive—open, curious, aware, and accommodating of culture. Simply put, with respect to trauma, culture matters. A quote by Anais Nin comes to mind here, "We don't see things as they are, we see things as we are".

TRAUMA-INFORMED PRACTICE IN HIGHER EDUCATION CONTEXTS

Alongside learning about trauma and its' impact, we must seek to build environments that are trusting, collaborative, and consider that students, educators, and administrators alike have experiences of trauma that affect the overall learning environment and each individual's ability to thrive. This commitment represents movement towards trauma-informed practice, which the Substance Abuse and Mental Health Services Administration (2014) defines as a program, entity, or system that realizes the widespread impact of trauma and recognizes the potential paths for recovery. Trauma-informed practice acknowledges the signs and symptoms of trauma and responds by fully integrating knowledge and experience about trauma into policies, procedures, and practices. Ultimately, trauma-informed practice is about the promotion of healing and avoidance of re-traumatization. Organizations and systems who seek to be trauma-informed must implement the four R's: *realization* (of what trauma is and how it can affect individuals, families, communities, and organizations), *recognition* (of the signs of trauma), *response* (to the signs of trauma at all levels of a system), and *resist re-traumatization* (that is to assure that our practices don't hinder resilience in those who have experienced trauma or produce an emotional "trigger" that might feel like re-experiencing a previous traumatic event).

In addition to integrating these principles of trauma-informed practice, college is a ripe place for exposing students via practice to the principles of social-emotional learning. Phifer and Hull (2016) argue that social-emotional learning is a process that individuals across the lifespan follow to acquire and effectively apply knowledge, skills, and attitudes that are crucial in understanding and managing emotions. It is through this process that they can feel and show empathy, achieve positive goals, maintain positive relationships, and make responsible decisions that impact them positively. Social-emotional learning helps in increasing self-awareness, social awareness and interpersonal skills that improves productivity and life skills in children and adults.

A trauma-informed, social-emotional learning approach, then, focuses on creating reliable learning environments for students who have experienced trauma. The role of trauma-informed social-emotional learning focuses on helping students feel supported and connected, creating an environment where they can explore their strengths and identities, access mental health support, and develop meaningful positive relationships with people around them (Paiva, 2019). Trauma-sensitive schools applying a trauma-informed social-emotional learning practice are expected to address students' needs in a holistic way by considering their relationships, academic competence, self-regulation, and physical and emotional status. All students need to feel safe academically, socially, emotionally, and physically to thrive.

CONSIDERING SOME EXAMPLES

Now that we've had an opportunity to better understand what trauma is and what its impact may be, it can be helpful to understand these concepts and what we can do to

support students who have experienced trauma in more tangible terms. Specifically, it is useful to better understand what trauma may look like in terms of our interactions with students in educational environments. Below, I explore some examples of how trauma might show up in or out of the classroom for students. Based on my clinical experience, I offer some explanations about what *might* be going on in these examples and some ideas on what we can do to be supportive of students in these situations.

A student who is constantly absent or late, but seems to otherwise be interested in attending class, programs, or activities

Explanation: Students may be juggling a variety of responsibilities (school, work, family, etc.) alongside ripples of trauma and this can result in little or irregular sleep patterns making it difficult to attend class or activities. Additionally, social settings such as the classroom or other gatherings with peers might be anxiety-provoking for some students who have experienced trauma which may lead some to opt out of these settings.

Recommendation: The key here is to be flexible and open-minded, and avoid assumptions that students are not coming to class or activities because they are, for example, irresponsible, or lazy. It is quite possible that there is more to a student's story than what meets the eye that might impact their ability to attend, be attentive, and/or feel safe in the setting. Remember, the classroom or event is only one tiny piece of a students' overall life and experiences. It might be helpful to have a one-on-one conversation with a student to work towards building rapport, which in turn may provide the space for a student to share what might be preventing them from attending or being fully attentive. One way to do this might be to send an e-mail and schedule a meeting where you might normalize the experience of juggling a lot of responsibilities, such as leading with something like, "Hey, I noticed that you've missed class or have been late a few times this semester so far. I realize that many students are juggling several responsibilities . . . Is there anything that I can do to support you in attending class more or on time?", or "Can we come up with a plan together to help with this?" Also, try and offer opportunities for connection with you, other professionals, and other students outside of your particular classroom or program. Those relationships and connections, particularly the chosen ones, are key.

A student who seems combative or confrontational with an instructor, administrator, or other students

Explanation: As mentioned earlier in the article, there is evidence that people who have experienced trauma can be emotionally reactive. What we may sometimes see on the surface and label as "defensive" or "confrontational" or even "angry" can be something quite different when we consider how trauma activates the brain. Trauma can be like lighting one small stem of a firework that you weren't aware is attached to a bundle of other fireworks that go off rapidly. Without a rich understanding of trauma, we may view this as a person overreacting.

Recommendation: In the heat of the moment, do your best to de-escalate the situation. Ask the student to walk away and cool down. Use a calm, low (in volume) soothing voice and demeanor that the student can "mirror." When things are calmer, connect with the student one-on-one to spend some time understanding their perspective on what happened. Really listen. This opportunity may not be there for the student when they are at home or in other environments. Set boundaries about your expectations for handling

similar situations in the future, and also, discuss potential consequences so there are no surprises. Let the student know you believe they can make better choices. Be sure to follow through with what was discussed when and if a similar event happens in the future.

A student who seems uncomfortable being "called on"

Explanation: Trust and comfort are sometimes compromised through traumatic experiences. While this can manifest in a variety of ways in classroom or out-of-classroom spaces, one area where this might be particularly relevant is in terms of participation. Classrooms and university settings have a way of forcing students to engage in interactions where they may not feel confident, liked, or trusting. Being called on can be intimidating and further anxiety-producing.

Recommendation: Intentionally engage in creating relationships with students. People who have experienced trauma need to feel safe and that they can trust you, which is fostered only in the context of authentic connections. Building trust and transparency includes investing in getting to know your students as people and allowing them to see you as human outside of a specific professional role. Your vulnerability may then point to you as a safe haven. Also, engage students by doing more open calls inviting them to respond to questions or prompts in class, programs, or meetings rather than forcing certain people to do so. Surprises can feel unsafe.

A student who requests not being placed in a group with a specific peer

Explanation: Early on in my teaching career, I randomly assigned students to groups one semester, only to learn midway through the semester that a student had missed all the group meetings and not participated because I had unknowingly placed her in a group with a man who had sexually assaulted her on campus. She also shared that she was generally uncomfortable working in groups with older men because of that experience. I was horrified, and I've never done group projects the same way since.

Recommendation: It's helpful to have a collaborative approach to creating groups for work so that students have choices in who they are working with. This avoids situations of students being placed with others they may feel uncomfortable with because of previous experiences. A collaborative approach might include allowing students to choose groups of who they will work with or stating openly that students can reach out confidentially about any concerns before group assignments are made. Simply put, make choice a conscious intention in everything you do with students.

A student who becomes upset when there is a change to the course syllabus or meetings schedule

Explanation: You will find yourself and colleagues stating that students are "averse to change." In many ways this is true but be careful that some people in your environment (both students and colleagues) may have had drastic transitions occur in their lives that changed their life's trajectory and the brain can often get "stuck" in that space. Structure and control are frequently important when one has had the experience of feeling out of control during traumatic events. When things have been out of control or chaotic (as is the case with traumatic events or adverse experiences), unpredictability can feel deeply unsettling. This can activate the amygdala to respond as if a dangerous event might occur.

Recommendation: Consider having a routine and doing something consistently every class or program, like playing a song or opening with a mindful meditation exercise. Routine helps to support feelings of safety and control in the environment. Share agendas for class and meetings and structure your plans in ways that are transparent and allow all to know the expectations. When there is a change, let people know as soon as possible. This also supports feeling safe and that there are set expectations rather than the possibility of surprises, which can be alarming. When there are transitions expected like university changes or upcoming breaks, dialogue about them as a collective group so that students feel safe and not alone.

CASE STUDY WRAP-UP

The previous section offered a few general examples of how trauma might show up in the classroom or on campus and how we might respond using trauma-informed practices that provide support and opportunities for increasing social-emotional learning skills.

But, what about Casey? Casey took an English class her junior year which she described as "the best experience" she had in college. Casey had an instructor named Jody who started the first day of class by giving students the option of standing and introducing themselves verbally or creating a virtual Jamboard with pictures and info about themselves. While working on this, Casey reports Jody introducing herself not only as a professional, but also sharing about her family and her pets. Jody started class with a song every class session and took playlist recommendations from students. There was always either a movement or meditation break led by a student mid-way during class. On a day where there was a guest lecturer and no time to do the movement or meditation break, Jody sent an email out to the class earlier that morning about the change and then provided a reminder at the beginning of class. Jody allowed students to participate in games and do team-building exercises outside some class days. Students were able to choose the group they wanted to be in, and Jody was always available for students who wanted to make her their group partner.

Casey thought about how comfortable Jody had made her feel since the very first class, even though Casey was quiet most days. About three classes in, Jody sent an email out for new music and Casey immediately e-mailed back saying that she wanted to hear some rumba and sure enough, Professor Jody played her song suggestion during break. In the chat, a classmate commented while the song was playing saying, "Wow, this reminds me of back home!" Casey replied, "Me too!" From then on, Casey and her classmate, Alex, stayed connected. Casey and Alex began to take more classes together and Casey eventually felt safe enough to join Alex at a safe space meeting where she was able to build genuine relationships with others who identified as being of African descent.

Casey chatted with some new peers about her difficulty focusing in class and was directed to student support that helped to facilitate accommodations. This ultimately gave her extensions on her assignment deadlines, as well as helped her to find an internship that could be coupled with her job at the daycare. Casey reached out to Jody given that she was comfortable feeling that Jody would understand her needs. Jody set up a one-on-one meeting, listened to Casey's ideas for improving her schoolwork, and even provided recommendations for how to advocate for herself in other classes. Casey began to develop a more stable sleep schedule and felt less tired and more engaged during class. Additionally, Casey remained connected to Jody, who supported her on her collegiate journey even after the course ended. Casey was later called upon on her campus to make recommendations for helping first generation students feel more comfortable and integrated at her school. In one program meeting, she eventually opened up and shared about her tough childhood.

Several students approached her afterwards sharing similar experiences, and the cycle of trauma-informed care continued for more and more students to come.

This is how you deepen trauma-informed work and saturate the soil of the environment. *One* interaction or *one* person at a time. Be the *one*.

CONCLUSION

Resilience is fully possible for anyone who has experienced trauma, including in the context of learning and education. The information about trauma and examples in this article were intended to help provide context and visualization of what traumatic experience might look like in the classroom or out-of-classroom environment. Further, this article is intended to serve as one of many tools for addressing trauma in a higher education context. In the end, the goal is simple: engage in intentional strategies that might serve as buffers or protective factors for the unfortunate and adverse experiences people might have experienced. If you don't take anything else from this article, focus on human connection and foster human connection. That alone fosters resilience and success in life and lifelong learning.

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