



# Trauma-Informed Practice & Care

## A Whole-Campus Approach

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CENTRE FOR INNOVATION IN  
**CAMPUS MENTAL HEALTH**



Canadian Mental  
Health Association  
Ontario

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# Introduction

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## Why Should We Use Trauma-Informed Practice and Care on Post-Secondary Campuses?

The transition to post-secondary education can create many challenges for students, but those with a history of trauma can face additional ones. Students are at a higher risk than the general population of experiencing new trauma, such as sexual assault, when they come to post-secondary institutes (Galatzer-Levy et al., 2012). In addition, students with traumatic experiences are more susceptible to developing issues with depression and substance use (Rytwinski et al., 2013). If the campus community works together with a shared sense of responsibility for students' safety (physical, social, emotional, and academic) then trauma-affected students can thrive and be models of resilience and success (Davidson, 2017).

This shared sense of responsibility for students will be referred to as taking a whole campus approach. Taking a whole campus approach to trauma-informed practice & care means recognizing that it is integral to the wellbeing of students and staff alike that everyone on campus can be engaged in supporting the needs of the individuals that work and study in the environment.

Since trauma-informed practice & care is a broad topic, this toolkit specifically aims to address how implementing trauma-informed practice & care can affect students on campus. We wish to recognize that while we do not discuss it in-depth in this toolkit, this approach can also be utilized within the workplaces on campus – that is, using a trauma-informed lens with colleagues, supervisors, and everyone in between.

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*\*Note about terminology: in this toolkit, we say trauma-informed practice & care as opposed to “trauma-informed care” or “trauma-informed practice.” Some studies and resources use these terms interchangeably as there is no globally agreed upon terminology for this modality. Trauma-informed practice & care is an umbrella term that encompasses both clinical and non-clinical interventions and supports for those impacted by trauma.*

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## What is the purpose of this toolkit?

The purpose of this toolkit is to give those working and/or studying within the post-secondary space the context, knowledge, and skills to begin reflecting on and implementing trauma-informed practice & care into their work. This toolkit does not hope to create experts in this diverse range of practices, but to offer readers a space to consider how trauma not only impacts those they interact with, but also themselves. We invite the reader to use this toolkit to treat themselves and others with care and compassion.

**Please note, as with all our toolkits, this is a living document. As we continue to learn about this subject, more will be added to reflect the emerging and promising practices within this framework.**

## Statement of Positionality

This toolkit was created in collaboration with individuals from community organizations, post-secondary institutions, and subject-matter experts. The lead on this project, Ella Wiseman, is a trained social worker with lived experience of trauma and mental health issues and brings that perspective into this toolkit. Every available effort was made to include information that speaks to the diverse experiences of trauma and mental health. Research and knowledge for this toolkit has been sourced with a critical Anti-Oppressive lens.



## How did the COVID-19 Pandemic Affect Trauma?

Young people and those with pre-existing mental health conditions experienced some of the most pronounced impacts of the pandemic (Mental Health Commission of Canada [MHCC], 2022). Many post-secondary students experienced food insecurity; unsafe housing; barriers to accessing technology to connect with others and to complete online classes and assignments; financial concerns like savings depletion, difficulty paying tuition and other bills; and limited future job prospects. [International students](#) in particular experienced increased isolation due to travel restrictions.

Since being around peers is a significant part of the post-secondary experience, feelings of fatigue, social isolation, and **loneliness** were more pronounced for students affected by COVID-19 (Statistics Canada, 2020). Isolation and loneliness were particularly felt by equity-deserving groups such as transgender, non-binary, and students of colour (Abdrasheva et al., 2022). Post-secondary students increasingly used alcohol, substances, and screen time as coping mechanisms; they also developed poor sleeping patterns (Sillcox, 2022).

**For more information on Loneliness see our Loneliness infosheet [Loneliness & Connection - Centre for Innovation in Campus Mental Health](#)**

While stringent social isolation has eased as of late, the COVID-19 pandemic is ongoing and continues to affect us in many ways. At the same time, there are many other global events that are negatively impacting the mental health of students and staff alike. New and ongoing wars, issues relating to climate change, and worsening financial pressures due to inflation are enormously influential and must be considered in the larger mental health conversation.



### Recommendations:

- **Embed a trauma-informed lens at all levels (applications and recruitment, classroom, support services) – take a whole-campus approach.**



# Understanding Trauma-Informed Practice & Care

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In this section we will build on the general context given above to delve deeper into the wide practices of trauma-informed practice & care. At the end of this section readers will have a better understanding of the specifics of trauma-informed practice & care, what trauma is, and how trauma relates to student mental health.

## What is Trauma-Informed Practice & Care?

According to the Institute on Trauma and Trauma-Informed Care (ITTIC) (2022), **trauma-informed practice & care moves towards healing and recovery from the pervasive nature of trauma and steps back from services and practices that can unintentionally re-traumatize individuals.**

Since trauma is such a common experience, the healing of trauma requires a focus on minimizing retriggering the individuals being served. Moreover, trauma-informed practice & care asks us to focus on what happened to an individual rather than on what the individual is doing. This perspective allows us to improve our responses to a range of student emotional and behavioural concerns (Tebes et al., 2019).

Trauma-informed practices are holistic and require a change in thinking at the staff, program, departmental, and organizational level. Embedding trauma-informed practices & care within an institution requires the entire campus community to shift its focus to understanding what has happened to a student rather than fixating on their behaviors that are perceived as negative. The holistic approach aims to reshape a campus' culture, practices, and policies and in turn helps, faculty, administrators, and staff begin to engage in the kind of teamwork, collaboration, flexibility, and creativity that lead to a deeper understanding of the impact of trauma on learning (Davidson, 2017).

The key principles of trauma-informed practice & care (which will be referenced throughout this toolkit) are (ITTIC, 2022):



**Safety** – ensuring physical and emotional safety.



**Choice** – individual has choice and control.



**Collaboration** – making decisions with the individual and power sharing.



**Trustworthiness** – task clarity, consistency, and interpersonal boundaries.



**Empowerment** – prioritizing empowerment and skill building.

## What is Trauma?

Trauma is defined as any experience in which a person’s internal resources (skills or coping strategies that already exist within the individual) are not adequate to cope with external stressors. Traumatic life experiences can include domestic violence, physical or sexual abuse, death or loss of a loved one, bullying, historical trauma, acts or threats of terrorism, witnessing or experiencing community violence, experiences of living with poverty, abandonment, or neglect. Trauma can occur at all stages of life and the impacts of childhood trauma can persist into adulthood. As the number of traumatic childhood events increases, so does the risk for serious health impacts (Davidson, 2017). For more information about childhood and trauma, please see our infosheet on [Adverse Childhood Experiences \(ACEs\)](#).

According to Elliot & Urquiza (2006) while previous understandings of trauma would consider the specific traumatic event(s), evolved understandings of trauma have shown researchers that one event can be experienced differently depending on a wide variety of variables including the community an individual comes from and their socio-political context. Experiences of trauma are as diverse and nuanced as the populations we serve on campuses. It is crucial to recognize that what might be traumatic to one person may not be traumatic for another, and vice versa.

Over 75% of the Canadian population has reported an exposure to one or more traumatic events (Van Ameringen et al., 2008). Most of these individuals reported exposure to multiple traumatic events. As we currently live in a period where sexual violence, hate crimes, suicide, and mass shootings dominate the news, and there are increasing experiences of oppression, racism, discrimination, witnessing violence, unsafe living conditions etc., it is not shocking that many individuals are impacted by trauma (Tebes et al., 2019). Furthermore, “lesbian, gay, bisexual, transgender, questioning, queer, intersex, pansexual, two-spirit (2S), androgynous, and asexual youth tend to experience higher rates of trauma compared to their heterosexual, cisgender, and gender-conforming peers” (Van Bavel & Conde, 2022, p. 6). [For more information on 2SLGBTQ+ Students please see our toolkit.](#)



## How Does Student Mental Health Relate to Trauma?

Individuals who have experienced trauma are at a higher risk of experiencing mental health issues (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). As the prevalence of trauma histories among the general population continues to increase, it is imperative for all of us who work with students to understand how we can engage with them in ways that are supportive to their mental health. The use of trauma-informed practice & care acknowledges that traumatic experience(s) can impact our mental health (SAMHSA, 2014). These experiences must be considered when trying to navigate how to best support the mental health of post-secondary students on campuses.

"Triggering or reactivating trauma-related symptoms originating from earlier life events" (Davidson, 2017, p. 17)

Since the early 2000s, when clinicians noticed that the trauma linked to patients' negative mental health outcomes was not being addressed, they took strong action to bring trauma-informed practice & care into the mental health space (Butler et al., 2011). Clinicians saw a need to actively avoid traumatizing and/or **re-traumatizing** those they were working to support (Butler et al., 2011). Trauma-informed practices & care are used in the mental health realm to support trauma-affected individuals in developing **trauma resiliency skills** to better prepare them should they face new and difficult situations (SAMHSA, 2014).



### Recommendations:

- Understand what trauma is, what it isn't, and how widespread it is.
- Recognize the diverse impact trauma has on individuals.
- Implement the five core values of trauma-informed practice & care to help create environments that mitigate risk of re-traumatization and promote healing and recovery.
- Recognize and validate the unique and complex relationship between trauma and mental health.



# Using Trauma-Informed Practice & Care on Campus

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The following section will offer readers a chance to reflect on the variety of spaces and contexts on campus and how trauma-informed practice & care can be brought into each of them. We will reference examples and offer conversation prompts with specific wording. These guidelines and recommendations are meant to be applied to students as well as staff/ faculty, as everyone involved in post-secondary spaces can benefit from being treated with a trauma-informed lens.

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*\*A note on the above... To truly be trauma-informed, staff/ faculty must actively listen to their students, be flexible, and adapt their approach based on the individual and their needs. The examples below may or may not work depending on the individual and are in no way intended to be an exhaustive list on how to interpret the core values of trauma-informed practice & care.*

Active Listening means being deeply engaged in and attentive to what the speaker is saying.” (Office of the Ombuds, Boston University, 2016). For further reading on Active Listening and its components, see this [handout](#)

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## Supervisors/ Managers

In the following section we will discuss how to bring trauma-informed practice & care to the relationship between supervisors and the staff they manage. This section will make a particular distinction between managing student-staff (students who both attend and work for an institution simultaneously) and campus staff (non-students). Throughout this section we invite the reader to reflect on the power dynamics inherent in supervisor/employee relationships. To learn more about power dynamics, please review our two-part toolkit on Anti-Oppressive Practice. [Part 1](#), [Part 2](#).

## **Supervising/ Managing Campus Staff**

There are numerous benefits to approaching staff supervision with a trauma-informed lens. Staff are more likely to feel safe, empowered, and have trust in the organization when exposed to this methodology, which can positively impact both performance and retention (Singh et al., 2013; Varghese et al., 2018). Additionally, when staff are exposed to trauma-informed practice & care, they are more likely to embody this approach with the students they serve, the colleagues with whom they collaborate, and the students they supervise (SAMHSA, 2014). This embodiment benefits the entire campus community.

Supervisor-employee relationships exist within a power structure where supervisors hold power and employees do not (Li et al., 2017). This dynamic can be especially challenging for survivors of trauma who benefit from safe, trusting, and collaborative relationships. To ensure that the power shifts with intention and care, supervisors must be self-aware and share power willingly. Below, Table 1 offers trauma-informed communicative tips for supervisors, and Table 2 provides actionable trauma-informed strategies. Both are non-exhaustive.

## **Supervising/ Managing Student-Staff**

Students often have many competing priorities in their lives beyond the demands of school. Supervisors have the power to support them by nurturing their talents, respecting their autonomy, setting them up for success, and making them feel heard, seen, and respected. To ensure student-staff get the most out of their campus work experiences, there are several key practices to keep in mind:

### **Give students the benefit of the doubt.**

Give them chances to succeed and, most importantly, provide them access to the resources needed to succeed. Providing resources and advice can go a long way in helping students reach their personal and professional goals.

### **Make them aware of the resources available to them.**

If students are not aware of the available resources, they may face a barrier in their ability to achieve expected outcomes or may find their task harder than necessary to accomplish. Create or find a resource list/directory from your institution and include this within a welcome or onboarding package, referencing it frequently so that it remains top of mind. Resources could include mental health supports available on campus or student services such as career advising.

**Whenever possible, rethink your processes and give students choice in how and when they can participate.**

Try co-creating schedules, meeting times, and determining what tasks or meetings can be completed remotely. Acknowledge that student-staff's time and efforts are just as valuable as full-time staff. Ensure that scheduling is accommodating of their other involvements both on and off campus.

**Be respectful.**

Use the name(s) and pronouns that your students introduce themselves with and respect their identities. Consider religious holidays or daily periods of worship when you plan trainings and meetings. Demonstrate that you value their unique identities and what their lived experiences bring to the role.

**Do your best to make them feel heard and understood.**

They want to feel heard, seen, and supported. You might not always be able to provide the exact care or support they need, but you can be empathetic and guide them in the direction of supports that may help.

**Help them understand the expectations.**

Understanding their role and responsibilities informs them of what is and is not in scope so that they have a chance to perform at the level that is necessary. Provide feedback so students can concretely understand where they can improve and what they are doing well. Frame "failure" as an opportunity to reflect and reassess what support or tools are needed. Seek feedback for yourself so that you can learn how to be a better supervisor and provide for the needs of your current team. Seeking feedback can be complex and challenging as there is a fixed power dynamic between yourself and the student-staff. Consider giving your staff opportunities to submit anonymous feedback and ensure your staff knows the policy and procedure for bringing their concerns to Human Resources. Lastly, demonstrating to your staff that you take feedback seriously and will not retaliate is crucial in creating pathways for continuous improvement.

## Build a supportive environment and community.

Provide encouragement, celebrate small and large wins, and foster a community where all team members encourage and support one another. Validation and reassurance from multiple sources can help students overcome imposter syndrome and gain confidence in who they are and their abilities.

Create a positive atmosphere by providing individual and team check-ins to promote individual and team reflection and opportunities to get to know one another, and actively recognize individual and team strengths. Small things like passing around birthday cards for team members to sign or starting meetings with icebreakers like “What is something going well for you this week?” or “What is something that you appreciate about your fellow team members?” gives everyone a chance to be celebrated for their growth and efforts, makes the environment more fun, and makes the learning experience more rewarding.



### Resources:

- Your own campus’ wellness services and programming
- Allyship, intersectionality and cultural sensitivity trainings provided by your institution
- [More Feet on the Ground](#)
- [YouthREX](#)
- [CAMH Education Centre](#)
- [1 Call 1 Click](#)
- [ASIST \(Applied Suicide Intervention Skills Training\) Training](#)

*\*The following tables were adapted from content from Li et al (2017), Singh et al (2013), and Varghese et al (2018).*

**Table 1 | Trauma Informed Communication Strategies for Supervisors**

Conversation Tips		
General		
Strategy	What it is	How it works
Naming	Making a conscious effort to voice your expectations and intentions.	“I wanted to check in about how the project is progressing. I fully trust you to see this one through. I’d love to hear about where it’s at and if I can support you in any way?”
Benefit of the doubt	Acknowledging that you don’t know what you don’t know. Refraining from making assumptions.	“I noticed the project deadline was missed. Can you help me understand what happened?”
Active listening	Asking open ended questions. Giving space for employees to answer fully.	“What do you need from me to do your best work?”
Contextualizing feedback delivery	Share why you are providing constructive feedback.	“I am invested in your success and want you to excel in this role. I noticed you’re struggling to meet assigned deadlines. Can we chat about what support you might need?”
During Onboarding		
Strategy	What it is	How it works
Sharing information about onboarding plan	Helping to mitigate unknowns by sharing as many details as possible.	“In case it’s helpful to get a sense of what your first day and week will look like I’ve created this onboarding document for you.”
Building trust	Naming that you will never judge them. Calling out that you trust them.	“Inevitably things will come up from time to time. I want you to know that I’m always here to support you and I trust you to make good decisions. I hired you because of your good judgment and I’m excited to see it in action.”

**Table 2 | Trauma Informed Action Strategies for Supervisors**

Taking Action		
General		
Strategy	What it is	How it works
Transparency	Providing rationale for decision making.	Where possible, sharing context surrounding a decision will help build trust between supervisors and employees.
Reliability	Following through on assigned tasks. Doing what you say you will do.	Reliability promotes trustworthiness.
Clarity of process and policy	Clear, understandable, easy to follow processes and policy within the organization.	Clarity breeds easier navigation for staff. Transparency of expectations and ways of doing things promotes safety.
Choice	Providing staff opportunities to hold power, make decisions, and feel empowered.	Examples: providing staff with options for flex time; providing choice in which projects they take on.
Collaboration	Working collectively to advance the goals of the organization.	Example: inviting staff to comment on gaps in service delivery.
During Onboarding		
Strategy	What it is	How it works
Self-reflection	Reflecting on how you are taking up and sharing space with staff.	Being mindful of the power dynamic of supervisor-employee relationships.
Social location	Reflecting on your social location and the power that comes with privilege.	Being mindful of the power dynamic of supervisor-employee relationships.



## Staff (e.g. administrators, support staff)

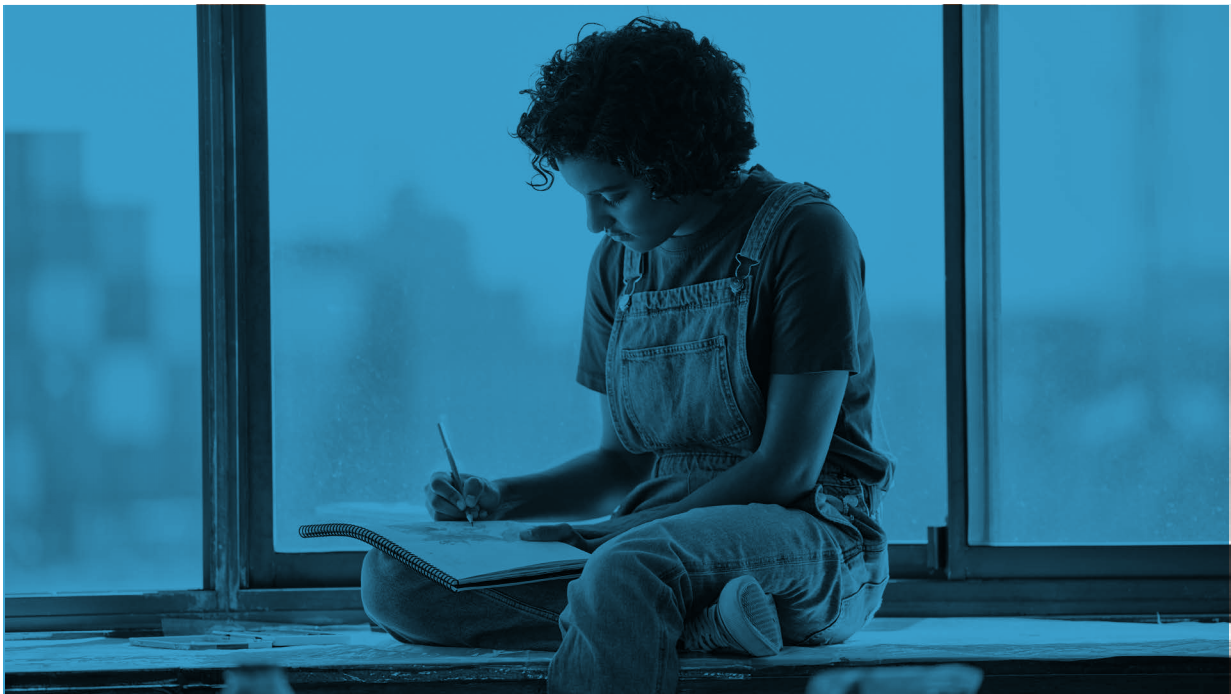
Bringing trauma-informed practice & care to all student interactions, not just in the classroom, is fundamental in the “whole-campus approach” model. When staff are addressed and engaged with in a trauma-informed way, it does not just provide them with a workplace where they can feel safe and thrive, it also models the most authentic way in which they can engage with the students they work with. When staff feel seen and heard, they can be at their best and better able to support student mental health within their own roles.

### Safety

Staff must consider how to establish and maintain physical and emotional safety with the students they support. Accomplishing this could include building intentional rapport and sharing your name and pronouns at the start of an appointment to increase comfort and ease.

### Choice

Staff should work to embody and promote choice within their client experiences. For example, being sensitive to the power dynamics that exist within a practitioner-client setting and ensuring that one is not controlling an interaction nor prescribing certain solutions. Staff should aim to provide the student with space to reflect, share, and weigh in on their own situation.





## Collaboration

Staff should actively consider methods for making conversations collaborative in nature. For example, staff can establish the student's goals for an appointment at the start and then check in with those expectations throughout. Staff should be open to adjusting the direction of the conversation based on student feedback. Simply asking, "Is this helpful?" or, "Is this the type of support you were looking for?" Direct collaboration and working as a team with students allow for their voices to be heard regarding what they want and need.



## Trustworthiness

Staff should consider how to reliably build and maintain trust with the students they support. For example, following through on tasks such as sharing resources at the conclusion of an appointment.



## Empowerment

Student supports exist to empower clients to take meaningful action towards their education and goals. Within the post-secondary setting, staff must embody this approach of empowering students, helping to build confidence, and form self-efficacy. For example, staff can validate a student's non-linear education path while empathizing with the reality that students are under financial and social pressure to complete their studies.

### Additional reading:

[Practical steps to provide trauma-informed career development by Meg Saxby](#)

[Building trust, transparency, and empowerment with trauma-informed career services by Meg Saxby](#)

[What it means to consider trauma within career development by Seanna Quressette](#)

[Working toward trauma-informed career development organizations by Catherine Hajnal and Seanna Quressette.](#)

## Student-Staff (e.g. teaching assistants, resident advisors)

Student-staff (students who both attend and work for an institution simultaneously) can also engage in trauma-informed practice & care. Below are some key examples to consider in reference to specific roles students may hold on campus.

### Residence Assistant (RA)

Embedding trauma-informed practice & care with RAs can look like (Lynch, 2019):

- Building in time for breaks/time off, especially after responding to demanding situations

*You cannot support others if you are drained and exhausted – RAs may find themselves responding to a variety of demanding situations – from mental health crises to sexual violence disclosures. Though these situations tend to be built into training, the fight or flight response that can result in the moment while responding nonetheless remains very real and very exhausting both physically and mentally.*

- Taking time away from their communities

*It is not sustainable to be available to help all the time, nor is it helpful for their communities if RAs are not prioritizing their own needs. Supporting RAs may mean gaining a better understanding of what these needs are and how to fulfill them, as well as the creation of healthy [boundaries](#) so the RA role does not become all encompassing. For more information on setting boundaries please see our tip sheet.*

- Continuously reflecting on and processing interactions/situations and utilizing healthy coping skills

*Be sure to build in the time for reflection and processing within weekly meetings and reports. This approach allows for reflection and processing to be ongoing and not only be brought to the forefront when things are not going well.*

**A term used to highlight that a given environment is one that prioritizes the emotional and physical safety of those in it. \*note: Using the term Safer instead of safe acknowledges the intention without assuming that we can know what would ensure someone else's safety.**

## Safety

Students come from diverse backgrounds, and some may have histories of trauma or experience a traumatic event while living in residence. Getting to know who is in your community and ensuring programming, language etc., is reflective of this is particularly important. Ensure that cultural, historical, and gender issues are talked about throughout the year, as this conversation should be ongoing. As such, creating a **safer space** and establishing guidelines with students from the start is recommended. Guidelines can include what a safer space means to them and what they need to feel safe. Consider the dynamics between students and what is happening in the larger campus community.



## Choice

Create space for students to experience autonomy and make their own decisions. No matter how big or small the choice may be, offering the space to choose returns some power to the students you serve and embeds trauma-informed practice & care into this area of campus.



## Collaboration

Similar to creating spaces where students can choose, creating spaces where students can collaborate both with you and other staff members is crucial when taking a trauma-informed approach. Collaboration invites students to express their needs, offer solutions, and get the support they need in a way that will be most suited to them. Collaboration could look like engaging with the students in your residence to help come up with and plan events, or even proactively consulting them on any concerns they might have while living in residence.



## Trustworthiness

RAs are new to those living in residence, and trust for some students may not come as easily. RAs are students too! Drawing on this common identity helps RAs be more approachable and relatable. Student life brings challenges, so knowing that you have someone on your side is important. Building trust will involve being patient, consistent, respecting boundaries, and being open and honest. For example, if there is a residence conflict or incident, staff should communicate what the next steps will be rather than withholding information.

Moreover, sometimes, no matter how thoughtfully you might communicate and attempt to build rapport with a student, they still may not trust you. Through a trauma-informed lens it is important in this scenario to avoid taking this personally and getting defensive, even though that is often easier said than done. Instead, engage in self-reflection around how you can continue to create safer environments for the student despite their reaction to you.



## Empowerment

Part of an RA's role is to be a guide for students living in residence. Eventually, these students' time in residence will end; they may move off campus or even become RAs or student leaders themselves. It is important that RAs (and even student affairs staff) reflect on how they can not only support the students they work with, but also make an intentional effort to empower students to build their own skills and tools that will help them survive and thrive after they leave the campus community. Sometimes this process can even involve connecting students with support and resources off campus.

## Faculty (e.g. professors, lecturers)

Cultivating a trauma-informed lens in the classroom can help prevent traumatization and re-traumatization and allows learners to participate and thrive within a safer environment. Since we cannot know or predict all the diverse mental health and learning needs of students, fostering safer and more inclusive learning spaces strongly creates the opportunities for choice, autonomy, transparency, and empowerment, all of which align with the principles of trauma-informed practice & care and help students succeed.

The [Universal Design for Learning \(UDL\) framework](#), which is based in neuroscience, is a trauma-informed practice that can foster inclusion and access for all learners to participate in meaningful learning opportunities by offering guidelines based on the brain's networks (Centre for Applied Special Technology [CAST], 2022). The UDL framework provides multiple means of engagement, representation, and action and expression within the learning environment that allows instructors to design learning experiences that provide choice and flexibility for those whose learning may be impeded by trauma responses.

Based on UDL's (CAST, 2022) three learning guidelines (engagement, representation, and action and expression), consider the prompts below for reflection and suggestions for promoting inclusive and trauma-informed classrooms.

*\*Remember that the implementation of these practices is contingent on specific institutional contexts, teaching and learning goals, and the characteristics of the students on a campus. While developing strategies that can be sustained in the learning environment on your campus, be mindful of what is possible based on your campus' organizational and departmental policies and standards.*

## **Engagement – How do learners engage with course content and evaluations?**

Cultivating safer, supportive, and inclusive environment begins before the first day of class. Consider how the instructional, curriculum, and course design can be sensitive to traumatization in terms of how students are engaged and motivated to learn.

### **Questions to consider:**

#### **What statements about inclusion, supports, accessibility, mental health, and wellness are present in the course?**

Think of the messages communicated in course policies and look for opportunities to support and encourage student engagement. Consider what campus and community resources and links can be embedded in course content such as including statements and resources in the syllabus that are relevant to equity, inclusion, accessibility, mental health, and wellness. Sharing information about accessible support and/or accommodation acknowledges the existence of learning barriers while also encouraging students to seek support. For more information on embedding mental health support into classroom content, please see our toolkit on [Mental Health and the Learning Environment](#).

#### **What opportunities do students have for choice and autonomy?**

Options for alternative means of engagement lets students participate in ways that are most comfortable and conducive to their learning. Having control over their own participation sustains motivation and promotes their own strengths. Examples of ways participants can have control of their engagement include using the chat function as opposed to speaking and having their camera on or off if the class is virtual.

#### **Where can flexibility be offered in high stakes (e.g. an assignment that is worth a large portion of their final grade) situations?**

Offering more choice and flexibility helps to mitigate negative feelings, such as feeling threatened, in high-stakes situations. An example of an alternative means of engagement would be incorporating increased autonomy in late policies, such as allowing students to hand in one late assignment without penalty and without needing to disclose personal circumstances.

#### **How are barriers addressed and how is resilience encouraged?**

To ensure that equity-deserving student groups have equitable opportunities for participation and that means of engagement are positively impacting the classroom environment, instructors must continually seek feedback from students. Feedback can be gathered using anonymous surveys. It is important to attempt to collect feedback from a wide range of students to get meaningful data.



## **Representation – How is the course content presented to learners?**

The way in which a student takes in classroom content varies from person to person. Some content presented in the learning environment can be traumatizing or cause re-traumatization without intending to do so. Consider the ways in which essential information can be delivered to support students' comprehension while preserving their sense of safety.

### **Questions to consider:**

#### **Is there sensitive content that can be removed, replaced, or prefaced with a content warning?**

If sensitive content is a necessary part of the curriculum, instructors can take the time to prepare students for what to expect in the learning process. Cultivate safety by providing students with time to debrief and discuss their emotions, thoughts, or other responses to the sensitive content. When considering safety, instructors can review how the content, citations, and overall discourse intersect with possible historical trauma of social and cultural identities.

#### **\*A note on content/ trigger warnings:**

A meta-analysis from Harvard University and Flinders University investigated 12 studies on the response to and efficacy of trigger warnings (Bridgland et al., 2023). The study indicated that content/ trigger warnings do not often have their intended effect of mitigating or minimizing mental distress from potentially harmful content (Bridgland et al., 2023). However, from a trauma-informed lens, incorporating content/ trigger warnings into course documents as well as in real-time can still contribute to the key principle "choice" in allowing students, staff, and faculty to make their own decision on what to do when they are made aware of sensitive subject matter within the course content.

#### **What topics or discussions are likely to bring out potentially insensitive language, even inadvertently?**

Encourage discussions around sensitive topics by first discussing and co-creating group/ classroom guidelines for things like respectful disagreement and tips for appropriate, culturally safe, and anti-oppressive language. Regardless of the instructor's involvement in class discussions, they can moderate and intervene in moments where cultural and psychological safety are challenged.

#### **What expectations of the students can be communicated with more transparency to eliminate anxieties and uncertainties?**

Take care to highlight important policies and expectations as it increases transparency and builds trust. Ensure to clearly communicate course policies in a gentle way that supports student success without being punitive. Instructors can also consider informing students on how best to reach them and what they can expect from an interaction. For example, if students have questions, some instructors may prefer students to attend office hours. Further, if a student sends you an email, let them know from the outset of the course what your timeframe is (on average) for responses.

## Which voices are missing or marginalized in how they are represented?

This consideration informs curricular decisions and incites critical reflection of what is biased as the expert voices in the discipline while others are marginalized. This is a larger discussion that often must take place during awkward course development to ensure diverse voices are represented. However, if the context allows it, consider reviewing your syllabus to see what voices are missing or underrepresented and consider how you can add them to the content.

## Action & Expression – How do students express what they have learned?

When students are sharing their knowledge, consider what the expectations are and how they are communicated. Allow for choice and control in their actions and expression as it helps to increase agency and feelings of safety in those who have experienced trauma.

### Questions to consider:

#### Under what conditions are students asked to share what they know?

Reflecting on the stakes and circumstances under which students are assessed and expected to perform can reveal the conditions that are likely to cause dysregulation for trauma-affected students. If an assessment is likely to elicit a stress response in students, ensure there are options for addressing the distress as well as referral pathways, strategies for **emotional regulation**, and other support.

**"...a person's ability to effectively manage and respond to an emotional experience." (Rolston & Lloyd-Richardson, n.d., p. 1)**

#### Which learners are rewarded by the method of action and expression that is required? Where can more meaningful opportunities for choice and flexibility be provided?

Traditional means of assessment tend to favour certain learning modalities and preferences which can systematically exclude students from diverse identities and circumstances. Multi-modal assessments (tests or exams with multiple ways of evaluation such as a combination of multiple choice, short-answer, and essay questions) help with providing more choice and opportunity for all students to highlight what they have learned. Take care to ensure that students belonging to systemically marginalized groups, and those who are neurodivergent, are not disempowered by assessment practices and expectations.

**How do elements of physical and psychological safety affect students' action and expression of what they know?**

Pay attention to how the physical/virtual space and culture of safety are part of the classroom environment. Avoiding practices that limit people's movements (e.g., how and where they sit, and if cameras are on or off) helps to restore autonomy. Supporting students to take risks by allowing them to make mistakes without fear of consequences builds psychological safety. In doing so, be mindful of the power imbalance that exists between instructors and students and among those with diverse identities. Reflect on how your own positionality interacts with classroom experiences of power and privilege.

**What do the assessments measure and how do these relate to course and curricular learning outcomes?**

Take note what evaluation elements are aligned with learning outcomes and what extraneous demands are also put on the students. Consider alternative and authentic assessments that allow students to express their learned knowledge without needing to demonstrate other skills or qualities that may not be relevant to the objectives of the course.

**"Psychological safety is a condition in which you feel (1) included, (2) safe to learn, (3) safe to contribute, and (4) safe to challenge the status quo—all without fear of being embarrassed, marginalized, or punished in some way." (Clark, 2020, p. 3)**

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*For more information on critical reflection please see our [Critical Self Reflection in Action infosheet here](#).*

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# How are Campuses Already Using Trauma-Informed Practice & Care?

## University of Waterloo

\*The following was written by the University of Waterloo - LITE (Learning, Innovation, and Teaching Enhancement) - Centre for Teaching Excellence)

In the current sociopolitical landscape, students are hyperaware and hypersensitive to topics that broach themes of violence, oppression, and power (Garcia et al., 2012). The alertness of students poses an interesting challenge for instructors who need to balance student socio-emotional needs with essential content. The work that we conducted as part of our first LITE (Learning, Innovation, and Teaching Enhancement) grant, through the Centre for Teaching Excellence at the University of Waterloo, explored how the incorporation of trauma informed care (TIC) and feminist pedagogies (FP) into the university history classroom can support the overall socio-emotional wellbeing and resilience of students learning about traumatic subjects. This approach is called TIFP. Through a combination of innovative assessments and engagements that empowered voice, choice, and agency, students were offered multiple entry points to engage with the subject of gender-based violence in early modern Europe. As part of this initial project, a fourth-year history course and graduate level seminar were redesigned to promote higher order historical thinking and skill development, with a particular emphasis on the digital humanities to empower students to “make history” (Seixas, 2013). In doing so, scaffolding mechanisms were mobilized, observed, assessed, and articulated. These mechanisms equipped students with competencies and confidence and provided safe and collaborative learning environments to address complex and difficult topics in the classroom.

For the second LITE grant project, CTE sought to build on this work and turn our attention to instructors. In this ongoing project, CTE intends to provide instructors with resources to support the implementation of these TIFP strategies in the classroom. To begin this process, we have distilled our research into three instructional strategies.

1. **EXPLAIN** the purpose of the material and the strategy behind its study.
2. **EXPLORE** the skills, methodologies, and disciplinary norms of the field of study and how it has changed over time.
3. **ENHANCE** student experiences with choices, and on and off ramps for connecting with the materials. They can invest their skills and grow with their own interests as they are able, on their own terms.

Each strategy helps to build trust between students and instructor. In explaining our instructional thinking, we build trust and develop ownership in the learning process. We can also support students' engagement with the material by emphasizing higher order methodological skills. This informs learners about how scholars engage with these materials in a way that supports their wellbeing and highlights the knowledge creation process. Finally, by providing students with choice and agency in the learning process we support the development of agency, self-directed learning, and the creation and communication of professional boundaries and competencies. In short, students who understand **WHY** and **HOW** we study difficult subjects, and build the **SKILLS** to participate critically, are better equipped to both care for their own socio-emotional needs and learn about traumatic subjects.

TIFP practice in the classroom involves the interrogation of entrenched ideas about education practice and the relationship between students and the instructor. We are still learning and growing our practice as we engage with different ideas and strategies. We hope that the three instructional strategies outlined above contribute to this fantastic resource and give campus staff and faculty a place to start as they engage with TIFP practices in the classroom.

## Works Cited

Garcia, Carolyn M., Kate E. Lechner, Ellen A. Frerich, Katherine A. Lust, and Marla E. Garcia, C. M., Lechner, K. E., Frerich, E. A., Lust, K. A., & Eisenberg, M. E. (2012). Preventing sexual violence instead of just responding to it: Students' perceptions of sexual violence resources on campus. *Journal of Forensic Nursing*, 8(2), 61–71. <https://doi.org/10.1111/j.1939-3938.2011.01130.x>

Seixas, Peter C. (2013). *The Big Six Historical Thinking Concepts*. Toronto: Nelson Education.



## Recommendations:

- **Focus on what happened to the individual, not what the individual is doing – ask, “What has happened to you?” instead of “What is wrong with you?”**
- **Recognize the benefits for students, staff, and faculty of taking on a trauma-informed lens – everyone has greater opportunities for safety and learning.**
- **Focus on building in “protective factors” to prevent trauma for students during the high-risk transition period between secondary and post-secondary.**

# Recommendations

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## **Embed a trauma-informed lens at all levels (applications and recruitment, classroom, support services) – take a whole-campus approach.**

While this is a huge undertaking involving a variety of key stakeholders, it is crucial that this approach be embedded at all levels where students interact with post-secondary institutions. Trauma can affect individuals at a holistic level; therefore, the responses must be holistic in nature.

## **Understand what trauma is, what it isn't, and how widespread it is.**

Sometimes people use the word “trauma” when they really mean “something bad that happened.” It is important to understand the specific nature of the language of trauma as well as normalizing how common traumatic experiences are across populations. It is also important to remember that people are the experts of their own experiences, and it is important to believe them when they say they have experienced trauma. Be specific and thoughtful in our own language as the words we use have power.

## **Recognize the diverse impact trauma has on individuals.**

Responses to trauma look differently for each individual. Do not discount anyone’s unique experience of trauma as this may impact not only their overall wellbeing, but also their likelihood of seeking help.

## **Implement the five core values of trauma-informed practice & care to help create environments that mitigate risk of re-traumatization and promote healing and recovery.**

Safety, trustworthiness, choice, collaboration, and empowerment are critical components in creating spaces where students, staff, and faculty are at a lower risk of experiencing trauma and re-traumatization.

## **Recognize and validate the unique and complex relationship between trauma and mental health.**

The relationship between trauma and mental health is not linear. Some individuals who have experienced multiple traumatic events have no mental health issues, while others who have not experienced trauma do struggle with their mental health. All experiences are valid.



**Focus on what happened to the individual, not what the individual is doing – ask, “What has happened to you?” instead of “What is wrong with you?”**

This shift in paradigm is at the core of taking a trauma-informed approach. This shift can be especially useful when trying to understand student behaviours that do not adhere to the norms of the environment and can help address, in a more meaningful way, the root causes of the issue.

**Recognize the benefits for students, staff, and faculty of taking on a trauma-informed lens – everyone has greater opportunities for safety and learning.**

Students, staff, and faculty who are supported and experience safety in their school or workplace are going to perform better in whatever role they have.

**Focus on building in “protective factors” to prevent trauma for students during the high-risk transition period between secondary and post-secondary.**

Protective factors refer to characteristics or conditions that prevent or mitigate harms or challenges. These can be used at the micro, mezzo, or macro level. Research has shown that transitional periods, such as the ones students are in when they move into post-secondary education, can create higher risk for traumatic events. Building in protections for this specific period can be key in reducing the incidence of traumatic experiences.

## **Contributors**

This toolkit would not have been possible without the collaborative efforts of our stakeholders. This toolkit was cocreated with campus stakeholders who hold a variety of distinct roles. Their time and effort helped to make this toolkit possible.

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# References

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- Abdrasheva, D., Escribens, M. Sabzalieva, E., Vieira do Nascimento, D. Yerovi, C. (2022). *Resuming or reforming? Tracking the global impact of the COVID-19 pandemic on higher education after two years of disruption*. UNESCO International Institute for Higher Education in Latin America and the Caribbean (IESALC).
- Bridgland, V. M., Jones, P. J., & Bellet, B. W. (2023). A meta-analysis of the efficacy of trigger warnings, content warnings, and content notes. *Clinical Psychological Science*. <https://doi.org/10.1177/21677026231186625>
- Butler, L. D., Critelli, F. M., & Rinfrette, E. S. (2011). Trauma-informed care and mental health. *Directions in Psychiatry*, 31(3), 197-212.
- Centre for Applied Special Technology. (2022, February 8). *About universal design for learning*. CAST. <https://www.cast.org/impact/universal-design-for-learning-udl>
- Clark, T. R. (2020). *The 4 stages of psychological safety: Defining the path to inclusion and innovation*. Berrett-Koehler Publishers.
- Davidson, S. (2017). Trauma-informed practices for postsecondary education: A guide. *Education Northwest* 5, 3-24.
- Elliott, K., & Urquiza, A. (2006). Ethnicity, culture, and child maltreatment. *Journal of social issues*, 62(4), 787-809.
- Galatzer-Levy, I. R., Burton, C. L., & Bonanno, G. A. (2012). Coping flexibility, potentially traumatic life events, and resilience: A prospective study of college student adjustment. *Journal of Social and Clinical Psychology*, 31(6), 542-567.
- Government of Canada, Statistics Canada. (2020, May 12). How are postsecondary students in Canada impacted by the COVID-19 pandemic? <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020032-eng.htm>
- Institute on Trauma and Trauma Informed Care (ITTIC). (2022, October 24). *What is trauma-informed care?* Buffalo Center for Social Research. <https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>
- Li, J., Matouschek, N., & Powell, M. (2017). Power dynamics in organizations. *American Economic Journal: Microeconomics*, 9(1), 217-241. <https://doi.org/10.1257/mic.20150138>
- Lynch, J. R. (2019). An interdisciplinary approach: Using social work praxis to develop trauma resiliency in live-in residential life staff. *The Journal of College and University Student Housing*, 45(3).
- Mental Health Commission of Canada (MHCC). (2022). *Mental health and substance use during COVID-19*. Mental Health Commission of Canada. <https://www.ccsa.ca/sites/default/files/2022-10/CCSA-Mental-Health-and-Substance-Use-during-Covid-19-2022-en.pdf>.
- Rolston, A., & Lloyd-Richardson, E. (n.d.). *What is emotion regulation and how do we do it?* Cornell Research Program on Self-Injury and Recovery. <https://www.selfinjury.bctr.cornell.edu/perch/resources/what-is-emotion-regulationsinfo-brief.pdf>
- Rytwinski, N. K., Scur, M. D., Feeny, N. C., & Youngstrom, E. A. (2013). The co-occurrence of major depressive disorder among individuals with posttraumatic stress disorder: A meta-analysis. *Journal of Traumatic Stress*, 26(3), 299-309.
- Sillcox, C. (2022). Implication of COVID-19 on post-secondary students' mental health: A review. *McGill Journal of Medicine*, 20(1). <https://doi.org/10.26443/mjm.v20i1.922>

Singh, B., Winkel, D. E., & Selvarajan, T. T. (2013). Managing diversity at work: Does psychological safety hold the key to racial differences in employee performance? *Journal of Occupational and Organizational Psychology*, 86(2), 242–263.

<https://doi.org/10.1111/joop.12015>

Substance Abuse and Mental Health Services Administration (SAMHSA) (2014). *Trauma-informed care in behavioral health services*. Center for Substance Abuse Treatment.

Tebes, J. K., Champine, R. B., Matlin, S. L., & Strambler, M. J. (2019). Population health and trauma-informed practice: implications for programs, systems, and policies. *American Journal of Community Psychology*, 64(3-4), 494-508.

<https://doi.org/10.1002/ajcp.12382>

Van Ameringen, M., Mancini, C., Patterson, B. & Boyle, M. (2008). Post-traumatic stress disorder in Canada. *CNS Neuroscience & Therapeutics*, 14(3), 171-181. <https://doi.org/10.1111/j.1755-5949.2008.00049.x>

Van Bavel, M., & Conde, C. F. (2022). Trauma-Informed Care for Sexually and Gender Diverse Youth: A Research Summary. *Community of Practice: Addressing Youth Dating Violence* (pp. 1–25). PREVNet. <https://youthdatingviolence.prevnet.ca/wp-content/uploads/2022/03/Trauma-Informed-Care-2SLGBTQ-Youth.pdf>

Varghese, R., Quiros, L., & Berger, R. (2018). Reflective practices for engaging in trauma-informed culturally competent supervision. *Smith College Studies in Social Work*, 88(2), 135–151. <https://doi.org/10.1080/00377317.2018.1439826>

## Resources for Further Reading

- [Trauma-Informed Teaching & Learning](#)
- [Example Syllabus \(Annotated\)](#)
- [University of Buffalo - Social Work](#)
- [An Interdisciplinary Approach: Using Social Work Praxis to Develop Trauma Resiliency in Live-In Residential Life Staff](#)
- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)
- [Trauma Exposure and Resident Assistants: A Study of Meaning Making](#)
- [Cultivating Trauma-Informed Spaces in Education: Promising Practices Manual](#)



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