

Trauma-informed learning and teaching for Refugee Education Initiatives

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Infopack for Instructors

About the author

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The Cordelia Foundation was established in 1996 with main aim of improving the mental-health state and quality of life of (severely) traumatized asylum-seekers and beneficiaries of international protection, including refugees, and their families through complex psycho-social rehabilitation. Cordelia is an accredited member of the Copenhagen-based network, the IRCT (International Rehabilitation and Research Council for Torture Victims). In 2004 UNHCR rewarded their work with the “Asylum prize”. In 2008 the committee of the Viennese SozialMarie Prize for Social Innovation chose the Foundation as one of the awarded organizations. In 2009 the National Immigration Agency in Hungary acknowledged their services in the field of mental health treatment of refugees with a certificate.

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Introduction

Welcome on board to trauma-informed learning and teaching. The main objective of this infopack is to assist you in working with students of refugee background and create a trauma-informed learning and teaching environment. In this infopack we provide resources and practices that contribute towards making your work inclusive and respectful of diverse backgrounds and experiences, as well as equipping you to deal with possible trauma related stress and conflict that may show up in your classroom.

We know that even the most qualified and empathetic teachers may face challenges in dealing with highly vulnerable groups and we want to empower you in this process.

As one trauma-informed education program explains:

„Working with trauma-affected students is a difficult balancing act. We acknowledge the harmful impacts of the past, and hold out hope for a future of healing. We create a safe environment for students to share their lives, yet maintain professional boundaries. We provide our caring and our help to others, but have to pay attention to our own well-being, too. We work in our classrooms but depend on the support of our community.” (source: The How and Why of Trauma-Informed Teaching, by Alex Shevrin Venet, retrieved from <https://www.edutopia.org/article/trauma-informed-practices-benefit-all-students>)

Why trauma-informed?

Trauma is widespread and real, especially in the case of refugees, who are forced to flee their home and search for safety in new environments and experience a multitude of long lasting and ongoing traumata. (Note: This infopack will give a summary as well as further materials to assist you in understanding refugee trauma in particular). There is a strong link between trauma and mental health, and trauma-informed practices recognize the presence of trauma symptoms and acknowledge the role trauma may play in an individual's life - including their learning and academic development capacities. Trauma-informed teaching and education aims at changing organizational culture to appropriately respond to the effects of trauma at all levels. The intention of trauma-informed learning and teaching is to provide education and educational support in a way that is accessible and appropriate to those who may have experienced trauma, while setting up boundaries and addressing the limits of educators in this context (Note: the issue of good boundaries and being aware of limits is also an inherent part of this infopack). With the implementation of trauma-informed practices, the possibility for triggering or exacerbating trauma symptoms and re-traumatizing individuals decreases and the goal of creating a more safe and secure environment for learning becomes more realistic and attainable.

How to use guide:

This infopack covers the following main topics (Part 1-4) and provides theoretical as well as practical implications and some exercises on the topics. At the end of each section, you will also find references and further readings. For best results, take your time, try to find ways you can relate to each topic, and find ways to integrate the theoretical knowledge with the practical implications.

Part 1. Stress, trauma, PTSD

Part 2. Secondary trauma

Part 3. Trauma informed practice

Part 4. Managing stress and trauma

Part 1. Stress, trauma, PTSD

Some topics we will cover are:

- What is stress, trauma and traumatic stress?
- How do humans react to traumatic stress, what are the short and long term consequences?
- What type of traumas exist and who are potentially affected?
- What are the specific characteristics of refugee trauma?
- What are the main characteristics of PTSD, complex trauma and how may they affect students in their education?
- How can trauma affect students and learning?

Defining stress

Stress is the body's reaction to any change that requires an adjustment or response. The body reacts to these changes with physical, mental, and emotional responses. Stress is a normal part of life.

The stress response:

- The Physiological (Bodily) Stress Response: Stress produces a physiological reaction in the body, hormones are released, which results in physical manifestations of stress. These can include accelerated breathing and heart rate, slowed digestion, shaking, tunnel vision, accelerated breathing and heart rate, dilation of pupils and flushed skin. This process is often referred to as the “fight or flight” response of the nervous system.
- The Psychological (Mind) Stress Response: feelings of tension, irritability, restlessness, sadness, worries, inability to relax, restlessness, depression, reduced desire for activities, pessimistic attitude, lack of patience
- Behavioral stress response: Avoidance of tasks; difficulty in completing work assignments; fidgeting; tremors; strained face; clenching fists; crying; changes in drinking, eating, or smoking behaviors, change in sleep pattern, social isolation/avoidance of people and social situations, trouble getting along with others
- Cognitive stress response: Anxious/repetitive/disturbing thoughts, fearful anticipation, poor concentration, difficulty with memory, reduced or impaired judgement

Task: Consider how each of these response types and examples may influence learning, performance and classroom behavior.

These are some of the most common stress-related reactions we may observe in our students:

- acting out/short temper
- aggressive behavior/fighting
- inability to focus in class
- fatigue/irritability
- getting sick often
- stomach aches
- giving up on assignments in frustration
- crying/yelling in anger
- shutting down
- fidgeting/jitters

Practical implication

Knowing how the stress response system works helps us to understand our own stress reactions and those of others. For example, when a student is feeling threatened, even if we are not sure why, it is important to remember that the emotional brain that has taken over. As a result, attempts to talk at or rationalize with the student in that moment may be ineffective. We also know that if our interaction with a student, parent, or colleague sets off our own stress response, we, too, will have a hard time thinking clearly and managing our emotional responses.

Types of stress

According to the American Psychological Association, there are three types of stress: acute, episodic acute and chronic. Acute stress is the most common form and is the result of recent or anticipated stressors, it happens to all of us, and is a normal part of life. Episodic acute stress is acute stress that occurs frequently. This is the kind of stress that continuously pops up, sometimes in a pattern.

Chronic or long-term stress can harm your health, coping with the impact of chronic stress can be challenging. Because the source of long-term stress is more constant than acute stress, the body never receives a clear signal to return to normal functioning. With chronic stress, those same lifesaving reactions in the body can disturb the immune, digestive, cardiovascular, sleep, and reproductive systems. Some people may experience mainly digestive symptoms, while others may have headaches, sleeplessness, sadness, anger, or irritability.

Types of stress response: Fight, Flight, or Freeze Responses

Each type of response is appropriate in certain situations. The healthiest scenario is that a person displays flexibility in their responses: If you can overcome the danger, you stay and fight it. If you can't, and there's a way out, you run. In cases of extreme and overwhelming stress, the person may not feel capable of running or fighting, and as a result - as can be seen in the animal world - freezes up, becomes numb and motionless. Under such circumstances, freezing up or - as in the human world - dissociating from the here and now- may be the only and the best thing to do. This “hypoaroused” state permits the individual not to feel the enormity of what’s happening, and as a result of the secreted chemicals, the pain of injury to the body or psyche is experienced with far less intensity.

The healthiest scenario is displaying flexibility in the responses. However, many people respond one way when a different response would serve them better. This happens either because they don't have the flexibility to adapt to different situations, and get stuck in one type of response, or overestimate/misinterpret the situation, perceiving danger even when they are actually not. These inappropriate responses can lead to mental and emotional disorders, and this often happens in posttraumatic stress disorder, which will be discussed in the next section.

How do we differentiate between stress and trauma?

It is important to remember that not every threat that sets off the stress response is traumatic, and some amount of stress helps us to learn and grow. Stress becomes traumatic when it overwhelms this system that is usually effective at keeping us safe. When the system becomes overwhelmed, the emotional brain remains on-alert and continues to send the body instructions to fight, flee, or freeze, even after the threat has passed. Students exposed to trauma may remain in survival mode much of the time, which compromises their ability to learn.

Defining trauma

Trauma is often the result of an overwhelming amount of stress that exceeds one's ability to cope, or integrate the emotions involved with that experience. Trauma may result from a single distressing experience or recurring or ongoing events.

For a better understanding of the sequelae of trauma, we must differentiate between single trauma, complex trauma, and developmental trauma.

- Complex trauma happens repetitively, involves interpersonal trauma (such as abuse, violence, neglect, discrimination) and its effects are cumulative.
- Developmental trauma occurs in the child’s early years of life (e.g. abuse, neglect, abandonment),and interferes with the infant or child’s neurological, cognitive, and psychological development and disrupts the individual’s ability to attach to an adult caregiver.

Basics of PTSD

Post-Traumatic Stress Disorder (PTSD) can develop after a person has been exposed to a terrifying event or has been through a series of experiences in which intense physical or emotional harm occurred or was threatened.

Time frame:

PTSD is diagnosed after a person experiences symptoms for at least one month following a traumatic event. However symptoms may not appear until several months or even years later.

Symptoms

- **Reexperiencing** — constantly thinking about the event, replaying it over in their minds, nightmares.
- **Avoidance** — consciously trying to avoid engagement, trying not to think about the event.
- **Negative Cognitions and Mood** — blaming others or self, diminished interest in pleasurable activities, inability to remember key aspects of the event.
- **Arousal** — being on edge, being on the lookout, constantly being worried.

PTSD does not indicate weakness – the opposite, they are in fact **normal reactions to an abnormal situation**. Every person has their own individual limit of what they can cope with, and most people who have been exposed to a traumatic event that is severe enough will develop symptoms.

Trauma and emotions

As already mentioned above, traumatic stress tends to evoke two emotional extremes: feeling either too much (overwhelmed) or too little (numb) emotion. As a result, trauma survivors have difficulty regulating emotions such as anger, anxiety, sadness, and shame. Self-medication—namely, substance abuse—is one of the methods that traumatized people use in an attempt to regain emotional control, although ultimately it causes even further emotional dysregulation (e.g., substance-induced changes in affect during and after use). Other efforts toward emotional regulation can include engagement in high-risk or self-injurious behaviors, disordered eating, compulsive behaviors such as gambling or overworking, and repression or denial of emotions. However, not all behaviors associated with self-regulation are considered negative. In fact, some individuals find creative, healthy, and industrious ways to manage strong affect generated by trauma, such as through renewed commitment to physical activity or by creating an organization to support survivors of a particular trauma.

Dissociation and trauma

Dissociation is being disconnected from the here and now. Everyone occasionally has times of daydreaming or mind wandering, which is normal. Sometimes dissociation is a way of coping by

avoiding negative thoughts or feelings related to memories of traumatic events. When people are dissociating they disconnect from their surroundings, which can stop the trauma memories and lower fear, anxiety and shame. Dissociation can happen during the trauma or later on, when thinking about or being reminded of the trauma. Many times, people who are dissociating are not even aware that it is happening, other people notice it. Just like other types of avoidance, dissociation can interfere with facing up and getting over a trauma or an unrealistic fear. It can also interfere with school or doing other activities that require paying attention and being in the here and now. Dissociation commonly goes along with traumatic events and PTSD. It is a defence mechanism protecting the individual from anxiety, overwhelm and a possible breakdown.

- Some signs and symptoms of dissociation are:
- Spacing out; daydreaming
- Glazed look; staring
- Mind going blank
- Mind wandering
- Sense of world not being real
- Watching self from outside
- Detachment from self or identity
- Out of body experience
- Disconnected from surroundings

Note: In the last section of this infopack (Part 4. Managing stress, trauma and dealing with immediate crises) you will find practical information on how to deal with someone who is dissociating.

Traumatic Events and Learning

Symptoms resulting from trauma can directly impact a student's ability to learn. Students might be distracted by intrusive thoughts about the event that prevent them from paying attention in class, studying, or doing well on a test. Exposure to violence can lead to decreased capacity to concentrate, process information and achieve/perform. Some students might avoid going to school.

Exposure to violence and other traumatic events can disrupt youths' ability to relate to others and to successfully manage emotions. In the classroom setting, this can lead to poor behavior, which can result in reduced instructional time, suspensions, and expulsions.

Takeaway - practical implications for your classroom

Students who have a history of chronic stress/trauma develop survival strategies to manage traumatic experiences and may perceive threat even in neutral situations - such as a classroom or in an interaction with a fellow student/teacher. Chronic stress goes along with a state of either being "hyper" or "hypo". In the state of "hyperarousal" many seemingly neutral situations can serve as a "trigger" and cause disproportionate reactions. Being triggered and reacting with high

intensity is an inherent part of the post-traumatic sequelae. Trauma-related behaviors can be frustrating for the environment, especially if they are not aware that the person is suffering from the consequences of chronic stress/trauma or they are not able in the moment to connect the behavior to this. An instructor or fellow student might feel helpless, out of control, or misunderstood - just as the affected individual themselves.

If we learn we put our “trauma lens” on and consider the role trauma may be playing in how a student is behaving, it can enable us to think and talk about students and their behaviors differently.

Practice: Put on your “trauma glasses” and try alternative ways of understanding a student’s behavior. On the left side you see “labels”, a result of quick judgments and our own aroused emotions. Consider other (stress/trauma related) reasons for why a student may be showing up in the way they do, and write the alternative explanations in the right side of the column.

Label	Alternative, “trauma-informed” explanation
“lazy”	
“manipulative”	
“resistant”	
“unmotivated”	
“disrespectful”	
“attention-seeking”	

How to address trauma?

Trauma is a highly sensitive topic and we should be aware - as explained in the previous section - how people react with very different behaviors to chronic stress and trauma.

One of the most important things that we can offer is a safe, non-judgmental and understanding environment. More about the “corrective emotional role” that new relationships can offer will be provided in the section on “Trauma informed practice”. In general, an open and empathetic position, that is not intruding or overstepping the respective professional competences, is highly beneficial. More on boundaries and being aware of our own professional and personal boundaries will be provided in the section on secondary trauma and self-care.

Further material/resources on the stress response:

- Schneiderman N, Ironson G, Siegel SD. Stress and health: psychological, behavioral, and biological determinants. *Annu Rev Clin Psychol.* 2005;1:607–628. doi:10.1146/annurev.clinpsy.1.102803.144141 Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2568977/>

Further reading on the impact of trauma (including case studies):

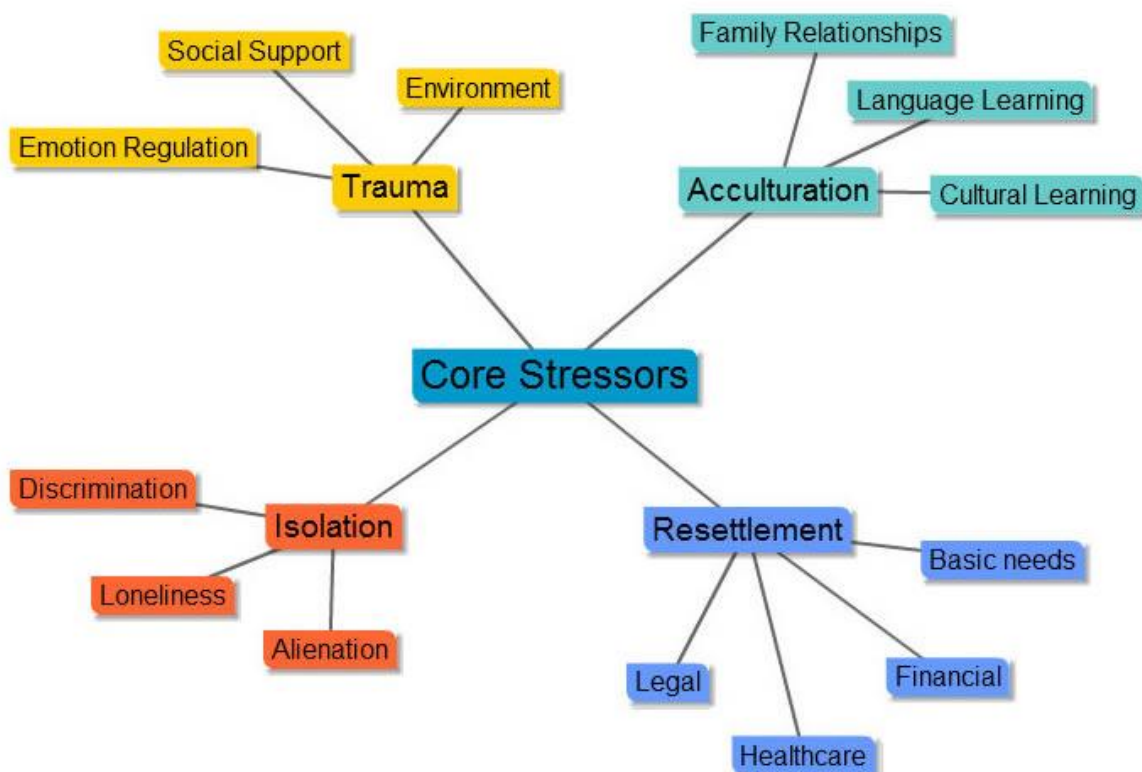
- Understanding the Impact of Trauma (2014). Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); (Treatment Improvement Protocol (TIP) Series, No. 57.) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK207191/>

Literature:

- Van der Kolk, B. A. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. New York: Viking.
- Van der Kolk, B. A., McFarlane, A. C., & Weisaeth, L. (Eds.). (1996). Traumatic stress: The effects of overwhelming experience on mind, body, and society. Guilford Press.

The specific characteristics of refugee trauma

Refugee trauma is complex, chronic, and multiple, it commonly entails violence, torture, imprisonment, forced labor, loss of loved ones, and discrimination experienced in the country of origin, and the traumatic sequelae continues during the flee. Resettlement then comprises a set of new stressors and a number of re-traumatizing events. As a result, refugee trauma comprises a set of: pre-, peri-, and post migration stressors. Here is a graph that helps to convey the complexity of refugee trauma:



Source: Refugee and Immigrant Core Stressors Toolkit by Boston's Children's Hospital (for further information and to use the assessment kit visit: https://redcap.tch.harvard.edu/redcap_edc/surveys/?s=HRPDCPPA3H)

It is also useful to be aware of the **risk and protective factors** of experiencing posttraumatic stress:

Risk Factors - the degree of trauma experienced will depend on how much time the individual spent in crisis before migrating.

They may have experienced:

- pervasive fear and/or chronic stress (personally and in family members)
- war and persecution, chaos, sights/smells/sounds of war
- loss of daily routines, predictability and comfort
- injuries, death and separation from family members;
- insecurity of basic necessities (food, water, safety, work, education, prenatal/medical care);
- loss of home, community, friends and neighbors, possessions
- They also might have had a particularly difficult or lengthy journey to safety that included:
 - exposure to harsh weather, violence, persecution;
 - dangerous living conditions while travelling (crime, rape and ongoing violence);
 - prenatal stress and lack of adequate nutrition and care;
 - pre-existing illnesses and conditions;
 - loss of documentation.

Protective Factors: The degree of trauma is also dramatically decreased if the individual has:

- avoided chronic exposure to war and violence;
- migrated safely and felt secure in their country of first asylum;
- had access to basic necessities (shelter, food, water, employment, education and medical care);
- maintained their cultural and spiritual values and practices;
- obtained secure immigration status upon arrival;
- developed or maintained a strong support network

Practical implication: Another important factor is the *interpersonal nature* of refugee trauma and what it means from the perspective of future relationships and experiences. One of the main characteristics of refugee trauma is the *abuse of power/ dominance* and the *experience of helplessness*. As a result, refugee survivors are highly sensitive to any situation that may comprise power imbalance, even if it does not entail any power abuse. This may be the case with authorities, but even an educational setting may trigger a traumatic reaction, if it in any way serves as a reminder of being helpless or controlled.

More on how to deal with our own feelings and reactions will be provided in the next section - so keep on reading!

Further readings on refugee trauma:

[Traumatic Experiences of Refugees](#)

[The Resilience Guide Strategies for Responding to Trauma in Refugee Children](#) - provides a developmental aspect on trauma among refugees (focus on children and families)

Literature:

- Silove D, Sinnerbrink I, Field A, Manicavasagar V, Steel Z. (1997). Anxiety, depression and PTSD in asylum-seekers: associations with pre-migration trauma and post-migration stressors. *Br J Psychiatry*; 170: 351-7.
- Steel Z, Chey T, Silove D, Marnane C, Bryant RA, Van Ommeren M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis. *JAMA*; 302: 53749.
- Momartin S, Silove D, Manicavasagar V, Steel Z. (2004) Comorbidity of PTSD and depression: associations with trauma exposure, symptom severity and functional impairment in Bosnian refugees resettled in Australia. *J Affect Disord*; 80: 2318.
- Nickerson A, Liddell BJ, Maccallum F, Steel Z, Silove D, Bryant RA. (2014). Posttraumatic stress disorder and prolonged grief in refugees exposed to trauma and loss. *BMC Psychiatry*; 14: 106.

Part 2.

What is secondary (or vicarious) traumatic stress and why is it important to know about it?

Coping with the effects of others' trauma can be draining, overwhelming and can have lasting negative effects. It is not uncommon for educators who deal with traumatized students to develop their own symptoms of traumatic stress. This is known as secondary (or vicarious) traumatic stress.

In order to best serve our students and maintain our own health, educators must be alert to the signs of secondary traumatic stress in themselves and their coworkers. Staff should be encouraged to practice self-care along with other strategies to guard against or heal from the effects of secondary traumatic stress.

Risk Factors & Causes of Secondary Traumatic Stress

Certain circumstances can cause you to be more susceptible to secondary traumatic stress. Seek support and practice self-care to manage the possible effects of these experiences:

- Personal exposure to a traumatic event(s) or to individuals who are coping with their own reactions to trauma
- Direct contact with student's traumatic stories
- Helping others and neglecting yourself (your own needs).

Signs of Secondary Traumatic Stress

Secondary traumatic stress can impact all areas of your life. The effects can range from mild to debilitating. If you think you might be at risk, be alert for any of the following symptoms:

- **Emotional** — feeling numb or detached; feeling overwhelmed or maybe even hopeless.
- **Physical** — having low energy or feeling fatigued.
- **Behavioral** — changing your routine or engaging in self-destructive coping mechanisms.
- **Professional** — experiencing low performance of job tasks and responsibilities; feeling low job morale.
- **Cognitive** — experiencing confusion, diminished concentration, and difficulty with decision making; experiencing trauma imagery, which is seeing events over and over again.
- **Spiritual** — questioning the meaning of life or lacking self-satisfaction.
- **Interpersonal** — physically withdrawing or becoming emotionally unavailable to your co-workers or your family.

If you experience any of these symptoms, take steps to manage your secondary traumatic stress.

Practical implications: Managing Secondary Traumatic Stress

- Awareness and recognition is essential to managing secondary traumatic stress for the organization and for individuals. A school community can share information about the signs of secondary traumatic stress so staff members recognize the signs in themselves and in others.
- Use your support network - Don't go it alone. Anyone who knows works in the context of trauma needs to guard against isolation. While respecting the confidentiality of your students, get support by working in teams, talking to others in your school, and asking for support from administrators or colleagues. Regular small group checkings can be an outlet for feelings of frustration and stress. Acknowledgement of the stressful conditions by administration can help educators feel heard.
- Attend to self-care: Individuals can protect against and manage secondary traumatic stress by practicing self-care through regular exercise, a healthy diet, and sufficient sleep. Activities such as yoga or meditation can be helpful in reducing general stress. It is important for staff to take time away from the stress-inducing situation and find ways to recharge. Find ways to separate your professional and private life - for example developing and practicing a "getting home ritual" can be a useful way to transition between these two worlds.
- Seek professional help and deal with your own traumas. Anyone who also has his or her own unresolved traumatic experiences, is more at risk for secondary traumatization. If you see signs in yourself, talk to a professional who is knowledgeable about trauma.

Tasks:

- Consider what your self-care practice already includes and where there is room for development. Make a chart that differentiates between the following self-care practices: physical, emotional, social, intellectual, professional, spiritual, and write down your existing practices with one color and your ideas for new practices with another. Use this chart to inform your future self-care routine.
- Consider what type of self-care practices your institution already offers and brainstorm further options for collective self-care in your organization. Have an exchange about this with colleagues and/or supervisors.

More on secondary traumatization and self-care (Including various practical tools):

[SECONDARY TRAUMATIC STRESS AND SELF-CARE PACKET](#)

Literature:

- Branson, D. C. (2019). Vicarious trauma, themes in research, and terminology: A review of literature. *Traumatology*, 25(1), 2–10.
- Canfield, J. (2005) Secondary Traumatization, Burnout, and Vicarious Traumatization, *Smith College Studies in Social Work*, 75:2, 81-101.

Part 3.

What does trauma-informed (TI) practice mean, why is it essential to create a TI environment and what is necessary to work towards this?

Trauma-Informed Practice

Trauma-Informed Practice is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for everyone, and that creates opportunities for survivors to rebuild a sense of control and empowerment (Hopper et al., 2010).

Why trauma-informed?

As we have seen in the previous section, trauma affects us all, directly or indirectly. Many people live with the ongoing effects of past and present overwhelming stress (and/or trauma). Certain populations are much more at risk of being exposed to traumatic experiences, in particular migrants and refugees, who experience severe and complex forms of traumas. If we keep the possibility of trauma on our radar then we are taking the sensitivities and vulnerabilities of our students - who may be trauma survivors - seriously, which is essential to the well-being of every affected person, and it is also the key to successful interactions and relationships.

How to be trauma-informed?

Having a basic understanding of how stress can affect any of us can help this process. Knowing this will make us less likely to fuel other people's stress levels. This means paying attention to the way we engage with other people, as well as to 'what' we do. It also means thinking about what may have *happened* to someone, rather than judging what is 'wrong' with them.

According to Sweeney et al. (2018) rather than being a specific service or set of rules, trauma-informed approaches comprise a process of organizational change aiming to create environments and relationships that promote recovery and prevent re-traumatization.

Being trauma-informed means recognizing some of the ways that "helping" may reinforce helplessness and shame, further eroding a person's sense of self and their ability to direct their own lives. It means recognizing things you may be doing in your relationships that keep people in dependent roles, elicit anger and frustration, or bring on the survival responses of fight, flight, and/or freeze' (Blanch 2012: p. 49)

What are trauma-informed services?

Becoming trauma-informed is not an end state, but a process. It requires a step-wise implementation and review over time. The journey to becoming a trauma-informed service has been conceptualized into 4 stages (Miesler and Myers, 2013):

1. **Trauma aware:** Staff understand trauma, its effects and survivor adaptations.
2. **Trauma sensitive:** The institution can operationalize some concepts of a trauma-informed approach.
3. **Trauma responsive:** Individuals and the organization recognize and respond to trauma enabling changes in behavior and strengthening resilience and protective factors.
4. **Trauma-informed:** The culture of the whole system, including all work practices and settings reflects a trauma-informed approach.

A key feature of trauma-informed practice is *the way in which a service is offered* - i.e. the whole *context in which it is provided* - not just 'what' it entails. As healing from interpersonal trauma occurs in a relationship, *the wider relational context in which healing takes place is critical.*

While there is not one standard definition, the following principles are typically emphasized in trauma-informed approaches:

- Trauma awareness – services and organizational practices reflect an understanding of trauma, including how various behaviors may represent adaptations to traumatic experiences
- Safety – Approaches and service settings are designed to promote both physical and emotional safety of participants and program staff
- Opportunities to rebuild control – Services emphasize the importance of choice for consumers and create environments that promote personal control
- A focus on strengths – Approaches are designed to support people in identifying and using their own strengths and skills, rather than focusing on deficits
- Collaboration – There is true partnership and collaborative decision making between staff and consumers and among organizational staff
- Trustworthiness and transparency – Organizational operations and decisions are conducted openly, with a goal of promoting trust among staff and consumers
- Cultural competence – Cultural, historical, sexual orientation, and gender issues are actively identified and addressed, and the organization promotes culturally-driven healing practices

The role of communication and how we interact

Trauma often affects the way people approach potentially helpful relationships (Fallot and Harris, 2001). Posttraumatic reactions such as shame, guilt, powerlessness and helplessness lead to feeling unsafe, as well as deep-rooted feelings of distrust and the unintentional reenactment of past abuse. Becoming trauma-informed is about supporting people to feel safe enough in their

interactions with services, to build trust, and help people overcome their fear and sense of betrayal.

Our interactions with one another are especially important for people living with the impacts of trauma. Trauma interrupts the connections between different systems of functioning – physical, emotional and cognitive (thinking) in the brain, moreover it often destroys the person’s social and legal network. People recover from trauma when disruptions between these different levels of functioning become connected or ‘integrated’ again.

It is important to understand that:

- Positive experiences in our relationships can help us heal.
- Negative experiences make our emotional and psychological problems worse.

We should not underestimate the capacity of positive interactions, even in routine interactions, to be soothing and validating. This applies to all of us, and especially to people with trauma histories. Support is crucial to the process of recovery.

Positive experiences of relationships are central to trauma recovery. They are also important to general well-being. By employing trauma-informed principles, we can build a ‘trauma-informed’ society. This creates possibilities for psychological and physical healing on a grand scale.

Note - practical implication: We should always be aware of not stepping over professional boundaries and the limitations of our competence/capacities/role. Keep in mind that you are not a mental health professional and may even cause harm if you over-step certain competences. A friendly, understanding attitude is the greatest value of the trauma informed educator.

Further implications: Possible reactions to working with traumatized individuals lie on a spectrum; experiencing any kind of reactions on the spectrum may occur: we may over-identify with the survivor and unconsciously try to “rescue” our vulnerable student, which can lead to overinvolvement and crossing certain competence boundaries, or being overly lenient and accommodating to the student. On the other end of the spectrum is becoming avoidant and trying to distance ourselves from a difficult student, also as a result of feelings of overwhelm and possible secondary traumatization. Be aware if you notice that you are nearing any end of the spectrum and reach out for help in these cases.

How to talk about sensitive topics in a trauma-informed manner?

Refugee survivors differ greatly in how open and capable they are about talking about their past and painful experiences. Usually, the classroom is not the most suitable environment for disclosing trauma and loss, but it may come up in some way, and it is good to be prepared for that as a teacher. In general, the best approach is to be open, empathetic, supportive, but also aware of your personal and professional boundaries as a teacher. This also involves making good judgement about when and to what extent it’s appropriate to address sensitive issues, and when is it necessary to direct the need to talk about sensitive matters to the right professional and to do this in a peaceful and safe manner. Also, keep in mind that the protection of the group, the affected individual and your own protection as a teacher is equally important and necessary.

In summary, take things slowly, monitor the group dynamics as well as the well-being of individual students, and make good judgement about the capacity and sensitivity of the group. The level of disclosure and intensity/depth of group should generally be adjusted to the most sensitive student's threshold. This means that every single student should be comfortable with the conversation, and not only the majority. This means that the most sensitive student should guide the "standard" of the whole group. However, it may occur, that it feels like one highly-sensitive student is "pulling back" the whole group, if the group is more ready to go more in-depth. This is a tricky matter and each case should be considered individually. Can there be a way to make the particular student feel safer with the group? Can some individual support for the student help the student keep up with group? Can the whole group be supported in including this student in the discussion? Should the group be more flexible in their approach and accommodate to this student? Supervision or intervision for the instructor is again a useful way to find answers to this matter, reach out to colleagues and share thoughts and ideas.

Summary and outlook: How to create a safe, trauma-informed environment

As we can see based on the provided information, one of the key features of being trauma-informed is being aware of the consequences of trauma, bearing in mind the sensitivities of the students, and trying to avoid re-traumatization as much as possible. This practice is a very complex and difficult process, especially because nearly *anything* may serve as a trigger for a traumatized person, and it is sometimes difficult to foresee and prevent all potential threats. This means that ensuring *complete safety* is more of an illusion than a realistic goal. If, however, we are aware of some of the main areas (e.g. feeling powerless, out of control, blamed, inadequate, pressured etc.) and topics (e.g. family, past memories, violence, loss) that may serve as triggers, we can be more prepared and sensitive in our approach as instructors. So creating an *ultimate safe space*, may be unrealistic, but we must strive for a "**good enough safe space**", which entails knowledge about trauma, awareness to triggers, constant monitoring of reactions and well-being of students, and intervening and repairing damage in case of need. Also, make sure you reach out for help if things get difficult in your classroom, you do not have to manage this on your own. Ask for advice from supervisors, colleagues, or counsellors.

Literature:

- Blanch A, Filson B, Penney D, et al (2012). Engaging Women in TraumaInformed Peer Support: A Guidebook. National Centre for TraumaInformed Care
- Elliot D, Bjelajac P, Falloot R, et al (2005). Trauma-informed or trauma-denied: principles and implementation of trauma-informed services for women. *Journal of Community Psychology*, 33: 461–77.
- Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homeless service settings. *The Open Health Services and Policy Journal*, 3, 80-100
- Sweeney, AC; Filson, B; Kennedy, A; Collinson, L; Gillard, S (2018). A paradigm shift: relationships in trauma-informed mental health services. *BJPsych Advances*, 24 (5). pp. 319-333. ISSN 2056-4678 <https://doi.org/10.1192/bja.2018.29>

Further resources:

- <https://traumaawareschools.org> - lots of valuable information on trauma-awareness in schools, link to external resources, manuals and quick tips
- [Trauma-Informed Practices in School: Teaching & Self-Care Resources](#) - further trauma-informed information in school context
- Trauma and Learning Policy Initiative (TLPI): TraumaSensitive Schools Descriptive Study [Trauma and Learning Policy Initiative \(TLPI\): Trauma- Sensitive Schools Descriptive Study](#) Very detailed (over 100 pages) comprehensive study report
- [To help students deal with stressful situations at home, many schools are using innovative “trauma informed” strategies.](#) Trauma informed practice know-how: tips for teachers

Part 4.

Managing stress, trauma and dealing with immediate crises

In a previous section, we have already addressed how self-care and being aware of our own reactions is essential. The first step is understanding about the ways that stress can manifest in emotions, behaviors, and physical symptoms. If we learn the warning signs of stress, we can become more mindful of what's really happening to us when we feel these emotions or engage in certain behaviors. As an educator, we have an important role in modelling and this can also be practice that we model to our students.

Another important factor to this is knowledge about triggers and what triggers us, and others around us. **Here are some questions we can ask ourselves to help identify our triggers:** What frustrates me? What stresses me? What makes me sad?

It is important to note however, that triggers *explain* emotional responses, but they do not necessarily *excuse* them. We must learn how to manage them in order to be able to successfully engage in social interactions. This is also something we can model to our students.

Trauma and recovery

While the treatment of trauma is the competence of mental health professionals, the social environment also plays a decisive role in helping a survivor overcome their difficulties. Healing from trauma is always relational - which means that interactions and relationships decisively inform the process of recovery - especially in the case of interpersonal trauma. As Judith Herman, author of *Trauma and Recovery* (1992) says: 'While helplessness and isolation are the core experiences of psychological trauma - empowerment and reconnection are the core experiences of recovery'. Furthermore, in Herman's three-phased widely applied recovery model, the third and final stage of trauma recovery focuses largely on reconnecting with people, personally meaningful activities, and all other aspects of a fulfilled and healthy life, that can allow the survivor to develop a new sense of self.

In summary, a survivor needs to experience the exact opposite to the nature of trauma, such as mastery, control, autonomy, purpose and connection to rebuild themselves and transform their world-view. If we take a closer look into these experiences (such as mastery and purpose), we can easily see how they often show up in an educational setting. As a result, an educational setting and educators can play a vital role in the healing process. Remember, this does not mean you should be doing anything that oversteps your boundaries of competence. Being respectful, open, understanding, empathetic, encouraging, mindful and patient are ways that we can assist the recovery of a survivor.

Here are some practical implications:

- **Provide consistency and structure:** Students who experience trauma can feel triggered by a lack of clear structures, boundaries, and routines. Providing classroom consistency, daily structures, clear expectations, and reliable warmth and love help stressed students feel safe. Normalcy is profoundly healing and comforting, particularly for students who do not feel in control of their lives.
- **Be aware** of possible sensitivities in regard to certain potentially retraumatizing experiences such as helplessness, lack of control or autonomy.
- **Have a support network available for students:** In cases of trauma or when life becomes generally overwhelming, students need to know there is help. Teachers should continually make students aware of the options available for counseling and encourage them to reach out if they are facing challenges.

Literature:

- Herman, Judith Lewis (1992). *Trauma and Recovery: The Aftermath of Violence — from Domestic Abuse to Political Terror*, New York: Basic Books.

How to deal with someone who is dissociating

In the first section of this material, we explained how some survivors of trauma stay in a “trauma-mode” and have tendencies of dissociating. You are now aware of the signs of dissociation and we will proceed to give you more insight into how to deal with such episodes.

Note: *These are tools that a lay person may implement in case of need, however be aware of your professional and personal boundaries. If stabilizing the dissociating person is not feasible with these interventions, reach out for professional help. Also, these strategies do not replace therapeutic work that a traumatized person may be in need of.*

Most of the time the person who is dissociating does not realize it is happening. Therefore others have to help out at least in the beginning. The key strategy to deal with dissociation is *grounding*. Grounding means connecting back into the here and now. Grounding is an important tool in therapy, but it is helpful to know about these methods if you are a professional who works with traumatized individuals.

- Firmly get attention to make eye contact (call out, snap fingers, wave hand).
- Make direct observation about state of dissociation (“seems like you spaced out, where'd you go?” Let's back track and see where we were when you disconnected”).
- Have the person talk about where, what, surroundings (“tell me where you are; what are you doing right this minute”).
- Ask the person to do something grounding (“name 5 things you see, hear, and feel”, “count how many blue items you can see”; “name animals beginning with the first 5 letters of the alphabet”).

- Give something grounding to do: calming smell (e.g., lavender on cotton balls), eat a piece of candy, put cold water compress, ice cubes or cold bottle behind knees or on temples, push feet into the ground, get up and move around)

Further material on managing dissociation:

- [dis-sos: Warm Welcome to this Blog!](#) Collection of tools and information on trauma management including how to stop flashbacks, window of tolerance, containment, the safe place exercise

Resilience in the aftermath of trauma

After all this discussion on trauma, stress and its aftermath, it is indispensable to bring in the phenomenon of resilience. Resilience is the ability of a survivor to maintain relatively stable, healthy levels of psychological functioning in the face of highly threatening events. Furthermore, it is considered to be a process. It has been shown to be predicted by intrapersonal capacities such as, positive self-esteem, hopefulness, a rich problem solving repertoire, adaptability and flexibility, as well as contextual factors such as supportive social networks and social institutions, community stability, and relationship with social institutions. So again, this is where an educational setting can contribute to a positive aftermath following trauma.

Note: Though resilience is a very healthy and adaptive way of reacting to trauma and also quite common - it is not something that can or should be expected of survivors. Again, providing a safe, stable, encouraging and empowering environment is what an educational institution can do to foster this process - however resilience cannot be directly “taught” or trained.

Literature:

- Bonanno GA. Clarifying and extending the construct of adult resilience. *American Psychologist*. 2005; 60: 265-667.
- Hooberman, Joshua & Rosenfeld, Barry & Rasmussen, Andrew & Keller, Allen. (2010). Resilience in Trauma- Exposed Refugees: The Moderating Effect of Coping Style on Resilience Variables. *The American journal of orthopsychiatry*. 80. 557-63.

More on refugees and resilience:

[Q&A: Far from being traumatized, most refugees are 'surprisingly resilient'](#)

A note on culture:

Culture can play a powerful role, in exposure and interpretation of traumatic events, trauma-related symptoms, and intervention approaches. Cultural, historical, and intergenerational trauma are all important contributors to health and well-being. Trauma-related symptoms may vary across different cultural communities, strategies for providing effective services can also vary based on cultural values.

Dealing with immediate crisis and Psychological First Aid (PFA)

In some cases we may find ourselves in an immediate crisis - whether it is some kind of external danger that hits the classroom, a heated conflict, or someone getting triggered and acting out in the form of an aggressive outbreak. There are a set of tools that we can rely on in case of a crisis that stem from the theory and practice of **Psychological First Aid**. Psychological First Aid is designed for delivery *by mental health and other disaster response workers* who provide early assistance as part of an organized disaster response effort. This means that providing **Psychological First Aid** is linked to training. However the basic principles can be useful to anyone working with vulnerable groups.

What is Psychological First Aid?

PFA is an evidence-informed approach for assisting people following a disaster. Psychological First Aid is designed for delivery by mental health and other disaster response workers who provide early assistance to affected children, families, and adults as part of an organized disaster response effort.

It involves:

- Early assistance ideally provided by those first on site
- Initial assessment of the psychological impact of the event
- Stabilization of the psychological injuries
- Prevention of further psychological injuries
- Maintenance of psychological status until professional mental health care is available if required
- Facilitation of transition and referrals to trained mental health professional when necessary
- Promotion of faster and better psychological healing

The basis PFA is promoting:

safety, calm, connectedness, hope and self-efficacy.

Promote SAFETY

- Help people meet their basic needs for food and shelter and emergency medical attention if needed.
- Provide simple and accurate information on how to obtain assistance to meet their basic needs.
- Stress may alter the individuals' ability to process information, repeat information as often as necessary.

Promote CALM

- Listen to people who wish to share their stories and emotions.
- Remember people react differently to disasters and there is no right or wrong way to feel.
- Be friendly and compassionate even if people are being difficult.
- Obtain and offer accurate information about the disaster or trauma, and the relief efforts, to help victims better understand the situation.

Promote CONNECTEDNESS

- Help people to contact their friends or loved ones.
- Keep families together.
- Keep children with parents or other close relatives.

Promote HOPE

- Find out the types and locations of government and non-government services that are available and direct people to these services.
- If you have the correct information available tell people that help is on its way.

Promote SELF-EFFICACY

- Give practical suggestions on how people can help themselves.
- Help people regain their sense of control by engaging them in activities to meet their own needs.

Note: be careful not to evoke fake hopes or needs you may not be able to satisfy. Also, do not ask for details of what happened or assume that all individuals who have experienced a crisis or traumatic event want to talk or need to talk. Often, the fact that you are present in a supportive and calm way helps affected people feel safer and more able to cope.

Good Communication is a key to PFA

Here some ideas for things to Say and Do:

- Try to find a quiet place to talk and minimize outside distractions.
- Stay near the person but keep an appropriate distance depending on their age, gender and culture.
- Let them know you hear what they are saying, for example, nod your head and stay attentive.
- Be patient and calm.
- Provide factual information IF you have it. Be honest about what you know and what you don't know. "I don't know but I will try to find out about that for you."
- Give information in a way the person can understand - keep it simple.
- Acknowledge how they are feeling, but do not make any assumptions about feelings.

- Respect privacy. Keep the person’s story confidential, especially when they disclose very private events.
- Acknowledge the person’s strengths and how they have helped themselves.

Note: If a survivor of a traumatic event doesn’t show any sign of acute stress, it doesn't necessarily mean that they haven’t been traumatized. Post-traumatic symptoms might manifest some days/months or even years later. The individual is nevertheless in need of the basic psychological first aid. Also, be careful not to pathologize or to overstep your competence boundaries. Most reactions to traumatic events are expectable and understandable. Do not label reactions as “symptoms,” or speak in terms of diagnoses, conditions, pathologies or disorders.

More on PFA:

- APA Guidelines: [Understanding Psychological First Aid](#)
- A detailed guide for US colleges: [A Psychological First Aid Guide](#)
- Psychological First Aid: Field Operations Guide - United States Department of Veterans Affairs: Includes manual, provider worksheets, handouts for survivors, etc. <http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp>
- **The Psychological First Aid (PFA) Manual A Guide for Responding to Emergencies at Colleges and Universities:** The manual includes handouts for survivors and provider self-care information adapted to higher education institutions. <http://mha.ohio.gov/Portals/0/assets/Supports/EmergencyPreparedness/psychological-first-aid.pdf>
- [PFA Tutorial Mobil App:](#) The free PFA Mobile app can assist responders who provide PFA to adults, families, and children. http://www.sph.umn.edu/pfatutorial/#about_home

Further intervention possibilities and ideas for work with vulnerable students

- **Social-emotional training**

Traumatized students require explicit emotional training to regulate their emotions, process stress, and heal from their experiences. Ideally they should receive counseling, but on the classroom level, social emotional training can include things like training on communication, conflict resolution and possibly meditation, breathing exercises, and mindfulness that provide students with time to pause and reflect on their emotional state.

- **Use restorative practices over zero tolerance policies**

Students with traumatic backgrounds benefit from clear boundaries and limitations, coupled with a restorative approach to discipline, rather than a punitive one. Restorative practices rebuild a traumatized student’s relationship to authority and to the adults and peers in their daily lives. Restorative circles, team-building exercises, meditations, and counseling can all reform a traumatized student’s belief in fairness, as well as their capacity for conducting themselves with integrity.

- **Practicing mindfulness**

Mindfulness can help both educators and students with attention, emotional regulation, compassion, and calming. When someone is feeling stressed, mindfulness teaches them how to pause and thoughtfully gauge their mood: to pause, recognize, and cope.

Resources for mindfulness and self-care (click on the underlined titles in the next section for the link to the resources)

Important notice: These are techniques that you can try out on yourself for self-care and in case you are experiencing overwhelm. It is also useful to know that these techniques can help your students. However, be aware of the limitations of your role as an instructor. If you are not a mental health practitioner and your relationship with the survivor is not therapeutic, it is not your role to teach these practices. In case of need (e.g. a crisis situation) use your common sense on how to potentially implement this knowledge. Also, if you provide psychological first aid in a crisis situation, make sure you decrease your own elevated stress level, e.g. with any of these tools.

Mindfulness and mindfulness practices

Mindfulness has been defined as "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally". Research has linked mindfulness with numerous benefits to mental well-being, including reduced symptoms in anxiety and depression and improved concentration. Like any skill, becoming mindful takes practice. Use this worksheet to learn some methods to increase mindfulness.

Mindfulness Meditation

During mindfulness meditation, you focus on your breathing as a tool to ground yourself in the present moment. It's normal that your mind will wander. You'll simply bring yourself back into the moment by refocusing on your breathing, again and again.

Grounding Exercises

After a trauma, it's normal to experience flashbacks, anxiety, and other uncomfortable symptoms. Grounding techniques help control these symptoms by turning attention away from thoughts, memories, or worries, and refocusing on the present moment.

Relaxation Techniques (Guide)

Relaxation skills are useful tools for alleviating symptoms of stress, anxiety, anger and trauma. Here you can access a number of helpful relaxation audio clips, worksheets, scripts, and general information on stress management.

Mindfulness Walk (Interactive)

Put on your headphones and head outside to practice mindfulness while walking. The Mindfulness Walk guided audio activity instructs you to focus on different parts of your experience, from each of your senses to the process of breathing, while allowing ample time to practice.

Progressive Muscle Relaxation Script (Worksheet)

Progressive muscle relaxation (PMR) is a powerful technique with long-term benefits for stress and anxiety. When practiced regularly, the positive effects of PMR can become generalized. This means that the reduced levels of stress and anxiety will last well beyond the practice period.

Deep Breathing

Deep breathing is a popular relaxation technique that helps to control the symptoms of stress, anxiety, and anger. The skill is easy to learn, and provides near immediate relief from uncomfortable symptoms. As the name suggests, deep breathing works by taking slow, deep breaths, to trigger the body's relaxation response.

Meditation apps:

- Headspace: <https://www.headspace.com/headspace-meditation-app?fbclid=IwAR02hifnzmOMzR3ifXyGaO1MBMRtMGa3T3cb3a7xjzP7RaGNsIM4n9cO5Oc>
- Calm: https://www.calm.com/?fbclid=IwAR09lsu9LjRda5I8t1lrtaqabAGJzpII_qXyrjF_2veDIY1AKO7wKbBbODs
- Insighttimer: https://insighttimer.com/?fbclid=IwAR3SElbDFIW7vr5JRIYm3pRQ2nKQgA9TImSnkUF_J4D29zFlagiMgkKjVj0

Closing remarks

Working with potentially traumatized/vulnerable individuals is a huge task. Allow yourself patience, have compassion for yourself and give yourself credit while in the process. It is a learning experience for you too and you may make some mistakes and learn from them. Working in a team is essential and do not hesitate to ask for help, reach out to your colleagues or other professionals. Also, be aware that your whole organization/team may be experiencing the effects of this work (see section on secondary traumatization) and if you feel your professional community is overwhelmed, seek further external help.

After going through this material, take some time to consider your main take-aways and practical intentions for your future work. It can be useful to put this into writing too, and here is some space left exactly for this purpose.

My main take-aways:

My main intentions: