

Integrating Trauma-Informed Practices into Higher Education Curriculum

Kathryn Young¹ and Ofelia Castro Schepers²

¹ Department of Secondary Education, K-12 Education and Educational Technology and Director of Trauma-Informed Practices, Metropolitan State University of Denver, ² Department of Literacy and Language, Purdue University

Cite as: Young, K., & Schepers, O.C. (2024). Integration Trauma-Informed Practices. *Metropolitan Universities*, 35(3), 91-108. DOI: 10.18060/28026

This is an open access article distributed under the terms of the [Creative Commons Attribution License](#).

Editor: Patrick M. Green, Ed.D.

Abstract

Trauma-informed frameworks are needed in metropolitan and urban university settings because many who enter higher education have experienced trauma or will experience trauma while at the university. This paper addresses the neurobiological and psychological underpinnings of trauma and addresses how these experiences can pose academic challenges, leading to misinterpretations of students' behaviors by faculty. This paper provides faculty with the knowledge to recognize, empathize, and respond effectively to students with trauma experiences and all students. The authors share four practical strategies for implementation (address feeling overwhelmed, address planning for assignments, provide ways to remember content and incorporate a focus on learning content) in the metropolitan and urban university classroom to create an inclusive educational environment that facilitates learning and growth for students who have experienced trauma and all students.

Keywords: trauma-informed, SOTL, trauma, teaching and learning, higher education

Introduction

The prevalence of trauma among university students is a significant concern. Estimates suggest that between 59% to 75% of college students experience traumatic events (Mackay-Noerr, 2019). Recent data indicates that almost half of the students who visit counseling centers report having experienced trauma (Alonso, 2024). The transition to college can introduce new traumas, compounding the challenges faced by students who may already have traumas.

Hispanic Serving Institutions (HSI) are particularly noteworthy in this context. HSIs represent about 20% of all higher education institutions in the U.S. and enroll more than two-thirds of all Hispanic college and university students nationwide (Hispanic Association of Colleges and Universities, 2020). Approximately 78% of Hispanic students have experienced at least one traumatic event, and 28% have experienced four or more traumatic events (Ramirez, 2017).

Traumatic experiences profoundly affect students' sense of safety, posing real-life threats or safety concerns in their environments. These experiences also impact the learning process and can lead to higher dropout rates, especially in the first semester of college (Duncan, 2000). Universities have the power to alter practices and policies to better support students who have experienced trauma. These changes not only benefit the affected students but also contribute to creating a more inclusive and supportive environment for all. Trauma-informed practices (TIP) recognize the impact of trauma on students' lives. TIP encompasses practices, policies, and procedures designed to recognize, understand, and address the learning needs of students impacted by trauma (Carello & Butler, 2015). While these practices have proven effective in P-12 education, their applicability to higher education is growing. Using a TIP framework shows a commitment to creating an environment that supports healing, learning, and growth at the university. Many other forms of student-centered teaching and learning may not explicitly address or accommodate the diverse needs of students who have experienced trauma as part of the academic learning process.

Parks et al. (2022) express that “Urban anchor institutions and universities are responsible for addressing the economic and social inequities that impact the communities they are located in and ultimately serve, particularly those who hold minoritized identities” (p. 102). Part of addressing these inequities can be addressed through the transformative impact institutions can have by providing a safe, supportive, and respectful environment for learning (Doughty, 2020). TIP offers a framework for creating this sort of environment. A strong connection to the campus environment and community positively influences academic success too (Doughty, 2020).

This paper contributes to the scholarship of teaching and learning (SOTL) by providing background on trauma science, a detailed explanation of trauma-informed practices, and a collection of trauma-informed strategies that can be implemented in any university classroom.

The writing is from a first-person perspective as voices of university faculty who taught at an urban and metropolitan university together, incorporated trauma-informed practices in our courses, and helped lead institutional efforts to expand TIP across our School of Education (SOE) and the university.

Inquiry Question

How do faculty at an urban institution of higher education use trauma-informed practices (TIP) to support its students?

Background

The authors taught at Metropolitan State University of Denver, an urban and metropolitan university with HSI status. The content of this paper is drawn from lessons learned in teaching diverse university learners over a number of years, from trauma-informed literature, and from a series of professional development opportunities we presented to other faculty at the university. We share our lessons learned at MSU Denver since MSU Denver serves as an anchor institution for the Denver Metropolitan area. Most of our students are local and stay local (78% stay in Colorado after graduation) after completing their degree programs. 60% of undergraduates are first-generation students, 55% are students of color, 87% work full or part-time, and the average age of an undergraduate student is 25 (Petronovitch, 2022). MSU Denver seeks to empower the students to become 'changemakers' who improve their personal and professional communities' long-term economic, health and social welfare. Incorporating trauma-informed practices as an anchor framework in faculty teaching and learning helps serve this goal.

Theoretical Framework

Trauma-informed practices grew out of work by the Center for Disease Control and Prevention (CDC, 2020) and the Substance Abuse and Mental Health Administration (SAMSHA, 2014) in the early 2000s. One influential study was the Adverse Childhood Experiences Study (ACES), which analyzed the long-term effects of traumatic experiences on adult health, including physical and mental health and life expectancy (Felitti et al., 1998). This study helped inform the public about the definition of trauma, how it is experienced, and the long-term consequences of experiencing trauma.

Trauma manifests in various forms, spanning individual, interpersonal, and collective experiences. These manifestations range from historical and insidious events to acute, one-time occurrences. Individual traumas are often encountered in day-to-day interactions and include Adverse Childhood Experiences (ACEs), as studied by Felitti et al. (1998) and others. Interpersonal traumas encompass a range of harmful experiences such as domestic violence,

bullying, sexual violence, sexual harassment, microaggressions, and human trafficking. Collective traumas affect entire communities. These traumas emerge from shared events, including natural disasters, community violence, immigration policies, domestic terrorism, antisemitism, war, refugee status, and combat. The underlying factors contributing to collective trauma include political and economic trauma, structural traumas, and various forms of discrimination such as xenophobia, homophobia, ageism, ableism, racism, and more. Insidious trauma, experienced daily through oppression, differs from acute traumatic events but accumulates over time. These different forms of trauma can overlap and occur simultaneously.

Both individual and collective traumas have a significant impact on individuals and communities, disrupting social cohesion, trust, and well-being and can lead to similar psychological consequences, including anxiety, depression, and post-traumatic stress symptoms. Trauma can have lasting effects on mental health, relationships, and overall quality of life. These forms of trauma are or have been experienced by university students as well. University students encompass a diverse range of individuals who have experienced trauma, including veterans, current and former foster youth, Indigenous students, refugees, LGBTQIA+ students, and non-traditional adult learners (Davidson, 2017; Sapra et al., 2023), all of whom are well-represented at MSU Denver. Mackay-Noerr (2019) conducted a study where over 1000 college students were surveyed about their experiences with ACEs, finding that 59% of surveyed students reported at least one ACE and 38% reported two or more with higher ACEs among First generation students. This number is surely higher post the height of COVID-19. Exposure to trauma does not end when college begins. College students are also at a higher risk of experiencing new traumas than the public because of exposure to an increased likelihood of sexual assault while attending college (Davidson, 2017).

No two people or two trauma experiences are the same. Even after a traumatic situation has ended, one person can continue to react as if the trauma is continuing while another heals from the experience. For individuals who persistently experience trauma, this can manifest as a perpetual state of alertness, resulting in heightened vigilance and a constant undercurrent of low-level fear. This ongoing emotional burden may limit students' capacity for curiosity and hinder the process of learning (Davidson, 2017).

A faculty member might observe various student behaviors, such as difficulty focusing, attending, and recalling content or a tendency to miss class. These behaviors could be trauma responses, as suggested by Davidson (2017) and Henshaw (2022). Students bring their entire lives into the classroom every day, and some days, they actively respond to trauma while in courses or when visiting with faculty (Davidson, 2017, p. 17). Within any classroom, there exists a subset of students who are at heightened risk for retraumatization or vicarious traumatization. Their personal trauma histories, experiences with mental illness, and current challenges related to university- life contribute to this vulnerability (Carello & Butler, 2015).

Research also highlights that students may experience trauma indirectly through curricular activities. Depending on their major and specific experiences, curriculum, field practica, and research projects can potentially traumatize students (Henshaw, 2022). As faculty, we must be mindful of our actions. Being overly dismissive of student concerns, allowing threats or ridicule, displaying power, impatience, or targeted and personalized disappointment in class—all of these behaviors can retraumatize students. Even heavy-handed verbal feedback and overly negative grading can have a similar effect (Carello & Butler, 2015). This does not mean faculty should avoid giving critical feedback or creating discomfort in classes. Both are essential components of a university education. Instead, faculty should consider the “how” and “why” of delivering critical feedback, fostering a culture of learning that encourages students to take academic risks and grow.

The possibility of traumatizing or re-traumatizing first-generation university-attending students and students of color looks slightly different. “First-generation students of color, for example, may have difficulty adapting to the higher education learning environment for a variety of reasons that potentially include racism and discrimination, as well as the pressure of adjustment and assimilation” (Hunter, 2022, p. 32). They may also have additional pressure to succeed when resources are scarce, and they work to balance family, school, and work requirements (Hunter, 2022). This is especially true at HSIs, universities that purposefully support more students from Hispanic backgrounds, more students who statistically are exposed to more trauma because of potential exposure to forced migration, discrimination, and socioeconomic challenges (Meléndez Guevara et al., 2021). Metropolitan, urban, and HSI-serving universities are well-positioned to support students’ mental health and emotional needs in a holistic and culturally responsive way (Berkley-Patton et al., 2021; Cabler et al., 2022).

Use of Trauma-Informed Practices (TIP) to Support Students

Over the past two decades, institutions of higher education have taken various approaches to attending to trauma for their students. The nature of this work was not shared widely outside individual institutions leading to limited external insight of how institutions were implementing trauma-informed frameworks and approaches. To shed light on these practices, Castro Schepers et al. (2023) released an edited volume elucidating these practices. The frameworks and approaches described were diverse and frequently confined to incorporating TIP into individual courses or assignments.

For example, Byker and Hemphill Davis (2023) developed a theoretical framework for responsive mindfulness that was created to support future educators who, in turn, will need to support their learners through mindfulness practices. This approach leaned on four parts to support students “(1) acknowledging trauma, (2) responding to a learner’s social-emotional

needs in equitable ways, (3) mitigating the trauma with resources and social-emotional support, and (4) sustaining the response to the trauma” (2023, p.6). Four other chapters highlighted individual-level efforts to support preservice teachers in building resilience. Each of the approaches differed slightly but included reciprocal witnessing (Lo, 2023), self-compassion (Barry, 2023), restorative practices (Hermosura & Trihn Wiebe, 2023), and appreciative inquiry with communities of practices (Minicozzi & Thornburg, 2023), each finding benefits for their students in resilience. These studies took place in a US context, and the approach to trauma-informed practices varied greatly. Because of the variation in these and other studies, we found it imperative to understand larger trauma-informed frameworks and choose one that would allow a large-scale yet individualized implementation.

Trauma-Informed Practice Models

Trauma-informed practices revolve around responding to student need, even when faculty do not know the exact need ahead of time. It means being student-centered and embracing culturally responsive and universal design principles. There are quite a few frameworks to choose from, including SAMSHA (2014), Oregon (TIO, n.d.), and HEARTS (Dorado et al., 2016). (See Ingoldsby & James Bell Associates, 2019 “Profiles of select trauma-informed programs” for a deeper description of these and other frameworks.) All frameworks are based on research on trauma interventions and leverage extensive reviews of trauma-informed systems research and practical work across the country. The trauma-informed principles, regardless of the framework in use, are aimed at promoting wellness and (academic) success for all and are especially important for the academic success of those students impacted by trauma (Ingoldsby & James Bell Associates, 2019).

Until recently, few institutions had implemented broader TIP initiatives directly supporting students through professional development aimed at equipping faculty and staff with trauma-informed frameworks. Below, we share the principles of the HEARTS framework, which is the framework used in the School of Education (SOE) at MSU Denver. This framework was chosen in the SOE because it had many similarities to the other frameworks and explicitly addressed insidious and racial trauma as part of the trauma experience and as part of where healing needs to happen.

The HEARTS framework (Dorado et al., 2016) is based on six principles: understanding trauma and stress, cultural humility and equity, safety and predictability, compassion and dependability, empowerment and collaboration, and resilience and social-emotional wellness. No principle is more or less important than another, and many practices overlap between principles (See Table 1).

TABLE 1. Trauma-informed guiding principles

Principle	Trauma-Informed Lens Rationale	Description of Principle
Understand Trauma & Stress	Without understanding trauma, we are more likely to misinterpret trauma-related behaviors as willful, “sick,” or “crazy,” which can lead to ineffective, stigmatizing and/or punitive reactions to trauma-impacted people.	Understanding how trauma and stress can affect individuals, relationships, organizations, health and work can help to reframe otherwise confusing or aggravating behavior. This can in turn assist us to recognize trauma’s effects more accurately, which can then lead to more compassionate, strength-based, and effective responses to trauma-impacted people that promote healing, instead of reactions that inadvertently retraumatize and cause harm.
Insidious/Racial Trauma & Equity*	We come from diverse cultural groups that may experience different traumas and stressors, react to these adversities differently, and experience differences in how others respond to our traumatic experiences.	When we are open to understanding the trauma and adversity caused by historical, institutionalized, and societal oppression and respond to them with cultural humility, we can work together to mitigate these harms, and equity is enhanced.
Safety & Predictability	Trauma unpredictably violates our physical, social, and emotional safety, resulting in a sense of threat and a need to focus resources on managing risks.	Establishing physical, social, and emotional safety, as well as predictability in the environment, can assist us to focus resources on healthy development, wellness, learning, and teaching.
Compassion & Dependability	Trauma can leave us feeling isolated or betrayed, which may make it difficult to trust others and receive support.	By fostering relationships that are compassionate and attuned, as well as dependable and trustworthy, we reestablish trusting connections with others that foster healing and well-being.

**Resilience &
Social Emotional
Learning**

Trauma can derail the development of healthy skills in regulating emotions, cognitions, and behaviors, as well as healthy interpersonal skills, which can then compound trauma’s negative effects.

Promoting wellness practices and building social emotional learning competencies of self-management, self-awareness, social awareness, relationship skills, and responsible decision making (CASEL, 2012) can help us to be resilient and more successful in achieving our goals in school and at work, and to develop to our fullest potential.

**Empowerment &
Collaboration**

Trauma involves a loss of power and control that can make us feel helpless and hopeless.

When we are given meaningful opportunities to have voice and choice and our strengths are acknowledged and built upon, we feel empowered to advance growth and well-being for ourselves and others, and we can work together to forward the cause of social justice.

**Adapted from original HEARTS framework (Dorado et al., 2016)*

Understanding trauma and stress. Trauma responses show up in many ways, and as many faculty have not been educated to see these behaviors through a trauma-informed lens, faculty might misconstrue these behaviors as students who do not want to be in class, not engage in class, or who are otherwise unengaged rather than as students who have experienced trauma.

Students’ responses to trauma can look various ways in the university classroom. Students might crave control by asking exacting questions. They might act on guard all the time. You might see a student who must sit in the back row or always have an eye on the door. A student might flinch if you walk too close to them. A student might have minimal trust in the instructor or other students. Lack of trust often exhibits as questioning the faculty member about due dates and refusing to work with others. A student might seek escapism by always cracking a joke in class or deflecting difficult conversations. They might feel responsible for others’ happiness in class. Responsibility for others’ feelings can appear by “parenting” other students or keeping the peace rather than engaging in debate. They might have feelings of emptiness, which might exhibit as a faraway stare or sharing that they do not see the point of a class. They might also give into reckless impulses and not care for personal safety. This recklessness might include students who pick a verbal fight with others or are quick to engage in public negativity.

Faculty are not meant to become clinicians or counselors. At the same time, when faculty learn a little about how trauma and stress show up in a classroom, they can build empathy for their students and engage differently with students. Faculty can take a stance of curiosity to students' behavior rather than judgment. They can ask, "What is going on?" or "How can I help?" instead of "What is wrong with you?"

Cultural humility and equity. Cultural humility is based on lifelong learning and critical self-reflection, recognizing and changing power imbalances, and working for institutional accountability (Chávez, n.d.). Faculty can examine our courses, assignments, policies, practices, and exams for forms of structural oppression (Clay, 1990). Consider these questions: Do our courses, our interactions, and our grading policies and practices privilege certain groups or types of students inadvertently? How can faculty change that?

As echoed from many years of research into teaching, faculty must believe that every one of their students can learn (Bandura, 1986; Dweck, 2016). Faculty are in a powerful position to provide access to opportunities and resources to all students. Students might struggle to learn how we want them to, but they can learn. The job of the instructor is to provide scaffolds for each student so that they can engage with the learning process. Faculty can spend a little learning about their students and what each student brings to the classroom. They can learn how different social and cultural groups respond to trauma and recover from trauma, including recognizing the perspectives, coping mechanisms and healing approaches specific to different groups who attend metropolitan and urban universities and HSIs (National Hispanic and Latino Mental Health Technology Transfer Center, 2021). Faculty can be proactive and humble in their learning about students who might experience the world differently than they themselves do. This modeling supports students learning about one another's backgrounds as well (Coleman et al., 2021).

Safety and predictability. Trauma often violates many forms of safety (physical, relational, emotional). The violation then makes people feel a heightened sense of threat and a need to manage all possible risks. Faculty can increase predictability for our students in how we plan for our classes and in how we act and react in the moment. A class where assignments are pre-planned and do not pop-up last-minute helps students regulate their emotions. Faculty who post an agenda for a class period help students know the academic plan. A faculty member who is emotionally similar from class to class also helps students experience emotional predictability in their educational experience.

Compassion and dependability. Trauma often erodes trust in others and often with people in positions of authority or leadership. Faculty who are compassionate and dependable increase trust in students. Faculty can be compassionate and dependable through words and communications with students. TIP asks faculty to speak respectfully to students and understand their difficulties, even if we cannot or will not accommodate their requests to change

assignments or due dates. This understanding can be communicated through deep listening and empathy. Dependability can be modeled when explaining why and when changes can or cannot be made to curriculum or course materials, assignments, and due dates.

Empowerment and collaboration. Trauma often involves a loss of power and control in one's life. Students do well when their environment gives them a voice and choice when possible. These choices do not have to be large or on every assignment or class period, but when possible, let students learn the material in a variety of ways, engage with the material in a variety of ways, and show what they know in a variety of ways empowers them to oversee their own learning (CAST, 2018).

Resilience and social-emotional wellness. Trauma often results in feelings of hopelessness. Faculty can counter these feelings by encouraging students to take paths towards wellness. Anything that can increase “self-awareness, self-management, strong relationships, and civic engagement will boost resilience and enhance success in school” (Dorado et al., 2016). This might be through sharing resources about access to resources for those who experience disabilities or mental health challenges. This might be sharing one-minute wellness exercises like taking a deep breath in class or telling a joke to a classmate. Students feel hope when faculty notice what they do well on an assignment, not just sharing negative feedback. Students become more resilient as they have time to reflect on a semester and see what they have learned and what they have accomplished.

Trauma-informed practices emphasize a responsive approach to student needs, prioritizing a student-centered perspective and incorporating culturally responsive and universal design principles. Faculty are encouraged to recognize the diverse manifestations of trauma responses in the classroom, fostering empathy rather than judgment. Cultural humility and equity involve continual self-reflection to address power imbalances, while safety and predictability aim to counter the heightened sense of threat resulting from trauma. Compassion and dependability rebuild trust eroded by trauma, and empowerment and collaboration seek to give students a voice and choice in their learning. Resilience and social-emotional wellness strategies focus on boosting self-awareness, self-management, and strong relationships, ultimately enhancing students' success in school.

TIP underscores the importance of promoting wellness for all students, particularly those impacted by trauma, to foster both academic and personal growth. This is especially relevant to students attending metropolitan and urban universities and HSIs because students potentially exposed to more collective, insidious, and intergenerational traumas are less likely to attain an undergraduate degree (Patton & Cortez, 2022). Trauma-informed university environments recognize and address students' emotional well-being as part of the academic experience

(Meléndez Guevara et al., 2021; National Hispanic and Latino Mental Health Technology Transfer Center, 2021; Patton & Cortez, 2022).

Recommendations for Changing Practices and Policies

This paper advocates for a shift towards trauma-informed practices as an avenue for student success for students who have experienced trauma and all students in university settings. The negative impacts of trauma can adversely affect students in some common ways: feeling overwhelmed, struggling with planning for assignments, remembering content, and focusing on learning content to retain it. These are some of the exact skills that are needed for successful persistence and completion of higher education. Once faculty know about what trauma responses might look like in the classroom, they can then work to mitigate the negative impacts of trauma in learning spaces.

Trauma-informed practices recognize the importance of boundaries, limit setting, and due dates in educational settings for faculty and students alike. While flexibility is essential, maintaining clear expectations helps students build trust, increases safety and predictability, and enables them to navigate courses effectively. Faculty are not meant to solve all problems for all students. When faculty do “too much,” we risk enacting (white) saviorism, where we believe we can fix everything in students’ lives (Aronson, 2017). Faculty must balance healthy empathy with over-identification of students’ struggles, which results in lowered expectations (Davidson, 2017). Our job is not to fix students. Our students are not broken.

Knowing that our decisions and our institutions can cause harm, faculty can work to reduce harm and increase learning for students who have experienced trauma and all students. Faculty can do so through “care, compassion, and acceptance for students regardless of their success, failures, or situation” (Hanover, n.d., p.3). Faculty can take these four concrete steps: address feeling overwhelmed, address planning for assignments, provide ways to remember content and incorporate a focus on learning content at metropolitan, urban, and HSI-serving universities and all universities.

Address Feeling Overwhelmed

Campuses have so many resources for students, but if students are overwhelmed, then finding those resources might feel like too big of a burden. Faculty can read aloud or link to the student campus news, which often has resources for students listed in there. Faculty can post a list of campus resources in their Learning Management shell so students can access the resources at any point in the semester.

Model that it is OK to ask for help. There is so much stigma with reaching out for help, and when students look up to faculty, and they hear that faculty ask for help sometimes, it encourages them to do the same. This does not mean that students should not try to solve their problem on their own first, but that if they are stuck and have tried to solve a problem, then reaching out is a strong educational move.

Model our own humanity. Faculty do need to put on an optimistic face for students, but we also need to tell students about times we experienced challenges, when we thought we were going to fail or met adversity and made it through. Sharing the challenges we have faced and surmounted models that struggle is acceptable; struggle is a part of learning.

Address Planning for Assignments

Be flexible with students and yourself. Give students limited voice and choice in assignments. When things feel out of control, students do better with some agency but not too much. Offer two or three ways to complete an assignment, when possible, but not ten.

Try to stick to the syllabus once it has been set. It is difficult for students who plan their semester around your syllabus to be surprised by changes to due dates, readings, and assignments. If changes must be made, make sure the changes offer less work and later due dates. In one study, students asserted their appreciation of a late-day policy when possible (Carello & Butler, 2015).

Address Remembering Content

Provide reminders of assignments. Use the announcement function in the Learning Management System to remind students of what is coming up in the week, even though they should know it is in the syllabus.

Have a keyword of the week that holds together the readings and assignments of the week. That keyword can help students activate their short-term memory and retrieve what they already know.

Address Focusing on Learning Content

Provide reminders of content covered. Before a new class or a new module, remind students of what you have already covered, how it fits into the whole of the semester, and what you will be doing with them next. If live, this can even be something you ask different students to comment on at the start of each class.

Many students do well with orchestrated social networks built into the class. These networks can be created purposefully by assigning three students to each group and asking each group to contact each other with questions before contacting the instructor; the networks can be purposeful study groups and well-orchestrated group projects. Class-level social networks can act as a protective factor where students can reach out to each other for work sessions and to ask questions (Davidson, 2017). Students have asserted that they appreciate non-judgmental feedback from their peers and faculty (Carello & Butler, 2015). Faculty can share dispassionate rather than critical and person-centered feedback.

Discussion

This paper advocates for a paradigm shift towards trauma-informed practices as a crucial avenue for student success, particularly for students who have experienced trauma within university contexts, especially at urban, metropolitan, and HSI-serving universities. The negative impacts of trauma can significantly affect students in various ways, including feeling overwhelmed, struggling with assignment planning, memory retention, and maintaining focus on learning content. These skills are essential for successful persistence and completion of higher education. By understanding trauma responses in the classroom, faculty can proactively address and mitigate the adverse effects of trauma on student learning experiences. Trauma-informed practices recognize the significance of boundaries, limit setting, and due dates in educational settings while remaining flexible and understanding that we cannot solve all problems for all students. Striking a balance between empathy and realistic expectations is essential for faculty well-being (Davidson, 2017). This balance comes through acknowledging that institutional decisions can cause harm; faculty straddle the tension of being a part of the institution and at the service of students. Faculty must actively work to minimize harm and enhance learning experiences for all students, including those who have experienced trauma.

So, how do faculty at an urban institution of higher education use TIP to support its students? We can planfully address feeling overwhelmed as an ordinary aspect of our courses; we can model our own humanity and struggles with our own learning and growth, and we can make pedagogical decisions at every point in the semester to better support students who have experienced trauma and all students. Faculty can do this through effective planning for assignment requirements, purposefully integrating reminders about content into syllabi, the LMS, and announcements, and focusing on universally designed and culturally sustaining ways for students to engage with content and to show what they know. Trauma-informed practices empower students, foster trust, and create a supportive learning environment. By implementing these strategies, faculty can enhance student success and well-being across diverse metropolitan, urban, and HSI-serving university settings.

Conclusion

This paper underscores the critical need for a shift towards trauma-informed practices in metropolitan, urban university settings and HSI-serving institutions to promote student success. By understanding trauma responses in the classroom, faculty can effectively mitigate negative consequences related to trauma and create supportive learning environments. Embracing this approach demonstrates a dedication to fostering an environment that facilitates healing, learning, and personal development as part of the academic process. Unlike many other student-centered approaches to teaching and learning, this framework specifically addresses and accommodates the varied needs of students who have encountered trauma before and during their academic journey. Trauma-informed practices do not imply a lack of structure; rather, boundaries and limits are crucial for building trust and guiding students through their academic journey. Explaining the how and the why of boundaries and limits builds feelings of trust, safety, and predictability in the classroom.

Faculty cannot solve all student problems but can contribute to a culture of care, compassion, and acceptance while guarding against the pitfalls of over-identification and saviorism. Strategies like promoting campus resources, modeling the acceptance of help, and sharing personal struggles aim to create a supportive atmosphere where students feel empowered to seek assistance. Faculty can play a proactive role in reducing harm and enhancing learning experiences for all students, especially those who have experienced trauma.

References

- Alonso, J. (2024, February 2). Counseling centers see a rise in traumatized students. *Inside Higher Education*. <https://www.insidehighered.com/news/students/physical-mental-health/2024/02/02/counseling-centers-battle-spike-students-trauma#:~:text=Nearly%20half%20of%20students%20who,Health%20at%20Pennsylvania%20State%20University>.
- Aronson, B. A. (2017). The white savior industrial complex: A cultural studies analysis of a teacher educator, savior film, and future teachers. *Journal of Critical Thought and Praxis*, 6(3), 36-54. doi:10.31274/jctp-180810-83.
- Bandura, A. (1986). *Social foundations of thought and action*. Englewood Cliffs, NJ, 1986.
- Barry, D. P. (2023). Self-Compassion practice to mitigate teachers' empathy fatigue and burnout. In O. Castro Schepers, M. Brennan, & P. E. Bernhardt (Eds.), *Developing trauma-informed teachers: Creating classrooms that foster equity, resilience, and asset-based approaches: Research findings from the field* (pp. 49–70). IAP.
- Berkley-Patton, J., Thompson, C. B., Williams, J., Christensen, K., Wainright, C., Williams, E., Bradley-Ewing, A., Bauer, A., & Allsworth, J. (2021). Engaging the faith community in designing a church-based mental health screening and linkage to care intervention, *Metropolitan Universities*, 32(1), 104-123. DOI: 10.18060/24059
- Byker, E. J., & Hemphill Davis, M. (2023). Guiding learners through trauma with responsive mindfulness theory. In O. Castro Schepers, M. Brennan, & P. E. Bernhardt (Eds.), *Developing trauma-informed teachers: Creating classrooms that foster equity, resilience, and asset-based approaches: Research findings from the field* (pp. 5–23). IAP.
- Cabler, K., Hobson Hargraves, R., & Jackson, H. (2022). Exploring the impact of diversity training on the development and application of cultural competence skills in higher education professionals. *Metropolitan Universities*, 33(2), 129-164. DOI: 10.18060/2533
- Carello, J., & Butler, L. D. (2015). Practicing what we teach: Trauma-Informed educational practice. *Journal of Teaching in Social Work*, 35(3), 262-278. <https://doi.org/10.1080/08841233.2015.1030059>
- CAST (2018). Universal Design for Learning Guidelines version 2.2. Retrieved from <http://udlguidelines.cast.org>
- Castro Schepers, O., Brennan, M., & Bernhardt, P. E. (2023). *Developing trauma-informed teachers*. IAP.
- Centers for Disease Control and Prevention [CDC]. (2020, April 3). Adverse childhood experiences (ACEs). Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/aces/index.html>

- Chávez, V. (n.d.) Cultural humility: People, principles and practices.
http://www.youtube.com/watch?v=_Mbu8bvKb_U&list=PL879555ABCCED8B50&feature=
- Clay, C. (1990). Creating an affirming campus climate. *Metropolitan University Journal*, 1(2), 41-51.
- Coleman, J.K., Holloman, D.B., Turner-Harper, M.D., & Wan, C.M. (2021). Cultural competency activities: Impact on student success. *Metropolitan Universities*, 32(2), 27-44. DOI: 10.18060/2453
- Davidson, S. (2017). Trauma-informed practices for postsecondary education: A guide. Portland, OR: Education Northwest. <https://educationnorthwest.org/sites/default/files/resources/trauma-informed-practices-postsecondary-508.pdf>
- Dorado, J. S., Martinez, M., McArthur, L.E., & Leibovitz, T. (2016). Healthy Environments and Response to Trauma in Schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe, and supportive schools. *School Mental Health*, 8, 163–176. <https://doi.org/10.1007/s12310-016-9177-0>
- Doughty, K. (2020). Increasing trauma-informed awareness and practice in higher education. *Journal of Continuing Education in the Health Professions*, 40(1), 66-68. <https://doi.org/10.1097/CEH.0000000000000279>
- Duncan, R. D. (2000). Child maltreatment and college dropout rates: Implications for child abuse researchers. *Journal of Interpersonal Violence*, 15(9), 987–995. <https://doi.org/10.1177/088626000015009005>
- Dweck, C. (2016). *Mindset: The new psychology of success*. Ballantine Books.
- Felitti, V. J., Anda, R. F., Nordenber, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Hanover Research. (n.d.). Best practices for trauma-informed instruction. Research Priority brief. <https://was-oly.org/WASA/images/WASA/6.0%20Resources/Hanover/BEST%20PRACTICES%20FOR%20TRAUMA-INFORMED%20INSTRUCTION%20.pdf>
- Henshaw, L.A. (2022). Building trauma-informed approaches in higher education. *Behavioral Sciences*, 12, 368. <https://doi.org/10.3390/bs12100368>

- Hermosura, L., & Trihn Wiebe, M. (2023). Restorative practices as teacher preparation for building skills toward personal resiliency and applying trauma-informed practices. In O. Castro Schepers, M. Brennan, & P. E. Bernhardt (Eds.), *Developing trauma-informed teachers: Creating classrooms that foster equity, resilience, and asset-based approaches: Research findings from the field* (pp. 93–108). IAP.
- Hispanic Association of Colleges and Universities. (2020). About Hispanic-Serving Institutions (HSIs). https://www.hacu.net/hacu/HACU_101.asp
- Hunter, J. J. (2022). Clinician's voice: Trauma-informed practices in higher education. In T. R. Shalka & W. K. Okello (Eds.), *Trauma-informed practice in student affairs: Multidimensional considerations for care, healing, and wellbeing* (New Directions for Student Services, 177, 27–38). Wiley. <https://doi.org/10.1002/ss.20412>
- Ingoldsby, E., & James Bell Associates. (2019). Profiles of select trauma-informed programs. In Trauma-informed approaches: Connecting research, policy, and practice to build resilience in children and families. https://aspe.hhs.gov/sites/default/files/private/pdf/262051/TI_Approaches_Profiles.pdf
- Lo, C. (2023). “Checking In” within classroom and digital spaces to build communities of support. In O. Castro Schepers, M. Brennan, & P. E. Bernhardt (Eds.), *Developing trauma-informed teachers: Creating classrooms that foster equity, resilience, and asset-based approaches: Research findings from the field* (pp. 25–47). IAP.
- Mackay-Noerr, C. L. (2019). Adverse childhood experiences (ACEs) and toxic stress among college students: Prevalence, risks, and academic success [Doctoral dissertation, Washington State University]. ProQuest Dissertations & Theses Global. <https://www.proquest.com/dissertations-theses/adverse-childhood-experiences-aces-toxic-stress/docview/2317613612/se-2?accountid=13567>
- Minicozzi, L. L., & Thornburg, D. (2023). Reflections in crisis: Teachers’ empowerment, empathy and social justice. In O. Castro Schepers, M. Brennan, & P. E. Bernhardt (Eds.), *Developing trauma-informed teachers: Creating classrooms that foster equity, resilience, and asset-based approaches: Research findings from the field* (pp. 109–147). IAP.
- Meléndez Guevara, A.M., Lindstrom Johnson, S., Elam, K., Hilley, C., Mcintire, C., & Morris, K. (2021). Culturally responsive trauma-informed services: A multilevel perspective from practitioners serving Latinx children and families. *Community Mental Health Journal*, 57, 325–339. <https://doi.org/10.1007/s10597-020-00651-2>
- National Hispanic and Latino Mental Health Technology Transfer Center. (March 2021). Trauma-informed care model for immigrant Hispanic and Latino clients. Institute of Research, Education and Services in Addiction. Universidad Central del Caribe, Bayamón, PR. https://www.ncfh.org/uploads/3/8/6/8/38685499/mhttc-_trauma_informed_care_final.pdf

- Parks, A. M. Gerron, S., Seijo, C., & Keys, T. (2022). Anchored or detached? A student commentary on equity, diversity, and inclusion at urban institutions. *Metropolitan Universities*, 33(2)92-108. DOI: 10.18060/26330
- Patton, J., & Cortez, L. (2022). How trauma-informed care principles can contribute to academic success for students in Hispanic-Serving Institutions. In Thompson, P. & Carello, J. (Eds.) *Trauma-Informed Pedagogies*. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-030-92705-9_9
- Petranovich, S. (2022, September 19). Fall census enrollment data released. <https://www.msudenver.edu/early-bird/fall-census-enrollment-data-released/>
- Ramirez, A. (2017). The state of Latino early childhood development: A research review. SaludAmerica!. <https://salud-america.org/state-latino-early-childhood-development-research-review/>
- Sapra, S., Matheis, C., & Abdo, D. (2023). Seeking justice, seeking hope: Refugee resettlement campuses and transformative pedagogy in higher education. *Metropolitan Universities*, 34(2), 43-69. DOI: 10.18060/26467
- Substance Abuse and Mental Health Services Administration (SAMSHA). (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. <https://store.samhsa.gov/system/files/sma14-4884.pdf>
- Trauma Informed Oregon (TIO). (n.d.). <https://traumainformedoregon.org/>