



Trauma-Informed Teaching Practices in Postsecondary Education

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Abstract

Postsecondary students enter classrooms with diverse educational, social, cultural, economic, and personal experiences, some of which may include previous or ongoing exposure to traumatic events. Higher education itself may also expose learners to distressing curricular material, field placements, discrimination, financial uncertainty, bereavement, interpersonal violence, displacement, or other disruptive experiences. Trauma-informed teaching responds to this reality by designing educational environments that emphasize psychological and physical safety, predictable communication, trust, appropriate choice, respectful relationships, cultural responsiveness, student agency, and pathways to professional support without requiring instructors to function as mental-health clinicians. SAMHSA's current trauma-informed framework identifies safety, peer support, trustworthiness and transparency, collaboration and mutuality, empowerment and choice, and attention to cultural, historical, and gender issues as guiding principles.

This study examines how these principles can be translated into postsecondary classroom practices while maintaining academic expectations and instructional rigor. Evidence from higher-education studies indicates growing interest in trauma-informed pedagogy, but empirical evidence remains comparatively limited and heterogeneous. Bitanihirwe and Imad found that both students and educators identified concerns surrounding trauma-related curricular content, classroom attendance, and available support, while Wells' survey of 60 higher-education students showed meaningful student interest in trauma-informed classroom practices.

Because no genuine institutional dataset was supplied, the quantitative component uses a transparent simulation involving 270 hypothetical postsecondary students across conventional teaching, supportive flexibility, and trauma-informed teaching conditions. The simulated trauma-informed condition produced higher end-semester learning engagement, psychological safety, and help-seeking readiness than the comparison conditions. These numerical results are illustrative rather than empirical population estimates. The study concludes that trauma-informed teaching is most defensible when implemented as an inclusive pedagogical framework available to all students, supported by faculty training, clear boundaries, referral systems, accessible course design, and institutional responsibility.

Keywords: trauma-informed teaching; postsecondary education; higher education; psychological safety; student engagement; inclusive pedagogy; faculty development; trauma-informed pedagogy

1. Introduction

Trauma-informed teaching has received growing attention within postsecondary education as institutions reconsider how learning environments respond to students experiencing adversity. The concept does not require faculty to diagnose trauma or identify which students have experienced particular events. Rather,



a trauma-informed approach begins with the recognition that trauma and adversity may influence concentration, memory, participation, relationships, emotional regulation, attendance, and perceptions of safety, while individual responses vary substantially. Henshaw and colleagues argue that higher education requires culturally responsive trauma-informed approaches because trauma can influence cognitive, socio-emotional, and relational aspects of learning and because students may encounter distress through life experiences, curriculum, field placements, or research activity. A universal rather than diagnostic approach is therefore particularly suitable to educational settings.

The need for such an approach should not be interpreted as evidence that every distressed student is traumatized or that ordinary academic challenge should be removed. Trauma-informed pedagogy is better understood as an effort to reduce avoidable threat and unpredictability while preserving meaningful academic challenge. SAMHSA's trauma-informed framework emphasizes safety, trust and transparency, peer support, collaboration, empowerment and choice, and responsiveness to cultural, historical, and gender issues. Within a classroom, these principles can be translated into consistent expectations, transparent assessment instructions, respectful communication, predictable routines, reasonable opportunities for choice, careful handling of sensitive content, and clear procedures for seeking academic or professional support.

Postsecondary education presents distinct challenges because the classroom sits within a larger institutional environment. Students interact not only with instructors but also with advising systems, counseling centers, disability services, student-affairs offices, clinical placements, laboratories, digital learning systems, and administrative processes. Schroeder and colleagues consequently advance the idea of a trauma-informed campus rather than restricting responsibility to individual teachers. Their framework emphasizes the need for administrators, faculty, staff, and students to develop institutional awareness of trauma and structural or historical harms. Classroom practice remains important, but its impact depends partly on whether the surrounding institution provides coherent resources, policies, and referral pathways.

Emerging higher-education evidence suggests that both students and faculty perceive value in trauma-informed approaches. Bitanirwe and Imad interviewed eight students and seven educators in a UK university and identified themes concerning the inclusion and delivery of trauma-related content, effects on attendance, support systems, and perceptions of trauma-informed education. Wells surveyed 60 undergraduate and graduate education students and found that respondents considered several trauma-informed classroom strategies important, although undergraduate and graduate students differed in some perceptions of need. Ray and colleagues later evaluated an online training program with 52 higher-education faculty and staff and reported post-training improvements in trauma-informed knowledge, attitudes, self-efficacy, and intended use of relevant tools.

The present study examines Trauma-Informed Teaching Practices in Postsecondary Education through a pedagogical rather than clinical lens. Because no real university intervention data were provided, the analytical component is explicitly simulation-based. A synthetic cohort of 270 hypothetical students is used to compare three instructional environments: conventional teaching, supportive flexibility, and an integrated trauma-informed teaching model. The framework assesses learning engagement, perceived psychological safety, and readiness to seek appropriate support. The study does



not assume that trauma-informed teaching can treat trauma; instead, it evaluates how instructional design may reduce avoidable barriers to participation while maintaining clear academic expectations.

2. Objectives of the Study

2.1 To Identify Core Trauma-Informed Teaching Practices

The first objective is to identify teaching practices that translate established trauma-informed principles into realistic postsecondary education. Particular attention is given to predictability, transparent communication, relational safety, student choice, respectful handling of sensitive material, flexible but bounded participation options, culturally responsive teaching, and referral awareness. SAMHSA's six guiding principles provide the broader conceptual foundation, while higher-education research demonstrates that implementation must be adapted to adult learners, disciplinary settings, and institutional responsibilities.

2.2 To Examine Potential Effects on Engagement and Psychological Safety

The second objective is to demonstrate, through simulation, how trauma-informed teaching could be evaluated against conventional instruction and supportive flexibility alone. Learning engagement, perceived psychological safety, and help-seeking readiness are used as illustrative outcomes because trauma-informed teaching is intended to improve the learning environment rather than diagnose or treat psychological disorders.

2.3 To Develop an Institutionally Responsible Teaching Model

The third objective is to distinguish trauma-informed teaching from therapeutic practice and unlimited academic accommodation. Faculty require sufficient training to recognize potential distress, communicate safely, design predictable learning experiences, and refer students appropriately, but they should not be expected to perform clinical assessment. Ray and colleagues' faculty/staff training study supports the value of structured professional development for increasing trauma-informed knowledge and self-efficacy in higher education.

3. Review of Literature

3.1 Trauma-Informed Principles and Postsecondary Learning Environments

Trauma-informed practice originated primarily within health and human-service systems but has increasingly influenced education. SAMHSA describes trauma-informed approaches through six guiding principles: safety; peer support; trustworthiness and transparency; collaboration and mutuality; empowerment, voice, and choice; and responsiveness to cultural, historical, and gender issues. These principles are useful in higher education because they do not require educators to identify a student's trauma history before improving classroom design.

Safety in an educational environment involves more than physical security. Predictability, respectful interaction, clearly communicated procedures, and freedom from unnecessary humiliation or intimidation can contribute to psychological safety. Trustworthiness is strengthened when faculty explain why assignments are structured in particular ways, follow stated policies consistently, and communicate changes transparently. Collaboration can be reflected through meaningful opportunities for



dialogue and peer learning, while empowerment and choice can be expressed through bounded options concerning topics, participation formats, or pathways for completing learning activities.

Henshaw and colleagues emphasize that higher education should address cultural responsiveness and structural conditions rather than adopting an individualized model in which trauma is treated solely as a personal deficit. This point is important because students' experiences of safety and belonging may be influenced by racism, discrimination, socioeconomic inequality, forced migration, gender-based violence, disability, or historical and institutional harms. A trauma-informed approach that ignores these contexts risks becoming superficially compassionate without addressing educational conditions that contribute to distress or exclusion.

Arbour, Walker, and Houston apply trauma-informed pedagogy within midwifery education and describe strategies intended to support student success through recognition of the learner's broader life experience. Their work illustrates how trauma-informed principles can be adapted to professional education rather than treated as a generic counseling framework. Similarly, emerging work in nursing and health-professions education shows continued interest in integrating trauma-informed principles into learning, supervision, and professional preparation.

3.2 Teaching Sensitive Content and Avoiding Preventable Re-Traumatization

Some academic disciplines require direct engagement with traumatic material. Social work, nursing, medicine, psychology, criminal justice, history, literature, law, human rights, forensic science, and media studies may involve violence, abuse, illness, conflict, death, discrimination, or other distressing subjects. Removing such content entirely would often undermine disciplinary learning. The pedagogical question is therefore how necessary content can be taught responsibly.

Gladden, Weller, Hernandez, and Hopkins conducted a systematic literature review of methods for teaching trauma content in higher education and examined strategies intended to reduce adverse consequences including re-traumatization, vicarious traumatization, and secondary traumatic stress. Their review supports a distinction between academically necessary exposure to difficult material and avoidable pedagogical harm. Preparation, structured debriefing, clear framing, instructor awareness, and student support can be incorporated without abandoning disciplinary rigor.

Bitanirwe and Imad's qualitative UK study provides direct insight from students and educators. Their participants described the effects that trauma-related content could have on classroom participation and attendance and discussed the importance of support structures and intentional delivery. Such findings support advance communication when courses involve graphic or emotionally intense material. However, advance notice should not become an isolated practice detached from broader course design. Horwood and colleagues' systematic review of trigger warnings concluded that such warnings may have value when embedded within a broader trauma-informed approach rather than treated as a stand-alone solution. This distinction is useful for university instructors. A brief content notice cannot compensate for inconsistent policies, inaccessible communication, public shaming, unclear assessment expectations, or absence of support pathways. Trauma-informed pedagogy is therefore an integrated design approach rather than a collection of warning labels.

Wells' study adds the student perspective. Surveying 60 higher-education students, Wells found that undergraduate and graduate students perceived trauma-informed practices differently and argued



that faculty should reflect directly on which strategies students consider useful. This is consistent with the principle of collaboration: institutions should avoid designing trauma-informed systems entirely on behalf of students without incorporating student voice.

3.3 Faculty Development, Boundaries, and the Research Gap

Effective trauma-informed teaching requires faculty knowledge, but higher-education instructors are not generally trained as mental-health professionals. Ray, Perko, Oehme, Bradley, and Arpan evaluated a self-paced online trauma-informed faculty/staff program with 52 participants. The post-training results showed more favorable attitudes, greater knowledge, increased self-efficacy, and stronger intention to use trauma-informed tools. The authors also noted an important limitation: intended future behavior was measured more directly than actual classroom behavior. This limitation reflects a broader research gap in trauma-informed higher education.

Faculty development should therefore emphasize both capability and boundaries. An instructor should be able to respond respectfully when a student discloses distress, explain available institutional resources, and make an appropriate referral. The same instructor should not be expected to diagnose trauma, conduct therapy, or assume responsibility for clinical risk management outside institutional procedures. This boundary protects both students and educators.

Broader higher-education scholarship also supports a campus-level approach. Schroeder and colleagues argue that a trauma-informed campus should recognize both individual and structural trauma and should involve multiple parts of the institution rather than relying on isolated faculty practices. Wells similarly concludes that classroom strategies should eventually connect with institutional support for faculty, staff, and administrators.

The major research gap is the limited quantity of rigorous outcome research linking specific trauma-informed classroom practices with student educational outcomes. Much of the current literature is conceptual, qualitative, discipline-specific, or focused on faculty attitudes and training. Bitanihirwe and Imad explicitly note the comparatively limited evidence base in higher education. The present study addresses this methodological gap by demonstrating how a structured postsecondary intervention could be assessed quantitatively while clearly labeling all numerical data as synthetic.

4. Research Methodology

4.1 Research Design and Simulation Structure

The study adopts a simulation-based comparative longitudinal design. No students were recruited, no trauma histories were collected, and no actual university classrooms were observed. The synthetic component therefore demonstrates an evaluation framework rather than reporting completed empirical research.

A hypothetical sample of 270 postsecondary students was divided evenly across three teaching conditions, with 90 simulated students in each condition.

The Conventional Teaching Condition represents a course with clear academic content and ordinary institutional policies but no deliberate trauma-informed design.



The Supportive Flexibility Condition represents a course incorporating selected supportive practices, such as some deadline flexibility, approachable instructor communication, and access to make-up opportunities, without a fully integrated trauma-informed framework.

The Trauma-Informed Teaching Condition represents a course using predictable weekly structures, transparent assessment expectations, advance framing of sensitive material, bounded student choice, respectful participation alternatives, collaborative communication, explicit support/referral information, culturally responsive teaching, and consistent academic boundaries.

The comparison intentionally distinguishes trauma-informed teaching from flexibility alone. Flexibility can be beneficial, but unpredictably changing standards or unlimited exceptions may themselves undermine clarity. The proposed trauma-informed condition therefore combines responsiveness with consistency.

4.2 Proposed Measurement Instrument

A future empirical study should combine student-reported outcomes with behavioral measures such as attendance, learning-management-system engagement, course completion, assignment submission, and use of support services where ethically appropriate.

Table 1: Proposed Five-Item Trauma-Informed Teaching Questionnaire

Item	Proposed Questionnaire Statement	Primary Construct
Q1	Course expectations, deadlines, assessment procedures, and important changes are communicated clearly and predictably.	Safety and predictability
Q2	I can participate in this course without fear of humiliation, unnecessary exposure, or disrespect from the instructor.	Psychological safety
Q3	When sensitive material is academically necessary, the instructor provides appropriate context and preparation before it is discussed.	Sensitive-content management
Q4	I have reasonable choices in how I participate or demonstrate learning when more than one academically valid option is possible.	Voice and agency
Q5	I know where to obtain appropriate academic or professional support if course experiences or personal circumstances interfere with my learning.	Support and referral readiness

Recommended response scale: 1 = Strongly Disagree to 5 = Strongly Agree.

Source: Proposed by the author for future empirical validation. These items were not administered in the present simulation.

The proposed items should be tested through expert review, pilot testing, reliability analysis, exploratory and confirmatory factor analysis, convergent validity, and measurement-invariance analysis before being treated as a validated scale. Wells' earlier study developed a 20-item student-perception survey because



an established higher-education-specific instrument was not available for the questions being investigated, illustrating the continuing measurement-development need in this field.

4.3 Outcome Variables, Analytical Procedure, and Ethical Safeguards

Three synthetic outcomes were generated on 0–100 scales.

- Learning Engagement represents participation, sustained attention, task completion, and willingness to remain cognitively involved in coursework.
- Psychological Safety represents perceived ability to participate, ask questions, make mistakes, and communicate concerns without unnecessary fear of humiliation or retaliation.
- Help-Seeking Readiness represents willingness and perceived ability to approach faculty or appropriate campus services when support is required.

Learning engagement was modeled at Weeks 1, 4, 8, and 12 to illustrate change across the semester. All groups began at approximately equivalent baseline levels. End-semester student-level outcomes were then generated with random variation around the three condition-specific means.

The simulated end-semester ANOVA produced substantial differences among conditions for Learning Engagement ($F = 173.17$, $p < .001$), Psychological Safety ($F = 165.69$, $p < .001$), and Help-Seeking Readiness ($F = 219.73$, $p < .001$). These statistics are properties of the synthetic dataset and must not be generalized as real intervention effects.

Trauma-informed research requires particular ethical caution. A real study should not require students to disclose trauma histories merely to evaluate a universally available teaching intervention. Participation should be voluntary, research records should be separated from academic grading wherever possible, sensitive mental-health data should be minimized, and students should have access to established institutional support procedures. Faculty participation should also include clear scope-of-role guidance because trauma-informed teaching is an educational practice rather than psychotherapy.

5. Analysis

5.1 Comparative End-Semester Outcomes

The synthetic end-semester data show clear differences across the three teaching conditions.

- Students represented in the Conventional Teaching Condition recorded a mean Learning Engagement score of 55.0, a Psychological Safety score of 57.7, and a Help-Seeking Readiness score of 40.6.
- The Supportive Flexibility Condition produced higher simulated means of 68.0 for Learning Engagement, 70.8 for Psychological Safety, and 54.1 for Help-Seeking Readiness.
- The Trauma-Informed Teaching Condition produced the highest simulated scores: 77.8 for Learning Engagement, 79.7 for Psychological Safety, and 71.3 for Help-Seeking Readiness.

Table 2: Simulated End-Semester Outcomes Across Teaching Conditions

Teaching Condition	Simulated n	Mean Learning Engagement	Mean Psychological Safety	Mean Help-Seeking Readiness
Conventional Teaching	90	55.0	57.7	40.6
Supportive Flexibility	90	68.0	70.8	54.1
Trauma-Informed Teaching	90	77.8	79.7	71.3

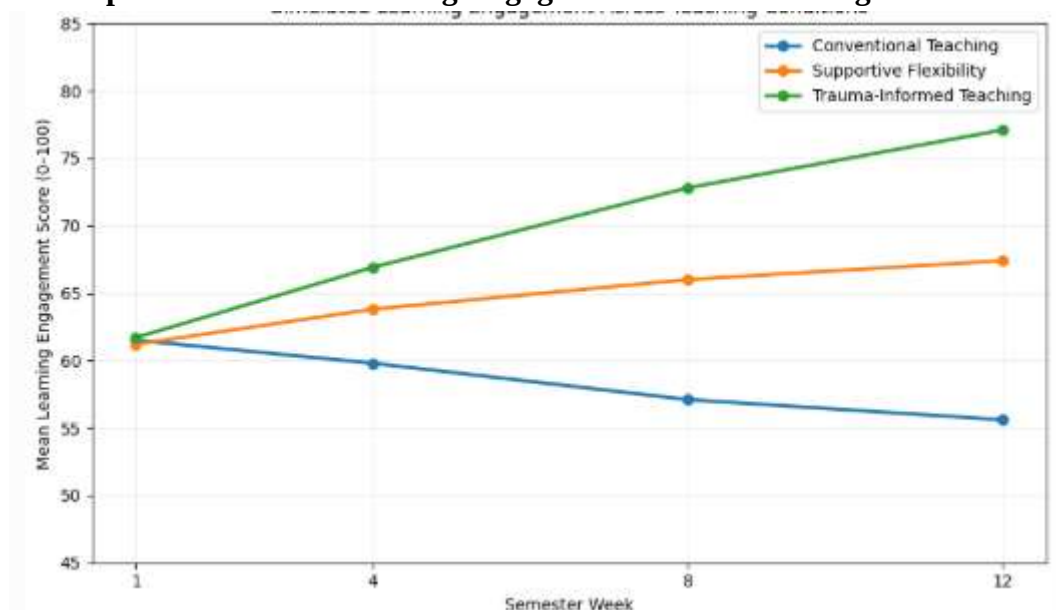
The synthetic results suggest that flexibility alone may improve the student experience, but an integrated model combining predictability, safety, choice, relational support, and referral awareness can produce a stronger theoretical outcome than flexibility in isolation.

5.2 Learning Engagement Across the Semester

The three groups begin the synthetic semester at very similar engagement levels: 61.5 for Conventional Teaching, 61.2 for Supportive Flexibility, and 61.7 for Trauma-Informed Teaching.

By Week 4, engagement rises to 66.9 in the Trauma-Informed Teaching Condition, compared with 63.8 under Supportive Flexibility and 59.8 under Conventional Teaching. The difference continues through Weeks 8 and 12.

Graph 1: Simulated Learning Engagement Across Teaching Conditions





Interpretation: The line graph shows similar starting points but diverging trajectories. Conventional instruction demonstrates a gradual simulated decline, supportive flexibility produces moderate improvement, and integrated trauma-informed teaching produces the strongest sustained increase.

Key Finding: The simulated model suggests that trauma-informed practice may be most useful when it operates continuously across the semester rather than only as a reactive response after a student experiences difficulty.

5.3 Interpreting Psychological Safety and Help-Seeking

Psychological safety should not be interpreted as the absence of academic challenge. A rigorous course can remain psychologically safe when students understand expectations, receive respectful feedback, can ask questions, and are not unnecessarily humiliated for mistakes. Trauma-informed teaching therefore distinguishes productive academic discomfort from avoidable interpersonal threat.

The particularly large synthetic difference in Help-Seeking Readiness is also noteworthy. Students may benefit from support only when they know that resources exist, understand how to access them, and believe that seeking assistance will not produce stigma or punishment. Ray and colleagues found that trauma-informed faculty/staff training improved participants' knowledge of resources, confidence, and attitudes toward supporting students. This supports the inclusion of referral awareness as part of classroom-level trauma-informed practice.

6. Discussion

6.1 Trauma-Informed Teaching Is Structured Pedagogy, Not Unlimited Flexibility

The synthetic findings highlight a distinction that is often lost in discussions of compassionate education. Trauma-informed teaching should not be equated with removing deadlines, reducing intellectual expectations, or approving every requested exception. Safety and trust can be undermined when course rules change unpredictably or when students cannot determine which expectations remain meaningful.

A stronger approach combines flexibility with structure. Deadlines can be clearly announced while a transparent extension policy explains circumstances and procedures. Participation can remain academically required while students are offered more than one valid method of contributing when pedagogically feasible. Sensitive content can remain part of the curriculum while being framed carefully rather than introduced for shock value.

SAMHSA's principles support this interpretation because trauma-informed practice includes both safety and trustworthiness, not choice alone. Trauma-informed teaching therefore requires predictable boundaries as much as empathy.

Wells' student-perspective research also indicates that higher-education students value concrete classroom practices and that perceived needs can differ across undergraduate and graduate populations. This suggests that trauma-informed design should be responsive to learners and context rather than implemented through an inflexible checklist.



6.2 Sensitive Content Requires Preparation Without Academic Avoidance

The second implication concerns courses in which trauma-related material is integral to disciplinary learning. Avoiding all difficult content would be inappropriate in many programs, particularly those preparing students for clinical, legal, social-service, historical, humanitarian, or investigative work.

Gladden and colleagues' systematic review demonstrates that teaching trauma content can create risks of secondary or vicarious effects and that educators should consider methods that reduce preventable adverse consequences. Bitanirwe and Imad similarly found that trauma-related content can influence attendance and student experience and that educators need intentional strategies for delivery and support. A trauma-informed approach can therefore include advance framing, clear explanation of why difficult material is educationally necessary, opportunities to prepare, structured debriefing, respectful discussion guidelines, and alternative but academically equivalent participation routes where possible. Such practices preserve the educational purpose of the content while reducing gratuitous exposure.

The educator's own preparedness also matters. Faculty members who teach trauma-related material may need support in handling disclosures, emotionally intense discussions, and their own secondary stress. Trauma-informed pedagogy is more sustainable when the institution supports educators rather than treating their emotional labor as unlimited.

6.3 Faculty Training Must Be Connected to Institutional Responsibility

The third implication is that classroom reform cannot depend entirely on individual goodwill. Ray and colleagues' evaluation of a higher-education faculty/staff training program found significant improvement in trauma-related knowledge, attitudes, self-efficacy, and intended use of tools after training. This demonstrates that faculty development can improve readiness, but the study also acknowledged that intended practice is not identical to observed long-term behavior.

Institutions should therefore combine professional development with policies, referral pathways, counseling and disability services, student-affairs coordination, accessible course-design support, and clear emergency procedures. Schroeder and colleagues' concept of a trauma-informed campus similarly emphasizes shared institutional responsibility rather than relying on isolated instructors.

Faculty boundaries are essential within this institutional model. Instructors should listen respectfully, avoid demanding unnecessary disclosure, provide information about available resources, and follow established safeguarding procedures where appropriate. They should not be expected to evaluate whether a student meets clinical diagnostic criteria or provide therapy. Keeping this distinction clear makes trauma-informed teaching more ethically and professionally sustainable.

7. Conclusion

Trauma-informed teaching offers postsecondary education a framework for recognizing that learning takes place within the broader realities of students' lives. Its purpose is not to assume that every student has experienced trauma, identify particular students as traumatized, or convert instructors into therapists. Instead, the approach asks whether learning environments are sufficiently safe, predictable, respectful, transparent, collaborative, culturally responsive, and supportive to enable students with diverse experiences to participate meaningfully. SAMHSA's six principles provide a widely used foundation for



this orientation, while emerging postsecondary research demonstrates increasing interest in adapting these principles to university classrooms and campuses.

The simulation developed in this study illustrates a possible method for testing educational outcomes. Across 270 hypothetical students, the Trauma-Informed Teaching Condition produced the highest simulated end-semester Learning Engagement, Psychological Safety, and Help-Seeking Readiness. Learning engagement increased from 61.7 at Week 1 to 77.1 at Week 12 under the trauma-informed condition, whereas the Conventional Teaching trajectory declined from 61.5 to 55.6. These values are entirely synthetic and must not be presented as observed effects in real universities. Their contribution is methodological: they demonstrate how longitudinal educational outcomes could be compared while avoiding the assumption that trauma history itself must be measured.

The practical conclusion is that trauma-informed teaching should combine academic rigor with thoughtful educational design. Faculty can communicate expectations predictably, explain assessment criteria, frame sensitive content, provide bounded choices, respond respectfully to student difficulty, encourage appropriate help-seeking, and create clear referral pathways.

Future research should use randomized, quasi-experimental, or strong longitudinal designs across different disciplines and institutional types. Studies should examine attendance, persistence, assessment performance, psychological safety, help-seeking, sense of belonging, classroom engagement, and student perceptions while avoiding unnecessary collection of trauma histories. Research should also test possible unintended effects, including inconsistent standards, faculty overload, excessive disclosure, or the mistaken belief that trauma-informed teaching can substitute for professional mental-health services. A mature trauma-informed approach should ultimately make postsecondary education more predictable, more humane, and more inclusive without making it less academically demanding.

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