A Wellness-Orientation and Trauma-Informed Approach to Academics

To be Wellness-Oriented means to recognize that all individuals develop and grow uniquely in response to both internal biology and environmental health. Thereby, choosing to make a commitment to actions that support the health of self and others.

To be Trauma-Informed means to be mindful of the potential trauma(s) that an individual may have or be experiencing and to prioritize that awareness in your words and actions. In academics, it means to acknowledge the realities of trauma(s) and create learning environments where the impact of trauma(s) is centrally considered.

Wellness-Oriented actions can be considered across a variety of dimensions and aspects of life. In regard to facilitating wellness across an academic institution, it can be helpful to reflect on your personal wellness, the wellness in your classroom, your department, the university overall, and in your community.

Questions You Can Ask Yourself

- How important are each of the different elements of wellness in my personal life and how do I live by my value of them?
- How do I acknowledge and promote the wellness in my classroom and office hours?
- What does wellness in my department look like and how can I support my coworker’s and my best health?
- How do the identities I hold influence my ability to live by values of wellness?
- How do the identities I hold shape the way I view each value of wellness?
Trauma-Informed

A Trauma-Informed approach encourages a shift in perspective about student behaviors, moving away from “what is wrong with them?” towards “what is happening with them?” It focuses on highlighting their adaptation and resilience over stagnation and pathology.

According to the National Council for Behavioral Health, it is estimated that 70% of adults in the United States have experienced a traumatic event at least once in their life and more than 33% of youths exposed to community violence will experience Post-Traumatic Stress Disorder.

In current times, given that COVID-19 is a global pandemic that has resulted in millions becoming sick, hundreds of thousands dying, societal shutdowns, increased job losses, economic depressions, dividing political health debates, and educational format changes (to name a few), it is likely that many will experience this time period as traumatic. Add to this, the experience of living through civil unrest and witnessing and participating in protests due to the pervasive racisms within our country—our sense of safety, our identities, and our outlooks on the world are dramatically being called into question which will inevitability impact our ability to learn.

How Stress and Trauma Impact Learning

The experience of stress on the body includes a set of responses that are physiological, psychological, and emotional. Physiologically, our bodies secrete chemicals that trigger a “fight, flight, or freeze” response causing our blood vessels to constrict and only the areas essential to survival are provided with support. In short doses, the physiology of stress can provide us with extra energy and brainpower to perform better, and moderate levels of stress can be optimal for growth and learning. However, chronic stress, can lead to an array of problems including pervasive anxiety, depression, insomnia, irritability, inability to focus, and cardiovascular disease, among others.

Students and educators at this time in history are experiencing tragic and unforeseen events at a great magnitude. In addition to experiencing social and academic changes, each person’s day-to-day life has been altered, and due to the inability to make concrete plans, many are repeatedly asked to alter their agendas and find ways
adjust to the urgent new demands of the hour. This makes teaching and learning more difficult for all.

When an individual has experienced a traumatic event or has a history of trauma(s), their mind and body become intensely focused on how to stay safe at the expense of almost everything else in their lives. The ability to connect with others, to take in new information, to keep appointments and make deadlines are all challenged in our attempts to reestablish the basic essentials and develop a new sense of self in the aftermath of the trauma. Students who have recently experienced a trauma may have difficulty concentrating in class, may be tardy, may experience physiological distress more easily and be more emotionally reactive.

**Trauma-Informed Values**

There are five essential values of trauma-informed care (see image below) and research has shown that when trauma-informed practices are implemented, individuals can experience more satisfaction, reduced stress, and an increased desire to engage.

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**Questions You Can Ask Yourself**

- What does safety in a classroom mean to me?
- How can I reduce surprises in my classroom in order to support student mental health?
- How can I be clearer with my students about the course so that I can increase trust in my class?
- Are there ways I can create more opportunity for students to have choices in my class?
- What does it mean to collaborate and act with mutuality in the classroom?
- How can I help empower my students?

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Interested in learning more about Wellness-Oriented and Trauma-Informed Education? Please fill out this brief survey to help us learn more about your interest in Iowa providing you with more specific content on these topics! [https://alliant.qualtrics.com/jfe/form/SV_cIv3dbT6NZF19I1](https://alliant.qualtrics.com/jfe/form/SV_cIv3dbT6NZF19I1)
Resources

Trauma-Informed Practice for Postsecondary Education: A Guide by Shannon Davidson, Ph.D, Education Northwest

Resilient Educator: Trauma-Informed Strategies to Use in Your Classroom
https://resilienteducator.com/classroom-resources/trauma-informed-strategies/

The National Child Traumatic Stress Network-Addressing Race and Trauma in the Classroom: A Resource for Educators
https://www.nctsn.org/resources/addressing-race-and-trauma-classroom-resource-educators

School-Justice Partnership—Technical Assistance Bulletin Trauma-Informed Classrooms by Isaiah B. Pickens, PhD, & Nicole Tschopp, LCSW-C