Skills for Success Curriculum Resource Cover Page

Organization

College Sector Committee for Adult Upgrading (CSC)

Resource Title and Description ((for Supporting Underrepresented Groups theme)

Trauma-informed Andragogy: A Resource for Literacy and Basic Skills Educators

Trauma-Informed Andragogy – Many of the adult learners who enrol in upgrading programs are from under-represented and marginalized populations. Unfortunately, many of these learners are at an increased risk of experiencing disparate outcomes, such as trauma. The risk of experiencing trauma increases as the social categorizations of marginalized persons intersect. Literacy and Basic Skills educators can better support and retain learners who are living with trauma by incorporating a trauma-informed approach into their andragogies.

OALCF Alignment

Competency	Task Group	Level
Competency A -Find and Use Information	A1. Read continuous text	3
Competency B - Communicate Ideas and Information	B1. Interact with others	N/A
Competency E - Manage Learning	N/A	N/A
Competency F - Engage with Others	N/A	N/A

Goal Paths (check all that apply)

☒ Employment   ☒ Postsecondary

☒ Apprenticeship   ☒ Independence

☒ Secondary School Credit

Embedded Skills for Success (check all that apply)

☒ Adaptability   ☐ Numeracy

☒ Collaboration   ☒ Problem Solving

☒ Communication   ☒ Reading

☐ Creativity and innovation   ☐ Writing

☐ Digital

Notes:

Since this is a resource for educators, the OALCF does not apply in the same way as they do for learners. However, it should be noted that the use of talking circles is appropriate for learners at all OALCF levels.

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TRAUMA-INFORMED ANDRAGOGY

A RESOURCE FOR LITERACY & BASIC SKILLS EDUCATORS

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GLOSSARY OF TERMS

ANDRAGOGY – an educator's approach to facilitating the learning of self-directed adults, including style, delivery, curricula, assessment, feedback, classroom management, and classroom climate.

DSM-V – the Diagnostic and Statistical Manual of Mental Disorders. It is a tool used by members of the American Psychological Association.

EXECUTIVE FUNCTION – "Executive function and self-regulation skills are the mental processes that enable us to plan, focus attention, remember instructions, and juggle multiple tasks successfully" (Center on the Developing Child, n.d., para. 1)

EXPLICATE – to elaborate on an idea

GENES – segmented sequences of DNA that are passed from one generation to another

LIMBIC SYSTEM – "part of the brain involved in…behavioral and emotional responses" (Queensland Brain Institute, n.d.)

MUTUALITY – a relationship where people learn from each other (Blandin, 2012).

PEDAGOGY – an educator's approach to teaching children, including style, delivery, curricula, assessment, feedback, classroom management, and classroom climate

PREFRONTAL CORTEX – area of the brain responsible for executive function

REFLEXIVE PRACTICE – "To be reflexive is to recognize we are active in shaping our surroundings, and begin critically to take circumstances and relationships into consideration rather than merely reacting to them, and help review and revise ethical ways of being and relating in our world" (Learning for Sustainability, n.d.)

RELATIONALITY – "refers to connectedness, a view of the world that underlines how no person or thing exists in isolation, because existence necessarily means being 'in relationship'" (Wijngaarden, n.d.)

INTRODUCTION

Our understanding of trauma is evolving. What was once thought to be rare and localized is now known to be prevalent in Canadian society. With this evolution, knowledge of trauma's impact on the individual and their community has developed. The findings are troubling — the educational and overall life outcomes for many individuals with untreated trauma are abysmal, and if present in large enough numbers, communities can become fragmented and dysfunctional.

Relatedly, as awareness and understanding of trauma have increased, various professions and their associated educational programs have followed suit. Over the last sixteen years, disciplines such as healthcare, social work, and education have incrementally adopted a trauma-informed perspective and, consequently, have increasingly provided trauma-informed services (Wartenweiler, 2017). In effect, the paradigm shift influencing a trauma-informed transformation in education can be compared to an earlier paradigm shift regarding disability (Carello & Butler, 2015). This shift primarily involves a change in approach to service provision. One that focuses on care and compassion instead of confrontation (Stephens, 2020). Additionally, for reasons later discussed in this resource, if those who create, develop, and implement educational policy are sincere in their intentions to increase diversity, equity, and inclusion for underrepresented and marginalized learners, becoming trauma-informed is critical.

Considering these realities and trends, some adult educators have been discussing this issue informally, but the need to begin a broader discussion regarding the intersection of trauma and adult education is a pressing concern. Formal policy has not yet been developed for Ontario's Literacy and Basic Skills (LBS) system with respect to this issue.

The development of this resource is an attempt to catalyze broad formal and informal dialogue in Ontario's LBS system with the additional but equally pertinent intention of providing adult educators with the basic information necessary to develop a trauma-informed andragogy. Information covered in the following pages includes a discussion on the origins and forms of trauma, the prevalence of trauma, the implications for

education generally, the implications for adult upgrading education more specifically, a proposed framework for a trauma-informed andragogy in adult upgrading education, the importance of self-care for educators, and the cautions associated with addressing trauma in the classroom.

WHAT IS TRAUMA?

While many definitions of trauma are available, the most widely and consistently cited conceptualization of trauma was published by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2014:

> *Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.* (p. 7)

The following is another relevant and useful definition to help conceptualize trauma: *"trauma refers to the individual's response to adverse and overwhelming conditions or experiences (e.g., fear, loss of sleep, emotional lability), rather than the experience itself"* (Eklund & Rossen, 2016, p. 7). It is important to emphasize a distinction contained in both these definitions — *Trauma is not what happens to an individual; instead, trauma is what happens inside of an individual because of what happened to them* (Maté & Maté, 2022).

This means that trauma encapsulates the neurobiological and associated behavioural changes resulting from a harmful experience or cumulation of harmful experiences, which can significantly impact and impair physical, cognitive, mental, emotional, and social functioning. Examples of impaired functioning include reduced ability to cope with the daily stresses associated with living; reduced capability to trust, which impairs relationship development; and impaired attention, memory, and thought as well as behavioural and emotional regulation (SAMHSA, 2014). Since trauma is intimately and ultimately experienced at the individual level, trauma is a uniquely personal phenomenon as not all individuals will experience or identify a particular event as

traumatic, nor will all individuals experience a traumatic event with the same intensity (SAMHSA, 2014).

Considering the implications for the individual, the resulting internal and behavioural changes caused by a traumatic event or events can be short-term or long-lasting (SAMHSA, 2014). The duration of the trauma is highly dependent on the intensity, duration, and frequency of trauma-causing events as well as the unique disposition of the individual who experiences them. Furthermore, the age at which an individual is exposed to these events can be a critical factor in the severity of symptoms and outcomes experienced by a survivor. For example, the abuse one experiences as a child can have more and longer lasting adverse consequences than one who first experiences abuse as an adult.

Trauma-inducing events can cause significant and lasting changes during childhood development because a child's neurobiological development can be impaired by the adverse event or events, also known as adverse childhood experiences (ACE). As an example, the chronically elevated blood serum stress hormone levels, primarily cortisol, found in children who live in adverse or abusive environments have been correlated with dysfunctional neurodevelopment, such as an impaired pre-frontal cortex, which is the area of the brain responsible for executive function (Dahmen et al., 2018). Among many other problems, a dysfunctional prefrontal cortex does not properly moderate the limbic system, the area of the brain responsible for emotional and survival behaviours.

Consequently, the limbic system is more likely to be activated by environmental stimuli reminiscent of past adverse events, such as smell or taste, and as a result an individual's stress response is more likely to be triggered (Dahmen et al., 2018; Klaassens, 2010; Oehlberg, 2008). Hence, individuals may experience chronically high stress levels and respond inappropriately to relatively mundane social interactions. Moreover, those exposed to ACEs are more likely to develop psychopathologies (Dahmen et al., 2018), such as post-traumatic stress disorder (PTSD) or major depressive disorder (MDD), than those who experience potential trauma-inducing events as adults (Klaassens, 2010).

Importantly, *"natural disasters, accidents, and other single incidents of distress can traumatize a child, but the chronic stress of family or community violence or abuse will have the most lasting effect on the child's brain"* (Oehlberg, 2008, p. 2).

TYPES OF TRAUMA

Acute, chronic, and complex trauma are the three main categories of trauma that can be experienced (Early Connections, n.d.). Acute trauma occurs due to a single adverse event, like an accident. Chronic trauma results from repeated and prolonged exposure to adverse events, such as domestic violence. Complex trauma or developmental trauma results from the exposure to a multiplicity of invasive and interpersonal traumatic events that often occur during childhood, for example physical or sexual abuse (The National Child Traumatic Stress Network, n.d.). While many traumas are directly experienced at the individual level there are other forms of trauma that do not neatly align with the main categories of trauma:

A. COLLECTIVE TRAUMA: rather than being merely remembered as a historical fact, an event can cause collective trauma (Hirschberger, 2018). Collective trauma *"refers to the psychological reactions to a traumatic event that affects an entire society"* (p. 1) It is present in the memory of the entire group rather than solely the memory of a single individual. Therefore, the memory persists in the collective even as individuals in the group pass away, e.g., pandemics, genocide, or natural disasters.

B. SOCIO-CULTURAL (STRUCTURAL) TRAUMA: this trauma is experienced by those who belong to marginalized or oppressed groups (Parker & Shelton-Williams, 2021). *"It is caused by physical, social or psychological assaults to an individual or group based on their racial or ethnic identity, socio-economic status, gender identity, abilities, religious belief or lifestyle. Socio-cultural based assaults can be implicit, making them unpredictable and unavoidable"* (p. 1). This form of trauma can be triggered quite frequently or daily, e.g., racism or heterosexism.

C. EPIGENETIC (INHERITED OR INTERGENERATIONAL) TRAUMA: much research has found that trauma can be passed down, biologically, from one generation to another (Jiang et al., 2019). Therefore, one does not have to directly experience or witness trauma to develop trauma. This inheritance of trauma is possible through epigenetic changes. Epigenetic changes do not change the genes of an organism, but they do change how those genes are expressed.

D. VICARIOUS (SECONDARY) TRAUMA: the indirect trauma experienced by therapists from empathizing with their clients (McCann & Pearlman, 1990). However, overtime, this conceptualization of trauma has evolved to include the indirect trauma experienced by individuals in other vocations, like social work and teaching, who regularly work with at-risk populations.

This is not an exhaustive list of the potential traumas that can be experienced, nor are categories in the list mutually exclusive. It is possible for an individual to experience one or more forms of trauma at a time. As an example, an individual may experience ongoing violence at home, but the same individual's symptoms may increase in number, frequency, and/or intensity due to the compounding effects of socio-cultural trauma.

While experiencing any form of trauma does not necessarily lead to a pathological diagnosis on the DSM-V, in the absence of a clinically recognized pathology, trauma can still significantly affect the day-to-day functioning of survivors. Consequently, it is important to understand the prevalence of trauma in contemporary Canadian society.

PREVALENCE OF TRAUMA

Troublingly, trauma and events that can cause trauma are experienced more frequently within the Canadian population than many Canadians realize. In fact, according to a Statistics Canada (2022) survey, although not everyone develops post-traumatic stress disorder (PTSD) after experiencing an adverse event, 64% of Canadians reported exposure to at least one potentially traumatic event. Some survey respondents met the criteria of probable PTSD (8%) where the highest percentages of

probable undiagnosed PTSD incidences were due to sexual assault (14%), a situation involving sudden accidental death (10%), and physical assault (6%). Young adults of 18-24 years, women, and visible minorities composed the highest rates of individuals in the probable PTSD category at 13%, 10 %, and 7%, respectively. The reported incidence of diagnosed PTSD in the survey population was 5%.

The incidence of PTSD in the general population may, however, be much higher than statistics show because trauma can be misdiagnosed as other mental health disorders. This is partly because complex-PTSD has been continually excluded from the DSM-V. Consequently, rather than a complex-PTSD diagnosis, many individuals are instead diagnosed with other mental health disorders, like bipolar and attention deficit hyperactivity disorders (ADHD) (Davis, 2020).

Next, individuals from lower socioeconomic groups, in particular young adults, between the ages of 18 and 24, experience trauma and related mental health challenges at disproportionately higher rates than individuals from more privileged socioeconomic groups (Fusco et al., 2021). As such, low income, low educational attainment, and low occupational status increase the chance that an individual will more frequently experience traumatic events (Fusco et al., 2021).

Also, individuals from racialized groups experience higher rates of trauma and mental health consequences in contrast to individuals from non-racialized groups (Fusco et al., 2021). Black Canadians have reported experiencing discrimination at a rate of 41% while First Nations, Inuit, and Métis individuals have reported experiencing discrimination at rates of 44%, 29%, and 24 %, respectively (Cotter, 2022). Moreover, the *"higher rates of multiple victimization reported among racial/ethnic minority individuals [may mean that the] subsequent problems facing them may be more severe and complex"* (Fusco et al., 2021, p. 2). For example, frequent experiences of racism and other discrimination predispose Black and Indigenous Canadians to many psychological conditions (Williams et al., 2022).

Shockingly, one-third of Canadians have reported experiencing ACEs in their lifetimes, such as physical abuse, sexual abuse, and exposure to family violence (Canadian Consortium on Child and Youth Trauma, n.d.). Indigenous Canadians have reported

surviving childhood physical and sexual abuse at an alarming incidence of 40%, which is significantly higher than the general population (Burczycka, 2015).

This prevalence of trauma is a concern for educators. Studies show that one-quarter to two-thirds of school-aged children have experienced at least one traumatic event or adverse experience (Alberta, n.d.; Eklund & Rossen, 2016; McInerney & McKlindon, 2014). In postsecondary settings, there are many students who had lived or are living with trauma before they arrive for the first semester. For example, many students arrive at college or university with unresolved childhood-related trauma. According to Lecy and Osteen (2022), of those students, first-generation, male, and Black students are at most risk of dropping out. As another example, many veterans who attend Canadian postsecondary institutions experience significant trauma related mental health symptoms (Ogrodniczuka et al., 2021).

Postsecondary institutions are also settings where individuals can become traumatized. One of the most prevalent forms of trauma experienced in higher education is sexual trauma. In 2019, 14% of postsecondary students in Canada, between the ages of 18-24, reported to have been sexually assaulted: 10% identified as women while 4% identified as men (Statistics Canada, 2020). In addition, 71% of students witnessed or experienced unwanted sexualized behaviours in a school-related setting or in a setting that involved someone from school (Statistics Canada, 2020). Due to these harmful behaviours, the lives of some students were deleteriously affected where students experienced fear, changed routines, or stopped going to one or more classes. Furthermore, female students who have a history of sexual trauma are more likely to experience repeated trauma in higher education settings (Davidson, 2017).

Another prevalent form of trauma experienced in postsecondary settings is racial trauma. For example, Indigenous students have frequently reported experiencing racism at Canadian educational institutions (Canel-Çınarbaş & Yohani, 2019). Experiencing racism in postsecondary settings compounds the damaging effects of racism already experienced throughout the lifespan of racialized students. One study found that 80% of Indigenous university students in Canada experienced racial discrimination during their lives while 67% were racially victimized on more than three separate occasions (Currie et al., 2012).

The statistics regarding trauma and potentially trauma inducing experiences are concerning. However, rates of trauma are likely higher than the statistics show. One major reason, discussed briefly above, is that trauma is frequently misdiagnosed as other mental health disorders because complex-PTSD has been excluded from the DSM-V. Another reason, which has been gaining traction in psychotherapy, stems from empirical analyses (founded on a multiplicity of evidence) demonstrating that some of the most common psychological disorders diagnosed in) children and adults may have causal connections to trauma (Maté & Maté, 2022). For example, ADHD may be caused by repeated traumatic events during childhood, so ADHD may be a manifestation of developmental trauma. To add, even chronic physical disorders such as rheumatoid arthritis may be rooted in trauma (Maté & Maté, 2022).

Given the concerningly high incidence of trauma in Canadian society and the risk of traumatization or retraumatization in educational settings, educational institutions are legally and morally responsible for mitigating the risks of harm associated with their overall operations. Given the purpose of this resource, the following question arises: What are the implications for education?

IMPLICATIONS FOR EDUCATION

Trauma is now known to significantly, negatively influence the educational and life outcomes of students who experience it (Crosby, 2015). If trauma is left unaddressed throughout childhood development, the consequences for the adult individual can be abysmal.

CHILDHOOD LEARNING

In the classroom, deficits caused by trauma related injuries manifest as problematic behaviours, impaired sensory processing, impaired memory, delayed socioemotional development, and dysfunctional relationships for the affected individual (Alberta, n.d.; McInerney & McKlindon, 2014; Oehlberg, 2018). Furthermore, the minds and bodies of many trauma-affected children respond to relatively mundane daily events as if they are dangerous (McInerney & McKlindon, 2014). Behaviours such as absentmindedness,

aggression, and disruption are trauma-related responses to interactions and conditions that a child consciously or unconsciously perceives as threatening.

In the past, schools have implemented punitive disciplinary measures in attempts to eliminate unfavourable classroom behaviours because the common belief was that children were consciously choosing to behave in disruptive and unproductive ways. These behaviours are now understood to be learned trauma-induced survival reflexes. In an increasingly trauma-aware society, the presence of historically high rates of disrupted schooling and low educational attainment for segments of marginalized and vulnerable populations indicate that a punitive approach has failed. Instead of rectifying the child's behaviour, this approach reinforces the cycle of trauma and retraumatizes the child, perpetuating disparate educational and life outcomes (McInerney & McKlindon, 2014). Therefore, advocates have been increasingly calling for transformational changes in the educational system, such as the development of trauma-informed schools (Oehlberg, 2008), which can derive many benefits:

- Improved academic achievement, test scores, school climate, teacher satisfaction, teacher safety, and teacher retention; and
- Reduced behavioural problems, overall stress, absences, detentions, suspensions, bullying, harassment, and drop-out.

PRIMARY AND SECONDARY EDUCATION

In response to research and experience, primary schools and secondary schools across North America have, with varying degrees, become more trauma-informed. In fact, a whole-school approach is recommended when doing so (Alberta, n.d; Carello & Butler, 2014; McInerney & McKlindon, 2014; Oehlberg, 2008). To become trauma-informed, schools and their staff shift focus from problematizing the behaviours of a child to understanding what happened to the child; this orientation enables responsive, caring, and compassionate support of a child's felt needs and increases learning and educational attainment (McInerney & McKlindon, 2014).

There are many frameworks and models that schools have specifically used to achieve the goal of becoming trauma-informed, such as the Multiple Connections framework,

the Making SPACE for Learning model, and the Sanctuary model. However, in general, a trauma-informed approach fosters a safe, stable, respectful, caring, predictable, reliable, empathetic, and compassionate learning environment (Alberta, n.d.; McInerney & McKlindon, 2014; Oehlberg, 2008). A learning environment that avoids retraumatizing, stigmatizing, and punishing students is essential to student participation and persistence (McInerney & McKlindon, 2014)

In addition to establishing such an environment in the classroom, teachers are advised to apply trauma-sensitivity when interacting with students (Oehlberg, 2008). In practicing trauma-sensitivity, educators address the cognitive, emotional, behavioural, and social troubles of trauma affected students by incorporating class activities that foster the development of caring relationships, socioemotional skills, and coping skills (Alberta, n.d.; Cramer, 2018; Improving MI Practices, n.d.; McInerney & McKlindon, 2014; Oehlberg, 2008).

Elementary schools, high schools, and pre-service teacher education programs have been teaching and employing trauma-informed practices for many years now. In the literature on trauma and education, it is evident that these institutions are increasingly developing more thorough understandings of the origins, mechanisms, and impacts of complex trauma as well as more effective interventions.

TERTIARY EDUCATION

On the other hand, the literature suggests that postsecondary institutions are not as familiar with the educational impacts of complex trauma in adults. Moreover, this knowledge gap is further elucidated when one considers that most postsecondary teaching staff do not attend formal preservice teacher training where such knowledge is taught. Thus, the impetus to create policies and educate staff about complex trauma has been slow to materialize.

However, this does not imply that postsecondary institutions are not aware of the educational implications of other forms of trauma. In fact, the awareness of physical and sexual trauma is more than evident in the safe campus policies that have been implemented at every credible postsecondary campus across North America. Many campuses also have onsite counsellors although the supply of mental health

professionals on campus cannot keep pace with the demand. Alternatively, many schools also contract services where students can call or text counselling services off campus to receive assistance. As well, many institutions have made efforts to mitigate the occurrence of sexual trauma and retraumatization by implementing mandatory staff training pertaining to the concepts of consensual sex and survivor support.

In postsecondary education, the ideas of mitigating secondary trauma and retraumatization have been concerns in certain academic disciplines for many years (Carello & Butler, 2014, 2015; Harrison et al., 2020). Schools like nursing and social work understand the care and sensitivity required of faculty who teach students about disturbing scenarios or historically disturbing events, such as death and genocide. Though, rather than being localized to a few academic disciplines, it has been suggested that mitigating vicarious traumatization and preventing retraumatization ought to be critical policy elements of a broader educational system transformation (Carello & Butler, 2015; Neil Harrison et al., 2020).

Until recently, structural trauma has been a topic of concern in relatively confined postsecondary circles. Trauma often intersects with various cultures within postsecondary institutions, e.g., 2SLGTBQIA and Indigenous cultures (Henshaw, 2022). *"Conceptualizing culture through the frame of trauma-informed approaches offers a new perspective, highlighting the intersection of trauma and culture by attending to power dynamics, history, and personal agency"* (p. 10). While increasing resiliency is often touted as a solution to addressing systemic barriers, this alone will not be enough for some individuals to succeed. Structural and cultural institutional barriers stemming from historical injustices and their associated power imbalances must be acknowledged and addressed.

Furthermore, contemporary societal dialogue has influenced a widening of this circle of concern (Henshaw, 2022). The murder of George Floyd during the COVID-19 pandemic raised an acute public awareness and concern regarding racism. In response to the associated calls for justice, the historical legacies of slavery and systemic racism have become major areas of concern and research at institutions in both Canada and the United States. Additionally, educators should be aware that the intersection of the

pandemic with racialized peoples may have resulted in an increase of mental illness and trauma in some racialized communities (Ezell et al., 2021).

Given the prevalence of trauma in society and the growing awareness of the educational barriers posed by trauma, primary, secondary, and tertiary institutions are being called-upon to address trauma in educational contexts, so trauma survivors can fully participate in education. Egregiously, as discussed in a previous section, trauma impacts marginalized populations at higher rates, which presents dire implications for adult upgrading programs and learners.

IMPLICATIONS FOR ADULT UPGRADING EDUCATION

Many individuals who attend adult upgrading programs do so because they did not complete elementary or secondary school or because they have newly immigrated to Canada. Attending adult upgrading programs provide many learners with another chance to obtain foundational literacy and numeracy skills, broader communication skills, as well as more specific/advanced academic skills and academic credentials required for employment and/or further education. Most experienced adult educators are aware of the disturbingly low participation and goal completion outcomes for many adult upgrading learners. In fact, many participants tend to float from one adult upgrading program to another, over many years. Eventually, some do find and successfully complete a program that resonates with their current situations and dispositions, but many do not.

While there are a multitude of reasons for student drop-out and stop-out, to be sure, trauma affects student participation and persistence (Harrison et al., 2020), and how an adult upgrading program responds to the needs of trauma survivors will have a significant impact on the goal attainment of these students, not to mention their overall well-being. Furthermore, despite increasing trauma awareness and the development of methods to address trauma in early educational contexts, many trauma survivors with a history of interrupted education who come to use LBS programs may have never been diagnosed with trauma. Consequently, as untreated adults, these individuals continue

to be significantly affected by childhood trauma, and it is likely that their coping mechanisms have not evolved much during their transition into adulthood.

The first step toward being trauma-informed is understanding the widespread prevalence of trauma in society (Trauma-Informed Care Implementation Resource Center, n.d.). For upgrading organizations, this also means knowing and understanding the population of participants who attend these programs. Knowing that marginalized and vulnerable populations are more likely to experience trauma can make all the difference in the approach that an organization or educator takes when supporting a particular student. The knowledge that trauma affects these populations at high rates provides impetus for Literacy and Basic Skills (LBS) programs across Ontario to gauge the likelihood of serving trauma survivors. Monthly 'Detailed Service Quality Reports' (DSQR) and individual 'Participant Registration Forms' (PRF) can provide service providers with valuable information to tailor their current approaches to student learning and support.

However, taking a universal approach to trauma-informed education is often recommended. In this approach, organizations assume that everyone who utilizes their services may have experienced at least one trauma-provoking event in their lifetime (Eklund & Rossen, 2016; Keefe-Perry & Moon, 2019; Stephens, 2020). This approach serves the best interests of all students (Stephens, 2020). Although it may seem overly prescriptive and perhaps concerning to assume that the entire LBS population has history of trauma, this approach serves two important purposes. One, a universal assumption of trauma mitigates the stigmatization and retraumatization of marginalized populations. Second, a universal assumption of trauma history ensures that all students affected by trauma receive responsive, caring, and compassionate services, even those who do not seem to match the risk profile.

Some organizations may be tempted to apply a universal screening policy (Menschner & Maul, 2016). Without significant research prior to doing so, this is not advisable. Unfortunately, the utility and effectiveness in screening for students who live with trauma is presently questionable (Eklund & Rossen, 2016). Concerns surround consent as well as the validity and reliability of measures used in the screening process. Moreover, many trauma survivors lack trust in representatives of authority, so survivors may not be

forthcoming with information pertaining to their trauma history. Although, if a trusting relationship is forged between an educator and a trauma survivor, survivors can become disposed to voluntarily share some of their deeply troubling memories and related coping mechanisms (Wartenweiler, 2017). On the other hand, some students readily divulge their trauma-related histories. Adult educators should be prepared to respond appropriately in both these instances (Carello & Butler, 2014).

Consider the first parts of the following two-part scenarios adapted from Harris and Fallot (2001). Think of these questions when you read the scenarios: What thoughts come to mind? How do you feel? How would you react? How would you support the student?

Scenario # 1 (Part 1)
A man in your class has a pattern of absenteeism and tardiness. Sometimes, when he attends class, you can smell a hint of alcohol. One day, you approach him with the intent of addressing these issues. When you mention your concerns, the man becomes defensive, agitated, and curt.

Scenario # 2 (Part 1)
The performance of a woman who attends your class regularly concerns you. She seems to have trouble retaining information and difficulty concentrating. When you approach her about your concerns, she tells you that she has difficulty focusing in class.

Now consider the second parts of these two scenarios from the perspective of being trauma-informed.

Scenario #1 (Part 2)
Over time, you developed a trusting relationship with the man. One day, in a private conversation, he mentions to you that his father died in a car accident, and his mother's boyfriend physically abused him for years. However, he no longer lives with his mom and her boyfriend, but he now lives with his aunt who is in recovery for drug and alcohol addiction.

Scenario #2 (Part 2)

After approaching the woman about your concerns, she now, occasionally, converses with you before or after class. One day she mentions that she was sexually abused for years by her childhood babysitter.

What thoughts come to your mind now? How do you now feel now? Did your reactions change? If so, how? Did the way you would support the students change? If so, how? If your answers to these questions have changed, why? If they haven't, why not?

With the added knowledge contained in the second parts of both scenarios, you most likely empathized with the students. Trauma-informed educators are more concerned with what happened to a student rather than what's wrong with a student (Menschner & Maul, 2016; Trauma-Informed Care Implementation Resource Center, n.d.). Instead of attempting to fix the troubling behaviours, trauma-informed educators provide students with a classroom climate that prevents activation of the trauma that causes these behaviours. This is a more humanistic approach. Until you get to know your students well enough, you won't truly know why some students behave the way they do. A caring and compassionate response to students is the best approach.

In the case of the man, he may not attribute his drinking, absenteeism, tardiness, and seemingly disrespectful responses to the trauma he endured as a child. But these behaviours are indeed symptoms of untreated complex trauma incurred from the loss of his father, the physical abuse at the hands of his mother's boyfriend, the inability of his mother to keep him safe, and the substance abuse of his aunt. This *"early trauma and his attempt to understand it began a complex pattern of actions and reactions that have a continuing impact over the course of his life"* (Harris & Fallot, 2001, p. 11)

In the case of the woman, she may have learned to cope with the abuse by dissociating herself from her body or drifting away during the assaults. Consequently, although this coping mechanism helped her during the abuse, she learned a pattern of disconnecting from her bodily experience. Rather than being a sign of attention deficit disorder or a learning disability, her trouble concentrating and retaining information are signs of her trauma. Both the man's and woman's scenarios show that trauma is *"not a single discrete event but rather a defining and organizing experience that forms the core of an individual's identity"* (Harris & Fallot, 2001, pp. 11-12).

Even if these two individuals don't consciously recognize the personal impacts of the trauma they both endured, their behaviours are indicative of their experiences.

As mentioned previously in this resource, a whole school approach to addressing trauma is preferred. Presently, there seems to be little awareness on the part of government policymakers and funders concerning the issue of trauma and its relationship to learners' participation and persistence in LBS programming.

Without the political awareness, will, and necessary funding, taking a whole-school or even a whole program approach to mitigating trauma is limited, if not impossible. While LBS programs wait for government support to address this important social and educational issue, a trauma-informed approach can be applied at an educator level by practicing a trauma-informed andragogy.

TRAUMA-INFORMED ANDRAGOGY

Various conceptualizations of a trauma-informed pedagogy have been developed in the past. This resource captures the similarities between and some of the unique differences from past derivations in an attempt to explicate a trauma-informed andragogy relevant to adult education.

Many adult upgrading students do not have the resources to acquire proper treatment for trauma. Although adult educators are not therapists, they are effectively situated as front-line trauma-workers (Brunzell et al., 2016). According to Perry (2006) the *"classroom is sometimes the most consistent and stable place in a trauma-affected student's world and must be seen as a therapeutic milieu wherein the structured environment itself is the most consistent and effective intervention"* (as cited in Brunzell et al., 2016, p. 220).

Thus, in the classroom, adult educators can make a significant difference in the educational and life outcomes of participants. Utilizing a trauma-informed andragogy can facilitate the process of effectively supporting a trauma survivor in class (Cramer, 2018)

Part of developing a trauma-informed andragogy is to first understand what it means to be trauma-informed:

To be trauma-informed, in any context, is to understand how violence, victimization, and other traumatic experiences may have figured in the lives of the individuals involved and to apply that understanding to the provision of services and the design of systems so that they accommodate the needs and vulnerabilities of trauma survivors. (Carello & Butler, 2015, p. 264)

Note: this resource does not consider the design of trauma-informed systems, which are the responsibility of educational institutions, but this resource does consider a trauma-informed teaching practice with the intent of mitigating trauma and its effects in the classroom. To this end, employing a trauma-informed educational practice involves a power shift in the classroom from a teacher-centered to student-centered approach where the teacher is responsible for providing a structured, safe, stable, respectful, caring, predictable, reliable, empathetic, and compassionate learning environment (Alberta, n.d.; Carello & Butler, 2015; McInerney & McKlindon, 2014; Oehlberg, 2008).

A trauma-informed andragogy consists of four components (Henshaw, 2022; Keefe-Perry & Moon, 2019; SAMHSA, 2014; Trauma-Informed Care Implementations Resource Center, n.d.):

1. Be aware of trauma.
2. Recognize the signs and symptoms of trauma.
3. Incorporate trauma-informed values and strategies into classroom practice.
4. Strive to prevent traumatization and re-traumatization.

These components are easily remembered as the four Rs: realize, recognize, respond, and resist (Stephens, 2020). The remainder of this section will elaborate on the four proposed components of a trauma-informed andragogy.

COMPONENT 1 – BE AWARE OF TRAUMA (REALIZE)

Like many students, adult upgrading learners often have a history of trauma. In fact, as discussed previously in this resource, the prevalence of trauma in the population of adult upgrading participants is higher than the general student population. Further to the point, the population of Canadians who would use or likely benefit from upgrading services is more susceptible to traumatic events than the overall population of

Canadians. An awareness of these facts is critical to effective trauma-informed practice (Carello & Butler, 2014).

Not only is awareness of the prevalence of trauma important, comprehending how trauma affects learning is consequential as well (Carello & Butler, 2014). An awareness and understanding of how trauma affects student behaviour, development, relationships, and survival/coping strategies are essential to a trauma-informed andragogy (Davidson, 2017; Stephens, 2020).

The first portion of this resource provided a theoretical foundation for an educator to build their knowledge of trauma upon. Over time, educators will develop practical experience in the support of trauma survivors in the classroom. The combination of theoretical knowledge and practical experience provides adult educators with the impetus for reflexive practice throughout their careers. Educators are encouraged to adjust their andragogies as knowledge of trauma evolves.

COMPONENT 2 – RECOGNIZE THE SIGNS AND SYMPTOMS OF TRAUMA (RECOGNIZE)

Recognition of the signs of trauma allows educators to better serve their students (Cramer, 2018). The following list compiled by Hoch et al. (2015) contains some common signs displayed and symptoms experienced by trauma survivors who attend postsecondary education (as cited by Davidson, 2017):

- Low attendance
- Difficulties with focusing
- Difficulties with memory retention and retrieval
- Difficulty with emotional regulation
- Fear of risk taking
- Fear of social activities
- Anxiety about assignments, tests, exams, and deadlines
- Impaired responses to stress, e.g., anger, helplessness, dissociation
- Withdrawal and isolation
- Participation in unhealthy relationships

While this list is a useful reference, it is by no means exhaustive because trauma is a multifaceted and personal experience.

As discussed previously, it is best to adopt a universal approach to trauma where each learner is considered to possibly have trauma-induced wounds (Wartenweiler, 2017). Familiarity with the educational history and identity of individual learners can provide indicators regarding how to best support students with trauma (Wartenweiler, 2017). Therefore, building relationships with students is the most effective way to determine the needs of each learner. As a caveat, the PRF provides a relevant demographic and socioeconomic profile as well as a summary of the employment and education history of each leaner, but it contributes a relatively superficial level of information for the purposes of coming to know a student. Instead, the process of fostering a responsive, compassionate, and caring relationship with each learner informs a deeper level of knowledge.

COMPONENT 3 – INCORPORATE TRAUMA-INFORMED VALUES AND STRATEGIES INTO CLASSROOM PRACTICE (RESPOND)

The first two components of a trauma-informed andragogy consist of developing an awareness, a comprehension, and a recognition of trauma, and their relations to the population of adult upgrading learners in Ontario. The third component involves a more active process. It consists of embedding trauma-informed values and related strategies. It also consists of applying this knowledge in the classroom, daily. Trauma-informed values are not mutually exclusive; they are overlapping and dependent, and they reinforce one another. The following are values of a trauma-informed andragogy, and they are essential markers used to guide educators in their classroom practices (Fallot & Harris, 2011; SAMHSA, 2014; Stephens, 2020):

VALUE 1 – SAFETY

Safety is the most important value (Carello & Butler, 2015). It is the foundation upon which all the other values rely for their stability. Safety is an essential feature in both the physical and virtual spaces of an educational institution (Henshaw, 2022). For the most part, physical safety has been thoroughly considered by an institution when policies

and systems have been designed and implemented with the input of all institutional stakeholders (Neil Harrison et al., 2020). Safety considerations in the virtual space became an institutional priority during the pandemic. Ensuring the safety of both institutional spaces continues to progress.

In both the physical and virtual classroom, an adult educator is responsible for the provision of a safe learning environment (Cramer, 2018) and a safe learning community (Wartenweiler, 2017), which includes the emotional safety and well-being of students (Carello & Butler, 2014; Neil Harrison et al., 2020). There are seven domains where educators can consider safety in the classroom: students characteristics, content and context, assignment requirements and policies, instructor behaviour, student behaviour, classroom characteristics, and self-care (Carello & Butler, 2015). For example, trauma-affected students are more susceptible to exploitation by persons in positions of authority (Carello & Butler, 2014), so educators ought to clearly communicate and maintain appropriate boundaries with students.

VALUE 2 – TRUSTWORTHINESS AND TRANSPARENCY

The second most important value to consider is two-pronged, and it contributes to the overall safety that students' experience in the classroom. The trustworthiness and transparency of educators are vital to the continued participation and persistence of trauma-affected students. Educators with highly developed relational skills will be the most successful at embodying these values.

It is important to develop trusting, caring relationships (Cramer, 2018; Wartenweiler, 2017). To earn the trust of students affected by trauma, focus must shift from content to relationships, especially at the beginning of a trauma survivor's educational journey in the upgrading classroom (Wartenweiler, 2017). Educators can catalyze relationship development with students by checking-in, being sensitive to varying family structures, expressing unconditional positive regard and, if desired by survivors, providing support for trauma-related anniversaries (Davidson, 2017).

To be transparent, educators should display the same behaviours expected of students (Cramer, 2018). Displaying vulnerability, openness, honesty, self-reflection, care, verbal sensitivity, flexibility, predictability, and positivity will earn trust, show transparency,

contribute to the development of the same behaviors in students, and develop student resiliency (Anderson et al., 2015; Davidson, 2017; Wartenweiler, 2017).

Educators can also maintain a safe environment and demonstrate transparency and predictability by consistently employing a humanistic approach to classroom discipline. The following list offers a framework for the practice of compassionate discipline in the classroom (Davidson, 2017): watch for signs, do not mirror behaviours, stay calm, move slowly, be aware of safety, practice empathy, give space, invite students to cool down, encourage cortical activities (e.g., mindfulness and deep breathing exercises), ask how to support the student better.

VALUE 3 – PEER SUPPORT

The relationship between a student and teacher is not the only form of relationship important to the success of traumatized learners. While student-teacher relationships are of primary importance, inter-student relationships reinforce the safety and trust developed by the educator in the classroom (Brunzell et al., 2016).

Furthermore, trauma disrupts relationality (Carello & Butler, 2014). Therefore, whenever possible, educators should provide students with opportunities to connect with and befriend each other, so students can regain their sense of connectedness to others.

VALUE 4 – COLLABORATION AND MUTUALITY

Often trauma-affected students lack interpersonal skills, such as the ability to communicate and collaborate, so activities that encourage interpersonal communication and collaboration are essential to student development, relationship building, learning, and success (Cramer, 2018). For example, one collaborative activity that provides opportunity to communicate, develops socioemotional skills, and fosters relationships is talking circles. Please refer to the LBS *Building Classroom Inclusion and Community through Talking Circles* resource for more information pertaining to the conduct of talking circles in the classroom. It is important to provide the opportunity to participate in this type of activity early on and throughout a student's tenure in class (Cramer, 2018).

Another way educators can provide the opportunity for student collaboration is to solicit the opinions of students regarding the type and timing of class activities they are

to participate in. Providing the opportunity to volunteer in class also furthers the goal of achieving collaboration and mutuality in the classroom (Cramer, 2018).

Furthermore, student collaboration can enable the responsive maintenance of classroom safety. Educators could encourage students to leave anonymous feedback in a suggestion box, regarding the improvement of or satisfaction with classroom safety. This also empowers students because they have a voice in the safe operation of the classroom.

VALUE 5 – VOICE, CHOICE, AND EMPOWERMENT

In LBS programs, students already have the opportunity to choose from options that suits their goals and interests. For example, students can choose to pursue the goal path that interests them, and in another example, they can select from a variety of courses to earn the Academic and Career Entrance (ACE) program certificate in the upgrading programs delivered through Ontario's public colleges). While some already do so, educators can increase choice within individual courses by providing students more options regarding the assignments, tests, and activities they pursue.

Second, through a responsive, caring, and compassionate teaching practice that provides opportunities to develop self-efficacy, regulatory abilities, socioemotional skills, and relationships (Brunzell at all., 2016) students are empowered to confidently communicate their truths. For example, educators can program arts-based activities into class time. Participating in art-based activities can foster confidence, catharsis, creativity, critical thinking, meaning, communication, and collaboration (Cramer, 2018).

Next, including activities in the classroom that develop the cortical (top-down) and body (bottom-up) regulatory abilities help to empower students because they learn to better regulate their stress response, which, as an added benefit, increases their abilities to form rewarding relationships (Brunzell et al., 2016). Mindfulness-based activities and deep-breathing exercises are effective tools to help students learn to better regulate themselves.

Additionally, validating and responding to the distressed emotional states of students shows that they are heard and that their well-being matters to educators (Cramer,

2018). Validating opinions and feelings empowers students by building self-esteem, self-confidence, and trust. It also reinforces the sense of safety in the classroom.

Finally, students can be further empowered through direct assistance with developing relationships within the classroom, such as through relationship coaching (Davidson, 2017). Relationship building can help trauma-affected students who have not yet overcome the reactive attachment disorder that they developed as children (Brunzell et al., 2016). Reactive attachment disorder interferes with an individua's ability to form relationships. To this end, incorporating collaborative activities like talking circles in class can foster the development of relationships though socioemotional skill development and vice versa. Also, it's recommended for educators to help trauma-affected students to develop relationships outside of the classroom by connecting them to mentors and appropriate supports when necessary (Davidson, 2017).

VALUE 6 – CULTURAL, HISTORICAL, AND GENDER ISSUES

As previously discussed, trauma can intersect with various cultures. Educators should be cognizant of these intersections in education. For example, due to their past experiences in residential schools, Indigenous persons and communities in Canada have been traumatized, and this traumatization is often multi-generational. Consequently, educators should practice sensitivity and cultural humility in the classroom. Furthermore, as directed by the Truth and Reconciliation Commission, educators should learn to incorporate Indigenous knowledge and practices into their pedagogies. Preparation for responsive referrals to cultural and/or other supports is critical to supporting these populations.

In summary, a trauma-informed andragogy should embed trauma-informed values and strategies. These values should be present in each contact, relationship, activity in the classroom, and if both the adult educator and students agree this is happening, the andragogy is trauma-informed (Fallot & Harris, 2011).

COMPONENT 4 – CONTINUALLY STRIVE TO PREVENT TRAUMATIZATION AND RETRAUMATIZATION (RESIST)

The risks of retraumatization and secondary traumatization must be minimized. A trauma-informed approach recognizes such risks and prioritizes the emotional safety of students (Carello & Butler, 2014). Educators should adopt the principle of "do no harm" (Carello & Butler, 2014). In doing so, the educator remembers to be mindful about how trauma is addressed in the classroom (Carello & Butler, 2014). As an example, do not compel the personal disclosure of trauma in classroom activities or assignments (Carello & Butler, 2014). Another example is do not romanticize trauma as being a necessary experience to develop resiliency or grit (Davidson, 2017).

Facilitators should be cautious but not be paralyzed by fear of getting it wrong. The intent is to minimize the chance of retraumatization and secondary traumatization, but it is impossible to irradicate them (Keefe-Perry & Moon, 2019). Furthermore, the avoidance of addressing trauma in the classroom is not a preventative measure because it will most likely not prevent traumatization and instead may risk activating it. As well, trauma-uninformed classrooms are unlikely to retain the participation of many traumatized students.

Other efforts employed to reduce the risk and effects of secondary traumatization and retraumatization include the incorporation of activities that develop socioemotional skills and relationships. As well, educators are encouraged to form relationships with institutional and community supports to better enable responsive student referrals.

To summarize, the four components of a trauma-informed andragogy should serve educators well in their journeys to make their classrooms more accessible, inclusive, and equitable. However, difficulties will still arise. When facing an obstacle or set-back in a trauma-informed classroom, Hoch et al. (2015) raises the following points (as cited in Davidson, 2017):

A. Students are experts regarding their lives and feelings.
B. Trust is not always instant.
C. Ensure you are trustworthy and reliable.
D. Normalize and validate trauma-related feelings.

E. Inquire as to how you can best support students.

F. Ask students about how you can ensure their comfort.

G. Understand and accept that some difficult behaviours are ingrained, and they have helped students survive.

H. Keep appropriate boundaries.

I. Maintain high expectations.

SELF-CARE FOR EDUCATORS

Since LBS educators work with trauma-affected students quite regularly, it is important for those educators to counteract the potentially deleterious effects of empathizing with students, especially for those who are trauma survivors themselves. Without continual self-care, the adult educator is at real risk of retraumatization or developing secondary trauma (Carello & Butler, 2015).

Secondary trauma encapsulates the physiological, emotional, and mental effects of witnessing the primary trauma of another person or the effects the trauma has on another person (Stephens, 2020). One form of secondary trauma that may affect educators is compassion fatigue (Davidson, 2017; Stephens, 2020). Compassion fatigue affects the physical and emotional functioning of individuals where exhaustion impairs the ability of workers to have compassion or empathy for others (Compassion Fatigue, 2022). Some of the common symptoms of compassion fatigue are listed below (Canadian Medical Association, 2020):

- Feeling helplessness and powerlessness in mitigating the suffering of students
- Experiencing reduced empathy and sensitivity
- Feeling overwhelmed and exhausted
- Feeling detached, numb, and emotionally disconnected
- Losing enjoyment in previously enjoyed activities
- Experiencing increased anger, sadness, anxiety, and irritability
- Having difficulty concentrating and making decisions

- Experiencing physical symptoms, such as headaches, nausea, upset stomach and dizziness
- Experiencing increased conflict in personal relationships
- Neglecting self-care
- Withdrawing and isolating
- Increasing substance use as a form of self-medication

To prevent secondary trauma and retraumatization and to mitigate their effects, educators should practice a routine of self-care. The coping strategies that individuals use to manage their symptoms will differ from person to person. However, there are generally recommended strategies that adult educators can utilize (Canadian Medical Association, 2020; Stephens, 2020):

- Take care of your physical health – eat well, exercise, and rest
- Take regular breaks at work
- Practice mindfulness
- Use deep breathing exercises, e.g., the candle and flower technique
- Acknowledge your emotions
- Create a support network with co-workers
- Remember to take time for activities you enjoy
- Take breaks from media and other online content
- Make time for your personal relationships
- Take time to reflect through journaling or other forms of self-reflection

Practicing self-care is a personal process, but since trauma can be activated or induced by the social aspect of literacy work, leaning on a community of support is also important (Carello & Butler, 2014; Stephens, 2020).

Adult educators should strive to be mindfully aware (Davidson, 2017) of and connected to their physical, mental, cognitive, emotional, and spiritual selves. This level of self-awareness in monitoring changes in one's internal state can provide cues pertaining to the locations of imbalances and the effectiveness of coping strategies in remedying any imbalance. Over time, each educator will develop a self-care routine that works for them.

CAUTIONS

This resource does not ask educators to act as mental health professionals because this is not their role (Carello & Butler, 2015; Stephens, 2020; Wartenweiler, 2017). However, educators are responsible for the emotional safety of students while in the classroom (Carello & Butler, 2015). This can only be done if the educator is a safe and stable person (Wartenweiler, 2017). A healthy self-care regimen can aid the educator to meet these expectations.

Creating a safe space for students consists of fostering a positive, supportive, respectful, caring, predictable, reliable, empathetic, and compassionate classroom climate. Educators can foster such a climate by displaying the same behaviours expected of students. A consistent and predictable demeanor is a precursor to developing trusting relationships with trauma-affected students, so educators should be mindful of when they occasionally stray from this state then rectify the imbalance.

As students come to know and trust the educator, they will likely share stories related to their trauma. This offering ought to be voluntary, and facilitators ought to keep it confidential.

In class, educators can support the development of self-efficacy, socioemotional skills, regulatory skills, coping skills, and relationships by programming collaborative, arts-based, self-regulative, and self-reflective activities. Participation in these activities is essential to the construction of positive, meaningful personal narratives and educational success (Stephens, 2020; Wartenweiler, 2017).

However, regardless of class programming, some students will experience difficulties that are beyond the capabilities of educators to address. Therefore, one must always be prepared to make responsive referrals to appropriate institutional and community supports.

CONCLUSION

Traumatization in Canadian society is frequent and widespread. This reality is swiftly becoming a concern for many educational institutions. For LBS service providers, the situation is even more pressing because they serve populations whose members are more likely to have experienced trauma, such as racialized and lower socioeconomic groups.

Problematically, uninformed educators often characterize concerning classroom behaviors as maladaptive when it is more accurate to characterize them as survival/coping mechanisms that allowed or continue to allow an individual to survive trauma-inducing events (Davidson, 2017). To enable a shift in perspective, an awareness and understanding of the effects of trauma in adult upgrading contexts are crucial to foster a safe and supportive learning environment in efforts to increase the likelihood of learner participation and goal completion (Stephens, 2020).

To summarize, trauma-informed adult educators are part of a circle of care-oriented community service providers that attributes increased resiliency, learning, and educational attainment to the development of self-efficacy, socioemotional skills, and relationships (Davidson, 2017; Stephens, 2020). Adopting a trauma-informed andragogy serves the interests of trauma-affected students, and the resulting classroom climate is beneficial for all learners.

ADDITIONAL RESOURCES

1. TRAUMA-INFORMED TEACHING AND LEARNING – This is a valuable blog space developed by Janice Carello. It contains useful, relevant resources to address trauma in higher education: https://traumainformedteaching.blog/resources/

2. TRAUMA-INFORMED PRACTICES FOR POSTSECONDARY EDUCATION – This is an informative guide developed for educators: https://ecampusontario.pressbooks.pub/app/uploads/sites/1721/2021/10/trauma-informed-practices-postsecondary-508.pdf

3. THE KENNEDY CENTER DIGITAL RESOURCES LIBRARY – This website contains an extensive collection of resources to assist educators in incorporating arts-based activities into classroom: https://www.kennedy-center.org/education/resources-for-educators/classroom-resources/

4. GREATER GOOD IN EDUCATION – This website is dedicated to science-based practices for kinder, happier schools. It contains activities to develop socioemotional skills, relationships, mindfulness, and well-being in the classroom. The information is relevant for both adults and children: https://ggie.berkeley.edu/my-well-being/

5. COOPERATIVE LEARNING ACTIVITIES GUIDE FOR COLLEGE COURSES – This resource contains over 100 customizable group activities for the classroom: https://uca.edu/core/files/2019/07/Collaborative-guide.pdf

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