Facilitating Trauma-Informed Pedagogy

Nichole Parker

Athabasca University

Abstract

Mental health issues are increasing globally, affecting health outcomes and health care resources. Understanding the andragogical implications for adult learners who are experiencing mental illness, including trauma-related mental illness, is vital for nurses, educators, and community support services. Experiencing abuse can cause mental health issues such as stress, anxiety, and posttraumatic stress disorder. In the context of this article, a trauma survivor is someone who has been the victim of abuse. Trauma survivors can be hard to identify, reach, connect with, and have difficulty reaching specific learning outcomes. This translates into poorer health outcomes within this vulnerable group as trauma survivors may not be able or ready to implement self-care efforts. Trauma also affects how people learn. Because of this, trauma survivors require focused teaching strategies that will support their growth, recovery, development, and integration into the community. Adult educators must hone their ethical pedagogical responsibility in a way that reflects trauma-informed care when providing care for a diverse student population. Understanding how these survivors learn will also help educators and healthcare providers understand the pedagogical philosophies, approaches, and strategies best suited to the andragogy of adult learners who have experienced trauma. To contribute to advancing pedagogical epistemology, the purpose of this literature review is to discuss how learning occurs in adult trauma survivors, and asks: What pedagogical philosophies and approaches are beneficial to understanding and best facilitating the andragogy of adult learners who have experienced trauma? This enhanced understanding leads to stronger advocacy for inclusive and trauma-informed teaching and learning environments.

Keywords: trauma AND learning, pedagogy AND trauma, andragogy AND trauma, trauma AND self-care, learning OR educational AND theory OR philosophy, trauma AND strategies

1Nichole Parker is a Master of Nursing student and graduate research assistant for the Faculty of Health Disciplines at Athabasca University. She is also a nursing instructor at NorQuest College. The author acknowledges Athabasca University and its Master of Nursing program, under which this article was produced. For correspondence email nparker2@athabasca.edu
Facilitating Trauma-Informed Pedagogy

Violent abuse causing trauma-related impairments for survivors is a global concern (Austin & Boyd, 2008). The Edmonton Police Service (EPS, 2019) defines abuse as attempts to control another individual through various means not limited to increasing dependency or vulnerability. Abuse can be physical, sexual, verbal, financial, isolation-related, emotional, and/or psychological (EPS, 2019) and can cause posttraumatic stress syndrome (PTSD). Understanding the andragogical implications for adult learners who are experiencing mental illness, including trauma-related mental illness, is vital for nurses. Trauma survivors can be hard to identify, reach, connect with, and have difficulty reaching specific learning outcomes. This translates into poorer health outcomes within this vulnerable group as trauma survivors may not be able or ready to implement self-care efforts. Understanding how these survivors learn will also help educators, healthcare providers, and community stakeholders understand the pedagogical philosophies, approaches, and strategies best suited to the andragogy of adult learners who have experienced trauma.

Current literature indicates that abuse changes a trauma survivors’ construction of reality by distorting their core beliefs about the self, others, and the world around them (Austin & Boyd, 2008). This shift in core beliefs also has an impact on learning. Trauma’s effect on learning should be considered when selecting teaching strategies that will best support trauma survivors in their growth, recovery, and development. Adult educators, which include healthcare professionals, must hone their ethical pedagogical responsibility in providing care for a diverse student population which reflects trauma-informed care. This is vital since trauma-informed care “shifts the focus from ‘What’s wrong with you?’ to ‘What happened to you?’” (Center for Health Care Strategies, 2021, para. 1). Therefore, critical reflection into which andragogical or
pedagogical approach we can use as educators is essential in providing trauma-informed care for our diverse group of learners. Hence, to contribute to advancing pedagogical epistemology (the study of knowledge), this literature review discusses how learning occurs in adult trauma survivors, and asks: What pedagogical philosophies and approaches are beneficial to understand and best facilitate the andragogy of adult learners who have experienced trauma? This enhanced understanding leads to stronger advocacy for inclusive and trauma-informed teaching and learning environments.

**Literature Search Process**

Initially, the publication date limiters during the research process ranged from 2015 to the present. However, the lack of research articles on this topic forced these limiters to be modified by omitting date limiters altogether. As well, the teaching approaches selected as the focus of this literature review were influenced by my ongoing course of graduate study. As the search progressed, it provided valuable insights into a wider angle of search terms. This was useful as this topic initially yielded a limited number of relevant research articles. As the research expanded, the articulation of related search topics was modified. For these reasons, this literature review used a large range of research search terms in order to appropriately address the andragogical (learning-related) and pedagogical (teaching-related) knowledge and applications of trauma-informed care.

The databases used were the Athabasca University Library catalogue, EBSCO, and ERIC. Other references were gathered from course content and related textbooks. Limiters used included the English language and full text availability.

The terms *trauma* and *trauma recovery* were searched using the Boolean “AND” with each of the following terms: *learning, learning theory, teaching, adult learning, abuse, violence,*
philosophy, informed care, stabilization, systematic approach, psychological consequence, and rehabilitation. Other search terms included: stages of trauma recovery, learning models for PTSD, social reconstruction, trauma informed care, and complex trauma. Lastly, the Boolean search terms survivor OR trauma survivor AND self-care; universal AND learning; and impact trauma AND learning were also used.

Learning After Traumatic Experiences

Adult Learning Principles

Adult learning is a collaborative and cooperative process that occurs inside the learner through experience (Blais & Hayes, 2016). Bloom (1956, as cited in Blais & Hayes, 2016) identified three areas or domains of learning: cognitive, affective, and psychomotor. The cognitive domain includes intellectual skills such as remembering and comprehending (Blais & Hayes, 2016); therefore, an individual must have the ability to concentrate and think. The psychomotor domain revolves around motor activities such as yoga (Blais & Hayes, 2016). The affective domain mainly focuses on emotion, attitude, or value-laden learning outcomes (Blais & Hayes, 2016). Dirkx (2008) argues that human learning involves both logical and emotional ways of knowing and therefore asserts the high value of being aware of internal feelings and those around us. This awareness is called emotional intelligence and outlines the holistic and intentional process of understanding the emotional self (Dirkx, 2008).

Trauma Survivors as Learners

Unfortunately, as Dirkx (2008) states, emotions are “widely recognized as a kind of baggage that impedes effective teaching and learning” (p. 8). Educators must challenge this perspective when adopting a trauma-informed pedagogical approach. Adult learners are more likely to engage in learning when the purpose is to help them cope during a life event or difficult
transition, or to increase their sense of self-esteem (Zemke & Zemke, 1984). Overall, this learning principle substantiates self-care survivor groups as an appropriate strategy to promote learning within a trauma recovery platform.

Trauma changes the brain making it more difficult to learn (Perry, 2006). Brain systems coordinate affective and cognitive circuits to aid in learning; fear or anxiety can act as a break in this circuit, decreasing the ability to learn (Cozolino & Sprokay, 2006). Such negative emotions distract from learning (Blais & Hayes, 2016; Kerka, 2002; Perry, 2006) and dictate the quality of learning experience (Dirkx, 2008). Trauma impedes one’s ability to concentrate and think (Blais & Hayes, 2016; Cozolino & Sprokay, 2006; Kerka; 2002; Kossurok, 2018; Perry, 2006). Moreover, motivation influences a learner’s readiness to learn (Blais & Hayes, 2016) and is reduced when accompanied by poor mental health (Dirkx, 2008; Melrose et al., 2015; Zemke & Zemke, 1984). Furthermore, as Perry (2006) urges, the “capacity to internalize new verbal cognitive information depends on having portions of the frontal and related cortical areas activated, which in turn requires a state of attentive calm [which a] traumatized adult learner has difficulty reaching” (p. 25).

**Adult Learning Theories**

**Humanism**

Humanism focuses on the cognitive and affective states of learners—that is, their attitudes and emotions (Blais & Hayes, 2016). Within the humanist approach, Abraham Maslow’s hierarchy of needs indicates that an individual’s survival needs for air, water, and food, and their psychological safety needs for security and protection must be fulfilled before the psychological needs for esteem, belonging, and self-actualization can be met (Blais & Hayes, 2016). The hierarchy of needs requires a learner to be an active participant in order to meet their
personal needs (Blais & Hayes, 2016). Therefore, in order for trauma survivors to have the ability and readiness to learn and reach their potential, they must first have their psychological needs met, followed by a sense of safety, followed by feeling love and belonging. Only then can they meet their self-esteem needs (Blais & Hayes, 2016).

Barriers to a survivor’s self-determination and learning, therefore, lie in the effects of trauma. The physiological and physical effects of trauma include hypervigilance, chronic pain, and chronic fatigue (BCMHSC, 2013). Moreover, the extreme stress of trauma creates mental, emotional, and physical distress within brain and body dynamics (BCMHSC, 2013). Ingrained learned behaviours such as all-or-nothing reactions, dissociation, and silence are common among trauma survivors (Kerka, 2002). Dissociation is a coping mechanism in response to trauma or a trauma-related trigger that is accompanied by the feeling of one’s mind and body being separated (Kerka, 2002). Trauma survivors have a difficult time looking inward or reflecting on their experience (Kruczek & Smith, 2001). Moreover, survivors experience emotional disconnection from themselves (BCMHSC, 2013). This inability to identify and meet their own needs may inhibit survivors from moving up the hierarchy of needs. Pedagogical approaches that support these learners is vital. From a humanistic standpoint, supportive approaches include enhancing personal growth and development, being attentive to learner needs, and being aware of individual learner emotional and affective issues (Melrose et al., 2015).

**Constructivism**

Constructivism views learners as “builders who are continually creating mental representations of events and experiences” (Melrose et al., 2013, p. 65). In other words, learners are engaged in composing the knowledge they possess; this process is influenced by social interaction with peers (Melrose et al., 2013). Educators can facilitate learning through
scaffolding: the temporary support required for learners to construct personal meaning in relation to course concepts (Melrose et al., 2013). Constructivist learning is related to trauma insofar as trauma survivors are already engaged in constructivism. Specifically, they are building up a particular, personal meaning and knowledge about reality—that is, how they see themselves, others, and the world, including their learning environment.

**Self.** Trauma distorts one’s sense of self (BCMHSC, 2013). Individuals who experience trauma are usually left with a negative perception of self (Au et al., 2017; Kerka, 2002; Kossurok, 2018). Au et al.’s (2017) experimental study revealed that self-compassion techniques used by individuals experiencing PTSD decreased shame and brought awareness to distorted thought patterns, which were serving to negatively frame their realities. Au et al. (2017) found that the first step towards self-care for trauma survivors was to become aware of their negative self-talk and use this awareness to fostered self-kindness, which enabled study subjects to connect with themselves. As self-compassion increased, so did the motivation to perform self-care activates (Au et al., 2017).

Fear, shame, and guilt are common among trauma survivors (Au et al., 2017; Austin & Boyd, 2008; BCMHSC, 2013; Kerka, 2002; Kossurok, 2018). It is common for survivors to feel that they are responsible for the traumatic event or events they have experienced. This can lead individuals to feel ashamed and isolate themselves further from others and the world (Au et al., 2017; Austin & Boyd, 2008). Unfortunately, isolation is a common reaction among survivors (Au et al., 2017; Austin & Boyd, 2008; Kerka, 2002; Kossurok, 2018) and is associated with negative health outcomes (Au et al., 2017; Austin & Boyd, 2008).

**Others and the World.** Trauma negatively affects one’s sense of safety around others and within their environment (BCMHSC, 2013). Trauma survivors may have difficulty trusting...
others (Kerka, 2002). Survivors are likely to feel a disconnection towards others and have difficulty navigating relationships (BCMHSC, 2013). Consequently, trauma negatively affects the capacity to see the world as a positive or helpful place (Kerka, 2002).

Learning Environment. Almost one-third of the adult student population has experienced some sort of trauma that negatively influences their capacity to learn (Perry, 2006). Optimal learning requires the individual to have the capacity to be curious and a willing to explore. These abilities are impeded by fear and anxiety (Perry, 2006). A learning environment that is perceived as threatening can retrigger a trauma survivor, which further negatively affects learning (Cozolino & Sprokay, 2006; Perry, 2006). Therefore, an understanding of the nature of learning is vital to seek andragogical resources which will benefit this diverse learning population (Kerka, 2002; Melrose et al., 2015). Since trauma survivors usually have a baseline of low-level fear, these adult learners require educators to intentionally reflect creative teaching strategies, respectful approaches, and the creation of safe learning environments (Perry, 2006). Furthermore, safe learning environments require educators to ensure structured and predictable syllabi or curricula (Perry, 2006).

Reconstructing Reality. Born from the progressive philosophy of education, social reconstruction urges that educational activities require socialization for learning (Sutinen, 2014). Socialized educational activities alter a learner’s thinking and influence their social realities (Sutinen, 2014). Progressive perspectives assist learning through community involvement and focusing on real-life issue relevancy (Melrose et al., 2015). Therefore, a self-care class focusing on real-world issues related to trauma recovery would induce useful social learning.

Cozolino and Sprokay (2006) describe the brain as a “social organ innately designed to learn through shared experiences” (p. 11). When a learner is met with respect and acceptance in a
supportive environment, a sense of self-worth develops (Kossurok, 2018; Townsend, 2005). Social reconstruction is, therefore, a sound approach to trauma recovery since it emphasizes social support and social learning (Kossurok, 2018). This process changes beliefs that were created in response to trauma, including negative beliefs about the self and low self-worth (Kossurok, 2018). These beliefs are reconstructed and change the reality of trauma survivors. Survivors who attend social supportive recovery groups have an increased sense of self-worth and motivation which increases their probability to seek self-care activities (Kossurok, 2018). Socialization within trauma support groups creates positive beliefs about oneself (Kossurok, 2018). Moreover, these groups facilitate trauma survivor recovery and the integration of their participants into broader communities by allowing them to learn how to build healthy relationships and support systems (Kossurok, 2018).

**Transformational Learning**

Transformative learning is the process of learning new ways of looking at something and involves “meaningful and transformative shifts in…beliefs and assumptions” (Melrose et al., 2015, p. 10). Affective learning occurs from this learning experience (Dirkx, 2008). The way we see ourselves and the world can shift through transformational learning in ways that can have life-changing impact on a learner (Melrose et al., 2013). A class offering self-care to trauma survivors would allow for a learner to create new realities that are healthy instead of distorted.

**Teaching Through a Trauma-Informed Care Lens**

**Teaching Models and Philosophies**

**Social Justice Teaching Model**

Rogers-Shaw et al.’s (2018) Universal Design for Learning (UDL) seeks to provide a teaching and learning framework that emphasizes learner diversity. Although primarily designed
for online learning, UDL uses a holistic framework to promote social justice and learning accessibility for all learners despite their diverse backgrounds (Rogers-Shaw et al., 2018). UDL challenges educators and curricula developers to acknowledge learner diversity within their unique past experiences, cultures, strengths, and ways of being (Rogers-Shaw et al., 2018). Furthermore, the “epistemological shift that UDL facilitates is that the knowledge and truths that humans grow into are not abstract things existing independently of the sociocultural realities of the humans themselves” (Rogers-Shaw et al., 2018, p. 23).

**Immediacy Theory**

Feeling connected with a sense of belonging to an adult learners’ environment is the heart of immediacy (Melrose et al., 2013). Instructional immediacy requires instructors to engage students through a warm and friendly embrace while intentionally using and modelling language and behaviour that promotes connection (Melrose et al., 2013). Some examples of instructional immediacy include identifying students by name, storytelling through personal experiences, initiating dialogue, encouraging students to participate in conversations, and providing positive feedback (Gorham, 1988, as cited in Melrose et al., 2013). Educators can facilitate neuroplasticity when they skillfully express empathy and positive emotion. Neuroplasticity deals with learning and memory and the ability for nerves to adapt to circumstances (Psychology Today, 2020). This process of rewiring the brain to adopt more healthy ways of thinking and being is why scientists refer to neuroplasticity as the *structural remodeling of the brain* (Psychology Today, 2020). Therefore, a learner’s reality is influenced by their learning environment, educators, and community leaders.
Implementing Teaching Strategies That Reflect Trauma-Informed Care

Empowering learners, providing social opportunities, promoting self-care, and fostering trauma-informed learning cultures are all strategies that contribute to effective andragogy for adults that have experienced trauma. Since humans are in constant subconscious communication with one another, adult learning environments require educators who are intentional about expressing an art and science of teaching that supports neuroplasticity (Cozolino & Sprokay, 2006). Educators must have a heightened awareness and intuition of their learners, be caring, and provide choices when applicable (Cozolino & Sprokay, 2006). This ability to choose is empowering and constructs a sense of freedom within one’s perception of their learning environment.

In addition to empowering learners, educators must provide social learning opportunities. Current trends in neuroscience are unveiling more evidence that suggests that human brain anatomy and it’s neural plasticity requires social interaction (Cozolino & Sprokay, 2006). Social learning adds to the reality constructs of survivors and provides peer role models. Hearing about another’s successes can be a profound experience for some trauma survivors that encourages and motivates them to continue in their recovery. When learners observe a narrative that reveals a successful means to a challenge, anxiety is reduced and neuroplasticity processes are strengthened (Cozolino & Sprokay, 2006). Narratives help reduce feelings of helplessness and powerlessness (BCMHSC, 2013) and play a vital role in self-esteem development and expression (Cozolino & Sprokay, 2006). Through this storytelling, adult learners can journey “from fear to courage, from confusion to clarity, and from crisis to triumph” (Cozolino & Sprokay, 2006, p. 17).
Recommendations for Future Education and Research

How can we advocate for trauma-informed teaching? In order to support social justice and allow learning to be accessible to all learners despite their histories, educators must change their way of thinking about education and adopt a universal approach that is accessible to all learners (Rogers-Shaw et al., 2018, p. 20). Educators and community supporters must advocate for social justice by supporting trauma-informed teaching and learning that is accessible to all learners. Societal change in this context starts with acknowledging and discussing abuse and trauma (Kossurok, 2018). More education regarding trauma-informed pedagogical approaches is required for health care providers, educators, and community resources. We must “create space within our educational environments where giving voice to emotion-laden issues becomes an integral part of a community of truth” (Dirkx, 2008, p. 16). Unfortunately, this paper’s search process revealed the limited number of currently available scholarly articles that seek to disseminate pedagogical practices that support trauma-informed teaching approaches. Among the limited research available for trauma-informed andragogy and pedagogy, philosophy and theory are utilized to add a scholarly balance to this valuable triad. Moreover, the manuscript is written solely from a master-level student perspective and would be strengthened by further perspectives and a multidisciplinary lens. Overall, more research is required in this area to support a globally diverse learner audience and best pedagogical practices.

Conclusion

The nature of trauma and its effect on learning influences the teaching strategies that educator use to support trauma survivors, who have different needs than other learners in relation to their growth and development, as well as their trauma recovery. Adult educators must hone
their ethical pedagogical responsibility in ways that reflect trauma-informed care in order to provide a safe and effective learning experience for a diverse student population that includes trauma survivors. Critical reflection into which andragogical or pedagogical approaches educators should use in this context is essential. This literature review offers a considerable contribution to pedagogical epistemology through its articulation and curation of pedagogical strategies that are congruent with andragogical, trauma-related principles grounded in research, philosophy, and education and learning theory. Health care professionals, educators, and community supports must advocate for social justice by supporting learning that is accessible to all of our learners. Advocating for trauma-informed pedagogical practices is one step in this direction.

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