

The Need for Trauma-Informed Care in Higher Education

Shanon S. Taylor

University of Nevada, Reno — Nevada, USA

Abstract: *The lived experiences shared by the entire world community in the spring of 2020 due to the pandemic spread of the COVID-19 virus has already been identified as a mass trauma incident by mental health professionals specializing in trauma treatment (Galea et al., 2020). Yet there are disturbing anecdotal examples in social media of higher education faculty dismissing student requests for help and support. How should higher education implement trauma-informed practices, especially in response to the impact of the pandemic?*

As the COVID-19 virus swept from China and around the world in early 2020, the speed at which the virus spread and changed the world in which we all lived was hard to comprehend, in many ways. There is no doubt that in the years to come there will be a variety of research done on the medical aspects of COVID-19, but also research examining the societal, psychological, and personal aspects of the pandemic, and examining the exhaustive amounts of artifacts that are available via a variety of news, media, and social media. Even now, investigative journalists and others have compiled timelines of the United States government's slow response to the pandemic. They demonstrate that while the world was aware of the virus in China throughout January and February 2020, it wasn't until mid-March when public figures (such as a basketball player in the National Basketball Association & actor Tom Hanks) were announced to have contracted the virus that Americans accepted the seriousness of the virus, and then public cancellations of events and school closures began in the United States (Muccari & Chow, 2020).

Students and faculty in higher education were not immune from the challenges of COVID-19. Early in the crisis, there were uplifting tales, such as the student who contacted her professor to inform her that she had developed symptoms of the virus and might be late turning in an assignment. The professor responded, "don't worry about the class" (Supiano, 2020). That story, shared on Twitter, resulted in a discussion among faculty and students about the importance of caring for students' needs over focusing on the minutiae of course assignments. However, not all anecdotal evidence on social media supported tales of faculty supporting students' needs. A student at the University of Maryland tweeted an exchange she had with a professor, asking for an extension on an assignment because her father died from COVID. The professor told her to, "try to get it done on time," because she wanted to be, "consistent with students." When the same student contacted the professor again to say she would have to miss a scheduled Zoom meeting because of her father's memorial service, the professor suggested she attend the Zoom meeting as it, "could take your mind off things," (Aviles, 2020). That also resulted in a lengthy exchange on Twitter among academics, as well as an apology from the University of Maryland. Respondents in that Twitter thread pointed to a private Facebook group named "Pandemic Pedagogy" and began

sharing screenshots of comments made by fellow faculty members. One such tweet, with the name of the original Facebook poster blacked out, showed the faculty member saying:

So, are our students really all going through a lot? Are they traumatized, disoriented, distressed? Or are they home, bored, bummed out at missing their friends, losing focus, getting lazy, and bailing on school work simply because they have fallen into the habit of staying up late and watching too much Netflix? (Hunter, 2020).

Such comments are an example of a potential lack of understanding on the part of some faculty of the concept of trauma and the impacts trauma can have on individuals. Is this lack of understanding widespread in higher education? If so, it is imperative that institutions of higher education quickly train faculty and staff interacting with students on trauma and its impact. This article will briefly review why the COVID-19 pandemic is a traumatic event, what trauma is, how it impacts learning, and what higher educational systems can do to be responsive to trauma.

WHAT IS TRAUMA AND WHY IS COVID-19 TRAUMATIC?

Trauma as a mental health concept has been defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as resulting:

from an event, a 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 function and mental, physical, social, emotional, or spiritual well-being, (2014, p.7).

While past research on pandemics and their impacts have often focused primarily on the physical health impacts, other large-scale disasters that impacted communities such as 9/11, hurricanes, and the Deepwater Horizon oil spill have resulted in documented mental health impacts (Galea et al, 2020).

Horesh & Brown (2020) suggested that while other mass traumas have been studied more extensively in the past, such as war and natural disaster, the global nature of this pandemic have made this a mass traumatic event impacting individuals across every level of society. Additionally, the 24-hour news cycle and widespread sharing of information via social media and 24-hour news and internet made mildly distressing situations, like inability to find certain resources or being confined to home, seem even more stressful (Brigland et al., 2021; Jones et al., 2021; Longest & Kang, 2021). Because we have large numbers of students who may have already been dealing with pre-existing trauma (e.g., witnessing or being a victim of a single violent event, being exposed to domestic violence or child abuse, experiencing sexual abuse/rape), adding the disruptive nature of the COVID-19 pandemic will likely result in a large number of traumatized students (Holmes et al., 2020).

The abrupt shift off-campus to online learning, in some cases with faculty unprepared to teach online, left post-secondary students feeling isolated and disconnected (Shin & Hickey, 2020). The Centers for Disease Control released results of a study done by the National Center for Health Statistics in conjunction with the U.S. Census Bureau (2020). They embedded screening questions for anxiety and depression in a survey called the Household Pulse Survey, designed to measure the impact of COVID-19 on American households. Approximately one-third of respondents showed

signs of either anxiety, depression, or both. The number showing signs of depression was double the amount reported in a similar 2014 report. The rates of anxiety and depression were highest in the 18-29 year-old age group.

Most of the previous literature examining the impacts of trauma on students has been focused on K-12 students. This may be because some of the earliest research on trauma and its impact focused on what were termed *adverse childhood experiences (ACEs)*. Much of the initial work on trauma was built from the initial ACE study (Felitti et al., 1998), so trauma and its impacts were focused on children. However, as the United States was drawn into years of war, the public became more aware of post-traumatic stress disorder (PTSD) in veterans. This heightened awareness of the variety of ways that trauma is experienced by individuals in life, including the fact that the same experience may be viewed differently by different people, based on community and cultural differences (Elliott & Urquiza, 2006). The work on ACEs expanded, and a 2019 study showed that in a survey of over 1000 college students, 59% reported experiencing at least one ACE, and 38% reported experiencing two or more, with higher ACEs reported among first generation college students (Mackay-Noerr, 2019).

In general, students who have been exposed to trauma or extended exposure to stressful situations that can translate to trauma can experience negative impacts on their academic functioning (Morton & Berardi, 2018; Ridgard et al., 2015). While the use of trauma-informed practices (TIP) has become more widespread at the K-12 educational level, especially since the passing of the Every Student Succeeds Act (ESSA; PL 114-95) which included provisions to support schools moving towards implementing TIP approaches (National Association of School Psychologists, 2016; Reinbergs & Fefer, 2018), it is still relatively limited at the post-secondary level (Carello & Butler, 2015; New England Board of Higher Education, 2020).

WHAT ARE TRAUMA-INFORMED PRACTICES?

Being trauma-informed has been summarized by Chalfouleas et al. (2016) as the four “Rs”: 1) *realizing* the impacts of trauma on individuals, families, and communities; 2) *recognizing* the signs and symptoms of trauma; 3) *responding* to trauma and its effects by integrating knowledge about trauma into organizational policies, procedures, and practices; and 4) working to *resist* re-traumatization, utilizing principles of safety, trustworthiness and transparency, peer support, collaboration, empowerment, voice, and being considerate of cultural, historical, and gender differences. An important component of doing this is for staff to use “Psychological First Aid” (PFA) (Stafford et al., 2008, p. 20). Stafford et al. described the three key principles to PFA as *look* and assess for needs and concerns, *listen* to individuals without pressuring them to talk about their traumatic experiences while also being there to provide comfort if needed and helping them feel calm, and then *linking* them to any additional community supports that may be necessary to ensure all basic needs are being met.

Being able to recognize the signs of trauma are critical components whether using the four “Rs” or using PFA. The symptoms of trauma can vary widely across those who have experienced traumatic events, and will often be impacted by three criteria: 1) the extent to which the individual was exposed to the event, 2) the amount of support the individual received during the event, and 3) the amount of loss and social disruption the individual experienced during the traumatic event (Stafford et al., 2008). Looking at the COVID-19 pandemic as a traumatic event, we can look at those criteria and see that individuals who had family members who were seriously ill, hospitalized, or died as likely experiencing more trauma. The amount of family support students had during the time, and the amount of disruption they experienced from their schooling, their living

arrangements, their jobs, and their social circle would also impact students' reaction to the events during the pandemic. Some of the symptoms that students may demonstrate are changes in academic performance (Morton & Berardi, 2018; Ridgard et al., 2015). They may also show irritability or angry outbursts, lack of positive emotions (which may also be known as a flat affect), intense ongoing fears or sadness, or acting helpless or withdrawn (Fitzgerald et al., 2021). There are cultural differences in the responses to trauma that have been demonstrated at the post-secondary level; African-American students exposed to trauma are more likely to leave college, especially women at predominately White institutions (Boyras et al., 2013).

HOW SHOULD HIGHER EDUCATION IMPLEMENT TRAUMA-INFORMED PRACTICES?

Using the four “Rs” or PFA may seem basic enough, but how many post-secondary educators and staff are aware of them? Just as universities require faculty and staff participate in regular trainings on sexual harassment or the Family Educational Rights and Privacy Act (FERPA) or research ethics in order to conduct research, they should also require trainings on trauma-informed practices (Davidson, 2017; Doughty, 2020). Barros-Lane et al. (2021) point out that while the use of trauma-informed practices in K-12 settings have been researched and a number of curricular programs developed, there is very little research on the use of trauma-informed practices in higher education. Primarily, previous work has focused on specific areas of study in higher education, such as social work or counseling, in which students' clinical coursework could put them in contact with traumatized individuals (Carello & Butler, 2015). However, during and after the pandemic, faculty across higher education in all areas of study noted a need for greater focus on student mental health and inclusion of more trauma-informed practices (Fowler & Wholeben, 2020; Schlesselman et al., 2020; Stephens, 2020).

INSTITUTIONAL PRACTICES

Key to implementing trauma-informed practices in systems of higher education is remembering that these institutions are large systems, and thus this requires a systems change (Comfort, 1997). Changing a complex system such as a university means that individual factors within the system cannot change in isolation, but that all the components that work together must be examined and adjusted in order for the system to change. For a university campus, that would require not only faculty, but administration, support staff, counselors, and clinical staff to work together towards a shared understanding and responsibility for the physical, social, and emotional well-being of all students (Davidson, 2015).

The U.S. Department of Health and Human Services (2014) has identified six core principles of trauma-informed practices: 1) safety (including physical and emotional), 2) trustworthiness and transparency, 3) peer support, 4) collaboration and mutuality, 5) empowerment, and 6) cultural, historical, and gender issues. Davidson (2015) provides suggestions for how higher education institutions can review policies and procedures within this framework to ensure they are providing a supportive campus environment for students. For example, ensuring that students receive clear explanations and direct information about university guidelines, procedures, and expectations is part of trustworthiness and transparency. Building a student advisory board that plays a role in planning and evaluating student services on campus, ensuring participation from individuals who identify as trauma survivors and members of marginalized populations, is part of collaboration and mutuality.

INSTRUCTOR PRACTICES

As an institution moves towards implementing trauma-informed practices campuswide, individual faculty members can take steps to be more trauma-informed in their interactions with students. The first step in being a trauma-informed educator is remembering that all students bring their entire lives and all their lived experiences with them into our classrooms every day, and on some days, they may be responding to trauma (Perkins & Graham-Bermann, 2012). Additionally, other practices that could be viewed as simply solid instructional practice are also supportive practices for students impacted by trauma, such as maintaining consistent class schedules and classroom structure, modeling flexibility when faced with unexpected changes to routines, and helping students recognize progress by providing ongoing positive feedback, especially when overcoming obstacles (Rodenbush, 2015).

Faculty may also need to reconsider coursework or assignments that ask students to revisit traumatic events and should not develop assignments based on the current pandemic experience (Carello & Butler, 2014). Past research has demonstrated requiring students to revisit traumatic experiences re-traumatizes them (Lindner, 2004; MacCurdy, 2007). It is also important to realize that students cannot decontextualize learning from their own social identities or the existing sociopolitical context (Bozkurt & Sharma, 2020). A final suggestion to faculty is to be clear and consistent in expectations and methods of communications with students. Miscommunications, confusion, and inconsistency increases levels of stress experienced by students (Pica-Smith & Scanell, 2020).

ADDITIONAL RECOMMENDATIONS

Aside from the general skills that all faculty and staff should use when responding to students who may be exhibiting symptoms of trauma, separate colleges or units of study may need to develop their own plans to prepare faculty and staff to respond in times of trauma (Adamson, 2018; Gutierrez & Gutierrez, 2019; Skiba, 2020). Students in different areas of study may have specific experiences based on their study (e.g., counseling, education, nursing, medicine) that may have exposed them to more traumatic events or as they continue with coursework, expose them to traumatized individuals, placing them at risk for secondary traumatization. Along with the pandemic, we have been living through fraught social and political times that are adding stressors to students. Additionally, as faculty have all experienced the trauma of the pandemic as well, we risk secondary re-traumatization if we require students to complete assignments based on the pandemic and we revisit that trauma with the reading of every assignment (Berman, 2001). Any professional who works with individuals who have experienced trauma risks secondary traumatic stress or vicarious trauma (American Counseling Association, 2011). Symptoms of vicarious trauma can include feeling physically, mentally, or emotionally worn out, and faculty may notice that they are worrying that they are not doing enough, feeling hopeless about their work, or simply finding less satisfaction or accomplishment in work. It is important for those working with trauma-impacted students to maintain boundaries (Rodenbush, 2015). Additionally, educators should identify self-care activities that help relieve stress and maintain good mental health, such as physical activity, eating healthy meals, finding creative outlets, and getting enough sleep (Davidson, 2015).

CONCLUSION

As of this writing, we still do not know how the COVID-19 pandemic will come to a conclusion or when. What we do know is that this has been a traumatic experience for students,

and because of that, all educational institutions need to be prepared to deal with the effects of trauma in students. K-12 educational settings have been more forward-looking in this aspect and have begun training educators to be trauma-informed in the past several years. Institutions of higher education need to begin now to ensure that all faculty and staff who interact with students are aware of the concept of trauma and how it impacts learning and behavior and how we can work effectively with students. Science may effectively defeat the COVID-19 virus in due time, but as educators, we may be dealing with the mental health aftermath for years to come.

REFERENCES

- Adamson, C. (2018). Trauma-informed supervision in the disaster context. *The Clinical Supervisor*, 37(1), 221-240. <https://doi.org/10.1080/07325223.2018.1426511>
- American Counseling Association, Traumatology Interest Network.(2011). *Vicarious trauma* (Fact Sheet No.9). Alexandria, VA: Author.
- Aviles, G. (2020, May 6). *A college student asked for a project extension after her dad died from coronavirus and was told to 'try to get it done in time'*. NBCNews. <https://www.nbcnews.com/news/us-news/college-student-asked-project-extension-after-her-dad-died-coronavirus-n1201526>
- Berman, J. (2001). *Risky writing: Self-disclosure and self-transformation in the classroom*. Amherst, MA: University of Massachusetts Press.
- Boyras, G., Horne, S. G., Owens, A. C., & Armstrong, A. P. (2013). Academic achievement and college persistence of African American students with trauma exposure. *Journal of Counseling Psychology*, 60(4), 582-592. <https://doi.org/10.1037/a0033672>
- Bozkurt, A. & Sharma, R. C. (2020). Emergency remote teaching in a time of global crisis due to CoronaVirus pandemic. *Asian Journal of Distance Education*, 15(1), i-vi. <https://doi.org/10.5281/zenodo.3778083>
- Bridgland, V. M., Moeck, E. K., Green, D. M., Swain, T. L., Nayda, D. M., Matson, L. A., Takarangi, M. K. (2021). Why the COVID-19 pandemic is a traumatic stressor. *PLoS one*, 16(1), e0240146. <https://doi.org/10.1371/journal.pone.0240146>
- Carello, J., & Butler, L. D. (2014). Potentially perilous pedagogies: Teaching trauma is not the same as trauma-informed teaching. *Journal of Trauma & Dissociation*, 15(2), 153-168. <https://doi.org/10.1080/15299732.2014.867571>
- Carello, J., & Butler, L. D. (2015). Practicing what we teach: Trauma-informed educational practice. *Journal of Teaching in Social Work*, 35(3), 262-278. <https://doi.org/10.1080/08841233.2015.1030059>
- Centers for Disease Control and Prevention. (2020). *Mental health: Household pulse survey*. National Center for Health Statistics. Retrieved May 26, 2020, from <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>
- Chafouleas, S. M., Johnson, A. H., Overstreet, S., & Santos, N. M. (2016). Toward a blueprint for trauma-informed service delivery in schools. *School Mental Health*, 8(1), 144-162. DOI: 10.1007/s12310-015-9166-8
- Chang, J., Louszko, A., Hopper, J., Rios, K., & Park, C. (2020, April 8). *For essential workers who keep communities running during coronavirus pandemic, staying home isn't an option*. ABCNews. <https://abcnews.go.com/US/essential-workers-communities-running-coronavirus-pandemic-staying-home/story?id=70027044>
- Chen, A., & Bebinger, M. (2020, April 3). *Bringing home something deadly: How health workers are isolating from their families*. WBUR.

- <https://www.wbur.org/commonhealth/2020/04/03/bringing-home-something-deadly-how-health-workers-are-isolating-from-their-families>
- Comfort, L. K. (1997). Models of change: a dialogue between theory and practice. *American Behavioral Scientist*, 40(3), 259-263.
- Davidson, S. (2017). *Trauma-informed practices for postsecondary education: A guide*. Education Northwest. <https://educationnorthwest.org/sites/default/files/resources/trauma-informed-practices-postsecondary-508.pdf>
- Doughty, K. (2020). Increasing trauma-informed awareness and practice in higher education. *Journal of Continuing Education in the Health Professions*, 40(1), 66-68. doi: 10.1097/CEH.0000000000000279
- Elliott, K., & Urquiza, A. (2006). Ethnicity, culture, and child maltreatment. *Journal of Social Issues*, 62(4), 787-809. <https://doi.org/10.1037/e611592010-001>
- Every Student Succeeds Act (ESSA), 20 U. S. C. § 6301 (2015). <https://www.congress.gov/114/plaws/publ95/PLAW-114publ95.pdf>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258. <https://doi.org/10.1037/e519762011-004>
- Fitzgerald, D.A., Nunn, K., & Isaacs, D. (2021). What we have learnt about trauma, loss, and grief for children in response to COVID-19. *Pediatric Respiratory Review*, 39, 16-21. <https://doi.org/10.1016/j.prrv.2021.05.009>
- Fowler, K., & Wholeben, M. (2020). COVID-19: Outcomes for trauma-impacted nurses and nursing students. *Nurse Education Today*, 93, 104525. doi: 10.1016/j.nedt.2020.104525
- Galea, S., Merchant, R. M., & Lurie, N. (2020). The mental health consequences of COVID-19 and physical distancing: The need for prevention and early intervention. *JAMA Internal Medicine*. Advance online publication, doi:10.1001/jamainternmed.2020.1562
- Gutierrez, D., & Gutierrez, A. (2019). Developing a trauma-informed lens in the college classroom and empowering students through building positive relationships. *Contemporary Issues in Education Research (CIER)*, 12(1), 11-18. <https://doi.org/10.19030/cier.v12i1.10258>
- Horesh, D., & Brown, A. D. (2020). Traumatic stress in the age of COVID-19: A call to close critical gaps and adapt to new realities. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(4), 331-335. <http://dx.doi.org/10.1037/tra0000592>
- Hunter, J. [@lifeofahunter]. (2020, April 30). *Same energy* [Image attached] [Tweet]. Twitter. <https://twitter.com/lifeofahunter/status/1255926995944386562>
- Jones, R., Mougouei, D., & Evans, S. L. (2021). Understanding the emotional response to COVID-19 information in news and social media: A mental health perspective. *Human Behavior and Emerging Technologies*, 3(5), 832-842. <https://doi.org/10.1002/hbe2.304>
- Lindner, V. (2004). The tale of two Bethanies: Trauma in the creative writing class. *International Journal for the Practice and Theory of Creative Writing*, 1(1), 6-14. <https://doi.org/10.1080/14790720408668186>
- Longest, K., & Kang, J. A. (2022). Social media, social support, and mental health of young adults during COVID-19. *Frontiers in Communication*, 7, 1-11. doi: 10.3389/fcomm.2022.828135
- MacCurdy, M. M. (2007). *The mind's eye: Image and memory in writing about trauma*. Amherst, MA: University of Massachusetts Press.

- Mackay-Noerr, C. L. (2019). Adverse childhood experiences (ACEs) and toxic stress among college students: Prevalence, risks, and academic success (Publication No. 2317613612) [Doctoral dissertation, Washington State University]. ProQuest Dissertations & Theses Global. <https://www.proquest.com/dissertations-theses/adverse-childhood-experiences-aces-toxic-stress/docview/2317613612/se-2?accountid=13567>
- Morton, B. M., & Berardi, A. A. (2018). Trauma-informed school programming: Applications for mental health professionals and educator partnerships. *Journal of Child and Adolescent Trauma, 11*, 487-493. DOI: 10.1007/s40653-017-0160-1
- Muccari, R., & Chow, D. (2020, April 8). Coronavirus timeline: Tracking the critical moments of COVID-19. *NBC News*. <https://www.nbcnews.com/health/health-news/coronavirus-timeline-tracking-critical-moments-covid-19-n1154341>
- National Association of School Psychologists (2016). *The Every Student Succeeds Act: Details of the new law*. <https://www.nasponline.org/research-and-policy/policy-priorities/relevant-law/the-every-student-succeeds-act/details-of-essa>
- New England Board of Higher Education (2020, April 21). *Trauma in the time of Coronavirus and beyond: A NEJHE Q&A with Karen Gross*. <https://nebhe.org/journal/trauma-in-the-time-of-coronavirus-and-beyond-a-nejhe-qa-with-karen-gross/>
- Perkins, S., & Graham-Bermann, S. (2012). Violence exposure and the development of school-related functioning: Mental health, neurocognition, and learning. *Aggression and Violent Behavior, 17*(1), 89-98. <https://doi.org/10.1016/j.avb.2011.10.001>
- Pica-Smith, C., & Scannell, C. (2020). Teaching and learning for this moment: How a trauma informed lens can guide our praxis. *International Journal of Multidisciplinary Perspectives in Higher Education, 5*(1), 76-83.
- Reinbergs, E. J., & Fefer, S. A. (2018). Addressing trauma in schools: Multitiered service delivery options for practitioners. *Psychology in the Schools, 55*(3), 250-263. <https://doi.org/10.1002/pits.22105>
- Ridgard, T. J., Laracy, S. D., DuPaul, G. J., Shapiro, E. S., & Power, T. J. (2015). Trauma-informed care in schools: A social justice imperative. *Communiqué, 44*(2), 1-12. <https://www.nasponline.org/publications/periodicals/communique/issues/volume-44-issue-2/trauma-informed-care-in-schools-a-social-justice-imperative>
- Rodenbush, K. (2015). *The effects of trauma on behavior in the classroom* [Presentation materials]. Retrieved from Monterey County, Office of Education website: <http://www.montereycoe.org/Assets/selpa/Files/Presentation-Materials/The%20Effects%20of%20Trauma%20on%20Behavior%20in%20the%20Classroom.pdf>
- Schlesselman, L. S., Cain, J., & DiVall, M. (2020). Improving and restoring the well-being and resilience of pharmacy students during a pandemic. *American Journal of Pharmaceutical Education, 84*(6). DOI: <https://doi.org/10.5688/ajpe8144>
- Shin, M., & Hickey, K. (2021). Needs a little TLC: Examining college students' emergency remote teaching and learning experiences during COVID-19. *Journal of Further and Higher Education, 45*(7), 973-986. <https://doi.org/10.1080/0309877X.2020.1847261>
- Skiba, R. (2020). Applications of trauma informed approaches in vocational education and training. *Creative Education, 11*, 488-499. Doi: 10.4236/ce.2020.114036
- Stafford, B., Schonfeld, D., Keselman, L. Ventevogel, P. & Stewart, C. L. (2008). *The emotional impact of disasters on children and their families*. In S. Berman (Ed). *Pediatrics in Disasters*. American Academy of Pediatrics. https://www.aap.org/en-us/Documents/disasters_dpac_PEDsModule9.pdf

- Stephens, D. W. (2020). Trauma-informed pedagogy for the religious and theological higher education classroom. *Religions*, 11(9), 449. <https://doi.org/10.3390/rel11090449>
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
- Supiano, B. (2020, April 9). 'Don't worry about the class': How one professor responded to a student with COVID-19 symptoms. *The Chronicle of Higher Education*. <https://www.chronicle.com/article/Don-t-Worry-About-the/248475?cid=cp275>
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services: Treatment Improvement Protocol (TIP 57)*. Retrieved from <https://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf>