

The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance.

THE EFFECTS OF TRAUMA & CHRONIC STRESS ON LEARNING:

WHAT TEACHERS CAN DO

EMILY J. WILSON, MPH, MS, CHES

FRIDAY, NOVEMBER 3, 2017

FIRST LITERACY, BOSTON, MA

PART I. WELCOME!

HOUSEKEEPING

- WATER & HYDRATION
- CLAY IN FRONT OF YOU
- RESTROOMS
- RESOURCES ON FIRST LITERACY WEBSITE
- TRAUMA-INFORMED LEARNING ENVIRONMENT

AGENDA FOR DAY 1

- WELCOME & WARM UP (1:00-1:30)
- TRAUMA & LEARNING CONNECTION (1:30-2:00)
- TRAUMA & ABE/ ESOL CONTEXT (2:00-2:30)
- BREAK TIME (2:30-2:45)
- BECOMING TRAUMA INFORMED (2:45-3:30)
- ACTION PLANNING (3:30-3:45)
- WRAP-UP, TRANSITION & CLOSING (3:45-4:00)



I. INTRODUCTIONS & WARM UPS

*I WOULD LIKE TO INVITE YOU TO PLEASE SAY YOUR NAME, REGION/ PROGRAM, &
ONE OF YOUR FAVORITE BOOKS OR MOVIES*





I. COLLABORATIVE GROUP AGREEMENT:

WHAT MAKES A GOOD GROUP DISCUSSION?

*WHEN YOU'RE READY, PLEASE SHARE YOUR THOUGHTS OF WHAT IS IMPORTANT TO
AGREE ON FOR A GOOD GROUP DISCUSSION*





I. NEXT UP: SETTING INTENTION FOR TODAY

BUT FIRST, WORRY BOWL...





I. OPENING CIRCLE: SETTING OUR INTENTION FOR TODAY

“TO EDUCATE AS THE **PRACTICE OF FREEDOM** IS A WAY OF TEACHING THAT **ANYONE CAN LEARN**. THAT LEARNING PROCESS COMES EASIEST TO THOSE OF US WHO TEACH WHO ALSO BELIEVE THAT THERE IS AN ASPECT OF OUR **VOCATION THAT IS SACRED**; WHO BELIEVE THAT OUR WORK IS NOT MERELY TO SHARE INFORMATION BUT TO SHARE IN THE **INTELLECTUAL AND SPIRITUAL GROWTH** OF OUR STUDENTS. TO TEACH IN A MANNER THAT **RESPECTS AND CARES** FOR THE **SOULS OF OUR STUDENTS** IS ESSENTIAL IF WE ARE TO PROVIDE THE NECESSARY CONDITIONS WHERE **LEARNING** CAN MOST **DEEPLY AND INTIMATELY** BEGIN”

– BELL HOOKS, 1994, *TEACHING TO TRANSGRESS*



I. LEARNING OBJECTIVES FOR DAYS 1 & 2

AT THE END OF THIS TWO-DAY WORKSHOP, PARTICIPANTS WILL BE ABLE TO:

- IDENTIFY EXAMPLES OF TRAUMATIC EXPERIENCES AND CHRONIC STRESSORS THAT INFLUENCE LEARNING
- DESCRIBE THE IMPACTS OF TRAUMA AND CHRONIC STRESS ON ADULT LEARNING
- DESCRIBE EVIDENCE-BASED AND EMERGING BEST PRACTICES IN TRAUMA-INFORMED TEACHING
- APPLY KNOWLEDGE OF TRAUMA AND CHRONIC STRESS TO ADAPTIVE TEACHING APPROACHES
- EVALUATE TRAUMA-INFORMED STRATEGIES FOR IMPLEMENTATION IN THEIR OWN TEACHING SETTING
- CREATE AN ACTION PLAN FOR INCORPORATING TRAUMA-INFORMED STRATEGIES IN THEIR TEACHING SETTING

The background features a light gray gradient with several realistic water droplets of various sizes scattered in the corners. The droplets have highlights and shadows, giving them a three-dimensional appearance.

PART II. TRAUMA & LEARNING: WHAT'S THE CONNECTION?

GETTING STARTED...

II. DEFINING OUR TERMS: WHAT IS TRAUMA?

“A NORMAL REACTION TO AN ABNORMAL SITUATION”

- NATIONAL CENTER FOR PTSD, 2015

“EMOTIONAL RESPONSE TO TERRIBLE EVENTS LIKE AN ACCIDENT, RAPE OR NATURAL DISASTER”

- APA, 2015

II. DEFINING OUR TERMS: WHAT IS TRAUMATIC EVENT?

“EXPERIENCES OR SITUATIONS THAT ARE EMOTIONALLY PAINFUL AND DISTRESSING, OVERWHELM PEOPLE’S ABILITY TO COPE, LEAVING THEM POWERLESS... TRAUMA HAS SOMETIMES BEEN DEFINED IN REFERENCE TO CIRCUMSTANCES THAT ARE OUTSIDE THE REALM OF NORMAL HUMAN EXPERIENCE. **UNFORTUNATELY, THIS DEFINITION DOESN’T ALWAYS HOLD TRUE. FOR SOME GROUPS OF PEOPLE, TRAUMA CAN OCCUR FREQUENTLY AND BECOME PART OF THE COMMON HUMAN EXPERIENCE**”

- CENTER FOR NONVIOLENCE & SOCIAL JUSTICE, 2015

“TRAUMATIC EVENTS ARE EXTRAORDINARY, NOT BECAUSE THEY OCCUR RARELY, BUT RATHER BECAUSE THEY OVERWHELM THE ORDINARY HUMAN ADAPTATIONS TO LIFE”

- HERMAN, 1997, TRAUMA & RECOVERY

II. DEFINING TERMS: WHAT IS LEARNING ANXIETY?

- ANXIETY RESULTING FROM PREVIOUS NEGATIVE LEARNING SITUATIONS
- STATE IN WHICH NEW LEARNING EXPERIENCES PROVOKES REACTION OF HEIGHTENED STATE OF ALERT/ PERSISTENT ANXIOUSNESS
- MAY BE CONFOUNDED BY IMPACT OF ADVERSE CHILDHOOD EXPERIENCES ON LEARNING FUNCTIONS (PERRY, 2006)



II. DEFINING TERMS: WHAT IS SECONDARY/ VICARIOUS TRAUMA?

“THE EMOTIONAL RESIDUE OF EXPOSURE THAT COUNSELORS HAVE FROM WORKING WITH PEOPLE AS THEY ARE HEARING THEIR TRAUMA STORIES AND BECOME WITNESSES TO THE PAIN, FEAR, AND TERROR THAT TRAUMA SURVIVORS HAVE ENDURED”

ALSO REFERRED TO AS COMPASSION FATIGUE, SECONDARY TRAUMATIC STRESS, SECONDARY VICTIMIZATION, OR THE “COST OF CARING”

- AMERICAN COUNSELING ASSOCIATION, 2011

“CONTINUOUS EXPOSURE TO THE TRAUMA MATERIAL OF OTHERS”

- FLINTON, 2015, BOSTON UNIVERSITY



II. DEFINING TERMS: WHAT IS RESILIENCE?

“THE PROCESS OF ADAPTING WELL IN THE FACE OF ADVERSITY, TRAUMA, TRAGEDY, THREATS OR SIGNIFICANT SOURCES OF STRESS— SUCH AS FAMILY AND RELATIONSHIP PROBLEMS, SERIOUS HEALTH PROBLEMS OR WORKPLACE AND FINANCIAL STRESSORS. IT MEANS "BOUNCING BACK" FROM DIFFICULT EXPERIENCES”

- APA, 2016

“THE ABILITY OF AN INDIVIDUAL, FAMILY, OR COMMUNITY TO COPE WITH ADVERSITY AND TRAUMA, AND ADAPT TO CHALLENGES OR CHANGE”

- SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION, 2016



II. KEYS TO UNDERSTANDING TRAUMA

“SIMPLY STATED, TRAUMA CHANGES THE BRAIN...”

- DR. BRUCE PERRY, 2006, *FEAR & LEARNING*

II. WHAT HAPPENS DURING THE TRAUMA RESPONSE?

TRAUMA IMPACTS **CRITICAL COGNITIVE FUNCTIONS** AND AREAS IN THE BRAIN, INCLUDING:

- **LEARNING CAPACITY**
- **MEMORY**
- **REGULAR REPAIR AND MAINTENANCE OF NEURAL SYSTEMS**
- **EMOTIONAL AND BEHAVIORAL FUNCTIONING**

THE **PHYSICAL AND PSYCHOLOGICAL RESPONSE** TO TRAUMA IS CHARACTERIZED BY:

- **AROUSAL/ ACTIVATION OF THE SYMPATHETIC NERVOUS SYSTEM**
- **HEIGHTENED/ QUICKENED RESPONSE**
- **INCREASED BLOOD PRESSURE/ HEART RATE**
- **RELEASE OF ADRENALINE**
- **FIGHT-FLIGHT-OR-FREEZE**, (PERRY, 2006).

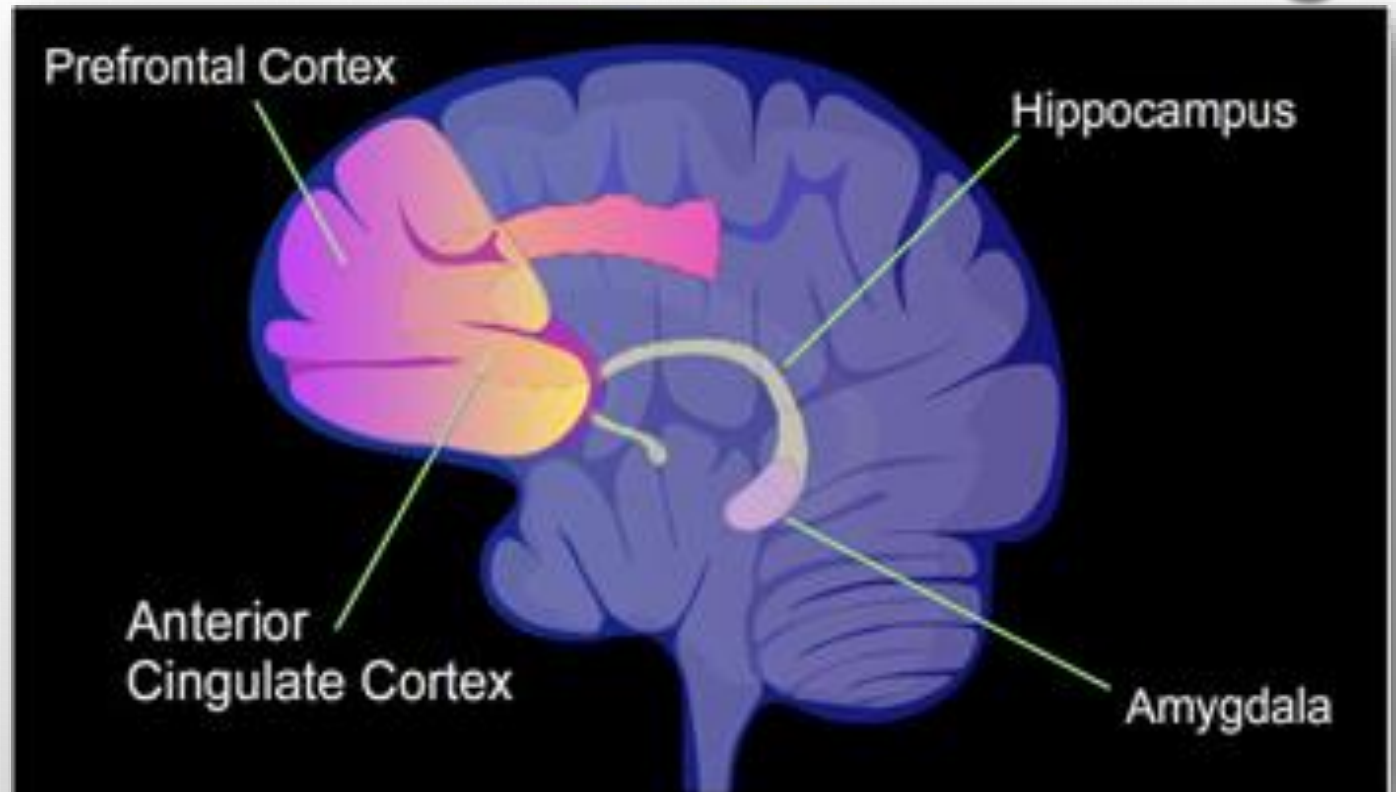
II. KEY BRAIN AREAS & FUNCTION IMPACTED

ANTERIOR CINGULATE CORTEX (ACC) = EMOTIONAL REGULATION CENTER

- *CONTROLS BLOOD PRESSURE, HEART RATE, FOCUS, EMOTIONAL REACTIONS*
- *UNDERACTIVITY IN TRAUMA RESPONSE*

AMYGDALA = “ANCIENT” FEAR HUB

- *FAMOUS FOR “FLIGHT, FIGHT, FREEZE”*
- *MAKES MEMORIES OF FEAR AND SAFETY*
- *OVERACTIVITY IN TRAUMA RESPONSE*
- *CAN MISREAD & MISFIRE IN CONTEXT (E.G. IN THE CLASSROOM, SOCIAL SITUATIONS)*
- *“IS IT A THREAT?...!!!!”*



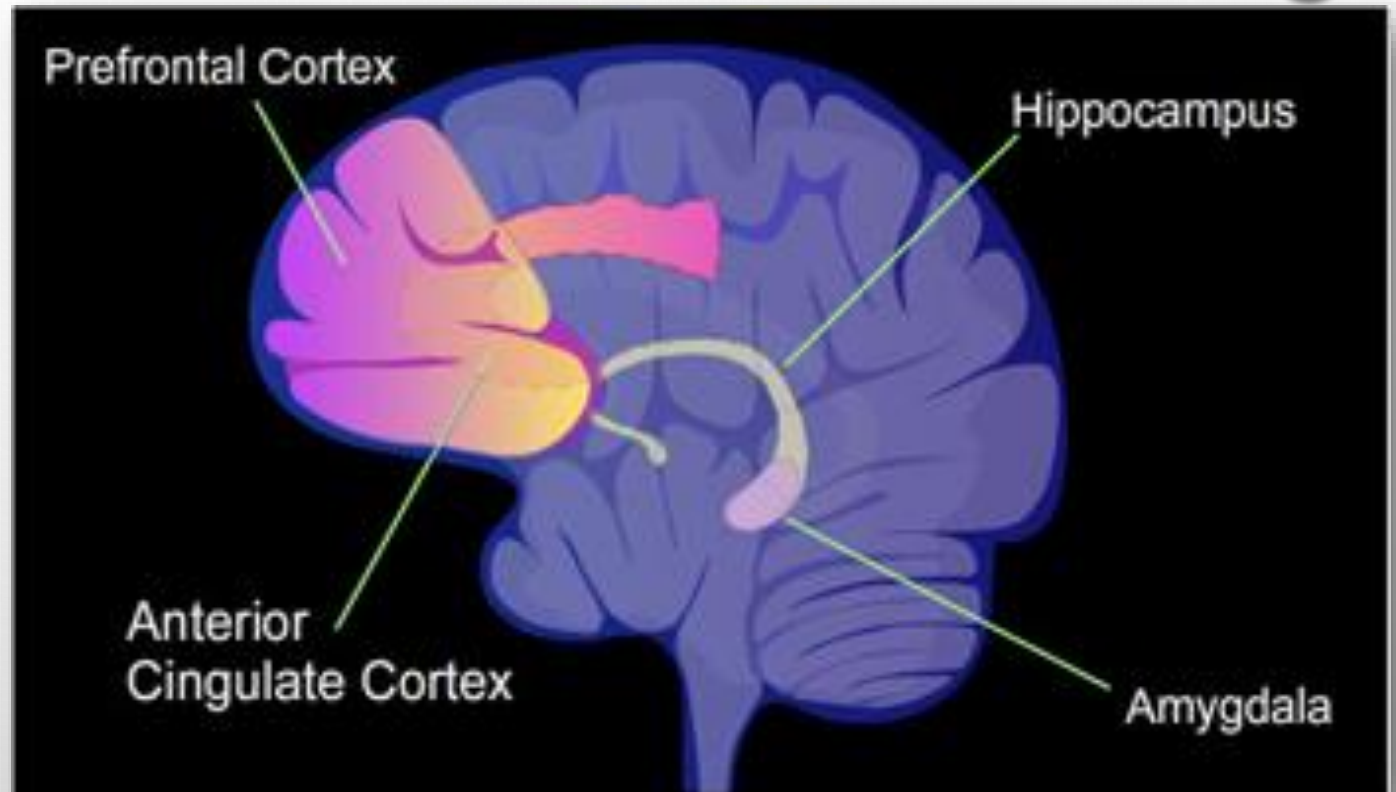
II. KEY BRAIN AREAS & FUNCTION IMPACTED

HIPPOCAMPUS = LEARNING & MEMORY

- *CREATES AND CONSOLIDATES NEW LEARNING AND MEMORIES**
- *STORES PAST MEMORIES*
- *TRAUMA IS TOXIC TO THIS AREA/
COMPROMISES MEMORY FUNCTION*

PREFRONTAL CORTEX (PCC) = THINKING HUB

- *KEY AREA FOR JUDGMENT, PROBLEM-SOLVING, CREATIVITY, EXECUTIVE FUNCTION, HIGHER ORDER THINKING, ORGANIZATION, PLANNING*
- *UNDERACTIVITY IN TRAUMA RESPONSE*



II. KEY BRAIN AREAS & FUNCTION IMPACTED BY TRAUMA

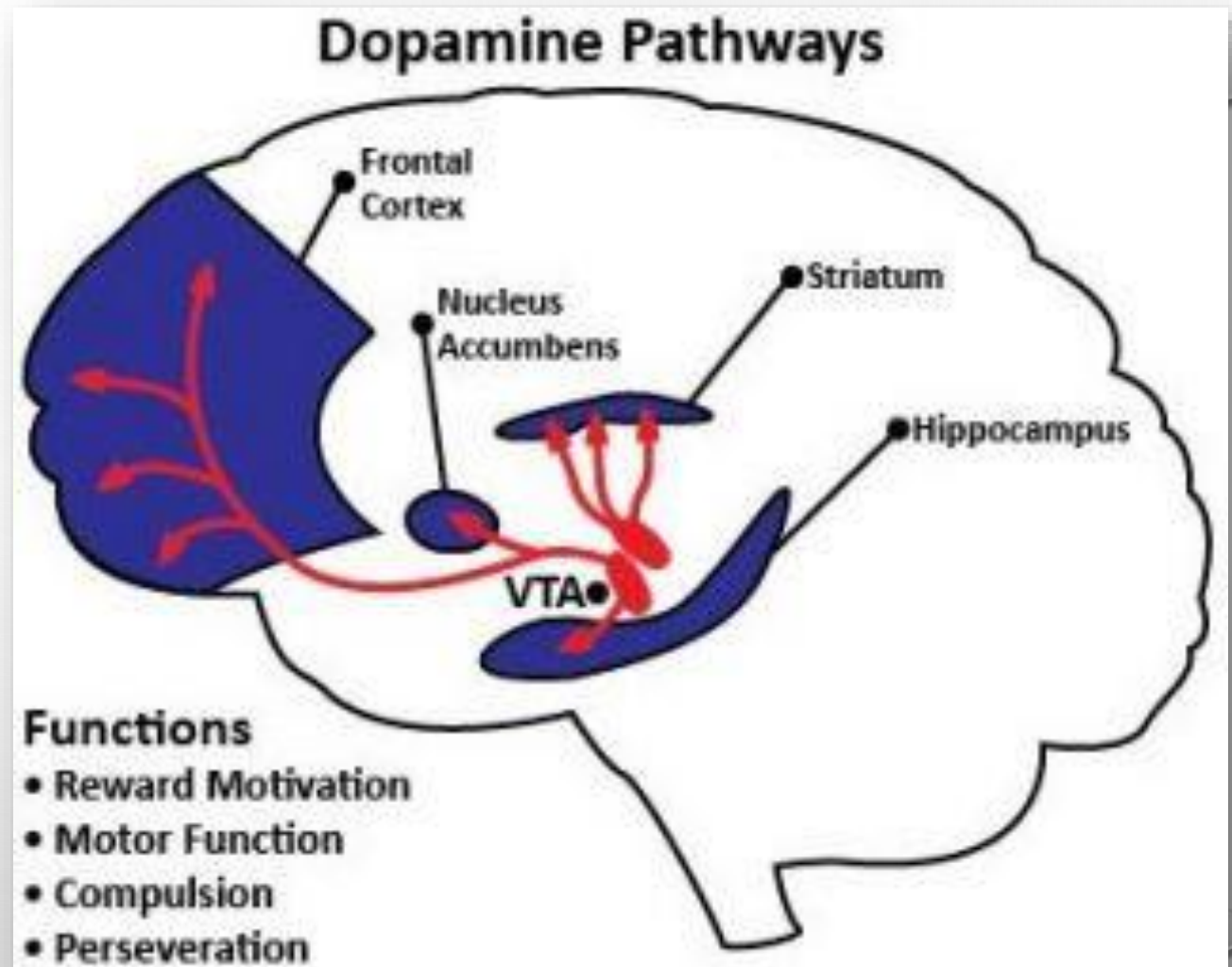
"THE EXQUISITE VULNERABILITY OF THE **HIPPOCAMPUS** TO THE **RAVAGES OF STRESS** IS ONE OF THE KEY TRANSLATIONAL NEUROSCIENCE **DISCOVERIES OF THE 20TH CENTURY.**"

- TEICHER, ANDERSON, & POLCARI, 2012, *PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES*

II. KEY BRAIN AREAS & FUNCTION IMPACTED

NUCLEUS ACCUMBENS = PLEASURE CENTER

- LOCATED DEEP IN THE VENTRAL TEGMENTAL AREA (VTA) BEHIND FRONTAL LOBE
- ACTIVATED BY PLEASURE AND PROVIDES REWARDS (E.G. DOPAMINE RELEASE)
- DEEPLY IMPACTED BY TRAUMA, RESULTS IN OVERACTIVITY
- MORE PLEASURE ACTIVITIES WITH GREATER FREQUENCY ARE NEEDED TO ACHIEVE REWARD (DRUGS, ALCOHOL, FOOD, SEX, ETC.)



II. KEYS TO UNDERSTANDING TRAUMA IN THE U.S.



- EARLY TRAUMATIC EXPERIENCES ARE ASSOCIATED WITH HIGHER RISK OF POOR HEALTH AND EDUCATION OUTCOMES THROUGH THE LIFESPAN, INCLUDING SOME LEADING CAUSES OF DEATH IN THE U.S.
- TRAUMATIC EXPERIENCE IS A DETERMINANT OF HEALTH AND LEARNING STATUS IN THE U.S., INCLUDING LIKELIHOOD OF GRADUATING FROM HIGH SCHOOL, BEING EMPLOYED, ETC.
- STUDIES SUCH AS THE ADVERSE CHILDHOOD EXPERIENCE (ACE) STUDY DEMONSTRATE THAT EARLY TRAUMATIC EXPOSURES ARE COMMON WITHIN ALL POPULATIONS IN THE U.S.*

(ANDA ET AL., 2004; FELITTI ET AL., 1998; LIU ET AL., 2013; METZLER ET AL., 2017)

II. KEYS TO UNDERSTANDING TRAUMA IN THE U.S.

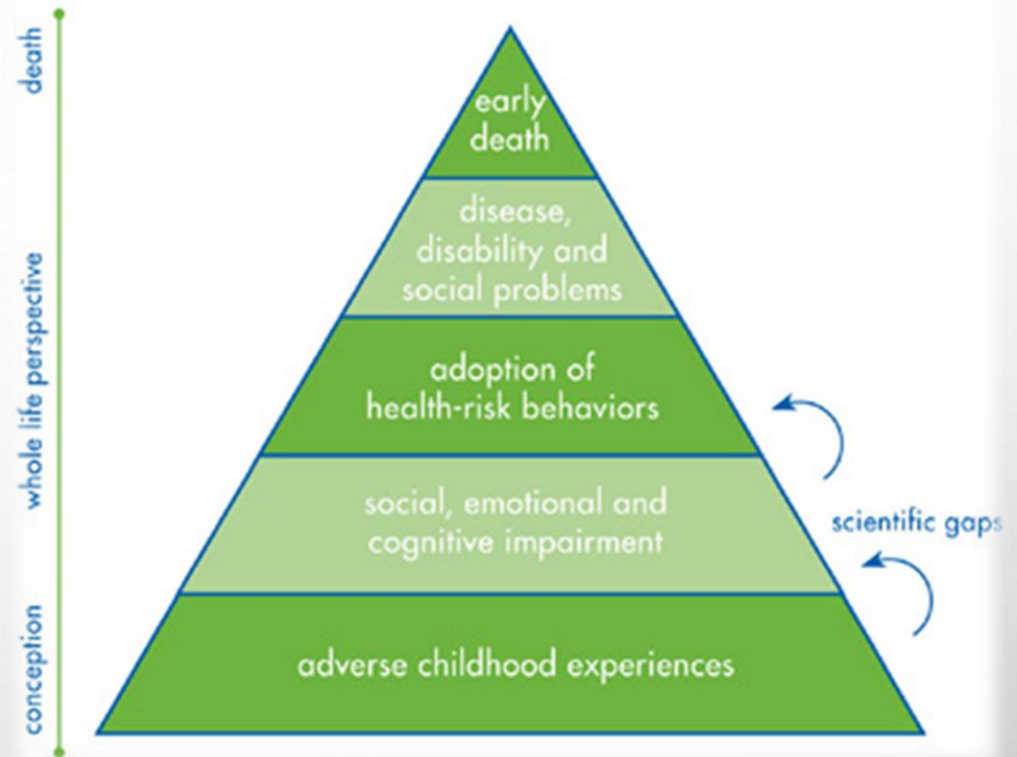


- **THE ACE STUDY** COMPARED TRAUMA EXPOSURE DATA AND HEALTH HISTORIES OF OVER 17,000 ADULTS INSURED BY KAISER PERMANENTE HEALTH SYSTEM FROM 1995 – 1997
- RESEARCHERS IDENTIFIED 10 CATEGORIES OF “ACES,” INCLUDING ABUSE, NEGLECT, AND FAMILY HISTORY OF DYSFUNCTION AND ASKED PARTICIPANTS ABOUT THEIR ACES
- RESULTS SHOWED THAT APPROXIMATELY 2/3 OF PARTICIPANTS REPORTED AT LEAST 1 ACE
- FINDINGS ALSO SUGGESTED A “DOSE RESPONSE” RELATIONSHIP: THE MORE ACES ONE EXPERIENCED AS A CHILD, THE HIGHER THE RISK OF POORER HEALTH AND SOCIAL OUTCOMES THROUGHOUT THEIR LIFESPAN... (FELITTI ET AL., 1998)

II. IMPLICATIONS OF ACES FOR HEALTH & LEARNING ACROSS THE LIFESPAN

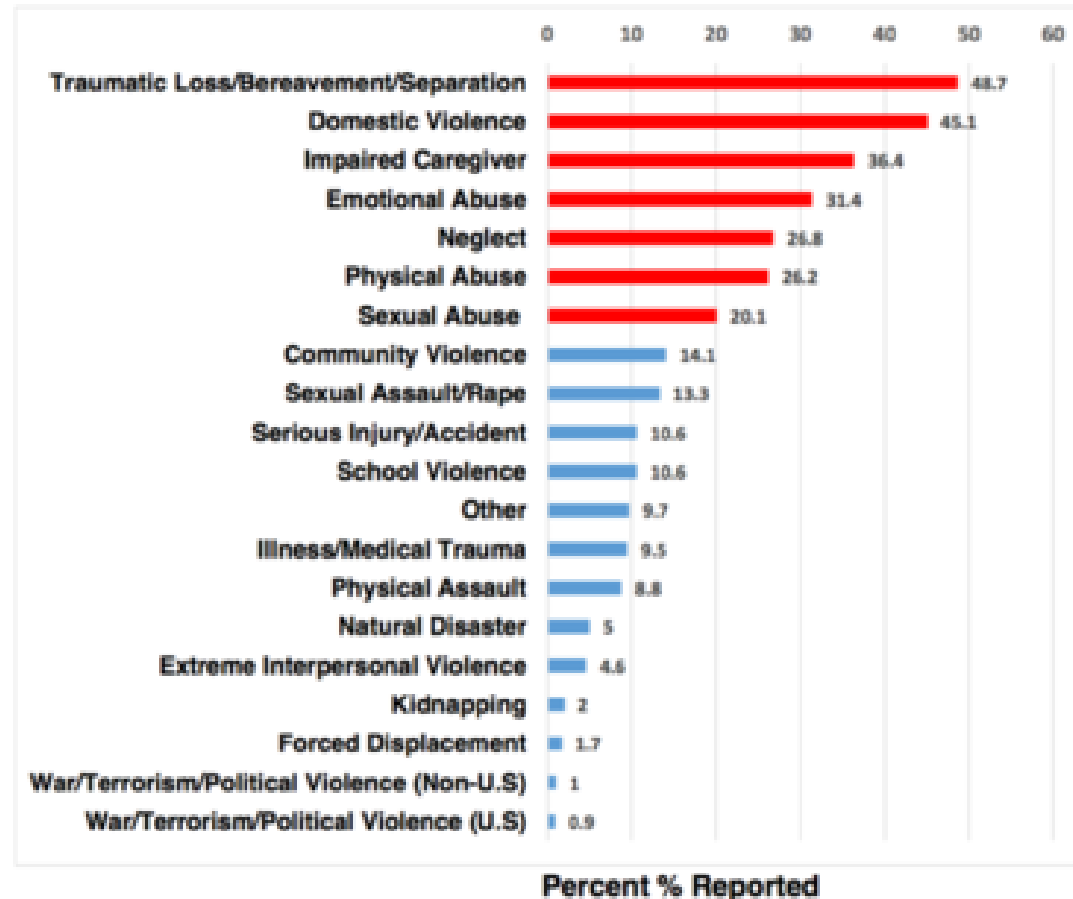
- ALCOHOLISM AND ALCOHOL ABUSE
- CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
- DEPRESSION
- FETAL DEATH
- REDUCED HEALTH-RELATED QUALITY OF LIFE (QOL)
- ILLICIT DRUG USE
- ISCHEMIC HEART DISEASE (IHD)
- LIVER DISEASE
- INTIMATE PARTNER VIOLENCE
- MULTIPLE SEXUAL PARTNERS
- SEXUALLY TRANSMITTED INFECTION (STIS)
- SMOKING/ EARLY INITIATION
- SUICIDE ATTEMPTS
- UNINTENDED PREGNANCY
- EARLY INITIATION OF SEXUAL ACTIVITY
- ADOLESCENT PREGNANCY

ACE Pyramid: Conceptual Framework



The ACES are Among Many Childhood Traumas and Adversities Measured by the National Child Traumatic Stress Network N=10,991¹

- The original ACES (in red) are among the most commonly reported traumas in studies that look at additional traumas.
- Over 40% of the children and adolescents served by the NCTSN experienced 4 or more different types of trauma and adversity.



¹Pynoos et. al (2014). Psychological Trauma: Theory, Research, Practice and Policy. 6:S9-S13.

II. MAJOR CAUSES OF INJURY DEATH IN MA

Table 1: Leading Causes and Total 5-Year Incidence of Deaths by Age Group, Massachusetts, 2006-2010

Rank	Age Groups					
	<1	1 - 4	5 - 9	10 - 14	15-19	20-24
1	Short Gestation 451	Unintentional Injury 46	Malignant Neoplasms 33	Malignant Neoplasms 48	Unintentional Injury 324	Unintentional Injury 675
2	Congenital Anomalies 286	Congenital Anomalies 27	Unintentional Injury 22	Unintentional Injury 45	Homicide 130	Homicide 230
3	SIDS 147	Malignant Neoplasms 25	Congenital Anomalies 13	Homicide 13	Suicide 99	Suicide 173
4	Maternal Pregnancy Comp. 132	Homicide 15	Homicide 10	Suicide 12	Malignant Neoplasms 60	Malignant Neoplasms 79
5	Placenta Cord Membranes 106	Influenza & Pneumonia ****	Benign Neoplasms ****	Heart Disease 11	Heart Disease 38	Heart Disease 58

Note. **** = indicates that the cell values range from 1-9 and are suppressed for data confidentiality purposes.

II. KEYS TO UNDERSTANDING TRAUMA IN THE U.S.



- ACES INCLUDE **ABUSE** (EMOTIONAL, PHYSICAL, AND SEXUAL); **NEGLECT** (EMOTIONAL AND PHYSICAL); AND **HOUSEHOLD DYSFUNCTION** (DIVORCE, INCARCERATION OF FAMILY MEMBER, MENTAL ILLNESS/ SUICIDE OF FAMILY MEMBER, DEATH OF FAMILY MEMBER, AND WITNESS TO VIOLENCE AGAINST MOTHER)
- FOR THE FIRST TIME, THE NATIONAL SURVEY ON CHILDREN'S HEALTH COLLECTED ACES DATA IN 2016 WHICH SHOWED THAT **OVER 46% OF ALL U.S. CHILDREN** EXPERIENCE 1 / MORE ACES
- **IN MASSACHUSETTS, OVER 38%** OF CHILDREN EXPERIENCE ONE OR MORE ACES (DATA RESOURCE CENTER FOR CHILD AND ADOLESCENT HEALTH, 2017)

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PART III. TRAUMA & THE ABE/ESOL CONTEXT

The background of the slide is a light gray gradient. In the top-left and bottom-right corners, there are several realistic-looking water droplets of various sizes, some overlapping. The droplets have highlights and shadows, giving them a three-dimensional appearance.

III. DEMONSTRATION

WHAT DOES THIS LOOK LIKE IN THE CLASSROOM?



III. CHALK TALK

WHAT DOES CHRONIC STRESS & TRAUMA LOOK LIKE IN THE ABE/ ESOL CLASSROOM?

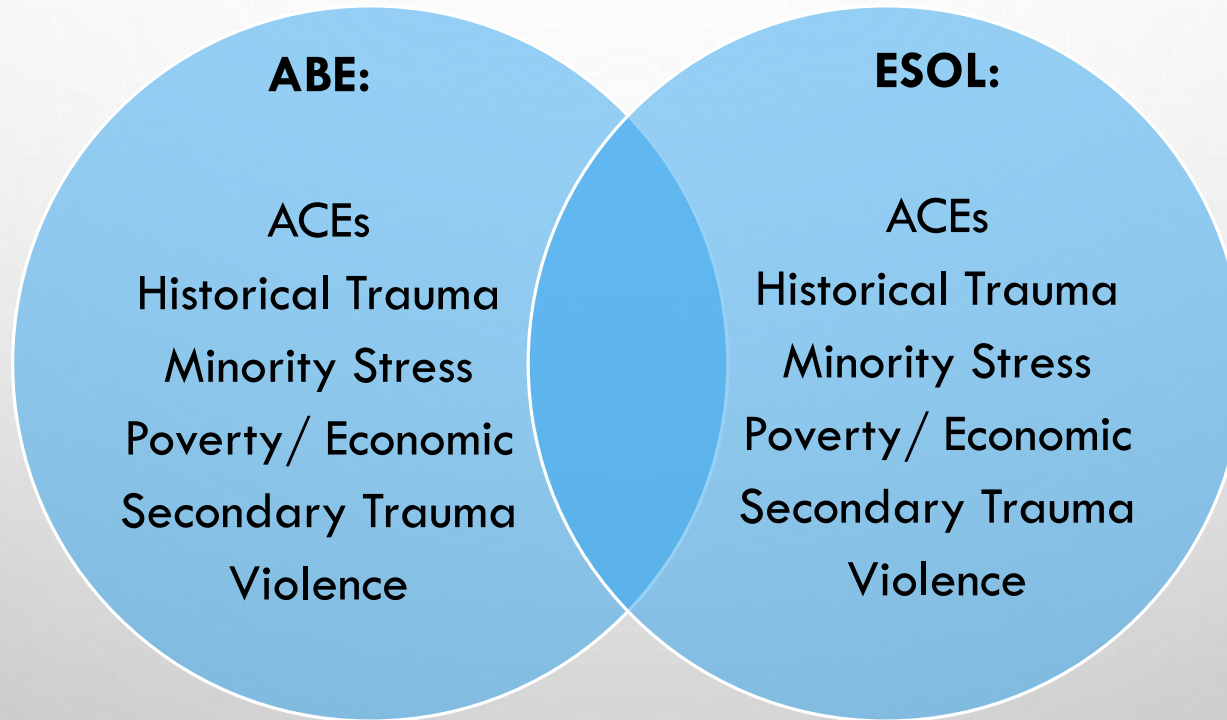


III. TRAUMA & CHRONIC STRESS IN THE ABE/ ESOL CLASSROOM

- **BLUE** = ADVERSE CHILDHOOD EXPERIENCES
- **BROWN** = HISTORICAL/ INSIDIOUS TRAUMA
- **YELLOW** = MINORITY STRESS
- **RED** = POVERTY/ ECONOMIC ADVERSITY
- **GREEN** = SECONDARY/ VICARIOUS TRAUMA
- **ORANGE** = VIOLENCE EXPOSURES



III. IMPLICATIONS FOR OUR STUDENTS



III. IMPLICATIONS FOR TEACHERS

- AWARENESS OF CHRONIC STRESS AND TRAUMA ARE CRITICAL FOR PRACTITIONERS IN THE “**HELPING**” PROFESSIONS (HUMAN SERVICES, EDUCATION, HEALTH CARE, ETC.)
- RESEARCH SUGGESTS THAT WORKERS IN THESE PROFESSIONS MAY BE MORE **VULNERABLE TO SECONDARY/ VICARIOUS TRAUMA** AND HAVE **HIGHER EXPOSURES** TO CHRONIC STRESS AND TRAUMA (ESAKI & LARKIN, 2013)
- RECENT STUDIES HAVE SHOWN THAT **JOB STRESS IS HIGHER AMONG TEACHERS THAN AMONG DOCTORS AND EQUAL TO THAT OF NURSES (46%)**



III. KEYS TO UNDERSTANDING TRAUMA IN THE ADULT LEARNING CONTEXT



- ✓ SYMPTOMS VARY ACROSS POPULATIONS, AGE AND DEVELOPMENTAL LEVELS, GENDERS, ETC. AND ACCORDING TO SEVERITY AND DURATION OF EVENT, QUALITY OF POST-TRAUMATIC SUPPORTS, ETC.
- ✓ EXAMPLES INCLUDE: SLEEP DISTURBANCE, DEVELOPMENTAL REGRESSION, HIGH RISK BEHAVIOR, HAIR LOSS, POOR CONTROL OF CHRONIC DISEASE, NUMBING, AGGRESSION, POOR IMPULSE CONTROL, EMOTIONAL DYSREGULATION, DEPRESSION/ WITHDRAWAL FROM SOCIAL NETWORKS (NATIONAL CENTER FOR PTSD, 2013)

III. WHAT DOES THIS LOOK LIKE IN THE CLASSROOM?

KERKA'S TRAUMA & ADULT LEARNING DIGEST:

- ANXIETY
- AVOIDANCE (TESTS, ASSIGNMENTS, PARTICIPATION, ETC.)
- CONCERN FOR SAFETY/ EXPECTATION OF DANGER/ HYPERVIGILANCE
- DEPRESSION
- DIFFICULTY WITH NEW TASKS
- DISTURBED SLEEP
- EXTREME REACTIONS TO DISCUSSIONS, ACTIVITIES IN CLASS, ETC./ EMOTIONAL DYSREGULATION
- FREQUENT ABSENCES/ TARDINESS
- GUILT
- LACK OF TRUST IN OTHERS, ESPECIALLY THOSE IN POWER POSITIONS
- MEMORY IMPAIRMENT/ OTHER COGNITIVE DIFFICULTIES
- RISK AVERSION
- PANIC ATTACKS
- POOR CONCENTRATION
- SELF-BLAME/PROBLEMS WITH LOWERED CONFIDENCE AND SELF-ESTEEM
- SPACING OUT

VAN DERNOOT LIPSKY'S MODEL (2009)

1. HELPLESS & HOPELESS
2. SENSE OF NOT DOING ENOUGH
3. HYPERVIGILANCE
4. DIMINISHED CREATIVITY
5. INABILITY TO EMBRACE COMPLEXITY
6. MINIMIZING
7. CHRONIC EXHAUSTION AND/OR PHYSICAL AILMENTS
8. INABILITY TO LISTEN/ AVOIDANCE
9. DISSOCIATIVE MOMENTS
10. SENSE OF PERSECUTION
11. GUILT
12. FEAR
13. ANGER & CYNICISM
14. INABILITY TO EMPATHIZE
15. ADDICTIONS
16. GRANDIOSITY/ INFLATED SENSE OF IMPORTANCE

III. KEY THEMES & POPULATIONS IN ABE/ ESOL

THEMES

- HISTORICAL/ INSIDIOUS TRAUMA, OPPRESSION, AND DISCRIMINATION (RACISM, SEXISM, ETC.)
- INTERGENERATIONAL CYCLES/ SECONDARY ADVERSITIES
- INTERPLAY BETWEEN TOXIC STRESS (CHRONIC STRESS OVER THE LIFESPAN) AND TRAUMATIC EXPOSURES
- POVERTY
- TRAUMA HISTORIES AND INCREASED VULNERABILITY TO RE-TRAUMATIZATION AND REPEATED EXPOSURES
- VIOLENCE (INTIMATE PARTNER, COMMUNITY-LEVEL, STATE VIOLENCE, CONFLICT, ETC.)

POPULATIONS

- INCARCERATED OR FORMERLY INCARCERATED PERSONS
- LGBT POPULATION
- PARENTS/ CAREGIVERS
- PEOPLE WITH LOW INCOMES/ LIVING IN POVERTY
- REFUGEES/ SURVIVORS OF TORTURE
- STUDENTS WITH CHILDHOOD TRAUMA HISTORIES (SEE ACE STUDY FRAMEWORK)
- STUDENTS WITH MULTI-SYSTEMS INVOLVEMENT
- VETERANS (WITNESSED/ EXPERIENCED COMBAT)
- YOUTH INVOLVED IN FOSTER CARE/ CHILD WELFARE SYSTEM

III. KEYS TO UNDERSTANDING TRAUMA IN THE ADULT LEARNING CONTEXT



- EXPOSURE TO TRAUMA, TOXIC STRESS, AND ADVERSITY INCLUDING **VIOLENCE AND CHRONIC POVERTY** CAN SIGNIFICANTLY IMPACT OUR STUDENTS' ABILITY TO LEARN AND THRIVE
- CONCENTRATION, MEMORY, MANAGEMENT OF EMOTIONS, AND SELF-REGULATION CAN BE SEVERELY IMPACTED BY ONGOING ADVERSITY AND/ OR PAST TRAUMA HISTORIES
- MANY ADULT LEARNERS ARE “**DOUBLY STRESSED AS THEY RETURN TO THE CLASSROOM SETTING**”
- HIGH-RISK OR VULNERABLE ADULT LEARNERS WHO ARE **BALANCING EDUCATION WITH MULTIPLE JOBS, FAMILY/ PARENTING/ CAREGIVING RESPONSIBILITIES, OTHER COMMITMENTS, FEW RESOURCES, AND UNMET SOCIAL NEEDS** (PERRY, 2006)

III. KEYS TO UNDERSTANDING TRAUMA IN THE ADULT LEARNING CONTEXT



- **ALMOST 2/3 OF ADULT POPULATION** HAS EXPERIENCED TRAUMA IN EARLY LIFE
- THIS IS CONFOUNDED BY **EVERYDAY DEMANDS OF CLASSROOM/ LEARNING**, WHICH MAY OVERWHELM STUDENTS WITH TRAUMA HISTORIES AND OVER-ACTIVATE THEIR STRESS RESPONSE PUSHING THE RESPONSE FROM MILD/ MODERATE TO OUTSIDE THEIR WINDOW OF TOLERANCE (PERRY, 2006; SIEGEL, 1999)
- ADULT LEARNERS WITH TRAUMA BACKGROUNDS MAY HAVE LESS CAPACITY FOR CONCENTRATION, GREATER ANXIETY, AND BE **HYPERSENSITIZED TO NONVERBAL CUES** (LOOKS, VOICE, POSTURES/ BODY LANGUAGE)

III. KEYS TO UNDERSTANDING TRAUMA IN THE ADULT LEARNING CONTEXT



- STUDENTS IMPACTED BY TRAUMATIC EXPOSURES IN ADULTHOOD, CHILDHOOD ADVERSITY, LEARNING ANXIETY, ETC. MAY HAVE DIFFICULTY **RETRIEVING AND PROCESSING INFORMATION**, AND MAY EXPERIENCE FRUSTRATION, HUMILIATION, AND OTHER SYMPTOMS OF DYSREGULATION IN LEARNING
- **LEARNING IS STATE-DEPENDENT:** IF STUDENT CANNOT INTERNALIZE NEW INFORMATION, BECAUSE THEIR BASELINE IS HYPERAROUSAL, THEN THEY WILL NOT BE ABLE TO LEARN EFFECTIVELY BECAUSE THEY NEED TO RETURN TO STATE OF CALM AND ATTENTIVENESS IN ORDER TO PROCESS NEW INFORMATION
- SPECIFICALLY, **CREATIVITY AND MATURITY AREAS OF THE BRAIN** ARE NOT AS EASILY ACCESSED WHEN STUDENTS ARE IN FEAR STATE DUE TO LEARNING ANXIETY, PAST EXPERIENCES, CLASSROOM HUMILIATION, ETC. (PERRY, 2006)

III. INTERSECTION OF SOCIAL JUSTICE ISSUES & TRAUMA

*“WE HAVE TO BUST THE **FALSE
BINARY** THAT SUGGESTS WE MUST
CHOOSE BETWEEN AN
ACADEMICALLY **RIGOROUS
PEDAGOGY** AND ONE GEARED
TOWARD **SOCIAL JUSTICE.**”*

- DR. J.M.R. DUNCAN-ANDRADE,
2009

EXAMINE:

- ABILITY
- CLASS
- GENDER
- INEQUALITY
- OPPRESSION
- PRIVILEGE
- POVERTY
- RELIGION/ SPIRITUALITY
- SEXUALITY

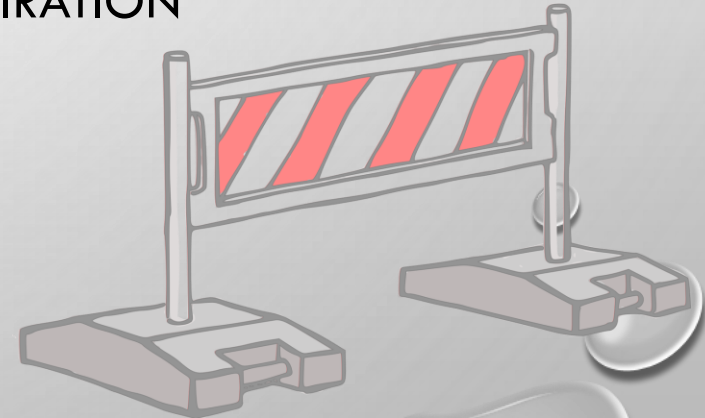
THROUGH A:

- ANTIRACIST LENS
- CRITICAL PEDAGOGY LENS
- FEMINIST PEDAGOGY LENS
- MULTICULTURAL LENS
- MULTIRACIAL LENS
- POLITICAL LENS



III. CLASSIC ROADBLOCKS & STRUCTURAL BARRIERS THAT UNDERMINE ALL OF US IN THIS CONTEXT


- STRESS-INDUCING TEACHING METHODS WITHOUT REFLECTION/ FLEXIBILITY
 - INSTITUTIONAL ECONOMIC VIOLENCE: BUDGET-CUTS, COMPETING PRIORITIES, ETC.
 - HYPERSTRESSED LEARNING AND TEACHING: NO TIME FOR SELF-REFLECTION/ CONTEMPLATION;
 - SETTINGS THAT DO NOT PROTECT HEALTH (E.G. LEAD IN WATER, UNSAFE CONDITIONS)
 - COLD/ IMPERSONAL SETTINGS THAT DO NOT PROVIDE BEAUTY, INSPIRATION
 - LACK OF AGENCY AND CHOICE
 - REINFORCING UNEQUAL POWER DYNAMICS, SOCIAL INEQUALITY
 - DOMINATING OWNERSHIP OF CLASSROOM/ LEARNING SPACE
 - NOT PRACTICING CARE FOR OURSELVES AND MODELING SELF-CARE
- (BROOKFIELD, 2013; KERKA, 2003; PERRY, 2006)





BREAK & EMBODIMENT ACTIVITY

2:30-2:45



The background of the slide is a light gray gradient. It is decorated with several realistic water droplets of various sizes, scattered in the corners. The droplets have highlights and shadows, giving them a three-dimensional appearance. The text is centered in the middle of the slide.

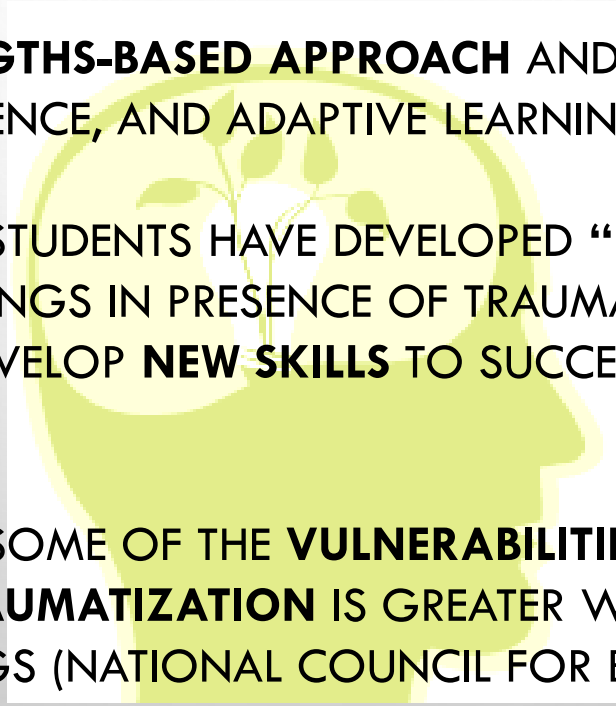
**PART IV. BECOMING TRAUMA-INFORMED IN THE
ABE/ ESOL CONTEXT**

“WHEN THE DOOR WAS LOCKED AND THE PHONES TURNED OFF AND THE FEAR OF BEING INTERRUPTED WAS ELIMINATED, WHEN THE COLLECTIVE ACT OF SELF-CARE WAS GIVEN TOP PRIORITY AND THE REST OF THE WORLD WAS SENT A CLEAR MESSAGE THAT THIS WAS OUR TIME AND SPACE, THAT WAS WHEN WE FELT A SENSE OF WELL BEING. AND THAT WAS WHEN TRUST WAS BUILT.”

- ELIZABETH MORRISH, 2002, REFLECTIONS ON THE WOMEN, VIOLENCE, AND ADULT EDUCATION PROJECT

IV. TRAUMA INFORMED APPROACHES DO...

- REQUIRE US TO BE **CURIOUS** ABOUT THE WAYS OUR STUDENTS ARE **EXPERIENCING LEARNING**, HOW WE CAN SUPPORT THEM, AND TO BE **PROACTIVE** INSTEAD OF REACTIVE (SCHIFFMAN, 2014)
- REQUIRE THAT WE TAKE A **STRENGTHS-BASED APPROACH** AND FOCUS ON OUR STUDENTS' CAPACITIES FOR GROWTH, RESILIENCE, AND ADAPTIVE LEARNING (FLINTON, 2015)
- REQUIRE THAT WE UNDERSTAND STUDENTS HAVE DEVELOPED "**HIGHLY ADAPTIVE**" METHODS OF DEALING WITH THEIR SURROUNDINGS IN PRESENCE OF TRAUMA (HYPERVIGILANCE, DISTRUST, ETC.) AND THAT THEY MAY NEED TO DEVELOP **NEW SKILLS** TO SUCCEED AND COPE IN THEIR ADULT LEARNING LIVES (PERRY, 2006)
- REQUIRE THAT WE UNDERSTAND SOME OF THE **VULNERABILITIES AND TRIGGERS** OF SURVIVORS AND RECOGNIZE **RISK OF RE-TRAUMATIZATION** IS GREATER WHEN FAIL TO BUILD TRAUMA-INFORMED SYSTEMS AND SETTINGS (NATIONAL COUNCIL FOR BEHAVIORAL HEALTH, 2014)



IV. TRAUMA-INFORMED APPROACHES DO NOT...

- REQUIRE OR INCLUDE COUNSELING, THERAPY, CASE MANAGEMENT, OR PROVISION OF CLINICAL **MENTAL HEALTH SERVICES** BY INSTRUCTORS/ ADVISORS, OR ANYTHING BEYOND OUR PROFESSIONAL SCOPE OF PRACTICE
- PROVIDE **EXCUSES** FOR STUDENTS TO NOT TAKE RESPONSIBILITY FOR LEARNING
- **SACRIFICE** ACCOUNTABILITY IN THE CLASSROOM/ LEARNING
- INVOLVE **DISCLOSURE** OF PERSONAL INFORMATION
- REQUIRE INSTRUCTORS AND ADVISORS TO DO EVERYTHING **DIFFERENTLY**
- REQUIRE THAT WE ONLY **FOCUS** UPON THE TRAUMA PIECE (NEED TO FOCUS ON RESILIENCE!)



IV. TRAUMA-INFORMED APPROACH MODEL: 4 R'S FRAMEWORK

NATIONAL CENTER FOR
TRAUMA-INFORMED CARE

4 R'S FRAMEWORK:

1. **RECOGNIZE THE PREVALENCE OF TRAUMA;**
2. **RECOGNIZE HOW TRAUMA AFFECTS ALL INDIVIDUALS INVOLVED WITH THE ORGANIZATION/ SYSTEM, INCLUDING ITS OWN WORKFORCE;**
3. **RESPOND BY PUTTING KNOWLEDGE TO PRACTICE;**
4. **RESIST RE-TRAUMATIZATION BY REDUCING STRESS/ TRIGGERS (2015)**

NCTIC 6 KEY PRINCIPLES:

- ✓ SAFETY
- ✓ TRUSTWORTHINESS AND TRANSPARENCY
- ✓ PEER SUPPORT
- ✓ COLLABORATION AND MUTUALITY
- ✓ EMPOWERMENT, VOICE AND CHOICE
- ✓ CULTURAL, HISTORICAL, AND GENDER ISSUES



IV. TRAUMA-INFORMED APPROACH MODEL: TLPI TRAUMA SENSITIVE SCHOOLS FRAMEWORK

ACCORDING TO TRAUMA & LEARNING POLICY INITIATIVE, TRAUMA SENSITIVE SCHOOLS:

1. HAVE A SHARED UNDERSTANDING AMONG ALL STAFF THAT ADVERSE EXPERIENCES ARE MORE COMMON THAN MANY OF US EVER IMAGINED, THAT TRAUMA CAN IMPACT LEARNING, BEHAVIOR, AND RELATIONSHIPS, AND THAT A “WHOLE SCHOOL” APPROACH TO TRAUMA-SENSITIVITY IS NEEDED;
2. SUPPORT ALL TO FEEL SAFE PHYSICALLY, SOCIALLY, EMOTIONALLY, AND ACADEMICALLY;
3. ADDRESS STUDENTS NEEDS IN HOLISTIC WAYS, TAKING INTO ACCOUNT THEIR RELATIONSHIPS, SELF-REGULATION, ACADEMIC COMPETENCE, AND PHYSICAL AND EMOTIONAL WELL-BEING;
4. EXPLICITLY CONNECT STUDENTS TO THE SCHOOL COMMUNITY AND PROVIDE MULTIPLE OPPORTUNITIES TO PRACTICE NEWLY DEVELOPING SKILLS;
5. EMBRACE TEAMWORK AND STAFF SHARE RESPONSIBILITY FOR ALL STUDENTS; AND
6. ANTICIPATE/ ADAPT TO THE EVER-CHANGING NEEDS OF STUDENTS**

IV. OTHER TRAUMA-INFORMED APPROACHES

1. UNIVERSAL PREVENTION
2. SAFETY RESOURCES
3. CULTURE OF HELP-SEEKING
4. CONNECTIONS & RELATIONSHIPS
5. CONTEMPLATIVE PRACTICES
6. SELF CARE*



IV. UNIVERSAL PREVENTION



UNIVERSAL PREVENTION IS:

- THE “**BROADEST APPROACH**, TARGETING THE GENERAL PUBLIC OR A WHOLE POPULATION THAT HAS NOT BEEN IDENTIFIED ON THE BASIS OF INDIVIDUAL RISK...” (SAMHSA, 2015)
- TAKING A UNIVERSAL APPROACH **PRESUMES** THAT WE HAVE STUDENTS WITH TRAUMA AND ADVERSITY IN THEIR BACKGROUNDS, AND/OR IN THEIR PRESENT LIVES GIVEN THE **DATA**, AND THAT WE **PREPARE AND EXPECT** THAT ISSUES AROUND THIS MAY **SURFACE AT SCHOOL**
- **NOT LIMITING FOCUS** ONLY TO THOSE WHO WE KNOW TO BE SURVIVORS, BUT ENSURING AND BUILDING IN A UNIVERSAL APPROACH FOR ALL
- **SPACE** TO BE PREPARED, TO LISTEN, TO BE CALM AND **REINTRODUCE STATE OF CALM** FOR LEARNING, AND TO **REFER FOR FURTHER HELP OUTSIDE THE CLASSROOM** IF NEEDED

IV. SAFETY RESOURCES



CLASSROOM/ ADVISING SESSION GROUND RULES:

- SET UP CO-CREATION AND ADOPTION OF GROUND RULES/ AGREEMENTS **EARLY-ON** FOR CONDUCT
- GROUND RULES/ CLASS AGREEMENTS SHOULD BE **CO-CREATED** WITH STUDENTS AND **DRIVEN BY** STUDENTS
- PROMOTE CLASSROOM AS SAFE PLACE FOR DISCUSSION THROUGH REGULAR **RECOMMITMENT** TO RULES

CLASSROOM AS SAFE SPACE:

- EMPHASIZE **ROUTINE** OF SAFETY, STRUCTURE, PREDICTABILITY, AND CONSISTENCY IN CLASSROOM
- THIS COULD MEAN **BEGINNING AND ENDING** WITH BREATHING, OPENING/ CLOSING CIRCLES EXERCISES, ETC.
- HAVE **SAFETY RESOURCES GUIDE** IN CASE SOMEONE IS IN NEED OF ASSISTANCE (THIS INCLUDES RESOURCES AT YOUR AGENCY, CAMPUS, IN THE COMMUNITY, ETC.) THAT ARE POSTED/ ACCESSIBLE
- PROVIDE **TRIGGER** OR OTHER WARNINGS OF POTENTIALLY TRIGGERING MATERIAL WHEN POSSIBLE*
- **LET STUDENTS KNOW** THEY CAN EXCUSE THEMSELVES, TAKE A BREAK, VISIT COUNSELING SERVICES, ETC. AND THERE ARE **OPPORTUNITIES** TO FOLLOW UP AFTER CLASS/ WITH INSTRUCTOR LATER.*

(PERRY, 2006; SCHIFFMAN, 2014)

IV. SAFETY RESOURCES: GROUND RULES EXAMPLE



INSTRUCTOR/ ADVISOR QUESTIONS: “WHAT WOULD A SAFE SPACE FOR DISCUSSION **LOOK LIKE** IN OUR CLASS?” “WHAT DO WE NEED IN OUR CLASS IN ORDER TO **FEEL SAFE?**” “HOW WILL WE HOLD PEOPLE **ACCOUNTABLE** FOR RESPECTING EACH OTHER AND OUR SAFETY IN THE CLASSROOM?”

IDEAS & RULES GENERATED BY STUDENTS FOR CLASSROOM AGREEMENT:

- “NOT SPEAKING FOR EACH OTHER/ ASKING OTHERS TO SPEAK FOR OR **REPRESENT** CERTAIN GROUP.”
- “TAKE BREAKS/ **NO QUESTIONS ASKED.**”
- “PRACTICE **COMPASSION** FOR OURSELVES AND COMPASSION TOWARDS OTHERS.”
- “MAINTAIN HEALTHY **BOUNDARIES** AND **CONFIDENTIALITY** AROUND WHAT IS SHARED IN CLASS.”
- “MINIMIZE **DISTRACTIONS** AND DISRUPTIVE NOISE/ TURN OFF YOUR PHONE.”
- “COMING LATE? USE THE **SOFT DOOR...**(ENTER QUIETLY/ DON’T SLAM DOOR AND DISRUPT OTHERS).”
- “IF SOMEONE DOES NOT UPHOLD THE AGREEMENT, THEY WILL NEED TO **SET UP A MEETING** TO DISCUSS.”

IV. OTHER EXAMPLES OF SAFETY RESOURCES & GROUND RULES



- ADDRESS EVERYONE IN THE ROOM
- ADDRESS PEOPLE BY NAME
- STAY PRESENT/ STAY IN YOUR BODY
- STEP IN WHEN YOU HAVE A QUESTION, SOMETHING TO SAY, OR SOMETHING TO OFFER THE GROUP
- STEP OUT WHEN YOU HAVE CONTRIBUTED SEVERAL TIMES AND ALLOW FOR OTHER VOICES; AND
- USE INVITATIONAL (“I WOULD LIKE TO INVITE YOU TO...”) AND PEOPLE-FIRST LANGUAGE

IV. CULTURE OF HELP-SEEKING



- CREATE A **CULTURE** AND **EXPECTATION** IN OUR CLASSROOMS/ SETTINGS THAT IT IS OK TO SEEK HELP WHEN WE NEED IT AND THAT THIS IS A SIGN OF **STRENGTH**, NOT WEAKNESS
- PROMOTE **HELP-SEEKING** CULTURE BY ESTABLISHING NORMS: DISCUSS WHERE HELP IS AVAILABLE AND POST RESOURCES
- REDUCE **STIGMA** BY LEAVING RESOURCES CONTINUOUSLY, UNIVERSALLY ACCESSIBLE AND USING EXAMPLES
- BE A TRUSTED ALLY AND ***BELIEVE*** STUDENTS IF THEY DISCLOSE PAST HISTORY OR ONGOING DIFFICULTY
- LET STUDENTS KNOW AND **REMIND** THEM REGULARLY ABOUT AVAILABLE SERVICES (IF APPLICABLE) WHEN CO-LOCATED, INCLUDING HOW TO ACCESS (HOURS, LOCATION), OR OFF-SITE SERVICES IN THE COMMUNITY
- **RECOGNIZE** SIGNS AMONG STUDENTS (DISTRESS, PHYSIOLOGICAL RESPONSE, ETC.) AND ENGAGE WHERE/ WHEN APPROPRIATE

IV. CONNECTIONS & RELATIONSHIPS



- ALL TRAUMA WORK IS **RELATIONAL** WHETHER YOU KNOW YOU ARE DOING IT OR NOT (FLINTON, 2015);
- WORK WITH **CAMPUS/ SITE-BASED OR COMMUNITY** SERVICES AHEAD OF TIME TO INFORM THEM OF POTENTIAL STUDENT NEEDS;
- HAVE A **SPECIFIC** CONTACT PERSON AND PHONE NUMBER FOR REFERRAL WHEN POSSIBLE (INCREASES **SELF-EFFICACY** AMONG STUDENTS IN MY EXPERIENCE);
- **NETWORK** TO ESTABLISH **GOOD SOURCES** OF REFERRALS AND COMMUNITY PARTNERS;
- EXAMPLES OF PARTNERS: **SCHOOL AND AGENCY ADMINISTRATORS, SOCIAL WORKERS, TRAUMA-INFORMED LAW ENFORCEMENT PARTNERS, SPECIFIC ALLIED ACADEMIC PROGRAMS OF STUDY (NURSING, HEALTH SCIENCES, MENTAL HEALTH, SOCIAL WORK, ETC.), LOCAL PROFESSIONAL ASSOCIATIONS, LOCAL NON-PROFIT ORGANIZATIONS AND TRAUMA NETWORKS, FAITH-BASED GROUPS, HEALTH DEPARTMENTS AND AGENCIES, OTHER LOCAL EDUCATIONAL SETTINGS/ CONSORTIUMS.**



IV. CONTEMPLATIVE PRACTICES

CONTEMPLATIVE PRACTICES ARE:

- “ANY ACTIVITY UNDERTAKEN REGULARLY WITH THE INTENTION OF QUIETING THE MIND AND CULTIVATING DEEP CONCENTRATION, CALM, AND AWARENESS OF THE PRESENT MOMENT...IDEALLY, THE INSIGHTS THAT ARISE FROM THE MIND, BODY, AND HEART IN THE CONTEMPLATIVE STATE REVEAL WHAT HAS MEANING IN OUR LIVES;”
- PRACTICES MAY BE DONE ALONE OR IN GROUPS TOGETHER (CENTER FOR CONTEMPLATIVE MIND IN SOCIETY, 2011).
- ACTIVITIES THAT INCLUDE FOSTERING OF METACOGNITION, OR “THINKING ABOUT MY THINKING.”

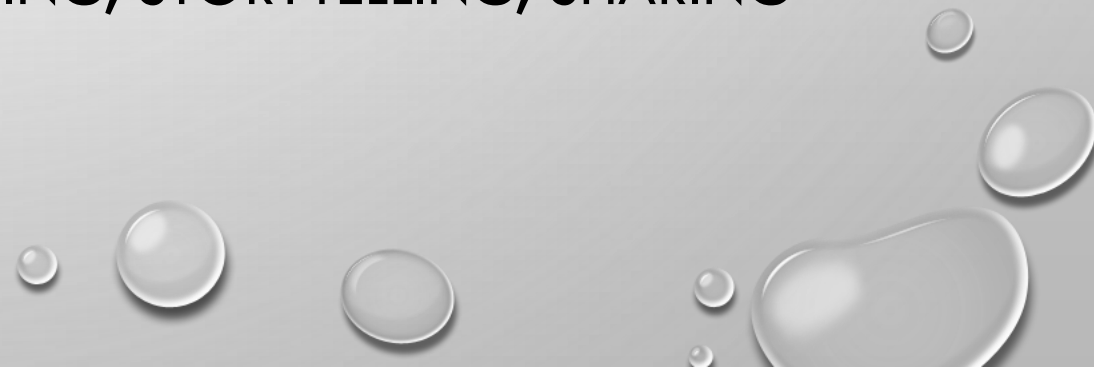


IV. CONTEMPLATIVE PRACTICES

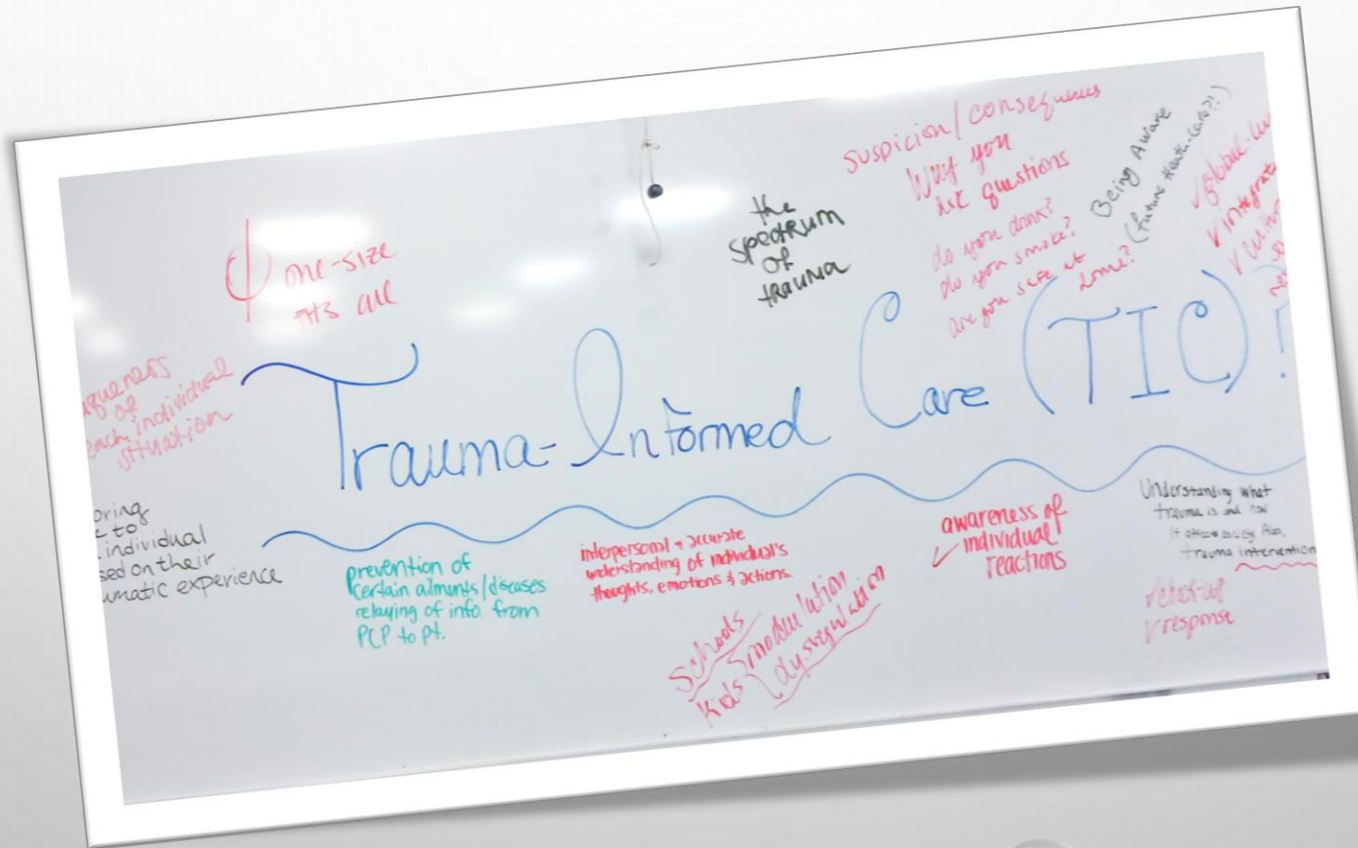


EXAMPLES:

1. STILLNESS PRACTICES (SILENCE, MEDITATION, GROUNDING)
2. MOVEMENT PRACTICES (YOGA, STRETCHING, WALKING, DANCE, WALKING MEDITATION)
3. CREATION PROCESS PRACTICES (COLORING, COLLAGE, GRAPHIC RECORDING,* MUSIC)
4. RELATIONAL PRACTICES (JOURNALING, WRITING, STORYTELLING, SHARING DIALOGUE)



IV. EXAMPLE: GRAPHIC RECORDING FROM STUDENTS ON MEANING OF TRAUMA-INFORMED CARE



IV. MORE EXAMPLES: 5-MINUTE GROUNDING ACTIVITY

- **OLFACTORY SENSE FOR GROUNDING:** SCENTED CANDLES, OILS TO BRING US TO PRESENT
- **SOMATOSENSORY SYSTEM FOR GROUNDING:** SLINKIES, CLAY, SMOOTH STONES, OR OTHER OBJECTS TO HANDLE/ TOUCH IN ADVISING SESSIONS/ CLASS TO FOCUS ATTENTION ON PRESENT THROUGH TACTILE EXPERIENCE
- **WRITING FOR GROUNDING ACTIVITY:**
 - ✓ 5 THINGS YOU CAN SEE
 - ✓ 4 THINGS YOU CAN HEAR
 - ✓ 3 THINGS YOU CAN TOUCH
 - ✓ 2 THINGS YOU CAN SMELL
 - ✓ 1 THING THAT IS GOOD ABOUT YOU RIGHT NOW (FLINTON, 2015)

IV. MORE EXAMPLES: 5-MINUTE GRATITUDE ACTIVITY

**DR. BRYAN SEXTON'S WORK ON GRATITUDE DEMONSTRATES POSITIVE RESULTS IN RESILIENCE
MEASURES TO DOING "THREE GOOD THINGS" ACTIVITY" (2012)**

- HAND OUT PAPER AND PENS TO STUDENTS
- ASK THEM TO WRITE DOWN "THREE GOOD THINGS" OR THINGS THAT HAPPENED, THAT THEY ARE GRATEFUL FOR, ETC.
- REPEAT THIS OVER TWO WEEKS (14 TIMES FOR BEST RESULTS)

IV. SELF-CARE & MODELING



- RECOGNIZE NEED FOR **ONE'S OWN SELF-CARE** AND PRACTICE IT **RADICALLY**
- USE SELF-CARE STRATEGIES FOR EDUCATORS *AND* STUDENTS; **MODEL** FOR STUDENT **SKILL DEVELOPMENT**
- PROVIDE RESOURCES TO STUDENTS TO **PROMOTE WELLNESS** AND **NORMALIZE** REGULAR RELAXATION AND CALMING EXERCISES IN CLASS/ MEETINGS; TALK WALKS OR HOLD CLASS/ MEETINGS OUTSIDE IF POSSIBLE
- LEAD REGULAR, **NON-INTRUSIVE** RELAXATION OR **INTENTION-SETTING** EXERCISES IN CLASS TO PROMOTE FOCUS, SELF-REGULATION, AND MINDFULNESS/ AWARENESS (E.G. GROUNDING EXERCISES, **EXTERNALLY-FOCUSED RELAXATION**, SETTING OF PERSONAL VALUES AND GOALS FOR CLASS)
- TAKE BREAKS FOR **SELF-CHECK IN'S**, **BODY SCANS**, AND OTHER FORMS WITH STUDENTS AND WHILE ALONE
- INVOLVE STUDENTS IN KEEPING **GRATITUDE JOURNALS**/ JOURNALING **TOGETHER** AS A CLASS ACTIVITY
- PROMOTE **OPPORTUNITIES** FOR RESILIENCE (WEEKLY OR MONTHLY CHECK-IN MEETINGS, POSITIVE REINFORCEMENT, ENCOURAGE STUDENTS TO TAKE ON CLASS LEADERSHIP ROLES IF APPROPRIATE)

IV. LIONS & TIGERS & TRIGGERS, OH MY!

A NOTE ABOUT TRIGGER WARNINGS:

- TRIGGER WARNINGS ARE OFTEN DIFFICULT TOPIC FOR TEACHERS
- WE FEEL PROTECTIVE OF OUR CONTENT, TEACHING STYLES, ETC. AND WANT TO AVOID CENSORSHIP
- I RECOMMEND INCLUDING TRIGGER WARNINGS AS PART OF A UNIVERSAL APPROACH
- I ALSO THINK IT SHOULD BE UP TO EACH TEACHER TO DECIDE
- I DO NOT CHANGE MY CONTENT WHEN PROVIDING THESE WARNINGS
- IT IS IMPOSSIBLE TO PREVENT EVERY TRIGGER: FOR SOME STUDENTS, IT IS CONTENT-RELATED, FOR OTHERS IT IS SITUATIONAL OR DISCIPLINE SPECIFIC (E.G. MATH ANXIETY)...FOR OTHERS IT MIGHT BE THE VERY ACT OF COMING TO SCHOOL AS THEY GO INTO HIGHER ALERT MODE
- OTHER THOUGHTS/ EXPERIENCES?



IV. SUMMARY OF TRAUMA-INFORMED APPROACHES & NEXT STEPS

- ✓ **THINK CRITICALLY** ABOUT THE LEARNING NEEDS AND BEHAVIORS OF OUR STUDENTS, AS WE USUALLY ONLY SEE THE “TIP OF THE ICEBERG,” OR WHAT ARE STUDENTS ARE WILLING TO UNMASK (PART I)
- ✓ **TEACH AND ADVISE WITH AWARENESS** THAT TRAUMATIC EXPOSURES ARE COMMON AND SOMETIMES HAPPENING IN REAL TIME, SIMULTANEOUSLY WITHIN OUR STUDENTS’ LIVES AS THEY ARE PURSUING THEIR LEARNING GOALS
- ✓ **TAKE A UNIVERSAL APPROACH** TO OUR CLASSROOMS AND ADVISING RELATIONSHIPS, BASED UPON WHAT WE KNOW ABOUT THE PREVALENCE IN OUR POPULATIONS
- ✓ **CONTINUE THE WORK WE ARE ALREADY DOING WITH ADJUSTMENTS** IN OUR THINKING BASED UPON ON OUR AWARENESS



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IV. CASE VIGNETTES & DISCUSSION

CASE STUDY A: PACK YOUR SUITCASE

YOU ARE A TEACHER IN THE COUNTRY OF UGANDA, YOUR COUNTRY OF ORIGIN. YOUR PARTNER SUDDENLY DISAPPEARS. YOU SUSPECT THAT IT IS PROBABLY BECAUSE OF HIS ATTEMPTS TO FORM A TRADE/ LABOR UNION. DURING THE NEXT FEW MONTHS YOU RECEIVE SEVERAL THREATENING PHONE CALLS. YOUR NAME APPEARS IN A NEWSPAPER ARTICLE, LISTING YOU ALONG WITH OTHERS AS SUSPECTED SUBVERSIVES/ CRIMINALS. WHEN YOU ARRIVE HOME FROM SCHOOL THIS EVENING, YOU FIND AN ANONYMOUS LETTER. THE LETTER THREATENS YOUR LIFE. YOU DECIDE THAT YOU MUST FLEE THE COUNTRY AND SEEK POLITICAL ASYLUM ELSEWHERE. YOU HAVE 15 MINUTES TO PACK A SMALL BAG. YOU CAN ONLY TAKE A FEW ITEMS WITH YOU THAT YOU CAN EASILY CARRY WHILE REMAINING INCONSPICUOUS ON YOUR WAY OUT OF THE COUNTRY. WHAT WILL YOU BRING?

(ADAPTED FROM [BOSTON CENTER FOR REFUGEE HEALTH & HUMAN RIGHTS](#), 2014)

CASE STUDY B: DANA'S STORY

DANA IS AN ABE STUDENT, AGE 20. SHE HOPES TO SOMEDAY BECOME A NURSE. DANA IS VERY BRIGHT, DEMONSTRATES MATURITY, AND SHE IS MOTIVATED. LATELY THOUGH, YOU HAVE GROWN CONCERNED AS DANA'S AFFECT IS WORRISOME AND INCONSISTENT. SOME DAYS SHE IS HIGHLY ENGAGED AND ON OTHERS SHE FALLS ASLEEP IN CLASS AND IS GROGGY/ DISORIENTED. DANA SOMETIMES SNAPS AT OTHER STUDENTS, AND CAN BECOME FRUSTRATED AND DYSREGULATED EASILY BY CONFLICT. YOU HAVE SPOKEN WITH HER SEVERAL TIMES ABOUT BEING CIVIL AND RESPECTFUL TOWARDS OTHER STUDENTS. SHE HAS APOLOGIZED FOR BEING COMBATIVE IN CLASS AND SHE SAYS THAT SHE IS STRESSED AND HAS A DIFFICULT TIME TOLERATING OTHERS. SHE WORKS AS A CNA AT THE NURSING HOME DURING THE WEEK AND IN FOOD SERVICE ON THE WEEKENDS, AND SHE SAYS SHE IS EXHAUSTED.

TODAY, DANA STAYS AFTER CLASS AND MENTIONS THAT SHE IS FEELING VERY STRESSED. SHE DISCLOSES THAT SHE IS A SURVIVOR OF SEXUAL ASSAULT AND PHYSICAL/ EMOTIONAL ABUSE BY HER FORMER BOYFRIEND WHOM SHE MET WHEN SHE WAS IN EIGHTH GRADE. THEY WERE TOGETHER THROUGHOUT HIGH SCHOOL UNTIL DANA BROKE IT OFF, AND SHE STILL FEARS THAT HE FOLLOWS HER. SHE SAYS THAT SHE NEVER FEELS SAFE. DANA SAYS SHE FEELS OVERWHELMING PRESSURE TO DO WELL IN HER PROGRAM BUT SHE CONSTANTLY WORRIES ABOUT HER FAMILY, MONEY, MAKING A BETTER LIFE, AND ABOUT THE FUTURE. SHE SAYS NO ONE ELSE IN HER FAMILY OR HER FRIENDS UNDERSTAND WHAT SHE IS GOING THROUGH.

(WILSON, 2017, SUBMITTED FOR PUBLICATION TO NATIONAL CENTER FOR CASE STUDY TEACHING IN SCIENCES)

PART IV. CASE DISCUSSION QUESTIONS:

- WHAT ARE SOME OF THE TRAUMA RESPONSES THAT DANA IS DEMONSTRATING?
- USING A STRENGTHS-BASED APPROACH AS YOUR LENS, WHAT ARE SOME INSTANCES OF RESILIENCE AND POSITIVE ATTRIBUTES THAT DANA DEMONSTRATES?
- AFTER HEARING DANA'S STORY, WHAT ARE SOME OF THE WAYS WE MIGHT APPROACH SUPPORTING HER?

The background features a light gray gradient with several realistic water droplets of varying sizes scattered in the corners. The droplets have highlights and shadows, giving them a three-dimensional appearance. The text is centered in the middle of the page.

PART V. ACTION PLANNING

V. ACTION PLANS

- ASSIGNMENT OF ACTION PLAN FOR BETWEEN WORKSHOP DAYS (11/3 TO 12/1)
- PLEASE JOIN WITH A PARTNER
- BRAINSTORM ON IDEAS WITH YOUR PARTNER
- COMPLETE YOUR ACTION PLAN SHEET
- SET A CONFIDENCE LEVEL AND TELL YOUR PARTNER

V. IDEAS FOR BRAINSTORMING FOR ACTION PLANS:

- WHAT ARE THE CURRENT NEEDS/ ISSUES RELATED TO CHRONIC STRESS OR TRAUMATIC EXPOSURE IN YOUR SETTING?
- WHAT TYPES OF SUPPORTS DO YOU THINK COULD ADDRESS THESE NEEDS?
- WHO MIGHT BE POTENTIAL PARTNERS IN YOUR SETTING FOR ADDRESSING THESE NEEDS?
- ARE THERE ANY BARRIERS OR OBSTACLES THAT YOU ANTICIPATE OR FORESEE? IF SO, WHAT YOU MIGHT YOU DO TO ADDRESS THEM?
- WHAT ARE SOME NEXT STEPS THAT YOU CAN IDENTIFY TO MOVE FORWARD, BASED UPON THE NEEDS IDENTIFIED, AND WHAT WE DISCUSSED TODAY?



PART VI. WRAP UP & CLOSING

TRANSITION TO DAY 2 FOR NEXT TIME...



VI. CLOSING CIRCLE

- PLEASE COME TOGETHER IN A CIRCLE AGAIN
- I'D LIKE TO INVITE YOU TO JOIN HANDS OR HOLD SOMETHING IN YOUR HANDS
- WHEN YOU'RE READY, PLEASE BRIEFLY SHARE AN IMPRESSION OR CLOSING THOUGHT
- PLEASE TAKE A MOMENT TO COMPLETE YOUR EVALUATIONS BEFORE LEAVING

THANK YOU FOR COMING TODAY!