Teaching Hope and Resilience for Students Experiencing Trauma

CREATING SAFE AND NURTURING CLASSROOMS FOR LEARNING

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Contents

Introduction

Trauma, Teaching, and Learning

Caring and effective educators see the whole child. Each young person brings with them a host of experiences, a rich cultural history, and a unique combination of dispositions that inform their view of the world and themselves. As their teachers, we understand that we are not simply the dispensers of subject knowledge. Every interaction we have with them shapes students' perceptions of themselves and their place in the world.

Our influence on our students is awe-inspiring and humbling. In fact, the power we hold to impact the learning lives of our students can be paralyzing. Perhaps it is due to the notion that with great power comes great responsibility (you may attribute this to Voltaire or to Spider-Man creator Stan Lee, as is your preference). Our ability to influence the trajectory of a child's life is profound. And quite frankly, it is psychologically easier to retreat to a false belief that we have little power than it is to fully confront the responsibility we have to use our collective power for the betterment of young humans.

We have the power to create schools that are places of learning about oneself and the world for all students, and safe harbors for those whose lives are chaotic. We have the power to use our relationships with students to build their sense of agency so that they can take command of their destiny. We have the power to weave social and emotional learning (SEL) into every moment of the school day, not just on Thursday afternoons during the designated SEL lesson. We have the power to leverage the literacies of reading, writing, speaking, listening, and viewing as tools to help children and youth navigate their lives. We have the power to create safe communities that include everyone and preclude, to the greatest extent possible, any individual from becoming dangerously isolated. We have the power to build resilience in our students to help them withstand trauma. We have the power to use our schools as a launching pad for a call to action in their communities, and in the process as a means to heal themselves. In

other words, we have the power to assist students in seeing the power that we see in them. But how might we activate that power? That is the purpose of this book.

PERSONAL TRAUMA AND ITS LASTING EFFECTS

Just before the turn of the current century, the results of a ground-breaking study were released, and as a result the conversation about traumatic experiences changed forever. Researchers at Kaiser Permanente partnered with medical investigators to examine the association between childhood abuse and adult health risks and disease (Felitti et al., 1998). More than 8,500 adults seeking health care services responded to questionnaires about childhood exposure to physical, sexual, and substance abuse in the household, as well as instances of mental illness and criminal behavior in the immediate family. The researchers statistically correlated these exposures to adult risk-taking to health and the prevalence of disease. Perhaps most important, the results of the study demonstrated that the number of childhood exposures correlated to an increased likelihood of negative health consequences in adulthood (e.g., substance abuse, depression, alcoholism, number of sexual intercourse partners). Subsequent studies identified a dose–response relationship between adverse childhood experiences (ACEs) of abuse, neglect, and violence, and adult social, health, and behavioral problems. In other words, there is a cumulative effect: An increase in the number of adverse experiences correlates to increased

Figure I.1. Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often . . .

Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

Yes / No   If yes enter 1 _____

2. Did a parent or other adult in the household often . . .

Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

Yes / No   If yes enter 1 _____

Figure I.1. Adverse Childhood Experience (ACE) Questionnaire (continued)

3. Did an adult or person at least 5 years older than you ever . . .

Touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you?

Yes / No   If yes enter 1 _____

4. Did you often feel that . . .

No one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other?

Yes / No   If yes enter 1 _____

5. Did you often feel that . . .

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes / No   If yes enter 1 _____

6. Were your parents ever separated or divorced?

Yes / No   If yes enter 1 _____

7. Was your mother or stepmother:

Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes / No   If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes / No   If yes enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

Yes / No   If yes enter 1 _____

10. Did a household member go to prison?

Yes / No   If yes enter 1 _____

Now add up your "Yes" answers: _____   This is your ACE Score

risk of adult health problems. More recent studies have correlated ACEs to suicide, smoking, sleep disturbances, poor dental health, and suboptimal pregnancy outcomes (Centers for Disease Control and Prevention [CDC], n.d.). A simple 10-item questionnaire about experiences before the age of 18 is widely used to chronicle adverse childhood experiences (see Figure I.1).

We include this scoring tool for information about the cumulative effects of trauma on our students, not as a survey for teachers to administer to students. Answering such a questionnaire without support of counseling might in itself be traumatizing. In addition, students would need to be advised in advance that their reporting might require that the education professional, as a legally mandated reporter, would need to notify authorities.

TRAUMA AND ITS EFFECTS ON YOUNG PEOPLE

Trauma is described across three subtypes: acute, chronic, and complex traumas (Cook et al., 2005). Acute traumas are single events, such as the death of a parent. Chronic traumas occur repeatedly for a longer period of time, such as witnessing multiple incidences of a mother's physical abuse. Complex traumas emanate from chronic traumas and are interpersonal in nature. These are long-lasting, involve multiple traumatic events, and perpetrated by immediate family members. As one example, the alcoholism of a caregiver, domestic violence in the household, sexual abuse victimization of the child, and the loss of a parent together weave a complex tapestry of mistrust and instability.

The sheer volume of traumatic events experienced by our students is staggering. In addition to the experiences outlined in the ACEs, searing events of homelessness, poverty, and discrimination contribute to a child's sense of victimization. The results of one national survey reported that 64.5% of children ages 2–17 experienced at least one victimization event *in a single year* (Finkelhor, Ormrod, & Turner, 2007). In other words, childhood experiences of trauma, whether acute, chronic, or complex, should be understood as being the norm rather than the exception.

The body's response to trauma is the well-known decision pathway of flight/fight/freeze. The release of stress hormones associated with these responses bathes the brain in chemicals that interfere with learning. Diminished learning is witnessed academically in the following ways:

- Thwarted development of language and communication skills
- Less attention to directions about task completion
- Inability to mentally organize new information
- Lower understanding of cause-and-effect relationships (Cole, Eisner, Gregory, & Ristuccia, 2013)

These are the fundamental tools of learning, and a teacher's reduced access to these cognitive channels results in lower student achievement and an increased potential for school failure and mental illness (McLeod, Uemura, & Rohrman, 2012).

BUT PAST IS NOT PROLOGUE

While the news on the prevalence and effects of trauma is sobering, it is crucial to remember that experience is not destiny. The relationship between ACEs and negative health, social, and learning behaviors should not be misunderstood as a *fait accompli*. In fact, the last thing that children who have experienced trauma need is pity and low expectations about their future. What they do need is empathy and a path forward. One student at the high school where two of us work was a reminder to us about this truth. The details of her traumatic experiences are not the point; suffice it to say that her childhood has been riddled with barriers that take our breath away. But this resilient and empowered young woman reminded us, "I am not my trauma. It doesn't define me. *I* define me."

In fact, resilience can be fostered through school experiences. Nearly 1,800 children who had experienced maltreatment before the age of 3 were followed through the age of 10. Protective factors (variables that reduce negative effects) that resulted in improved language and academic outcomes included:

- Access to preschool education
- Warmth and responsiveness of teachers and caregivers
- Prosocial skills, such as cooperation with peers, showing empathy, and being assertive
- Connectedness to the community (Holmes, Yoon, Berg, Cage, & Perzynski, 2018)

Resilience, which is the ability to successfully adapt "despite challenging or threatening circumstances" (Masten, Best, & Garmezy, 1990, p. 425), is not innate. Rather, it is fostered through conditions present in the environment. School is a primary environment for students and occupies a significant portion of time in their lives. School conditions that foster resilience among children include:

- Caring relationships with peers and adults
- Clear and high academic expectations
- Culturally sustaining pedagogy that honors cultural experiences, provides structure and boundaries, and uses group processes (Benard, 2004)

The very good news is that these are factors within our direct control. A hope-filled school, and the classrooms within it, can serve to counterbalance the circumstances that harm children and diminish their sense of self. As educators, we can use instructional practices and materials that foster the kind of resilience that our students need. We are able to socially engineer our classrooms to provide structure and choice so that students feel safe enough to make decisions. We can develop the social and emotional capacities of all children so that they can weather the storms of daily life. And importantly, having supported these strengths, we can teach our students how their voices can be used to engage in civic action and service.

THE PURPOSE OF THIS BOOK

Our classrooms and schools can be a safe haven for students. They can be spaces filled with warmth and an academic press for excellence. School should be a place where we utilize humane and growth-producing methods to help all children realize their promise. But this is possible only if we do so with intentionality. The chapters that follow serve as a road map for creating uniformly excellent classrooms and schools.

Chapter 1 focuses on the fundamental importance of *teacher–student relationships*. These are foundational to any learning that follows, as personal regard and responsiveness signal to children that they matter.

Chapter 2 addresses the ways in which *social and emotional learning* can be woven into the school day. It has been noted that whether we intend to or not, we teach our students SEL in every interaction. This chapter begins with a discussion of identity and agency, and extends to prosocial skills necessary for peer relationships, bullying prevention, and suicide prevention approaches.

In *Chapter 3* we turn our attention to the ways in which *literacies can be levers to maximize learning*, especially for traumatized youth. Through the use of powerful and purposeful reading of informational and narrative texts, discussion of sensitive and broad student concerns about topics like violence and deportation, writing as catharsis, and inquiry, we explore ways to simultaneously teach and heal.

Chapter 4 is dedicated to teaching through *learner empowerment*. One of the most debilitating side effects of trauma is loss of agency. This chapter engages with notions of debate, civics, and service learning as pathways for taking back control.

Chapter 5 discusses the vital nature of the *school community as an agent of change*. Families and communities possess the collective power to restore and inspire. Trauma-sensitive schools are a vital conduit for organizing efforts, supporting families experiencing trauma, and mobilizing community resources.

We are filled with hope, and we want educators to share our sense of possibility as we seek to better serve children who have experienced, or continue to experience, trauma in their lives. It is never easy. But who among us decided to enter this profession because we thought it would be easy? Your everyday courage makes a difference in the lives of young people. You give us hope.