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# SUPPORTING TRAUMATIZED STUDENTS: A TOOLKIT FOR TEACHERS

by

Emily Leichtle

A capstone submitted in partial fulfillment of the requirements  
for the degree of Master of Arts in English as a Second Language.

Hamline University

Saint Paul, Minnesota

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To my family, who that inspired me to never stop learning,  
my teachers, who taught me that quality work is never really finished,  
my friends, who supported me every step of the way, and  
my students, who still smile even after all they've been through.

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## CHAPTER ONE: INTRODUCTION

While working in a level-one and two (See Appendix A: *Performance Definitions*) English as a Second Language (ESL) classroom, one of the students had a breakdown. At first, she just cried quietly in her seat. After several minutes, she transitioned to the back of the room and continued to cry. I asked what was wrong and she just shook her head. One of the other students told me that she was “sad to be remembering.” I asked her if there was anything I could do for her or anyone else she would like to go talk to, and she shook her head again. Unsure of what to do, I sent an email to the school psychologist and continued with the lesson. She spent the remainder of the hour isolated at the back of the room while the rest of us talked about Halloween vocabulary.

The situation bothered me and questions continued to come up days later. What was she remembering that made her so sad? How many other students experience the same kinds of stressors? How do these experiences affect a student’s ability to process information and think critically? What is the teacher’s role in situations like these? How can I be more supportive? How can I help make the classroom a trauma-sensitive environment? I know that she is not the only student who struggles with trauma, especially with the growing crisis in Syria. In an interview with the United Nations High Commissioner for Refugees, Tamer, a seventeen year old refugee from Syria, said, “Our brothers are dead. How can we focus on school while our families are being slaughtered?” (2013). Tamer asks a legitimate question and I hope this research will

begin to answer it. Specifically, the purpose of this capstone is to create a resource that teachers can use to help create trauma-sensitive classroom environments while helping students acquire and refine their coping skills.

### My Context

My school is in the suburbs of a large Midwestern city. We currently have 792 students enrolled in grades 9 - 12. Of these, 11.6 percent (92) students participate in our English Language Learner (ELL) program and 54.5 percent (431) qualify for free or reduced priced lunches. Our school also participates in a free breakfast program in which every student receives free breakfast daily, regardless of their income level. Slightly over half of our student body is White (54 percent) with our second highest population being Black (30 percent). The remaining is divided among Hispanic (10 percent), Asian (7 percent), and American Indian (1 percent). In 2014, our graduation rate was 90.6 percent which is higher than the state average of 81.2 percent. However, only 52.6 percent of our students are proficient in English and only 45.9 percent are proficient in math and science according to state testing (Minnesota Department of Education, 2015). After English, our top three home languages are Spanish, Somali, and Hmong. Our newest ELL students are from the Middle East and Central America, specifically Iraq and El Salvador. Due to current events, we predict that our next wave will include many students from Syria (See *Global Context* subsection below).

### **National Context**

Looking at immigration statistics is useful when thinking about how many students might be experiencing similar stressors to those of the student I worked with. According to the Department of Homeland Security's Office of Immigration Statistics, 1,840,391 people were admitted to the United States in 2013 via refugee status, asylum, naturalization, or lawful permanent residence (2014). Although Minnesota's immigration population is lower than the national average, 7 percent compared to the national 13 percent, it is increasing quickly (Minnesota Compass, 2015). In fact, it has tripled since 1990 while the national numbers have only doubled. Nearly one in five children under the age of four is the child of an immigrant and 42,670 children in Minnesota are foreign born. The largest immigrant populations in Minnesota right now are from Mexico, India, Somalia, Laos, Vietnam, Thailand (including Hmong and Karen), China, Korea, Ethiopia and Canada. (Minnesota Compass, 2015). It is inevitable that many of these new residents, both in Minnesota and elsewhere, have experienced trauma.

### **Global Context**

Traumatized students are not only an American problem. Refugees, asylees, and immigrants are leaving war-torn countries and traumatic environments to start new lives in countries around the world. The Global Conflict Tracker maintained by the Council on Foreign Relations identifies 26 current conflicts (2016). The majority of these conflicts are in Africa and the Middle East, with only one being identified in the Americas (criminal violence in Mexico). Arguably, the one creating the largest number of traumatized students is the violence in Syria.

What began as anti-government protests in Syria in 2011 has turned into a civil war in which over 250,000 Syrians have lost their lives and more than 11 million residents have been forced from their homes (Rodgers, Gritten, Offer, & Asare, 2016). In the beginning, the conflict seemed to be centered around President Assad and citizens' dissatisfaction with his politics, but now it has grown. There is still dissent regarding Assad, but sectarian issues have come up, and the Islamic State's presence in the region has added another dynamic. A United Nations inquiry has discovered that all groups involved in the conflict have committed war crimes to further their cause. These crimes include murder, rape, kidnapping, and torture. The groups have also purposely inflicted suffering on the civilian population by restricting food, water, and health care (Rodgers et al., 2016).

This violence has led to a humanitarian crisis with large numbers of Syrians fleeing the country and seeking refugee and asylum status. European countries are struggling to accommodate the immigrants, and numerous refugee camps have been set up in the region. According to the United Nations High Commissioner for Refugees, the Syrian refugee population was greater than 2.2 million in 2015, of which 52 percent (about 1.1 million) were children (The UN Refugee Agency, 2015). This is just one example of why educating traumatized students is an issue that needs attention globally.

### **Role of the School**

When a student is enrolled in an American school, it is the teacher's job to help him or her learn. However, teachers are trained to work within the norm population. Many education programs include general education requirements, extensive study in the

subject to be taught, several education classes that focus on the act of teaching itself, and exceptional learner classes. These exceptional learner classes might include information about special education, ESL, or gifted populations. ESL teacher training is typically language focused with a few classes about advocacy and testing. With no counseling or sensitivity training, it seems that educators are not equipped to deal with students who may be experiencing or have experienced trauma. Although it may not be a teacher's job to help a student work through a traumatic event, *Lau vs Nichols (1974)* states that we are legally obligated to give them an education (See Appendix B: *Case Summary*).

### **Existing Programs**

There is a branch of staff development that addresses this issue and strives to give teachers tools to help students that are experiencing or have experienced trauma. It is generally referred to as *trauma informed teaching* and often incorporates Positive Behavioral Interventions and Supports (PBIS). The interventions are broken into three levels: primary (all students), secondary (targeted students), and tertiary (individual students). At a school level, the framework focuses on the fact that success in school is often dependent on student behavior. Students that exhibit appropriate social behaviors (following directions, self-advocacy, getting along with classmates, etc.) are more likely to experience academic success (Swain-Bradway, Pinkney, & Flannery, 2015, p. 246). School Wide PBIS requires that the entire school operate under the same set of behavior expectations and follow rules consistently when the behaviors are not demonstrated. Data are used to make decisions about interventions and students are recognized for their achievements.

The goal behind this program is to give students the skills needed to appropriately navigate a school day and eventually life. In a school-wide model, all staff implement consistent behavior interventions that help students process and where a consequence becomes learning opportunity instead of a punishment. It is currently helping curb dropout rates and improve behavior in 21,000 schools across the United States (Swain-Bradway et al., 2015). While it is a model that has proven itself effective in many schools nationwide, it is not implemented at every school in which there are traumatized students. As I create my teacher resource, I will pull from this model, but will focus on strategies individual teachers can implement even if they aren't supported by a school-wide PBIS system.

### **Summary**

While there are a lot of resources available about the effects of trauma on success in school, there are not many resources teachers can take right into the classroom. This capstone is a preliminary step to fill the gap. In it, I will gather and compile information which would prove useful for me and my co-workers and provide a long-lasting effect. Upon completion of this research, I will use that information to put together a toolkit teachers can access. This toolkit of specific strategies and suggestions is the next step and will be available online in the near future.

According to the well-known Adverse Childhood Experiences (ACE) study, which was performed in 1998, the more traumatic experiences a person experienced in his or her childhood, the more likely he or she was to have psychological effects such as a low attention span or depression. Not only are traumatized children more likely to be

depressed, but they are more likely to end up with physical problems as well. These somatic symptoms can lead to serious health issues. Researchers found that problems from cancer to heart disease became more likely (Tillman, 2013). In order to help prevent my students from falling prey to these statistics, I would like to help them build the skills needed to navigate the school system and be successful in the classroom, even though their worldview has been affected by trauma.

This capstone investigates how psychological trauma affects a teen's ability to be successful in school in order to create a trauma-sensitive environment for all students. More specifically I am seeking to answer the following question: *What can teachers do to ensure traumatized students are learning and growing in their classrooms?* My goal is to create a resource that teachers can use to help create trauma-sensitive classroom environments while helping students acquire and refine their coping skills.

### **Chapter Overviews**

In Chapter One, I explained my personal connection to the topic and why I am passionate about helping teachers better serve students who have experienced trauma. In Chapter Two, I will review several current studies related to trauma's effect on a child's education. In Chapter Three, I will describe the methods I will use to gather the information needed to create my tool-kit. In Chapter Four, I will analyze the results of my research and summarize what will appear in my tool-kit. In Chapter Five, I will reflect on my research and suggest possibilities for further study.

## CHAPTER TWO: LITERATURE REVIEW

### Overview of Chapter

The brain is a student's most important school supply. Therefore, when a brain is damaged by trauma it will affect the students' learning. Given the fact that so many students around the world are experiencing, or have experienced, trauma, it is imperative that teachers know how they can affect the healing process. Specifically, teachers should be able to answer the question: *how do I know that traumatized students are learning and growing in my classroom*. My goal is to create a resource that teachers can use to help create trauma-sensitive classroom environments while helping students acquire and refine their coping skills so that they can answer this question. Related to this goal, in my literature review, I will explore research that defines and identifies types of trauma. I will then look at potentially affected populations and will discuss how the trauma experienced by these groups may affect them physically and psychologically. Finally, I will give some suggestions for educators based on my research findings. I will summarize the findings in this paper and use them to create an online toolkit that will be available in the future.

### Definition of Trauma

In her 1992 book, *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror*, Judith Herman defines trauma as events that “overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning.....they confront human beings with the extremities of helplessness and terror and evoke the responses of catastrophe” (Herman, 1992, p. 33). Some people are able to get help and live completely normal lives after traumatic experiences. However,



many trauma survivors continue to struggle with their sense of control, connection, and meaning for the majority of their lives. While this struggle definitely has other implications, I am going to focus on how these issues may affect a teen's education.

### Stages of Trauma during Immigration

In order to narrow down the broad topic of trauma, I will look at different stages of trauma experienced during the immigration process. I will use the Triple-Trauma Paradigm (Healing the Hurt, 2005). See Figure 1: *The Triple-Trauma Paradigm* illustrated below.




THE TRIPLE-TRAUMA PARADIGM		
PRE-FLIGHT 	FLIGHT 	POST-FLIGHT 
<ul style="list-style-type: none"> <li>■ Harassment/intimidation/threats</li> <li>■ Fear of unexpected arrest</li> <li>■ Loss of job/livelihood</li> <li>■ Loss of home and possessions</li> <li>■ Disruption of studies, life dreams</li> <li>■ Repeated relocation</li> <li>■ Living in hiding/underground</li> <li>■ Societal chaos/breakdown</li> <li>■ Prohibition of traditional practices</li> <li>■ Lack of medical care</li> <li>■ Separation, isolation of family</li> <li>■ Malnutrition</li> <li>■ Need for secrecy, silence, distrust</li> <li>■ Brief arrests</li> <li>■ Being followed or monitored</li> <li>■ Imprisonment</li> <li>■ Torture</li> <li>■ Other forms of violence</li> <li>■ Witnessing violence</li> <li>■ Disappearances/deaths</li> </ul>	<ul style="list-style-type: none"> <li>■ Fear of being caught or returned</li> <li>■ Living in hiding/underground</li> <li>■ Detention at checkpoints, borders</li> <li>■ Loss of home, possessions</li> <li>■ Loss of job/schooling</li> <li>■ Illness</li> <li>■ Robbery</li> <li>■ Exploitation: bribes, falsification</li> <li>■ Physical assault, rape, or injury</li> <li>■ Witnessing violence</li> <li>■ Lack of medical care</li> <li>■ Separation, isolation of family</li> <li>■ Malnutrition</li> <li>■ Crowded, unsanitary conditions</li> <li>■ Long waits in refugee camps</li> <li>■ Great uncertainty about future</li> </ul>	<ul style="list-style-type: none"> <li>■ Low social and economic status</li> <li>■ Lack of legal status</li> <li>■ Language barriers</li> <li>■ Transportation, service barriers</li> <li>■ Loss of identity, roles</li> <li>■ Bad news from home</li> <li>■ Unmet expectations</li> <li>■ Unemployment/underemployment</li> <li>■ Racial/ethnic discrimination</li> <li>■ Inadequate, dangerous housing</li> <li>■ Repeated relocation/migration</li> <li>■ Social and cultural isolation</li> <li>■ Family separation/reunification</li> <li>■ Unresolved losses/disappearances</li> <li>■ Conflict: internal, marital, generational, community</li> <li>■ Unrealistic expectations from home</li> <li>■ Shock of new climate, geography</li> <li>■ Symptoms often worsen</li> </ul>

Figure 1: *The Triple-Trauma Paradigm*

#### Pre-Flight

Sometimes referred to as “pre-migration trauma,” pre-flight trauma refers to the circumstances that encourage an individual or family to leave their native countries. For

example, in El Salvador, 6,657 people were killed in 2015, more than in any year since their civil war in 1983 and 70 percent more than in 2014 (Lakhani, 2016). August 2015 was the bloodiest month with more than 900 killings in a country with a population of 6.4 million. This violence is largely a result of violence among the government and two warring gangs: Calle 18 and Mara Salvatrucha 13 (Lakhani, 2016). It is no wonder that El Salvador had the second highest number of unaccompanied minors apprehended at the Mexican border (U.S. Customs and Border Protection, 2016). This gang violence is just one example of the type of trauma immigrants may face before deciding to leave their home countries. Regardless of what caused them to flee, the implications of these experiences have long-lasting effects. There is substantial quantitative and qualitative research that shows a direct correlation between trauma prior to or during migration and negative psychological affects years into the future (Perez Foster, 2001, p.155).

### **Flight**

“Flight” refers to the period of time between when immigrants leave their homes and when they arrive at their destination. For some immigrants, this is a matter of a few hours on a plane. For others, this experience can last years and be fraught with traumatic events. Recently, many refugees and asylees have been fleeing Syria and other African nations. Many are attempting to get to Europe via the Mediterranean Sea. As of April 12, 2016, the International Organization of Migration reported that 173,761 individuals have crossed the Mediterranean Sea in 2016. Additionally, 763 people have died or gone missing during this journey (International Organization for Migration, 2016). The sea is unpredictable and often refugees over-crowd boats that may not be fit to sail in the first

place, which causes many boats to capsize. The European Union has tried to gather resources in order to perform more search and rescue missions in the Mediterranean, but they are unable to keep up with the number of boats navigating the sea (The Human Rights Watch, 2015).

A perilous sea journey is just one example of how migration or flight may be a source of trauma for immigrants. Studies have indicated that trauma during the migratory process is linked to clinical levels of psychological distress. The severity of symptoms related to this distress is correlated with the level of risk and stress involved in the migration experience. (Perez Foster, 2001, p. 156).

### **Post-Flight**

One may assume that once a family or individual reaches a new place of residence, things will be easier because the source of their trauma has been left behind. However, that is a very oversimplified portrayal of the very difficult process of assimilation and adjustment. In fact, poor living conditions, employment, and rebuilding social networks are a huge cause of psychological distress (Perez Foster, 2001, p. 156). “Emigrating in the hope of finding work and a new life in an adopted land, only to find themselves confronting isolation and exploitative living conditions, leaves immigrants at significant risk,” especially if they do not receive treatment or mental health assistance (Perez Foster, 2001, p. 156). I will discuss the trauma of isolation and acculturation further in the following section.

## **Types of Trauma**

It is difficult to ascertain what percentage of the United States immigrant population has experienced trauma because traumatic events often go unreported. While many immigrants, including refugees, come from areas of the world in which trauma is hard to avoid, the stressors do not stop when they cross the border. Even when an individual has reached the United States, stressors still occur in a variety of forms. The National Child Traumatic Stress Network breaks immigrant stressors into four categories: traumatic, resettlement, acculturation, and isolation. I will explore each type of trauma in more detail below.

### **Traumatic Event**

A traumatic event is one that causes physical, emotional or psychological distress (National Library of Medicine, 2016). This is a broad definition and can apply to a plethora of situations. The length of duration can vary as well. It may be a singular event like an assault or the loss of a loved one, or it could be ongoing like war or an abusive relationship. After a traumatic event, a person may experience a range of symptoms related to Posttraumatic Stress Disorder (PTSD). This type of trauma can occur at any point in the immigration journey and applies to non-immigrants, as well, but for immigrants, traumatic events are most likely to occur pre-flight or during the flight itself.

### **Resettlement**

Resettlement stressors occur as an individual or family transitions to a new home - during flight or post-flight in some cases. This could be within their home country or abroad. Many refugees spend time in resettlement or refugee camps. One example is

Zaatari, a refugee camp in Jordan established to assist Syrian refugees. As of December 2015, the camp houses 79,138 refugees, exclusively from Syria. Of the nearly 80,000 residents, 65.5 percent are under the age of seventeen (The UN Refugee Agency, 2015). While humanitarian organizations are working to make Zaatari as pleasant as possible, it is only a temporary home.

Many immigrants also have anxiety about what has been left behind. For example, one study found that 90 percent of Sudanese refugees living in the United States worry about family that is still in Sudan (Bentley, Thoburn, & Stewart, 2013). Families fleeing traumatic events in their home countries are rarely able to leave as a family unit. An individual in the US with asylee status must undergo a lengthy process of at least a year in order for his or her family to join him or her legally in the country (Healing the Hurt, 2005). Confusion about the process, combined with stress about living conditions produces a significant amount of stress and anxiety.

### **Acculturation**

While the act of resettlement itself is stressful, the struggles don't end as soon as a family or individual moves into a home. Instead, the stressors continue to pile up. This is where post-flight trauma begins. Now, the family must strive to adapt to their new environment. I have spoken to many ESL parents who left behind well-paying, professional careers in their home countries only to end up with low-paying, unskilled jobs in the United States in an effort to provide a better future for their children. This loss of social status and resources can create psychological difficulties (Betancourt, Abdi, Ito, Lilenthal & Agalab et al., 2015).

In addition to monetary changes, culture changes lead to acculturation stressors, especially for families with children. School aged children often feel pressure to assimilate to the culture of their American peers. This can lead to family conflict as the native culture may have different values than those stressed by the American lifestyle. For example, I have one student who wears her hijab to school, removes it for the duration of the school day, and replaces it before getting on the bus to go home. Generation 1.5 children, those that have arrived in the United States young enough that the majority of their education takes place in U.S. schools, may feel additional stress as their parents expect them to thrive and often see their children's success as a driving factor for immigration to the U.S. Additionally, as children move through the American school system, they may surpass their parents in English proficiency. This can lead to role-reversals in the family where children are expected to translate for their parents, putting them in a position of power (Healing the Hurt, 2005).

### **Isolation**

Finally, there is the stress of isolation, another post-flight experience. Language barriers can cause families to be isolated in several ways. First, if available, many families move into insular communities so they can continue to perform daily tasks in their native language. This allows for a sense of connection within the community, but isolates them from surrounding communities. In addition, members of a family can become isolated from one another. Because they are provided with formal education, school aged children will progress in their English proficiency, but adults may not. This affects the roles of family members, with the youngsters taking on the 'family

spokesperson' role and can create communication barriers between parents and their children (Betancourt et al., 2015).

All these stressors continue to build on one another. As a teacher, it can be hard to determine exactly what kind of stressors a student is experiencing. While immigration status information is not always available to teachers, it can be helpful to know when making decisions about how best to help a student succeed in school. In order to discuss this in more depth, I will now define the varying groups that may have experienced the types of trauma discussed above.

### **Immigrant Groups**

An immigrant, by definition, is someone who moves permanently to another country (Merriam-Webster's Collegiate Dictionary, 2013). However, that broad definition can be broken down into many more specific categories. Any of these groups may have experienced the traumas described above. It is important not to make assumptions about an individual's history based on his or her immigration status. However, defining these terms is helpful when assessing areas of potential trauma.

### **Citizen**

To be considered a citizen of the United States of America (USA), a person must be born in the USA or complete the naturalization procedure. U.S. Citizenship and Immigration Services (USCIS) requirements for naturalization include holding a Green Card for five years, residing in the USA, and completing a written test that examines the ability to read and write in English along with understanding of U.S. history and government (2013). For a complete list of requirements, see Appendix D: *Naturalization*

*Requirements.* There are other paths to citizenship through marriage, parents, or military service, but USCIS states that naturalization is the most common path (2013).

### **Lawful Permanent Resident**

Upon receipt of a Green Card, a person becomes a lawful permanent resident. A Green Card can be obtained through sponsorship by an immediate family member who is a US citizen or through an employer, refugee or asylee status or immigrant petition (U.S. Citizenship and Immigration Services, 2011). This means an individual can live and work in the United States as long as he or she likes, as long as certain rules are followed. A Green Card Holder must pay federal taxes and always keep USCIS informed of his or her place of residence (U.S. Citizenship and Immigration Services, 2011).

### **Refugee**

According to USCIS, a refugee is someone is located outside of the U.S., but is not established in another country, is of humanitarian concern to the U.S. and can demonstrate that he or she were persecuted or fear persecution due to race, religion, nationality, political opinion or membership in a social group (U.S. Citizenship and Immigration Services, 2015). The first step to refugee status is a referral to U.S. Refugee Admission Program where an applicant will get assistance filling out required paperwork and applications. Once approved, refugees undergo a medical exam and receive help with cultural orientation and travel arrangements. Refugees can work in the U.S. and must pay taxes. They must also apply for a Green Card within one year of their arrival, at which point they would become a lawful permanent resident.



**Asylee**

An asylee typically comes to the US for reasons similar to a refugee. They have faced persecution due to race, religion, nationality, political opinions or membership in a social group. However, they apply for their status after entering the country. Once in the U.S., an individual must complete an application in order to be considered for asylee status. Once this status has been granted, he or she may remain in the U.S. and can work. After a year in the U.S., an asylee may apply for a Green Card and become a lawful permanent resident (U.S. Citizenship and Immigration Services, 2015).

**Undocumented or Illegal**

Sometimes referred to as illegal aliens, these residents of the U.S. have no legal standing. They do not have visas or Green Cards. They cannot work in the U.S. legally, but many find jobs and do end up paying taxes. In Minnesota last year, unauthorized immigrants comprised 2.9 percent of the state's workforce and paid \$87.5 million dollars in state and local taxes (American Immigration Council, 2015).

These immigrants live in fear of deportation. One student told me that when she comes to school, she often wonders whether or not her parents will be home when the bus drops her off in the afternoon. In the 2015 Fiscal Year, U.S. Immigration and Customs Enforcement (ICE) conducted 235,413 removals. 59 percent of those removed had been convicted of a crime, but 61 percent had not. Countries with the most deportees were Guatemala, Honduras, El Salvador, and Mexico (U.S. Immigration and Customs Enforcement, 2015). Children who immigrated to the United States when they were young may qualify for Deferred Action for Childhood Arrivals (DACA) and their parents

may qualify for Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA) (See Appendix C: *DACA and DAPA Information*).

### **Education Experiences of Immigrants**

Because of the many categories of immigrants and the varying backgrounds of immigrant individuals, a variety of education levels is to be expected. Just as trauma cannot be presumed according to immigrant status, it is incorrect and insensitive to assume all immigrants have had the same educational experiences.

#### **Formal Education Abroad**

Many immigrants have often had formal education before coming to the United States. This means they are fluent in their native languages (L1) and often can apply these L1 literacy skills to English. In addition, they have been exposed to critical thinking and math and science concepts. The largest struggle for this group is vocabulary. They may know the information being taught in their American classes but have difficulty accessing the material in English. For example, I have had foreign exchange students in my classes that carry around dictionaries because all they really need is to figure out is a word or two that is tripping them up. Often, they'll find the word they're looking for and I'll hear an "ohhhhhh" of clarification. In general, for this group, language is the barrier. Of the ten largest groups of foreign-born residents in Minnesota as indicated by MN Compass, the majority probably have attended school in their home countries (Minnesota Compass, 2015). For example, immigrants from India, Somalia, Vietnam, China, Korea, and Canada often do not have interrupted educations and their greatest area of concern upon entering an American school is language acquisition.

## **Generation 1.5**

Generation 1.5 (G1.5) students arrive in the United States before they begin school. Because they begin their education in kindergarten with their English speaking peers, they often develop a social fluency in English and are proficient in Basic Interpersonal Communication Skills (BICS). This allows them to appear to be native speakers, but they often have difficulty with academic language and do not have in Cognitive Academic Language Proficiency (CALP) (Forrest, 2006). This can be confusing to educators because students appear to be fluent in English, but struggle with reading and writing tasks. Because their primary exposure to English occurs at school, they have a great deal of difficulty with vocabulary removed from their daily lives. For example, students who live in a city may have trouble with rural vocabulary (Schechter, 2012). Not only do they often need to broaden their subject area specific vocabulary, they often need to learn the vocabulary of learning. They need to learn how to learn and become fluent in metacognitive talk (Schechter, 2012).

At home, G1.5 students speak their native language. This develops oral fluency in the home language, but not literacy (Schechter, 2012). Many researchers have demonstrated the connection between L1 and L2 (second language) literacy, but being illiterate in their home language means that many G1.5 students do not get the benefits of this transference (Schechter, 2012).

Socially, they share characteristics of first and second generation immigrants (Forrest, 2006). They are caught between their home cultures and the popular American culture they experience at school, which may lead to struggles with family or peers as

they navigate these differences. In addition, their parents have not experienced the American school system and often struggle to understand their own role in their child's education because it may differ from their own childhood experiences (Schechter, 2012).

### **Students with Limited or Interrupted Formal Education (SLIFE)**

As indicated in the acronym, SLIFE have not had consistent schooling. Their education may have been interrupted for a variety of reasons including war, poverty, or immigration. Regardless of the reason, these students have been out of school for periods long enough to have drastic effects. They have limited literacy in their L1, and are below grade level in most content areas. Upon enrollment in an American school, these students have to learn academic English and content-knowledge at the same time (Focus on SLIFE, 2015). Not only are students learning English and content, but they are learning to navigate U.S. culture and the U.S. school system. For older students, this is especially difficult because the gap between their basic skills and what is expected of them in high school classes is very wide.

One growing SLIFE population in the U.S. is young adults or children that make their way to the U.S. from South and Central America by themselves. Between the 2015 and 2016 fiscal years, there was an 89 percent increase in unaccompanied-minor alien apprehensions on the southwest border of the United States. This means that in the 2016 fiscal year (October 1, 2015 - February 29, 2016) 23,553 minors were stopped at or near the Mexican border by border patrol. The majority of these, 8,329, were from Guatemala. El Salvador had the second highest number with 6,621 El Salvadoran minors being apprehended (U.S. Customs and Border Patrol, 2016). Given the amount of time spent

traveling from their native countries to the U.S. and the conditions in their countries that caused them to flee, they almost certainly qualify as SLIFE.

Knowing the education background and immigration status of a student can help a teacher gain insight into a student's academic performance and behavior. In addition, it can alert teachers of potential trauma. Knowing the connections between immigration and trauma as well as trauma and learning helps teachers provide better learning experiences for their students.

### **Poverty as Trauma**

It is important to note that citizens born and raised in the United States are also susceptible to traumatic experiences. One risk factor for trauma that is especially important for teachers to be aware of is poverty. According to the U.S. Department of Education, 51.3 percent of students in American schools (38.3 percent of Minnesota students) qualified for free or reduced lunches during the 2012-2013 school year (2014). With that many children facing economic hardship, it is inevitable that teachers will have impoverished students in their classrooms.

### **Definition of Poverty**

In his book, *Teaching with Trauma in Mind*, Jensen gives two definitions of poverty. The first is the official definition from the U.S. Office of Management and Budget (OMB), which defines poverty as “persons with income less than that deemed sufficient to purchase basic needs...are designated as poor” (Jensen, 2009, p. 5). Each year the OMB establishes a poverty threshold that does not vary according to region. In 2014, the threshold for a family of four (two adults, two children) was \$24,817 annually.

(DeNavas-Walt & Proctor, 2015). The second definition of poverty is written by Jensen himself. He defines poverty as “a chronic and debilitating condition that results from multiple adverse synergistic risk factors and affects the mind, body, and soul (Jensen, 2009, p. 6). This definition of poverty is very similar to the definition of trauma previously provided (See *Definition of Trauma* above). Both include the idea of being overcome by circumstances beyond a person’s control that affect relationships, emotions, and inhibit the ability to think clearly.

### **Comparisons to Immigration Trauma**

While impoverished American students may not have emigrated from another country, they have a number of similarities with students who have. In the following sections, I will look at poverty through the lens of types of immigration trauma listed above to illustrate these similarities.

#### *Traumatic events*

When deciding where to live, price is a major factor. For impoverished families, options are often very limited. After conducting a study in Los Angeles, California, researchers found that gang-related homicides are closely associated with lower income and unemployment (Kyriacou, Hutson, Anglin, Peek-Asa, & Kraus, 1999). In some cases, this gang violence can create trauma similar to what immigrants have experienced before fleeing their home countries. This may be especially true in areas of the country where gangs like Mara Salvatrucha 13, one of the gangs terrorizing El Salvador, are expanding to the United States.

In addition to facing more threats outside of home, children living in poverty are more likely to be mistreated by parents or caregivers as well. In families that are not considered to have low socio-economic status (SES), 4.4 per 1000 children experienced maltreatment. This is five times less than in low-SES families in which 22.5 children per 1,000 are subjected to maltreatment (Sedleck, Mettenburg, Basena, Petta, McPherson, et al., 2010, p. 5). When instances of child abuse occur, children need to find ways to cope. Often this includes skewing their version of reality to fit their circumstances. Coping mechanisms may lead to the development of alternative states of consciousness in which the normal relationships between mind and body or reality and imagination do not apply (Herman, 1992, p. 196).

#### *Resettlement*

While children living in poverty are not resettling into a new country like the immigrants discussed above they are experiencing similar issues. Half of impoverished children experience eviction, loss of utilities, overcrowded living conditions, or lack of basic appliances in any given year. This is compared to 13 percent of their well-off peers. (as cited in Jensen, 2009, p. 2009). When a family is living in a persistent state of flux, it is difficult for a child to become well-adjusted to his or her surroundings. Not only does an eviction mean a new home, but it may mean a new school as well. Students in poverty who have experienced resettlement trauma share many similarities with SLIFE described above.

#### *Isolation*

Children in poverty consume more media and spend more time home alone than their more affluent peers. One contributing factor is the home environment. A child in an unsafe neighborhood is encouraged to stay home rather than to go outside and play. In addition, access to money, transportation, and free time limits their involvement in sports and other extracurricular activities, thus limiting their opportunities to make meaningful connections with peers outside of school (Kumanyika, et al., 2006).

In addition to being alienated from peers, poverty can cause children to have fewer and less meaningful interactions with their families as well. A correlation has been made between the amount of television consumed and parental involvement. The more a parent allows their young child to watch television, the more likely that parent is to be associated with Child Protective Services reports for neglect in the future (Slack, 2004, p. 404). Parents who work several jobs to maintain a household may have little time to spend with their children. This may be especially true of single-mother households as the median earnings of women above the age of 15 that worked full time in 2014 were \$10,762 less than that of men of the same demographic (DeNavas-Walt & Proctor, 2015).

### **Summary**

In 2014, the official poverty rate in the United States was 14.8 percent. This means that there were 46.7 million people living in poverty. If we break this number down further, we see that some groups are more likely to live in poverty than others. For example, 14.2 percent of the native-born population was below the poverty line while non-citizens living in the country (refugees, asylees, undocumented immigrants) had a



poverty rate of 24.2 percent. Naturalized citizens were the most successful group with only 11.9 percent in poverty (DeNavas-Walt & Proctor, 2015).

Based on these statistics and the comparison made above, poverty and trauma are closely linked. It is likely that students living in poverty have experienced some form of trauma. This connection demonstrates that the topic of this capstone will not only be relevant to ESL teachers but to any teacher who works with impoverished children. In order to best serve traumatized students, it is important to know the symptoms of trauma. In the next section, I will discuss a new umbrella term that is being used to diagnose those who have experienced trauma.

### **Developmental Trauma Disorder**

In a proposal to include Developmental Trauma Disorder (DTD) in the Fifth Edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published in 2013, van der Kolk & Pynoos state that many children or adolescents who grow up in traumatic environments often fall through the cracks of the current mental health system. They receive no diagnosis or multiple, unrelated diagnoses, neither of which address the developmental issues which he believes to be the cause of their problems.

PTSD (post-traumatic stress disorder) typically occurs after one traumatic event in an otherwise stable life. However, when immigrants and refugees have experienced months or years of trauma, the diagnosis isn't applicable. In one example, van der Kolk & Pynoos state that of the children identified as having significant trauma-related symptoms in the Illinois child welfare system, close to 95 percent would not meet the standards of PTSD diagnosis (2009, p. 4). However, these children are not functioning

normally. They exhibit attachment, academic, and behavior problems. To counter these issues, the children often receive a cluster of non-trauma related labels including Attentional Deficit Hyperactivity Disorder, Bipolar disorder, Oppositional Defiant Disorder, etc. Treatments for these symptoms do not address the root cause and are therefore ineffective in the long term. (van der Kolk & Pynoos, 2009).

Although the symptoms of DTD overlap with many already existed mental health diagnoses, the new diagnosis allows for a more holistic treatment of the individual. A diagnostic tool has been developed to identify DTD (See Appendix E: *DTD Criteria*). Teachers are not qualified to diagnose students, but identifying a possible cause for student behavior can help them make appropriate adaptations and help the student connect with fitting resources.

### **Manifestations of Trauma**

After reviewing the types of trauma and groups that may be affected, the next step is to look at how this trauma might affect students both in and out of school. First I will explore physical, or somatic, manifestations. Then, I will discuss how a student's brain might be affected by trauma. In each section, I will also discuss how education might be affected.

#### **Somatic Manifestations**

The Somatic Nervous System is made up of the sensory and motor nerves that power the limbs and connect to the body wall (Swenson, 2006). Among other things, they are involved in muscle strength and muscle tension. Damage to the somatic system can affect strength and skin sensitivity.

Trauma during childhood is linked to higher rates of somatic symptoms (SS). These can decrease the ability of an individual to function on a daily basis (Kugler, Bloom, Kaercher, Truax, & Storch, 2012, p. 671). These symptoms range greatly in frequency and severity, but often include headaches, stomachaches, breathing difficulties, and muscle tension (Courtois & Ford, 2013). A child's academic and social life as well as his or her emotional well-being can be negatively impacted by this pain. Somatic manifestations after traumatic events are not included in the definition of PTSD; however, they are included in the screening used by Van der Kolk for DTD under the category of Functional Impairment. In her research, Kugler, et al. suggested that trauma during childhood creates anxiety that can cause hyper arousal and may be expressed partially as SS (2012, p. 663).

In Kugler, et al.'s survey of 161 children in a residential treatment group home who had experienced various types of trauma, 95 percent self-reported SS and 80 percent of caregivers reported that children experienced at least one SS. The most frequently reported symptoms were jumpiness, restlessness, sweatiness, and shakiness. These generalized symptoms can lead to unnecessary medical tests and frustrating misdiagnoses.

Somatic Systems can also be specifically related to the trauma. Norton, et al. observed this when watching children's play therapy. Children may participate in repetitive play in which themes or aspects of the trauma are included (Norton, Ferriegel, & Norton, 2011). If they begin to re-experience the traumatic event, sensory reenactment

is common. Children may attempt to comfort traumatized areas of the body, make jerky, rapid movements or show pain by screaming during a sensory reenactment.

Symptoms can also vary based on culture and associated beliefs about the body and mind. For example, *heart-focused anxiety* is a feature of English and German speaking populations (Hinton, Pich, Chean, Safren, & Pollack, 2006, p. 492). This means that when anxious, English and German speakers tend to be especially sensitive to sensations near the heart and catastrophize these sensations into heart-related disorders. Cambodian immigrants, on the other hand, may be more likely to experience *neck-focused anxiety*. Hinton, et al. described this as a response to several cultural beliefs. First, Cambodians believe that a substance called *Khyal* moves through the bloodstream and too much of it can rupture or block the blood vessels in the neck. There is also a belief that turning the head when the neck is sore could cause blood vessels to burst (Hinton, et al., 2006).

**In Education.** Somatic Symptoms can vary greatly and can have a wide range of effects on a person's life. Symptoms may be generalized, trauma specific, or cultural. Being aware of these symptoms as a classroom teacher can help paint a more complete picture of traumatized students and can give insight into their academic and social behaviors.

Chronic physical symptoms may lead to excessive absences in school. For students who may already struggle with content and language, this creates an additional barrier. When in school, traumatized students may complain of physical symptoms such as stomach aches, trouble sleeping, jumpiness, or pains that seem to be without cause.

Because of this, traumatized students may spend more time in the nurse's office than their peers do. Again, this means they are missing out on instructional time. There is little a teacher can do about these physical manifestations other than create a learning environment in which the student feels safe in order to reduce symptoms and be aware that these somatic manifestations may be the cause of absences.

### **Brain Manifestations**

There are five important systems in a brain that are directly related to a person's education: executive system, language system, memory system, spatial cognition system and visual cognition system. Each of these systems can be affected by trauma.

When discussing the effects of trauma on our ESL population, one must know how trauma can affect the left perisylvian or language system portion of the brain which is responsible for the semantic, syntactic, and phonological part of language development and processing (Jensen, 2009). This part of the brain thrives off of input. While trauma doesn't affect the physical development of the portion of the brain, children who have lived through trauma have probably not received input comparable to their peers. This may be due to limited interactions in L2 (English) or limited parental involvement. Often, there are limited L2 printed resources available in the home and limited opportunities for adults to model reading, especially during resettlement. According to Jensen, by the time a child starts school, he or she should have heard five million words and know at least 13,000 words. This often is not the case for immigrant students or for American students living in poverty (Jensen, 2009).

The medial temporal or memory system is made up of the hippocampus and the amygdala. In general, the memory system processes and stores learning. Specifically, the hippocampus creates order in the brain and the amygdala processes emotions (Jensen, 2009). When a person experiences extreme stress, the amygdala begins a process known as fight or flight. This prepares various systems in the body either to run away from the given situation or to fight. This is an evolutionary response to stressors that kept our ancestors alive (Liebert & Birnes, 2013). However, when a person is exposed to long periods of trauma, this system can become overly sensitive and become activated when there is no actual threat. When this occurs consistently, the prefrontal cortex can be affected.

The prefrontal or executive system assists us as we make decisions and establish rules for a given situation (Jensen, 2009). When an individual experiences chronic stress, neurons in the brain become stressed as well, which causes them to make fewer connections. Chronic or acute stress literally shrinks neurons in the brain's frontal lobes. This area, which includes the prefrontal cortex allows a person to plan, make judgments, and reduce impulsivity. Another area of the brain changed by stress is the hippocampus. Damage to this area can affect learning capacity (as cited in Jensen, 2009, p. 25).

The parietal or spatial cognition system helps us to organize, sequence and visualize information and the occipitotemporal or visual cognition system recognizes patterns and translates mental images into abstract thoughts and vice versa are both essential for higher order thinking (Jensen, 2009). If development of these crucial

systems are inhibited by trauma, students will have additional difficulties learning advanced concepts in school.

**In Education.** Teachers are not psychologists and should follow the mandatory reporting guidelines in order to get students the mental health services they require. However, some of these skill sets can be taught or refined in a classroom setting. For example, teachers can work on regulation skills and encourage students to play together.

Trauma can often affect the gradebook of a student. Although the fact that trauma has profound effects on one's self-esteem, confidence, and self-integrity may not seem to directly correlate directly to diminishing grades, there are several second-language acquisition theories that comment on the need for confidence in the second language classroom (Courtois & Ford, 2013; McDonald, 2000). When students are confident, they are more willing to speak and take risks with language. This allows them to play with language and become orally proficient. Without confidence, students may excel in reading or writing, but struggle with speaking. Another way trauma affects the speaking abilities of students is related to anxiety. Krashen, among others, states that anxiety level greatly affects the affective filter. The higher a student's anxiety, the less he/she may speak in class (Krashen, 1981). Again, this causes students to fall behind in oral proficiency and gets in the way of their self-advocacy.

### **Strategies for Educators**

There are a few key areas in which traumatized children struggle when it comes to school. Their inability to process information often causes them to fall behind in their classes. Difficulty forming trusting relationships with adults can create a tense dynamic

in the classroom and discourage students from asking for help or clarification when needed, which causes grades to drop. Their difficulty differentiating between threatening and non-threatening situations, paired with their struggle to recognize and regulate their emotions, can cause them to react inappropriately to situations. (Cole, et al., 2005) Just being aware of these areas of concern for traumatized students is the first step in creating a trauma sensitive classroom. Once aware, teachers can begin taking action to create positive change. The three primary areas in which schools can help students are forming positive attachments with adults, enhancing their self-regulation abilities and teaching the transference of skills across subject areas (Cole, et al., 2005).

The way teachers address students can enhance or hinder the relationship. Ultimately, those that work with traumatized individuals want to help them increase their feelings of self-determination and autonomy (Courtois & Ford, 2013). In order to do this, teachers must be cognizant of their own behaviors and work to create scaffolds that slowly release students into independence. Because students who have experienced trauma may feel out of control, it is important that not speak loudly or aggressively and avoid other controlling behaviors (McDonald, 2000). One way to help students feel in control and autonomous is to provide them with structure. Create a classroom routine and post the schedule for the day. This helps students know what is coming and reduces surprises (Cole, et al., 2005).

Another factor that affects traumatized students' relationships is their ability to accurately assess and monitor their feelings because development of important executive functions can be compromised by childhood trauma. Working memory, emotional



regulation, holding contradicting information in the brain, deal with unfamiliar conditions, see alternative options, and self-monitoring can all be affected by trauma. (Le & Wolfe, 2013, p. 34). Teachers often end up teaching more than their content areas, and this is another example. These soft-skills of emotional management and critical thinking need to be explicitly taught. Traumatized students might have missed the opportunity to learn these skills during their development or the skill set might be damaged by the coping mechanisms employed during the traumatic period (Herman, 1992). Either way, teachers cannot expect students to develop these skills independently. Only six emotions do not need to be taught: joy, anger, surprise, disgust, sadness and fear. This means that some children are operating with only those six emotions. In order to help students grow emotionally, Jensen suggests that if a student responds to a situation inappropriately, it is the teacher's job to teach him or her the proper response (2009, p. 19). Model decision making. Discuss emotional control and conflict resolution using anchor texts or short videos. Before students can be successful in school, they need to have the tools necessary to communicate effectively with their teachers and peers.

Not only do students with trauma often struggle to be in control of themselves, but they struggle to be in control of their knowledge as well. Larsen-Freeman argues that the ability to transfer knowledge into an unknown situation requires a learner to transform the information not just repeat it (2013). This means that the student needs to be comfortable enough with the information that he or she can adapt it. In order to help students with this difficult skill, teachers can create authentic situations for students to demonstrate their knowledge. Students may need to be reminded to use newly acquired

information, but it is better that they get the reminder while participating in a classroom activity than miss the opportunity to transfer the information during a real-life situation (Larsen-Freeman, 2013).

The bottom line is that a teacher must look for ways to help students regain the sense of control, connection and meaning that individuals lose after experiencing trauma (McDonald, 2000). To do this effectively, we need to gather information about our students. Teachers need to know the strengths and weaknesses as well as the background of their students in order to provide effective and meaningful instruction. To assist in this task, MacDonald suggests that each school have a portfolio of information that teachers can access (2000). This includes information about the current condition in specific countries as well as information about trauma informed teaching.

### **Gaps in Current Research**

As evidenced in this literature review, there is an abundant amount of research about the trauma experienced by immigrants and the ways in which it may affect their education. We know that there are various types of trauma that can be experienced all along the immigration journey. In addition, we know that immigrants are not the only population in a school that is susceptible to trauma and its effects. We know that trauma can affect the brain and body in ways that inhibit a student's education and we have some suggestions that teachers can use to better address the needs of potentially traumatized students. However, the literature offers few practical suggestions that teachers can take back to their classrooms and implement. It is my hope that the toolkit I create will begin

to close this gap in current research and give teachers tools they can use immediately in their classrooms.

### Conclusion

As the preceding summary indicates, traumatized students may have a variety of needs and that symptoms of trauma may manifest themselves in a variety of ways. As teachers, it is not our job to diagnose or treat trauma. However, it is our job to ensure that our students get an education. With this information in mind, my research question is: *What can teachers do to ensure traumatized students are learning and growing in their classrooms?* As I begin to answer this question, I will collect data from teachers. The methods outlined in the next chapter will explain how I plan to incorporate teacher feedback as I design a resource meant to help teachers further as they facilitate learning for their traumatized students.

## CHAPTER THREE: METHODS

In this capstone, I am researching how trauma affects a teen's ability to be successful in school in order to create a trauma sensitive environment for my students. There is a substantial amount of research available describing trauma's effect on the brain and learning. After reviewing literature related to psychological trauma's effect on learning, I am better able to identify areas of need at my school. What seems to be missing are practical tools for teachers to use in their classrooms. My research will begin to fill that gap. Specifically, the results of my research will help teachers answer the question: *What can teachers do to ensure traumatized students are learning and growing in their classrooms?* As part of a potential answer, I have created a toolkit that may help teachers create classrooms where traumatized children can function well.

### Overview of Chapter

In this chapter, I will describe how I collected data to make my toolkit as practical as possible for teachers. Many resources describe how trauma affects learning and give general suggestions to help these students. However, there are few resources that offer practical advice that teachers can take back to their classrooms and implement. While I want to inform teachers of the facts, I want them to feel like there is something practical in the tool-kit as well. I want my resource to be useful for both ESL and mainstream teachers, as traumatized students will be in both classrooms. Teachers should be able to use my tool-kit to help traumatized students learn and grow in their classrooms. In order to assess what teachers believe they need to help foster the learning and personal growth

of traumatized students in their classrooms, I have designed surveys and other data collection tools.

### **Mixed Methodology**

In this capstone, I conducted applied research. Applied research strives to find a solution for an existing problem (Mackey & Gass, 2005). The existing problem I addressed was the fact that traumatized students have different needs in the classroom than their peers and teachers need to feel prepared to teach all learners. I collected data to help teachers assist traumatized students in the classroom environment. In order to get this information, I used mixed method approach. I chose this because it allowed me to collect hard data about the amount of training and experience the participants have had working with traumatized students and it allowed me to have discussions with the participants about their personal experiences and to gather meaningful stories. This mixed methodology included both quantitative and qualitative research.

### **Quantitative Research**

The collection of quantitative data is meant to give the researcher objective, measurable information (Mackey & Gass, 2005). In this study, I collected hard data from my participants about the amount of training they had working with traumatized students, assessed how much they know about trauma's effects on learning and asked them to use a scale to rate their comfort level working with traumatized students. Having hard data about my participants helped me assess their needs and enhanced generalizability of my toolkit because I have a better idea of which audiences would benefit from the contents (Mackey, 2005).

## **Qualitative Research**

The collection of qualitative data is meant to give the researcher an in-depth description of the context through rich description (Mackey & Gass, 2005). In this case, it helped me get a better idea of the problems teachers were experiencing so that my tool-kit could be better catered to their needs. Because of its focus on listening to the stories of participants, qualitative research is a good option for studying diversity. The focus of qualitative research is on the subjective experience of the participants rather than the discovery of one universal truth (Auerbach & Silverstein, 2003, p. 26). Qualitative research was appropriate for my topic because I did not assume that there was one correct way to structure or inform teachers about supporting traumatized students, nor was there one appropriate way to assist traumatized students. Because qualitative data is highly subjective, I selected one member from each department to participate in my research. This wide-range of perspectives increased the credibility of my data. I will discuss credibility in more detail later in this chapter.

After reviewing the data collected from the survey, I conducted semi-structured interviews in which I used the answers from participants' questionnaires as a guide, but elicited more information as the need arose (Mackey & Gass, 2005). These interviews helped me clarify their responses and gave them a chance to add more to their answers. Getting additional information also assisted me in generating an interpretive commentary of the results to demonstrate their transferability. While the immediate goal of this capstone was to create a resource my school could utilize, I wanted the contents of the toolkit to be transferrable and useful to teachers in other schools as well.

### **Data Collection**

In order for my toolkit resource to be as practical and helpful as possible, I relied on information from my colleagues to inform its creation. I utilized the Grounded Theory Method. This allowed me to conduct research before I introduced a hypothesis (Auerbach & Silverstein, 2003). I used the information I collected to generate a hypothesis that is grounded in that data about the resources teachers need in order to be more effective with their traumatized students. This hypothesis guided me as I created my toolkit.

### **Participants**

The Grounded Theory approach uses theoretical sampling, which I utilized as well. Theoretical sampling means that a researcher can use his or her theory to select participants (Auerbach & Silverstein, 2003, p. 19). In this capstone, instead of choosing a random sample of teachers, I chose teachers who I know have experience working with traumatized students and were cognizant of this fact. In order to encompass a range of classroom types, I asked one member from each department in my school to participate in my research. This included teachers from English, Spanish, ESL, science, math, social studies, and physical education. In this group, teaching experience ranged from three to 31 years. While all teachers worked in the same district at the time, they have worked in suburban and urban areas both in the United States and abroad and have experience working with students K - adult. This broad spectrum of experiences helped increase the credibility of the data, which will be touched on in more detail later in this chapter.

## **Setting**

As mentioned in the introduction, my high school is in the suburbs of a large city. Of the 792 students enrolled, 92 (11.6 percent) students participate in our English Language Learner (ELL) program and 431 (54.5 percent) qualify for free or reduced priced lunches. After English, our top three home languages are Spanish, Somali, and Hmong. Our newest ELL students are from the Middle East and Central America, specifically Iraq and El Salvador. While trauma certainly exists in other populations, I believe that these two groups have the highest rates of trauma.

Because of the structure of our ELL program and the fact that we have many students in poverty, nearly every teacher in the building has had some interaction with traumatized students. That is why it is essential that teachers feel prepared to teach these students.

## **Pilot Study**

The purpose of a pilot study is to test the materials and see what needs revision. For my pilot study, I chose three of my participants and asked them to complete a pilot survey (See Appendix F: *Pilot Survey Questions*). The appendix includes questions, but is not the format participants saw. Once I received the results from my pilot group, I did a preliminary coding to ensure that I had received responses in a format that I can use (See *Coding* below). This allowed me to assess the feasibility of my survey materials. Based on this information, I revised my questions so that the data collected in my final survey was appropriate for my goals. I made some of the true and false questions a bit more difficult either by taking out clarifying information or adding additional information. I



removed a question from the short-answer portion because I received responses that were not useful to my study. For example, all the pilot participants indicated that our school should have a social worker. While that may be true, it was not information I could use in my toolkit, so I omitted the question.

### **Procedures**

In this section, I will describe the specific tools and methods I used to obtain my data. I used the Grounded Theory introduced by Glaser and Swass in 1967 (Auerbach & Silverstein, 2003). This method is described in detail below.

### **Materials**

The primary collection device was a survey with two components. First, there were closed-ended questions about how much training/experience the participants have had working with traumatized students and about their knowledge of how trauma affects learning. Then there were open-ended questions about what they think would help them better serve these students. Following the suggestion of Auerbach & Silverstein, I will ask questions to help participants describe their history and experience working with potentially traumatized students in a narrative format (2003). Survey questions can be found in Appendix G: *Survey*.

After reviewing the data from the survey, follow-up interviews were necessary in order to clarify or gather more information. In this case, I used the responses to conduct a semi-structured interview during which I took notes. In some cases, participants weren't able to be met with face-to-face and we communicated via email. As laid out in the Grounded Theory method, I continued to go back to my participants as needed to clarify

and get more information until I reached theoretical saturation, which means my interviews stopped yielding new information and just reiterated patterns I had already established via coded analysis (Auerbach & Silverstein, 2003).

### **Delivery Method**

The survey was housed on surveymonkey.com, which is a format our district used frequently and with which participants were familiar. Staff's familiarity with this tool increased face validity and its anonymity helped ensure I got honest answers to increase internal validity (Mackey & Gass, 2005). I sent a link to the survey via email that included the open-ended questions in the body so participants had time to process and consider their responses before completing the survey. When a follow-up interview was necessary, I scheduled it at a time that was convenient for the participant.

### **Data Analysis**

After data collection was complete, I put both the quantitative and qualitative data into charts for easier analysis. The qualitative data was coded using keywords or phrases. In *The Coding Manual for Qualitative Researchers*, Saldana defines a code as a word or phrase that symbolically summarizes or captures the essence of a piece of data (Saldana, 2013, p. 3). After creating transcripts of my interviews, I created codes that helped me to summarize the data (Saldana, 2013, p. 75). These codes were then used to categorize responses, identify patterns, and became the data in which my hypothesis was grounded (Auerbach & Silverstein, 2003; Saldana, 2013).

I began with *in-vivo* codes, which are words or phrases taken right from the transcript (Bohn, 2003). The use of in-vivo codes in the preliminary stage of my coding

allowed me to stay as close to the participants' actual responses as possible (Auerbach & Silverstein, 2003). Coding is cyclical, and creating these preliminary in-vivo codes was just the beginning of my data analysis (Saldana, 2013). From there, I created final codes that served as categories and strived to summarize the data based on recurring themes. Within these larger categories, I created sub-categories as needed for clarification. Upon completion of these final codes, I assessed the data for patterns, which helped me create a theme. I discovered that although the teachers I surveyed did not have much formal training, they knew a good deal about trauma and how it might affect learning. They could identify areas in which traumatized students socially and academically. What I realized was that they did not know what to do with this information. They wanted to help, but did not know how. They needed strategies and practical suggestions they could utilize in their classrooms. This theme became the overarching guide for my toolkit. In the grounded theory, this theme would be considered my hypothesis (Auerbach, 2003). This process appears in Saldana's text and is pictured on the next page.

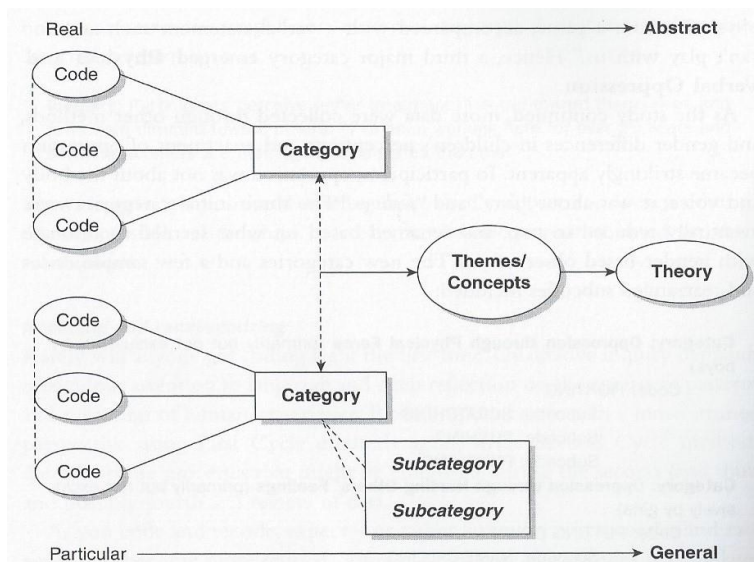


Figure 2: A Streamlined Codes-to-Theory Model for Qualitative Research

### Credibility

Credibility refers to the comprehensiveness of the picture painted by the research (Mackey & Gass, 2005, p. 180). In his book, *Qualitative Research and Evaluation Methods*, Patton says that credibility in qualitative research relies largely on four things: in-depth fieldwork, conscientious analysis of the data, credibility of the researcher, and belief in the value of qualitative investigation (2015).

The cyclical method of research and analysis used in grounded theory helps ensure that I conducted in-depth fieldwork and performed a conscientious analysis of the data collected. One method of enhancing credibility of qualitative research is to have the conclusions or categories created during coding reviewed by the participants (Patton, 2015). This was built into my method in my semi-structured interviews (Mackey & Gass, 2005). Although I didn't have extensive research experience, the guidance I received from my advisors and the process Hamline has implemented for creating a capstone both

help to establish my credibility as a researcher. Finally, the qualitative method has been well-established by a plethora of researchers before me. This lends some insight into the value of qualitative research in the academic community (Mackey & Gass, 2005; Auerbach & Silverstein, 2003; Bohn, 2003; Saldana, 2015; Patton, 2015). The combination of these characteristics demonstrates the credibility of this capstone.

### **Timeline**

My pilot study was distributed at the beginning of the last week of April. I asked that responses be returned by Friday of that week. By early June I had all revisions to my survey completed and all necessary permissions attained so I could distribute my survey right after school ended. I distributed it on Saturday and asked that it be returned by that Saturday so I could begin coding and conducting follow-up interviews. I then sent an email to participants that included my codes and the way in which they had been created to make sure I had represented their responses correctly.

### **Conclusion**

In this chapter, I outlined my research method. I began by outlining the mixed methodology approach. Then, I described my participants and my setting. I continued with detailed information about the materials I used and the process I followed while collecting and analyzing data. The goal of this research is to help teachers answer the question: *What can teachers do to ensure traumatized students are learning and growing in their classrooms?* In Chapter Four, I will discuss the results of this study and give a detailed account the creation of my toolkit.

## CHAPTER FOUR: DATA ANALYSIS

In this capstone, I am researching how trauma affects a teen's ability to be successful in school and the ways in which teachers can address those effects in order to create a trauma sensitive environment for my students. There is a substantial amount of research available describing trauma's effect on the brain and learning, which led me to a better understanding of areas of need at my school. What I didn't find much of in my research of existing sources were practical tools for teachers to take back to their classrooms. My research will begin to fill that gap. Specifically, the results of my research will help teachers answer the question: *What can teachers do to ensure traumatized students are learning and growing in their classrooms?*

To begin to answer this question, I conducted applied research using a mixed methodology. At the beginning of June, participants received an email that included a link to the survey via [surveymonkey.com](https://www.surveymonkey.com). I used this survey to conduct both quantitative and qualitative research. The first several questions were quantitative and assessed participants' background knowledge about how trauma might affect education along with their training and comfort level when it comes to working with traumatized students. The last five questions required participants to type responses. This qualitative data allowed participants to share their own experiences regarding where traumatized students struggle and what information they need to work with these students more effectively.

Both the quantitative and qualitative data will be analyzed in this chapter. The conclusions drawn from the data will inform the creation of my digital toolkit which will help teachers foster an environment of learning and growth for traumatized students.

### **Overview of Chapter**

In this chapter, I will review the results of my survey. First, I will discuss my quantitative data which I have placed in a series of tables and charts (see Appendix G: *Survey Responses*). Analysis of this data will discuss participants' background knowledge about trauma as well as their training and comfort level when it comes to working with traumatized students. Following that, I will discuss the qualitative data I collected. In order to do this, I created in vivo codes based on the responses (Bohn, 2003). From those codes, I extracted categories and then themes which became the basis of my toolkit (See Figure 1: *A Streamlined Codes-to-Theory Model for Qualitative Research*). Analysis of this data will describe this process and how those themes were used to develop my toolkit.

### **Quantitative Data**

The quantitative data collected in this survey helped to establish a baseline of teacher knowledge regarding trauma. The first questions in the survey asked participants to identify statements as true or false. These questions were meant to assess how much participants know about trauma's effect on the brain and the learning process. The results indicated how much information on this topic must be included in my toolkit. Figure 3: *Participants' Background Knowledge* shows the number of correct responses out of five.

Question	Correct Response	Correct Responses
There are traumatized students in your classes.	True	5
Childhood trauma can hinder brain development.	True	5
Traumatized students complain about physical ailments and visit the nurse at the same rate as their peers.	False	5
Traumatized students are more likely to interpret a non-threatening situation as threatening.	True	5
Living in poverty is difficult and can be stressful, but does not qualify as a traumatic experience	False	3
Traumatized students are more likely to have trouble regulating their emotions and are more likely to 'blow up' or laugh at inappropriate times.	True	5
Traumatized students do not have more than average trouble forming trusting relationships with adults and peers	False	5
Traumatized students find comfort in structure and routine.	True	5
Traumatized students often struggle with higher order thinking that require them to see alternative scenarios or hold contradictory information in their brains.	True	5
Traumatized students may have more than average trouble managing their time and paying attention during class.	True	5
Traumatized students do not have more difficulty than their peers transferring information to new situations.	False	5
Traumatized students often need to be taught how to deal appropriately with stressors.	True	5

Figure 3: *Participants' Background Knowledge*

Participants did very well with this portion of the survey. As indicated above, the only question answered incorrectly was regarding poverty as a traumatic experience. This indicates that participants have knowledge about trauma. They know that it might affect brain development and thus a child's ability to learn. They know that traumatized students display different behaviors and have different relationship skills than their peers. The results of this portion of my survey show that I don't need to focus my toolkit on



background knowledge. However, I do need to include information about how poverty can become a traumatic experience.

The section portion of my quantitative data asked questions about participants' personal experiences. First, I wanted to know how many teachers had received formal training in working with traumatized students. Of the five responses, one teacher had attended one to two trainings that specifically addressed traumatized students. The remaining four had attended zero. This shows a gap the school's staff development, which I hope to help fill with my toolkit.

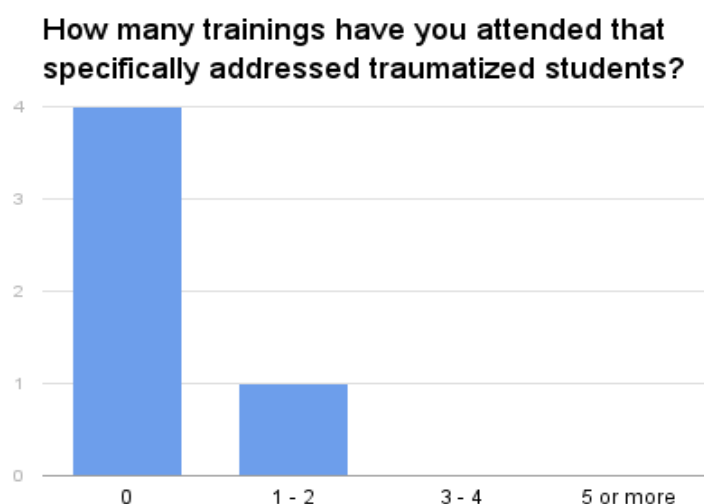


Figure 4: *Participants' Training*

The next two questions asked teachers to rate how prepared they felt to assist traumatized students. Teachers were asked identify themselves as one of the following: *not at all prepared*, *somewhat prepared*, *adequately prepared*, and *very prepared*. In their own curriculum, two of the five felt *not at all prepared* and three felt *somewhat prepared* to provide traumatized students with help. As Figure 5: *Participants' Preparation to*

*Assist* shows, teachers felt slightly more prepared to assist students emotionally and socially, with all five teachers saying that they felt *somewhat prepared*.

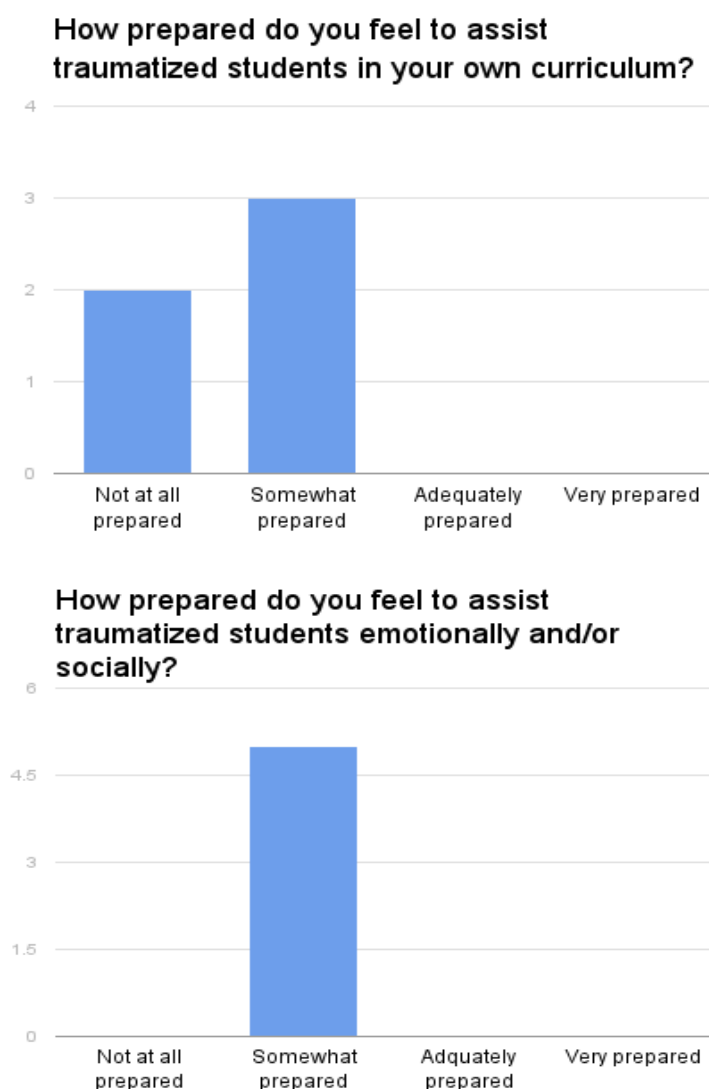


Figure 5: *Participants' Preparation to Assist*

It is interesting to note that teachers feel more prepared to assist traumatized students emotionally or socially than with their own curriculum. This may be connected to the fact that many of the teachers surveyed identified themselves as caring and empathetic (See Appendix H: *In Vivo Codes*). It indicates that teachers need more

differentiation strategies that they can apply in their classrooms. These responses tell me that I need to include these strategies in my toolkit.

Finally, I wanted to know how teachers would describe their knowledge of the backgrounds of their students, including sources of potential trauma. Teachers were asked to rate their knowledge as *poor*, *fair*, *good*, or *exceptional*. Of the five participants, three indicated that their knowledge was *poor*, one indicated that it was *fair*, and one indicated that it was *good*. No participants felt like they had *exceptional* knowledge about the backgrounds of their students. While I cannot provide teachers with specific knowledge about their students, I can include region specific information in my toolkit to help teachers understand what the students may have experienced.

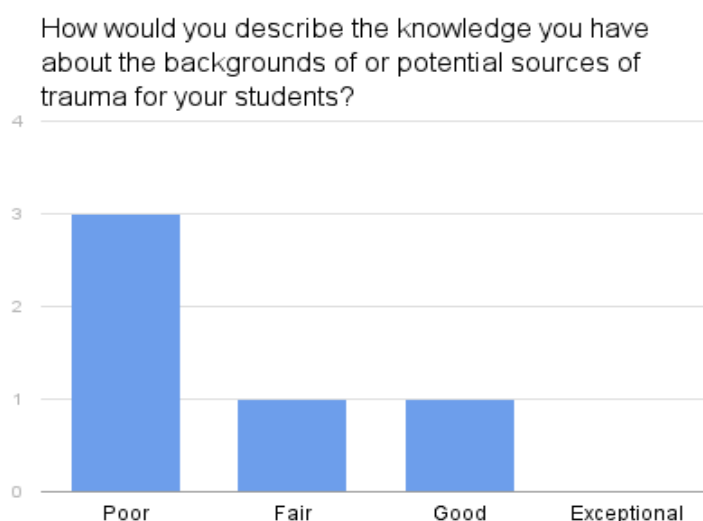


Figure 6: *Participants' Knowledge of Students*

### Qualitative Data

The remaining questions in my survey focused on collecting qualitative data. This allowed participants to explain their context and what they felt they needed to better

assist traumatized students. Because there is no way for them to decisively know which students are traumatized, I asked them to use a provided definition along with their best professional judgment when it came to identifying ‘traumatized students’. I listed codes and my interpretation for the first two questions to illustrate my process. For a full list of the in-vivo codes for each response, see Appendix H: *In Vivo Codes*.

The first question I asked was about where they saw traumatized students struggling academically. I pulled the following in vivo codes from participants’ responses: homework completion, lack of focus, lack of organization, disassociation (being there, but not there), do not value education, and fixed mindset. Looking at these codes, I saw two themes emerge.

Participants noticed a lack of study skills and a fixed mindset when it came to their own intelligence and school itself. Organization, homework completion, and lack of focus are all related to study skills. Especially at the high school level, teachers often don’t think they need to teach some of the basic skills students need to be successful in school. For example, students might need to be explicitly taught how to maintain a binder or how to utilize a planning tool like a datebook. The fixed mindset, while mentioned itself, also relates to dissociation and the perceived undervaluing of education. A student who has experienced limited academic success might assume that they are ‘stupid’ or incapable of doing well in school. This turns into a self-fulfilling prophecy. A student assumes that he or she will do poorly because of past experiences. The student gives little effort and does poorly, reinforcing the belief that success is unachievable. Students with a fixed mindset see mistakes as failures and don’t believe that they can grow or improve.

This leads them to “check-out” at school. What is the point in trying if they will fail anyway?

The second question asked about where they saw traumatized students struggling socially. The in vivo codes for this question were low self-esteem, distrust, lack of connections to peers, teachers, and community, explosive emotions, physical restlessness, intense social interactions, miscommunications based on fixed mindset (traumatized students see interactions as more meaningful than they are), and lack of empathy. From these codes I distinguished themes that aligned well with the research I conducted.

They noticed that students had trouble connecting with others because of a lack of emotional control and lack of trust. Explosive emotions, restlessness, intense social interactions, and miscommunications can be partially contributed to a lack of self-regulation. As mentioned in my literature review, traumatized adolescents often struggle to identify and control their emotions. This leads to interactions that their peers and they themselves might not completely understand. They accidentally burn bridges with harsh words and then struggle to repair the relationship, leaving them isolated and limits their connections to others. Also mentioned in the literature review was the fact that traumatized individuals often struggle to form trusting relationships. They may have suffered at the hand of a once trusted individual or simply become ‘cold’ because they have been transient to the point that it was impossible to maintain relationships. Whatever the cause, traumatized individuals often have trouble opening up or following through. This, again, leads to isolation. In school, it may mean that they are unable to advocate for themselves and push away staff members or peers that want to help.

The third question addressed what teachers are already doing in their classrooms. As teachers, our colleagues can often be our best resources. Teachers surveyed are already implementing some of the strategies indicated in my research. The largest theme was the fact that teachers offered choices. Whether this was adapted assessment or alternative working spaces, students were given opportunities to advocate for themselves and ask for what they needed. In addition, teachers worked to connect students with resources, in or out of school, to assist in mental health and quality of life.

The fourth question asked about what teachers felt their strengths were when it comes to traumatized students. Interestingly, they all answered with character traits. These characteristics all revolved around the ideas of compassion and understanding. Teachers surveyed listen to students and are flexible when they need to be.

The final question asked teachers what they believe they need to be successful with traumatized students. The theme here, not surprisingly, was information. They want to be trained and given information about the home countries of our students, the repercussions of war, and how to help traumatized students succeed.

### **From Data to Toolkit**

The goal of this survey was to gather information so I could make a practical toolkit that teachers could use to ensure traumatized students are learning and growing in their classrooms. Some major themes arose from the survey that will guide me in the creation of my toolkit.

First, teachers need background knowledge about their students. In order to assist in this, a portion of my toolkit will focus on where our students come from. As mentioned

in Chapter One, our largest EL populations are Somali, Hmong, and Mexican. Our newest students are coming from Iraq and El Salvador and we foresee students arriving from Syria in the future. Because of this, I will focus the background section of my toolkit on these regions. Specifically, I will address refugee camps in regards to the Hmong, Somali, and Syrian conflicts and the history of violence in Iraq and El Salvador.

In addition to regional background knowledge, teachers were also interested in the immigration process, so I will include information about the various paths to citizenship in my toolkit as well. In expanding this research to other students, I will also include information about how poverty can be considered a traumatic experience.

Second, teachers need strategies they can use to modify and differentiate their curriculum. I will use the strategies found through my own research to create documents and tools teachers can take back to their classrooms. This content will include suggestions for assessment and keeping students motivated as well as specific sample assignments that have been modified to meet a variety of needs and reduce stress for the student.

Finally, teachers indicated that they observed students struggling with emotional control. This affected both the students' social lives as well as the classroom environment. To address this concern, I will include some strategies teachers can use to help students regulate. This will also come from my previous research and will include conflict resolution strategies as well as role-playing techniques to establish classroom norms and routine.

All of this information will be incorporated into a Google Site that can be accessed by teachers and staff in my district. At the beginning of the 2016 - 2017 school year, I will send all teachers and staff the link to the site and invite them to a short meeting before school to discuss its contents.

As our student body and teacher needs change, I will continue to adapt the contents of the site to fit our needs. This will be part of my personal professional development goals and it will be a valuable resource for our community.

### **Conclusion**

The goal of this capstone was to assess what supports teachers need in order to *ensure that traumatized students are learning and growing in their classrooms* and then begin to give them those materials. In order to do this, I surveyed teachers from various disciplines and with varying levels of experience. I assessed what they knew about how trauma may affect education and asked about their own experiences working with traumatized students. From my survey, I concluded that what teachers really need when it comes to working with traumatized students is information.

As a first step in giving them the necessary information, I am creating a toolkit that will serve as a resource. In the toolkit, teachers will find some information about how poverty can be traumatic, the conditions in countries around the world specific to our student population, ideas for differentiation to meet the needs of traumatized students and strategies for helping students regulate their emotions.



## CHAPTER FIVE: CONCLUSION

The goal of this capstone was to assist teachers in working with traumatized students and help them answer the question: *What can I do to ensure traumatized students are learning and growing in my classroom?* First, I gathered information about types of trauma our student population may have experienced. Then, I began to identify ways in which trauma might affect a student's academic and social skills. This information started to give me an idea of what teachers at my school might need to better assist traumatized students. Ultimately, my goal was to create an online toolkit that teachers can use to help them work more effectively with their traumatized students. In order to make this toolkit as practical as possible, I surveyed members of the staff from a variety of disciplines. The purpose of the survey was to find out what they knew about trauma, their students, and what they believe the need. This capstone was a preliminary step in this process. It allowed me to gather information so I know what to include moving forward.

I will use the information in this capstone to begin building my toolkit. The toolkit will be housed on a Google Site that will be accessible to the staff at my site. Based on the information obtained in the survey, the site will contain information about student backgrounds, steps toward citizenship, differentiation strategies, and emotional regulation. Staff will also be able to add to the website to share their successes or ask for advice. As our student body and teacher needs change, I will continue to update the resources to suit the needs of my school.

## **Results**

My biggest take away was that teachers know the information, they are just unsure of what to do with it. Participants were able to correctly identify the way trauma might manifest itself in their classrooms even though they had little to no formal training in working with traumatized students. This tells me one of two things. Either the teachers I surveyed are very intuitive and were able to create generalizations based on experiences they have had with traumatized students, or they were doing their own research. I believe that a combination of both was occurring. They noted patterns of behavior in their classrooms and did some research to figure out why it was occurring. The fact that teachers were researching trauma on their own is an indication that it is an area of concern that needs to be addressed in our staff development.

The overarching theme in my data was that teachers need strategies. I was surprised by how knowledgeable they were about trauma and its potential effects on education. They had a lot of information, but were missing some practical pieces to make it meaningful. They need more differentiation strategies to help give students a chance to show what they know. They need ideas about how to incorporate modeling so that students can learn the soft skills of communication and emotional regulation that they might be missing. They need reminders that they cannot assume background knowledge and tips on how to include basic study skills into their curriculum. I will incorporate these

needs into my toolkit and hopefully it will continue to grow as users share their successes.

### **Limitations**

The theoretical sampling method I used allowed me to ensure that I got teachers from every department, but it was still a limited sample. In the end, I had only five of the seven participants complete the survey. If I did this again, I would like to try to increase my sample size and give every teacher in the building a chance to participate.

In addition to widening the sample at my own site, it would be beneficial to include teachers from a variety of other schools as well. While I believe that what I have done is replicable and that you would receive similar responses at many schools, it would be good to verify that belief. Including other schools would also give me an opportunity to see if teachers in other buildings have resources or ideas we could implement as well.

### **Further Research**

Giving this information to staff is just the beginning. After receiving this information, staff should begin implementing trauma sensitive strategies in their classrooms and assessing the results. For example, teachers could pilot some differentiation strategies and see if work completion increases. A teacher could offer the opportunity to meet outside of class so a student could present information orally instead of in a written report. If more students demonstrate understanding than before this new strategy, it was successful. Often teachers are each other's best resource, so I will include a place in my toolkit for teachers to share their successes so we can learn from each other.

A formal, follow-up study could be centered on the implementation and the collection of data about effectiveness. Documentation of strategies could be followed by looking at student absences or grades. If students are coming to school more consistently than in the past, it may mean that their fixed mindsets are changing and they are building confidence in their abilities and the idea that education is beneficial for them. If grades are increasing, that may mean that they are better able to share what they have learned with their teachers and that their needs are being met in the classroom.

This capstone focused on teachers and how they worked with traumatized students. Another study could look at traumatized students at the school level. Administrators could be surveyed and building-wide practices could be assessed for trauma sensitivity. A researcher could look at the number of traumatized students being referred to the office or suspended and for what reasons. This could help bring to light regulation strategies or coping mechanisms that students are lacking. Ultimately, the information I gathered is valuable for my site, but there is still much more to learn.

### **Reflection**

This capstone has definitely been a journey. After listening to, and participating in, conversations about “problem students” in the lunchroom, I know that I was passionate about helping the traumatized students at my school. However, I felt lost when it came to narrowing that down to a capstone topic. At first, I began thinking about the barriers to receiving mental health care. Cultural stigmas, finances, and language all play a part in preventing traumatized students from getting the help they need. I decided to look at the language involved in making a doctor’s appointment to see what linguistic

skills were necessary. I wrote a few pages and quickly realized that I didn't want to write any more about that.

After talks with my advisor and friends, I realized that I wanted to create something useful. I wanted to gather information that would really have an impact at my school and potentially other sites in the future. The conversations in the lunchroom only grew more heated as the year came to a close and I realized that the undertone of these angry rants was love. These teachers were only angry at these kids because they cared about them. They wanted so badly to help these students succeed, but didn't know how and that made them angry. I turned this frustrating question into my capstone topic: how can I make sure that all students are learning and growing in my classroom?

I believe strongly that this is an area of need at my school that often goes unaddressed. I gathered teachers that I knew were also passionate about this subject and asked them questions to figure out what they needed. They want to help students and see them succeed, but they just can't reach particular students. It is my hope that the information in my tool-kit will help teachers bridge this divide and, as a school, we will be able to positively impact more students.

I know that the information I collected from other sources and my colleagues will have an impact on my teaching. As I read about manifestations of trauma, I cringed to think about times I have handled things in all the wrong ways. I thought of a day that I was in a bad mood and a student shut down. Instead of offering other options for the assignment or helping him get started, I responded with sarcasm. I thought of a girl that always has something negative to say and how many times I have engaged in this battle

with her. I thought about another girl who I snapped at for needing constant validation. In these instances, I missed the chance to connect with a student who needed much more than help with his or her English assignment. Reading about ways trauma can show up in my classroom will help me identify these situations in the future so I respond more appropriately.

In addition to having a positive effect on my interactions with students, my research will also affect my classroom routines. In the coming school year, I plan to explicitly teach more organization skills. We do a large project in the middle of the year that I am planning to do with the students so I can model my thought process, research steps, information organization, and long-term planning. In addition, I will incorporate reminders about writing in a planner, keeping a folder, and test preparation to help students build study skills they will need in the future. All of these strategies will be posted in my toolkit so my colleagues and I can work together to make our school a better environment for everyone. While I am glad to be finished with my capstone, I know it is just the beginning of my journey.

### **Moving Forward**

The goal of this capstone was to gather information so I could create something meaningful. Now that I have finished the primary step of collecting data, I can begin on my toolkit. I will put it into a digital format that my colleagues can access for information. I will send the link via an email to all staff and offer an optional information session before school at the beginning of the school year to explain the site to them and get additional feedback about what they would like to see on the site. In addition to adding

material myself, I will include areas that staff can contribute to so we can learn from each other's successes and failures.

Perhaps the most important thing my toolkit will do is get people talking. Once we acknowledge that traumatized students are not getting the assistance they need, we can move forward solutions.

### **Conclusion**

The goal of this capstone was to help teachers answer the question: *How can I ensure that traumatized students are learning and growing in my classroom?* To begin to answer this question, I gathered information to help me create an online toolkit. The toolkit will give them information and suggestions that will help them as they work with potentially traumatized populations. It is my hope that this toolkit will help students at the classroom level and will spark conversations amongst teachers at the school level. The first step to aid in the success of traumatized students in our building is to educate ourselves and my toolkit will help teachers begin this process.

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Appendix A: *WIDA Performance Definitions*



## Appendix A

*WIDA Performance Definitions***WIDA Performance Definitions**

At the given level of English language proficiency, English language learners will process, understand, produce or use:

<b>6- Reaching</b>	<ul style="list-style-type: none"> <li>specialized or technical language reflective of the content areas at grade level</li> <li>a variety of sentence lengths of varying linguistic complexity in extended oral or written discourse as required by the specified grade level</li> <li>oral or written communication in English comparable to English-proficient peers</li> </ul>
<b>5- Bridging</b>	<ul style="list-style-type: none"> <li>specialized or technical language of the content areas</li> <li>a variety of sentence lengths of varying linguistic complexity in extended oral or written discourse, including stories, essays or reports</li> <li>oral or written language approaching comparability to that of English-proficient peers when presented with grade level material</li> </ul>
<b>4- Expanding</b>	<ul style="list-style-type: none"> <li>specific and some technical language of the content areas</li> <li>a variety of sentence lengths of varying linguistic complexity in oral discourse or multiple, related sentences or paragraphs</li> <li>oral or written language with minimal phonological, syntactic or semantic errors that do not impede the overall meaning of the communication when presented with oral or written connected discourse with sensory, graphic or interactive support</li> </ul>
<b>3- Developing</b>	<ul style="list-style-type: none"> <li>general and some specific language of the content areas</li> <li>expanded sentences in oral interaction or written paragraphs</li> <li>oral or written language with phonological, syntactic or semantic errors that may impede the communication, but retain much of its meaning, when presented with oral or written, narrative or expository descriptions with sensory, graphic or interactive support</li> </ul>
<b>2- Beginning</b>	<ul style="list-style-type: none"> <li>general language related to the content areas</li> <li>phrases or short sentences</li> <li>oral or written language with phonological, syntactic, or semantic errors that often impede the meaning of the communication when presented with one- to multiple-step commands, directions, questions, or a series of statements with sensory, graphic or interactive support</li> </ul>
<b>1- Entering</b>	<ul style="list-style-type: none"> <li>pictorial or graphic representation of the language of the content areas</li> <li>words, phrases or chunks of language when presented with one-step commands, directions, WH-, choice or yes/no questions, or statements with sensory, graphic or interactive support</li> <li>oral language with phonological, syntactic, or semantic errors that often impede meaning when presented with basic oral commands, direct questions, or simple statements with sensory, graphic or interactive support</li> </ul>

## Appendix B: *Case Summary*

Appendix B  
*Case Summary*

**Lau v. San Francisco Unified School District**

In this case, formerly known as *Lau v. Nichols*, the United States Supreme Court held that the San Francisco Unified School District (SFUSD) had violated Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d, and its implementing regulations by failing to provide special programs designed to rectify the English language deficiencies of students who do not speak or understand English, or are of limited English-speaking ability, and by failing to provide these students with equal access to the instructional program. *Lau v. Nichols*, 414 U.S. 563 (1974). The Supreme Court remanded the case for the fashioning of appropriate relief. On October 22, 1976, the parties entered into a Consent Decree that incorporated a Master Plan that requires bilingual-bicultural education for the English Language Learner (ELL) students who speak Chinese, Filipino, and Spanish. Chinese and Spanish bilingual programs continue subsequent to the passage of California's Proposition 227. The Consent Decree also requires the provision of other special programs and English as a Second Language (ESL) for ELL students of other language groups, as well as the provision of bilingual instruction, whenever feasible. The Consent Decree calls for annual reporting to the Court by the SFUSD regarding its ELL programs and the establishment of a Bilingual Community Council (BCC) to assist the SFUSD in filing these annual reports.

On August 24, 2006, the Court issued an order requiring the parties to show cause why the Court should not relieve the SFUSD of responsibility for reporting under the extant Consent Decree. The United States filed a response to the show cause order that identified problems with the ELL programs and recommended continued reporting by the SFUSD, additional on-site visits of the ELL programs, and the development of an updated Master Plan for ELL programs. The SFUSD and the private plaintiffs filed responses agreeing to this approach for going forward. The Court continued the reporting obligations and assigned the case to an active judge. On May 1, 2007, the new judge held a status conference in which he agreed to let the parties continue their school visits and work collaboratively on developing an updated Master Plan. The United States'

## Appendix B

### *Case Summary*

consultant and members of the BCC completed visits to twenty-four schools on May 18, 2007. The parties agreed to a new Master Plan that would replace the outdated plan and filed a stipulated application to modify the 1976 Consent Decree. On September 11, 2008, the Court approved the new Master Plan and entered an order modifying the 1976 Consent Decree.

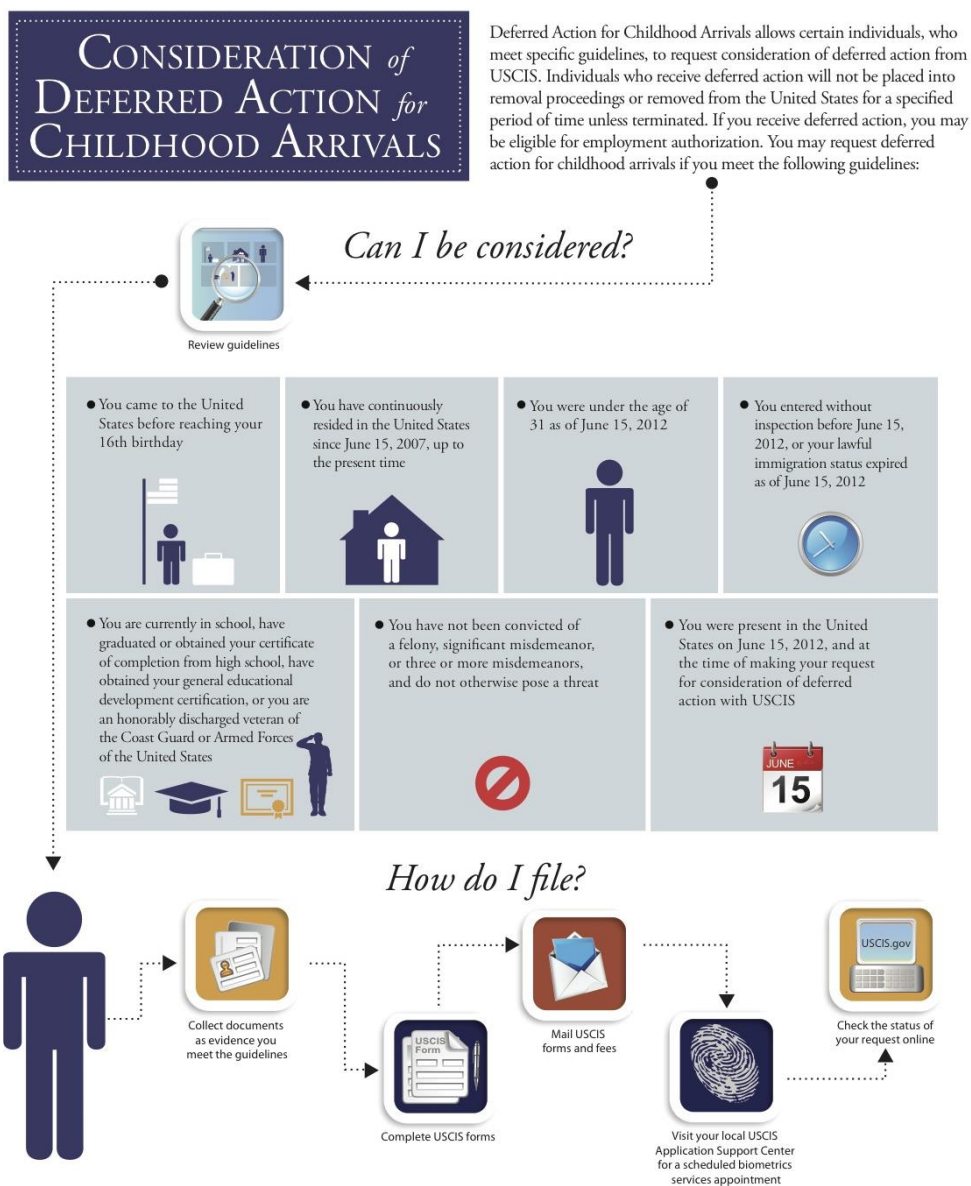
The United States and the Private Plaintiffs then monitored SFUSD's implementation of the 2008 Master Plan through the District's annual reports, regular site visits, community meetings, and communications with parents and students. To resolve the United States' and Private Plaintiff's consistent concerns about SFUSD's compliance, the parties negotiated a Modified Consent Decree (MCD). On June 24, 2015, the parties jointly filed a motion and supporting memo seeking court approval of the MCD. The MCD, approved by the court on June 29, 2015, requires SFUSD to, among other things: promptly identify, assess, and place EL students in effective EL programs; offer a range of EL programs and services to meet the needs of all EL students, including newcomers, students with disabilities, and long-term EL students; expand translation and interpretation services for LEP families; adequately train employees who serve EL students so that they can fulfill their roles; and conduct robust monitoring. The MCD also protects the educational rights of the district's most at-risk and vulnerable EL students who are learning in alternative education or juvenile justice settings. If SFUSD implements the MCD fully and in good faith, the MCD and this historic case are expected to end in the fall of 2018.

Excerpt from "Case Studies," published digitally by the U.S. Department of Justice in 2015.

Appendix C: *DACA and DAPA Information*

## Appendix C

### DACA and DAPA Information



[www.uscis.gov/childhoodarrivals](http://www.uscis.gov/childhoodarrivals)




**U.S. Citizenship  
and Immigration  
Services**

If you have questions about your request  
please call USCIS Customer Service  
at 1-800-375-5283 or 1-800-767-1833 (TDD)

## Appendix C

### *DACA and DAPA Information*



**You may be able to request **DAPA**.  
Want to learn more?**

On November 20, 2014, the President announced that, within six months, USCIS would begin accepting requests for DAPA, **Deferred Action for Parents of Americans and Lawful Permanent Residents**. If you receive deferred action under DAPA, you may be able to stay in the United States temporarily without fear of deportation. In addition, you will be considered for employment authorization, which would allow you to work legally in the United States, for a three year period.

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**WHO CAN REQUEST DAPA?**

**You may be considered for DAPA if you:**

- Have lived in the United States continuously since Jan. 1, 2010, up to the present time;
- Were physically present in the United States on Nov. 20, 2014, and at the time of making your request for consideration of DAPA with USCIS;
- Had no lawful status on Nov. 20, 2014;
- Had, on Nov. 20, 2014, a son or daughter, of any age or marital status, who is a U.S. citizen (USC) or lawful permanent resident (LPR); and
- Have not been convicted of a felony, significant misdemeanor, or three or more other misdemeanors; do not otherwise pose a threat to national security; and are not an enforcement priority for removal.

Additional details about DAPA guidelines can be found at [www.uscis.gov/immigrationaction](http://www.uscis.gov/immigrationaction).


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**HOW CAN I MAKE A REQUEST?**

While USCIS is not accepting requests for DAPA at this time, USCIS is preparing to launch the DAPA program in mid-to-late May of this year.

Please visit [www.uscis.gov/immigrationaction](http://www.uscis.gov/immigrationaction) to learn more about the documents needed to support your request.

If you need additional information, please contact us at the National Customer Service Center at 1-800-375-5283 (TDD for hearing-impaired: 1-800-767-1833).



U.S. Citizenship and  
Immigration Services

**KNOW THE FACTS**  
Go to [uscis.gov/immigrationaction](http://uscis.gov/immigrationaction) or [uscis.gov/actionmigratoria](http://uscis.gov/actionmigratoria).

**AVOID SCAMS**  
Learn how to find authorized legal services at [uscis.gov/avoidscams](http://uscis.gov/avoidscams).

Revised Jan. 30, 2015

## Appendix D: *Naturalization Criteria*



Appendix D  
*Naturalization Criteria*

**Eligibility Requirements**

If you are a green card holder of at least 5 years, you must meet the following requirements in order to apply for naturalization:

- Be 18 or older at the time of filing
- Be a green card holder for at least 5 years immediately preceding the date of filing the Form N-400, Application for Naturalization
- Have lived within the state, or USCIS district with jurisdiction over the applicant's place of residence, for at least 3 months prior to the date of filing the application
- Have continuous residence in the United States as a green card holder for at least 5 years immediately preceding the date of filing the application
- Be physically present in the United States for at least 30 months out of the 5 years immediately preceding the date of filing the application
- Reside continuously within the United States from the date of application for naturalization up to the time of naturalization
- Be able to read, write, and speak English and have knowledge and an understanding of U.S. history and government (civics).
- Be a person of good moral character, attached to the principles of the Constitution of the United States, and well-disposed to the good order and happiness of the United States during all relevant periods under the law

(U.S. Citizenship and Immigration Services, 2015)

## Appendix E: *DTD Criteria*

Appendix E  
*DTD Criteria*

## CONSENSUS PROPOSED CRITERIA FOR DEVELOPMENTAL TRAUMA DISORDER

**A. Exposure.** The child or adolescent has experienced or witnessed multiple or prolonged adverse events over a period of at least one year beginning in childhood or early adolescence, including:

- A. 1. Direct experience or witnessing of repeated and severe episodes of interpersonal violence;
- A. 2. Significant disruptions of protective caregiving as the result of repeated changes in primary caregiver; repeated separation from the primary caregiver; or exposure to severe and persistent emotional abuse

**B. Affective and Physiological Dysregulation.** The child exhibits impaired normative developmental competencies related to arousal regulation, including at least two of the following:

- B. 1. Inability to modulate, tolerate, or recover from extreme affect states (e.g., fear, anger, shame), including prolonged and extreme tantrums, or immobilization
- B. 2. Disturbances in regulation in bodily functions (e.g. persistent disturbances in sleeping, eating, and elimination; over-reactivity or under-reactivity to touch and sounds; disorganization during routine transitions)
- B. 3. Diminished awareness/dissociation of sensations, emotions and bodily states
- B. 4. Impaired capacity to describe emotions or bodily states

**C. Attentional and Behavioral Dysregulation:** The child exhibits impaired normative developmental competencies related to sustained attention, learning, or coping with stress, including at least three of the following:

- C. 1. Preoccupation with threat, or impaired capacity to perceive threat, including misreading of safety and danger cues
- C. 2. Impaired capacity for self-protection, including extreme risk-taking or thrill-seeking
- C. 3. Maladaptive attempts at self-soothing (e.g., rocking and other rhythmical movements, compulsive masturbation)
- C. 4. Habitual (intentional or automatic) or reactive self-harm
- C. 5. Inability to initiate or sustain goal-directed behavior

Appendix E  
*DTD Criteria*

**D. Self and Relational Dysregulation.** The child exhibits impaired normative developmental competencies in their sense of personal identity and involvement in relationships, including at least three of the following:

- D. 1. Intense preoccupation with safety of the caregiver or other loved ones (including precocious caregiving) or difficulty tolerating reunion with them after separation
- D. 2. Persistent negative sense of self, including self-loathing, helplessness, worthlessness, ineffectiveness, or defectiveness
- D. 3. Extreme and persistent distrust, defiance or lack of reciprocal behavior in close relationships with adults or peers
- D. 4. Reactive physical or verbal aggression toward peers, caregivers, or other adults
- D. 5. Inappropriate (excessive or promiscuous) attempts to get intimate contact (including but not limited to sexual or physical intimacy) or excessive reliance on peers or adults for safety and reassurance
- D. 6. Impaired capacity to regulate empathic arousal as evidenced by lack of empathy for, or intolerance of, expressions of distress of others, or excessive responsiveness to the distress of others

**E. Posttraumatic Spectrum Symptoms.** The child exhibits at least one symptom in at least two of the three PTSD symptom clusters B, C, & D.

**F. Duration of disturbance** (symptoms in DTD Criteria B, C, D, and E) at least 6 months.

**G. Functional Impairment.** The disturbance causes clinically significant distress or impairment in at two of the following areas of functioning:

- Scholastic: under-performance, non-attendance, disciplinary problems, drop-out, failure to complete degree/credential(s), conflict with school personnel, learning disabilities or intellectual impairment that cannot be accounted for by neurological or other factors.
- Familial: conflict, avoidance/passivity, running away, detachment and surrogate replacements, attempts to physically or emotionally hurt family members, non-fulfillment of responsibilities within the family.
- Peer Group: isolation, deviant affiliations, persistent physical or emotional conflict, avoidance/passivity, involvement in violence or unsafe acts, age inappropriate affiliations or style of interaction.

Appendix E  
*DTD Criteria*

- Legal: arrests/recidivism, detention, convictions, incarceration, violation of probation or other court orders, increasingly severe offenses, crimes against other persons, disregard or contempt for the law or for conventional moral standards.

- Health: physical illness or problems that cannot be fully accounted for physical injury or degeneration, involving the digestive, neurological (including conversion symptoms and analgesia), sexual, immune, cardiopulmonary, proprioceptive, or sensory systems, or severe headaches (including migraine) or chronic pain or fatigue.

- Vocational (for youth involved in, seeking or referred for employment, volunteer work or job training): disinterest in work/vocation, inability to get or keep jobs, persistent conflict with co-workers or supervisors, under-employment in relation to abilities, failure to achieve expectable advancements.

[http://w.traumacenter.org/announcements/DTD\\_papers\\_Oct\\_09.pdf](http://w.traumacenter.org/announcements/DTD_papers_Oct_09.pdf)

## Appendix E: *Pilot Survey*

## Appendix E

### *Pilot Survey Questions*

#### **Background Knowledge**

In this survey, I will ask you to talk about your experiences with traumatized students in your classroom. I want to make sure we are all on the same page about who may be a traumatized student.

First, it is important to define the word ‘trauma’. In her 1992 book, *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror*, Judith Herman defines trauma as events that “overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning....they confront human beings with the extremities of helplessness and terror and evoke the responses of catastrophe” (cited in MacDonald, 2000). These events can range from violence to extreme poverty and can be brief or long-term. When I refer to trauma in this survey, this is the definition I am using.

Second, I need to explain what the term *traumatized students* refers to. As teachers, we are not clinicians nor are we trained psychologists. However, we can often identify students that exhibit symptoms of trauma as defined above. When I ask questions about *traumatized students* I am referring to any students that you believe fit this definition. They may be formally diagnosed; they may not be. You may have referred them to school support staff; you might not have mentioned them to anyone. For the purposes of this survey, a traumatized student is simply a student you believe may be affected by a traumatic event as described above.

It is also important to note that your responses are anonymous. Upon analysis of the data, I will come to you with clarifying questions to ensure I have drawn appropriate conclusions. During this interview, I will be referencing the whole of the data, as I will not be able to identify your specific responses. In my paper, I will assign each teacher a letter and will use this letter to refer to specific responses and label any transcripts.

Knowledge about Trauma: Indicate whether the following statements are true or false.

1. There are traumatized students in your classes.
2. Traumatized students complain about physical ailments and visit the nurse at the same rate as their peers.
3. Traumatized students are more likely to misinterpret a non-threatening situation as threatening, which may cause them to react inappropriately to stressors.
4. Living in poverty is difficult and can be stressful, but does not qualify as a traumatic experience.
5. Traumatized students are more likely to have trouble regulating their emotions and are more likely to ‘blow up’ or laugh at inappropriate times.
6. Traumatized students do not have more than average trouble forming trusting relationships with adults and peers.
7. Traumatized students find comfort in structure and routine because it gives them a sense of control.

Appendix E  
*Pilot Survey Questions*

8. Traumatized students often struggle with higher order thinking that requires them to see alternate scenarios or hold contradictory information in their brains.
9. Because childhood trauma hinders the development of executive functions in the brain, traumatized students may have trouble managing their time and paying attention.
10. Traumatized students do not have more difficulty than their peers transferring information to new situations.

Your Experience: Mark the appropriate answer

1. How many trainings have you been to that specifically addressed traumatized students?
  - a. 0
  - b. 1-2
  - c. 3-4
  - d. 5 or more
2. How prepared do you feel to assist traumatized students in your own curriculum?
  - a. Not at all prepared
  - b. Somewhat prepared
  - c. Adequately prepared
  - d. Very prepared
  - e. Exceptionally prepared
3. How prepared do you feel to assist traumatized students emotionally and socially?
  - a. Not at all prepared
  - b. Somewhat prepared
  - c. Adequately prepared
  - d. Very prepared
  - e. Exceptionally prepared
4. How would you describe your knowledge about the background or potential sources of trauma of your students?
  - a. Very poor
  - b. Poor
  - c. Fair
  - d. Good
  - e. Very good

Short Answer: Write out your response to the following questions

1. Where do you see traumatized students struggling academically?
2. Where do you see traumatized students struggling socially?



Appendix E  
*Pilot Survey Questions*

3. What resources are you currently utilizing to assist you as you work with traumatized students?
4. What accommodations have you made in your classroom for traumatized students?
5. What strengths do you have when it comes to working with traumatized students?
6. What information or type of training do you think you need to better serve traumatized students?

## Appendix G: Survey

## Appendix G

### Survey

#### Trauma and Education

##### Background Knowledge

In this survey, I will ask you to talk about your experiences with traumatized students in your classroom. I want to make sure we are all on the same page about who may be a traumatized student.

First, it is important to define the word 'trauma'. In her 1992 book, *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror*, Judith Herman defines trauma as events that "overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning....they confront human beings with the extremities of helplessness and terror and evoke the responses of catastrophe" (cited in MacDonald, 2000). These events can range from violence to extreme poverty and can be brief or long-term. When I refer to trauma in this survey, this is the definition I am using.

Second, I need to explain what the term 'traumatized students' refers to. As teachers, we are not clinicians nor are we trained psychologists. However, we can often identify students that exhibit symptoms of trauma as defined above. When I ask questions about 'traumatized students' I am referring to any students that you believe fit this definition. They may be formally diagnosed; they may not be. You may have referred them to school support staff; you might not have mentioned them to anyone. For the purposes of this survey, a traumatized student is simply a student you believe may be affected by a traumatic event as described above.

It is also important to note that your responses are anonymous. Upon analysis of the data, I will come to you with clarifying questions to ensure I have drawn appropriate conclusions. During this interview, I will be referencing the whole of the data, as I will not be able to identify your specific responses. In my paper, I will assign each teacher a letter and will use this letter to refer to specific responses and label any transcripts.

#### 1. Please indicate whether the following statements about trauma are true or false.

	True	False
There are traumatized students in your classes.	<input type="radio"/>	<input type="radio"/>
Childhood trauma can hinder brain development.	<input type="radio"/>	<input type="radio"/>
Traumatized students complain about physical ailments and visit the nurse at the same rate as their peers.	<input type="radio"/>	<input type="radio"/>
Traumatized students are more likely to misinterpret a non-threatening situation as threatening.	<input type="radio"/>	<input type="radio"/>
Living in poverty is difficult and can be stressful, but does not qualify as a traumatic experience.	<input type="radio"/>	<input type="radio"/>
Traumatized students are more likely to have trouble regulating their emotions and are more likely to 'blow up' or laugh at inappropriate times.	<input type="radio"/>	<input type="radio"/>
Traumatized students do not have more than average trouble forming trusting relationships with adults and peers.	<input type="radio"/>	<input type="radio"/>
Traumatized students find comfort in structure and routine.	<input type="radio"/>	<input type="radio"/>
Traumatized students often struggle with higher order thinking that requires them to see alternative scenarios or hold contradictory information in their brains	<input type="radio"/>	<input type="radio"/>
Traumatized students may have more than average trouble managing their time and paying attention during class.	<input type="radio"/>	<input type="radio"/>
Traumatized students do not have more difficulty than their peers transferring information to new situations	<input type="radio"/>	<input type="radio"/>
Traumatized students often need to be taught how to deal appropriately with stressors.	<input type="radio"/>	<input type="radio"/>

## Appendix G

### Survey

#### Trauma and Education

##### Your Experiences

2. How many trainings have you attended that specifically addressed traumatized students?

- ☐ 0
- ☐ 1 - 2
- ☐ 3 - 4
- ☐ 5 or more

3. How prepared do you feel to assist traumatized students in your own curriculum?

- ☐ Not at all prepared
- ☐ Somewhat prepared
- ☐ Adequately prepared
- ☐ Very prepared

4. How prepared do you feel to assist traumatized students emotionally and/or socially?

- ☐ Not at all prepared
- ☐ Somewhat prepared
- ☐ Adequately prepared
- ☐ Very prepared

5. How would you describe the knowledge you have about the backgrounds of or potential sources of trauma for your students?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Exceptional

## Appendix G

### *Survey*

6. In what areas do you see traumatized students struggling academically?

7. In what areas do you see traumatized students struggling socially and/or emotionally?

8. What accommodations have you made for traumatized students in your classes?

9. What strengths do you have when it comes to working with traumatized students?

10. What type of training or information do you think you need to better serve traumatized students?

## Appendix H: In Vivo Codes

## Appendix H

### *In Vivo Codes*

#### In what areas do you see students struggling academically?

Homework completion  
 Lack of focus  
 Lack of organization  
 Disassociation (being there, but not there)  
 Undervalue education  
 Fixed mindset

#### In what areas do you see students struggling socially and/or emotionally?

Low self-esteem  
 Distrust  
 Lack of connections to peers, teachers, and community  
 Explosive emotions  
 Physical restlessness  
 Intense social interactions  
 Miscommunications based on fixed mindset (traumatized students see interactions as more meaningful than they are)  
 Lack of empathy

#### What accommodations have you made for traumatized students in your classes?

Your own time outside of school  
 Offering opportunities for oral assignments instead of written  
 No penalty for late work  
 Breaks  
 Referrals to counselors/psychologist  
 Communication with family/support system  
 Opportunities for reassessment  
 Alternative work spaces  
 Routines  
 Explaining reasoning for choices  
 Courtesy (please and thank you)

#### What strengths do you have when it comes to working with traumatized students?

Genuinely caring  
 Compassion  
 Patience  
 Growth mindset  
 Listening  
 Flexibility  
 Understanding

Appendix H  
*In Vivo Codes*

What type of training or information do you think you need to better serve traumatized students?

Formal training

School specialists

Information about consequences of war (refugee camps, etc)

Resources refugees already receive

Immigration process

Symptoms and triggers for PTSD

Signs and symptoms of trauma

What are the common sources of trauma for our students?