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Using English Language Arts as an Outlet for Addressing and Defining Student's Past Trauma

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USING ENGLISH LANGUAGE ARTS AS AN OUTLET FOR ADDRESSING AND
DEFINING STUDENT'S PAST TRAUMA

By

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A capstone project submitted in partial fulfillment of the requirements for the degree of
Master of Arts in Teaching.

Hamline University

Saint Paul, Minnesota

December 2019

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To Zoë and London for continuing to inspire and motivate me throughout this project and in life. Thank you to my content expert, facilitator and peers for your consistent guidance and patience over these past six months.

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Chapter One

Introduction

Having recently finished my first year as a classroom teacher, I consistently find myself reflecting on how I can use curriculum and pedagogical practices to best serve my students. While reflecting, I try to start with my successes and consider how those successes can be used to elicit my students' full potential. Conversely, and especially as a new teacher, lesson plans don't always work out which also offers me an alternate position of reflection. For example, a mistake I have made in the past is to assign texts or give examples that aren't relatable to my students. As a result, my students are less willing to participate. This past spring, I had the opportunity to teach a creative writing course over a nine week trimester at an Alternative Learning Center (ALC). Fortunately, during the duration of my time teaching this course I was given more opportunities to reflect on classroom successes than failures. For example, all five of my students were able to grow as writers and ultimately, humans. As a result of our strong classroom community my students were able to buy-into their education and themselves. The classroom community, built through sharing creative writing such as, personal poetry, narratives and memoir, offered my students an opportunity to be vulnerable in their writing. Each one of my students were given the chance to write about, and in doing so, reason through their own vulnerable experiences. As it turns out, each one of my students had pent up trauma they were eager to get out and this particular creative writing class became a space where they could address it. This teaching experience inspired my

capstone question: *How can ELA teachers use their classes as an outlet for addressing and defining ethno-racial minority and U.S. born student's trauma?* It is the goal of this capstone to research this question in order to define how offering creative spaces for at-risk students representing a variety of demographics can enable them to critically reflect and address past traumatic experiences. Of course, traumatic experiences are not exclusive to ALC students and therefore, this project's findings will be applicable to all ELA classroom settings. The following section will give the reader a more in-depth view on why this question is important for me from both a personal and professional standpoint. Additionally, this chapter will offer an overview of how this question came to be in the context of an ALC education setting.

Rationale

As teachers, we are unable to prevent traumatic experiences from happening to our students or the ramifications of said experiences. What we can do, however, is equip our students with skills that work to address those experiences in hopes of avoiding further psychological damage. It is the goal of this project to show how offering students of various demographics creative spaces in ELA classroom settings is, in fact, simultaneously equipping our students with skills to work through trauma. Barlow (2014) suggests, there is evidence to show that trauma can lead to abnormalities in brain structure and function (Keane et. al., 2010). Working in an ALC where traumatic experiences are common, one of my goals as an ELA teacher is to offer my students a chance to circumvent these potential life-long physical and emotional effects of traumatic experiences. This project does not intend to suggest that offering creative spaces in ELA

classrooms can “solve” students’ problems. Conversely, it is the goal of this project to show how giving students a creative platform in an ELA setting can help them to address and cope with their trauma.

In addressing their trauma via ELA curriculum, students are simultaneously using their own experiences to learn critical thinking skills and empathy towards a variety of perspectives. Ultimately, despite their experiences, students are using their own stories in the ELA classroom to show they are still valuable and able to contribute in a positive way to society. Unfortunately, when students are left to shoulder trauma in unhealthy ways, school can become unprioritized. Creating a space where students’ deep-seated personal turmoil and their education can be bridged also works to reestablish student investment in their education and themselves. As I mentioned above, creating spaces where students feel comfortable enough to write about vulnerable topics inevitably leads to a strong classroom community. When students are offered creative spaces they are allowed to critically reflect on what has made them who they are. Sharing these vulnerable thoughts with their peers and vice-a-versa can work to foster empathy amongst students and teachers alike. Consequently, this work will create a space that fosters a feeling of belonging for students.

Background of Researcher

As a result of having strong relationships with many of my elementary teachers, teaching was always a profession I found admirable. Growing up, I attended a small math, science, and technology magnet school, with roughly 85 students Kindergarten through 6th grade. As a new teacher, I have found myself reflecting on my elementary

years, particularly my former teachers ability to elicit community and comfort in their classrooms. Field trips, reading parties at the end of the quarter, family-fun-nights; all of these things made me ecstatic to go to school each day in elementary. Unfortunately, once junior high started, I was bused over to the next town to the “not-so-fun” high school. Though my performance was never bad throughout my 7-12 grade years, I was much less inspired to be a life-long learner compared to my elementary years. There were only a few teachers throughout my time in junior high and high school that came close to fostering the level of buy-in from me that my elementary teachers had. However, my 11th grade English teacher was particularly effective with fostering strong relationships with his students through literature. He introduced me to Hemmingway and Salinger who would, before starting my undergrad, be my favorite authors for the remainder of high school. Not only was my 11th grade English teacher great at recommending books, he would always make it a point to have a discussion with myself and others on whatever book we were reading at the time. I remember feeling like “this guy gets me”. Seeing how my high school English teacher was able to cultivate relationships and draw real-life lessons from literature is what made me realize that I too wanted to become an English teacher.

My undergrad was completed through Hamline University from the fall of 2014 through the spring of 2018. Hamline was my choice because of its esteemed educational department and reputation for having a commitment to social justice. Growing up in a small rural community, I was eager to immerse myself in the city life and all of the diversity it had to offer, Hamline University offered me just the place to do so. Hamline

backed-up their commitment to diversity training in every one of my classes. Closing the racial achievement gap, getting opportunities to work and observe inner-city classrooms, reading literature that represented a wide-breadth of social identities were just a few things that were discussed at length throughout my time at Hamline. While studying Secondary Education and English at Hamline, I reached a deeper understanding of the importance behind creating an inclusive classroom for *every* student. As a result, creating a classroom community that is both strong *and* inclusive to students from all backgrounds became another pillar of my teaching philosophy.

I completed my student teaching experience during the fall 2018 semester, in a suburban middle school setting. I was extremely lucky to be paired with a cooperating teacher that shared many of the same values and goals for his students as I did. Specifically, my cooperative teacher was and still is committed to building a strong classroom community via community building activities and creative writing assignments. Using these activities and assignments led us to construct a space that made students eager to offer their personal perspectives into the classroom discourse. Because of this, during my time student teaching, I was able to be a part of building a strong classroom community and student buy-in which are two aspects of teaching that inspired me to become an educator.

Research Question

It is a well supported notion that artistic expression has been and continues to be therapeutic for anyone dealing with mental or physical effects of traumas. As Jourard and Landsman (1980) put it, “Cultivation of the arts outside of counseling settings is enriching for people in all walks of life because it sensitizes them to beauty, helps heal them physically and mentally, and creates within them a greater awareness of possibilities” (as cited in Gladding, p. 15). This project, aims to dive into the psychology of “how” ELA courses can provide students an opportunity to define and address their past traumatic experiences. Once this “how” has been fleshed out and established, this project will proceed by offering the reader examples of how creative writing curriculum can be and has been used to empower students in overcoming past trauma. The following chapters will proceed with a literature review that will call on numerous studies and scholarship from the fields of psychology and education. The psychology research will work to reason how traumatic experiences in youth are best addressed. Next, I hope to illuminate how these psychology-suggested practices for addressing trauma happen to manifest in creative spaces. Providing evidence from the psychology world will work to support my claims on the benefits of offering students creative spaces. Once it is established that creative spaces offer young adolescence spaces for addressing their trauma, the review will go on to highlight how strategies in ELA classrooms can help to establish those classrooms as therapeutic spaces for students. Next, I will show that in addition to students addressing past trauma, these creative opportunities also work to bolster classroom-community and teacher-student relationships. Finally, personal and

third-party teaching experiences in ELA classes will support my reasoning for the proposed trauma-informed ELA strategies.

Context For Research

Following my student-teaching experience I was immediately hired for my first teaching position. With a variety of community building strategies in mind, I went in confident that fostering buy-in from my new students would be a breeze. However, in December of 2018 I was hired to teach 8th and 9th grade ELA at an ALC school in a suburban Minnesota school district which presented me with a much different student-body than the public middle school I had come from. For example, teaching in the ALC setting means student turn-over is far more prevalent than a public school classroom. To have new students come in and others leave every few weeks makes building trust and creating a classroom community much more difficult. This is significant because, as numerous researchers (e.g., Bryk and Schneider 2002; Forsyth 2008; Goddard et al. 2001; Imber 1973; Mitra 2009) suggest, trust is an important factor in positive teacher-student relationships that can lead to favorable outcomes for student learning and teacher functioning (as cited in Van Maele & Van Houtte, 2011). Furthermore, each of the students at our school are enrolled as a result of either struggling from mental health issues such as anxiety, depression, and/or eating disorders or for emotional behavior disorders. There are also a select few who are sent to our school after being suspended for choosing to “self-medicate” for said mental health issues on the school grounds of their previous school.

During my first trimester teaching at this school, I was assigned to teach one section of Language Arts 8 and one section of English 9. Ironically, the first challenge to arise in my new position, was figuring out how to get my students engaged with Language Arts. An endless supply of previously used curriculum materials were given to me. Those materials along with community building activities helped me through the trimester but the classroom community and buy-in were still lacking. It should be noted that all of the student names in the following paragraph are pseudonyms.

One student in particular, Alicia, would often have her head down in class and sometimes fall asleep. Assignments were done quickly with little effort from Alicia but she did end up passing the class. Another student in that class, Fiona, was very motivated and would be quick to finish her assignments. Though Fiona was very witty and clever with her contributions to our class, she would refrain from contributing any deeper-level thinking. From having conversations with Fiona, I knew she was capable of this deeper-level thought. Desiree and Aleana were by far my most studious and on-task students throughout the course. They started each day very positively and eager to start. Even more importantly, the input they provided added great insights and showed me they were clearly thinking deeply about our curriculum. My curiosity started to peak - why were some of these students buying-in and pushing for more while others would rather sleep or talk about something funny they saw on Youtube the night before?

During trimester three in the Spring of 2019 one of my roles switched to teaching a 9th grade Creative Writing course. It is worth noting that I was fortunate to have Alicia, Fiona, Desiree, and Aleana with me again in this course for the whole trimester. About

half-way through the trimester Kaylee joined our class as well. Having never taught a creative writing course before, having a veteran teacher-colleague by my side along the way was also fortunate. This colleague had been teaching ELA to Anthony Louis students (who are currently in alcohol and drug treatment) and offering his teaching services to homebound students for the past seven years. He also has an additional 20 years of experience teaching underserved youth. During this past spring he offered me suggestions and numerous books on how to teach creative writing. Throughout the trimester, my colleague became a mentor of sorts to me, having lunch with me to discuss challenges as well as successes that had come up with my creative writers. One piece of advice that was shared with me was to make sure the students understand that their voices are unique and therefore, matter. It was also suggested that in creative writing courses it is important not to “over teach.” In other words, students should be given ample time to get their thoughts and ideas out onto the paper without having to worry as much about their writing mechanics. I took this advice and used it as the basis of my class. Once my students realized they weren’t being graded on the mechanics of their writing but rather, the heart of their writing, it was as if the proverbial flood-gates of writing were opened. Instead of being uninvolved and sometimes sleeping, Alicia was alert and eager to write. She wrote beautifully and added so many great ideas to our classroom. Desiree and Aleana continued to be great students but began to be vulnerable in their writing. Topics such as eating disorders, sexual assault, and mental health issues were all written about. It did take some time for Fiona and Kaylee to buy-in to the class.

At the beginning of the class, Fiona went so far as to say she wouldn't write about herself and began crying as she said it. I later found out she almost dropped the class early on in trimester three because of the discomfort she felt writing about herself. Amazingly, towards the end of the trimester all of the girls, including Kaylee, had begun to share their sometimes very personal writings aloud to the class. After guiding in-class discussions and sharing sessions, my students became eager to share their stories with each other. The students' buy-in to their education that had inspired me to begin teaching began to surface. From the start of our creative writing course, three of the five students were eager to use this class and their creative writing to express and, maybe not intentionally, acknowledge their past traumatic experiences. The other two students were hesitant to write about themselves in any capacity but did so later on in the trimester. There was never any explicit direction given by me for them to write about traumatic experiences, it simply poured out of them onto the page. By the end of the trimester all five of the students had allowed themselves to be vulnerable in their writing which led to fantastic writing and proud writers. In fact, two of my students participated and placed in a local short-story writing contest. But, most importantly, all five of the young women left my class having addressed past traumas of their own. In doing so, each of my creative writing students had reinvested in their education and themselves inside and outside of the classroom.

During and after this experience I find myself asking, what about this course made each of my students so much more eager to contribute? What was it that I did or didn't do in the previous trimester that hindered their ability to express themselves. I

chose my research question in order to explore these sub-questions. Once these questions are answered the capstone intends to use those findings to suggest ELA strategies that will help to replicate the results I had teaching that creative writing course. Additionally, I want to investigate how providing students with the opportunity to be creative can also work to build and/or reinforce the community of any classroom that offers in-class creative expression.

Summary

To summarize, this chapter discussed why it is important to ask the question: *How can ELA teachers use their classes as an outlet for addressing and defining ethno-racial minority and U.S. born student's trauma?* Using my past experiences with education both personally and professionally, this chapter also revealed the origins of this question for my capstone project. As a new ELA teacher in an ALC setting, it is imperative to me to figure out how to best engage my students in a way that leads them to invest in themselves and their education. In my first year teaching came breakthrough success in fostering this buy-in from my creative writing students. I found that building a space that encourages students to be vulnerable with their writing led them to write about and discuss their past experiences. In turn, students were able to address past traumas they had experienced and, in doing so, both reinvest in themselves and their education. Consequently, a strong classroom community is an additional benefit of students allowing themselves to be vulnerable in their writing. Using scholarship from the fields of psychology and education, chapter two will proceed in unmasking the “how” behind this success. Chapter three will continue with a more in-depth description of this projects’

purpose. Finally, Chapter four will synthesize the information generated throughout this paper.

Chapter Two

Literature Review

Introduction

This capstone intends to investigate and answer the question: *How can ELA teachers use their classes as an outlet for addressing and defining ethno-racial minority and U.S. born student's trauma?* Once that has been established, the focus of the capstone shifts to present its findings through research-based English Language Arts (ELA) classroom strategies in hopes of making ELA classrooms more inclusive and engaging for at-risk adolescents. According to the National Traumatic Stress Network (2014), roughly 40% of students have a traumatic experience that can compromise their body's stress response system (as cited in Brunzell, Stokes & Waters, 2019). This capstone will offer the ELA teachers of these students suggestions on how to build a classroom setting where students feel comfortable enough to address their trauma through writing and other ELA related assignments. Additionally, these suggestions will also work to invoke participation and investment from students. The purpose of this chapter is to call-on and review literature that will assist this capstone in defining at-risk adolescents, identifying the origins of young adolescent trauma, acknowledge ways to address this trauma in an ELA classroom and the benefits of doing so.

To understand how trauma experienced by an at-risk adolescent can be addressed and defined in an ELA setting we must first define what it means for an adolescent to be “at-risk”. Furthermore, the social demographics that make up the category “at-risk” adolescents also need to be identified. There are a variety of traumatic circumstances that can result in a young adolescent being considered at-risk. The resulting ramifications of traumatic circumstances can vary based not only on how they are experienced, but on how they are acknowledged or avoided. Therefore, it is difficult to attach a one-size-fits-all definition to “traumatic experience”. However, it is important to consider common symptoms and outcomes of unresolved trauma because of its prevalence in young adolescents. Because it is so common to have students who have had at least one traumatic experience this capstone will focus on adolescents who are considered “at-risk” because of traumatic experiences they have had. There have been several studies done to reinforce the importance of educators accommodating these students. The literature review that follows this introduction will look into that research and do so in three sections: (1) Defining at-risk youth and origins of their trauma; (2) The effects of trauma; (3) Incorporating psychology-suggested practices for addressing trauma into ELA classroom settings.

Defining at-risk Students and Origins of Trauma

What is “at-risk”?

To set the stage for discussing how ELA courses can help students address their past traumatic experiences, it is important to first define what this capstone means when it refers to students, youth or adolescents as “at-risk.” Generally, this capstone will refer

to students, youth or adolescents who have had traumatic experiences in the past as “at-risk.” Capuzzi and Gross (2014) define at-risk youth as students who encompass “a set of causal/effect (behavioral) dynamics that have the potential to place the individual in danger of a negative future event” (Capuzzi & Gross, p. 7). They go on to explain that this definition is all encompassing because it acknowledges that both the cause and effects of at-risk youth’s traumatic experiences play a role in how they are defined. The causal/effect perspective taken by Capuzzi and Gross fits the philosophy of this capstone because it considers past, present and future ramifications of adolescents traumatic experiences. Capuzzi and Gross go on to give examples of the *effects* that distinguish a youth as at-risk which include: experimenting sexually, using drugs or alcohol, struggling with ego development, bullying, peer inclusion or exclusion (Capuzzi, et al., 2014). These effects are prime examples that show how unaddressed trauma perpetuates a *reactive* cycle of at-risk behaviors from at-risk youth that can affect them both in and outside of the classroom. In other words, these at-risk behaviors are an effect of holding onto their unaddressed trauma (see, *Effects of Trauma* below for elaboration on how these behaviors correlate with unaddressed trauma). Therefore, throughout this capstone when the term “at-risk” is used it will be referring to adolescents who are subject to a number of negative social, psychological, neurophysiological and physical ramifications as a result of trauma (Fairbank, Putnam & Harris, 2016).

Not only are at-risk youth reacting to their unaddressed trauma via risky behaviors, these particular behaviors are putting at-risk youth at risk for additional trauma. Other real-world examples of reactive behavior that puts adolescents at risk for

additional trauma are mentioned by Ransom, and colleagues: Eating disorders, homelessness, sexual behaviors, abuse, affective disorders, substance use and abuse, suicide and suicidal intention and violence (as cited in Capuzzi p. 10). For students, dealing with the results of these at-risk behaviors can make school seem trivial. A more in-depth look into why these effective behaviors occur as a result of unaddressed trauma will be covered in the third section of this chapter: *Effects of Trauma*.

Who is “at-risk”?

Between 2011-2012 a National Survey of Children’s Health found that approximately 35 million, or, roughly half of all children ages 2-5 in the U.S. at the time were living with emotional and psychological trauma (as cited in RB-Banks & Meyer, 2017). Having discussed *what* classifies a young adolescent as at-risk, the capstone will proceed in examining the demographics or, the *who* that make up these children or at-risk adolescents. Adolescents are susceptible to traumatic experience despite their, age, race, gender, sexuality, socio-economic class or religion. That said, this project is based on a social justice framework and for that reason, aims to point out and offset social inequities. As John and David Creswell (2018) put it, the social justice theory enacts research to promote change that addresses inequities, and helps underrepresented groups and populations (p.68). In the case of this capstone the underrepresented population is any student that falls under the category of “at-risk adolescent”. Consequently, it is also important to acknowledge the frequency of trauma in relation to the social identities these at-risk youth fall under. As Fairbank and his colleagues remark, trauma is distributed unevenly among populations (Fairbank, et al., 2016). Koolick and colleagues (2016)

claim that members of ethno-racial minorities are more likely to have extensive PTSD symptoms and higher presence of PTSD in comparison to white individuals (Koolick et al., 2016). On the other hand, this does not exclude white individuals from the possibility of trauma. Therefore, in order to narrow the breadth of this capstone while still acknowledging social identity demographics, it will focus primarily on at-risk youth who identify as ethno-racial immigrants or refugees and U.S. born youths from rural and urban communities. The capstone makes this distinction in order to investigate where trauma originates for young adolescents from a variety of cultural backgrounds. In doing this, this capstone simultaneously intends to make educators aware of traumatic experiences that may be difficult for them to empathize with or recognize due to the make-up of their own social identity.

Ethno-Racial Minority Immigrants and Refugees

Fairbank, Putnam and Harris (2016) place origins of trauma into categories. These categories are as follows: (1) refugee and war-zone violence, (2) traumatic loss and grief, (3) natural disasters, (4) terrorism, (5) child maltreatment, (6) domestic violence, (7) community and/or school violence, and (8) medical trauma. In order to investigate these origins of trauma and their pervasiveness in the three social identity categories discussed in this capstone, this capstone employs an intersectional analysis of the social identity categories when determining *who* makes up at-risk students. Patricia Collins and Sirma Bilge (2016) offer a definition of intersectionality and do so by identifying its important role in breaking down social inequalities. They state:

“When it comes to social inequality, people’s lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other. Intersectionality as an analytic tool gives people better access to the complexity of the world and themselves.” (p. 11).

In other words, breaking these traumas down into categories and analyzing them through an intersectionality lens guides this capstone in investigating how trauma can manifest differently and at different rates depending on social identity but with similar results.

An article reviewed and published by the American Psychological Association regarding trauma in the Latinx immigrant communities also employs a intersectionality framework to convey their message. The basis of the article is to discuss ways in which Latinx immigrants who have experienced “ethno-racial trauma” can “find relief, gain awareness, and cope with systemic oppression [...]” (Adames, Chavez-Duenas, Perez-Chavez, Salas, p.49). The ethno-racial trauma discussed in that article and throughout this capstone is described as individual and/or community stress or fear that results from encountering or observing discrimination, threats of harm, violence and intimidation directed at ethno-racial minority groups (Adames, et al., p. 49). In addition to the risk of discriminatory trauma for Latinx immigrants the article also identifies origins of trauma for immigrants or refugees before and during their time immigrating to the U.S. As Bowen and Marshall suggest (2008) reasons for Latinx to flee their country

can include, living in poverty, political persecution, natural disasters, kidnapping, rape, and sexual violence (as cited in Adames, et.al., p. 53). All of these reasons, of course, can be traumatizing for anyone, especially for an adolescent. Once Latinx immigrants or refugees have decided they have no other choice but to flee to the U.S. to seek asylum, they can also be put at-risk for further trauma. During migrant's journeys, Aranda and Vaquera (2015); Dreby (2012) and Foster (2011) offer up further traumatic circumstances that can occur. Some of these circumstances include, "experiencing extortion, rape, robberies, kidnappings, physical injuries, and exposure to extreme temperatures resulting in hypothermia and hyperthermia" (as cited in Adames, et. al., p. 53). If a Latinx Immigrant or refugee is able to survive the trek to the U.S. they then face threats of additional traumatic experiences such as "poverty, exposure to community violence, racism, ethnocentrism, nativism, isolation and fear of deportation" (Adames, et. al., p.53). Though this article focuses predominantly on ethno-racial trauma in regards to the Latinx immigrant demographic, applying the intersectionality theory tells us that immigrants of any ethno-racial background are subject to many of the same risks of trauma as mentioned above. The aforementioned "ethno-racial trauma" definition reinforces this claim when it points out that this particular trauma can be experienced by *any* ethno-racial minority groups. Except potential differences in trauma experienced in their home countries (e.g., political war, drug-war, gang violence) and the weather conditions faced while migrating, ethno-racial minority groups are subject to many of the same traumas.

As of 2012, roughly twenty percent of the world's 214 million international immigrant population was living in the U.S.- roughly 43 million. 17 of those 43 million were second generation children (Grigorenko, 2013). Later on in the same text, *U.S. Immigration and Education: Cultural and Policy Issues Across the Lifespan*, it states that, as of 2010, 53% of immigrants living in the U.S. immigrated from Latin America and 28% from Asia (Grigorenko, 2013). A survey of 6,843 nationally representative adolescents (13-17) was done in 2009 by the National Comorbidity Survey Replication - Adolescent Supplement (NCS-A). This survey found that of their 6,843 participants, roughly 60% of them had experienced at least one childhood adversity that fit into the eight trauma categories listed earlier in this chapter (Fairbank, et al., 2016). According to these statistics ELA educators should expect to be working with first and second generation ethno-racial immigrants in their classrooms at some point if they haven't already. The NCS-A study also mentioned their participants were "nationally representative" which suggests they were intentionally using demographics that were representative of the U.S.'s population. Therefore, first and second generation immigrants are represented in these findings, however, the proceeding subsection will continue with discussing who makes up the remaining portion of a nationally representative survey as well as the origins of their trauma.

U.S. Born Adolescents from Rural and Urban Communities

As the previous subsection shows, there are many potential traumatic experiences that first and second generation immigrants can experience. Findings in the previous subsection also reinforce the notion that the U.S. continues to become an increasingly

diverse place. As a U.S. born citizen there can also be significant differences in life experiences depending on where you are geographically located. Because of these differences in life experiences, trauma can also arise in the U.S. born at-risk adolescents in a variety of ways. It should also be noted that this capstone sustained from acknowledging suburban youth because it found that at-risk youth in suburbs experience a combination of rural and urban trauma.

In a study of adolescents in primarily rural western counties of North Carolina, researchers Copeland, Keeler, Angold and Costello (2007) found that by the age of sixteen, over 65% of adolescents experienced one or more potentially traumatic experiences. These experiences included, “child maltreatment or domestic violence, traffic injury, major medical trauma, traumatic loss of a significant other, or sexual assault” (as cited in Fairbank, et al., p. 125). Similarly, a 2003 study compared national estimates of drug use and exposure to violence between rural and urban teens. The researchers found that rural teens were equally or more likely than urban teens to report having experienced varying measures of violent behavior, victimization, suicide behaviors and drug use (Johnson, Mink, Harun, Moore, Martin and Bennett, 2003). Additionally, another study by Black, Noonan, Legg, Eaton and Breiding, (2003) found that among rural, suburban, and urban New York teens, the rural teens were the most likely to experience dating violence (as cited in Johnson, et al., p. 555). They go on to conclude that this is the case because rural areas do far less to provide a strongly protective environment for risky teen behavior (Johnson, et al. p. 554). A related study by Atav and Spencer on New York teens found that rural teens have a higher chance of

bringing a weapon to school, carrying a gun on or off school grounds and using tobacco, alcohol or illicit drugs (as cited in Johnson et al. p. 555). The findings of all of these studies are significant to this capstone because, as discussed earlier, these at-risk behaviors are examples of how unaddressed trauma can manifest in at-risk adolescents. Using Fairbanks' categories of trauma in relation to these findings we can assert that the at-risk adolescents of rural communities are not only more likely to experience trauma but when they do, there is a higher chance that it falls into one of the four following categories: traumatic loss and grief, child maltreatment, domestic violence, and medical trauma. Having positioned rural at-risk adolescents into categories of trauma, the capstone will proceed in researching how traumatic experiences manifest with urban at-risk youth.

According to the Pastore and Maguire (1999), most juvenile detainees nationwide live in and are detained in urban areas. (as cited in Abram, p.404). Abram and colleagues conducted a study in 2004 to better understand rates of exposure to trauma and PTSD effects in urban juvenile detainees. Their study found that of the nearly 900 urban juvenile detainees they had surveyed in Chicago, roughly 92 % of them had had at least one traumatic experience, with 84% having had more than one. (Abram, p.405). 74% of participants, responded to having experienced seeing or hearing someone getting hurt or killed (the highest response). The next highest categories for respondents involved being threatened with a weapon (58%) and being in a position where they thought themselves or someone close to them was going to be hurt badly or killed (53%) (Abram, 204). Again, these findings reiterate the community and/or school violence being the root cause

of urban at-risk adolescents trauma. It is not distinguished in these studies whether or not these juvenile detainees experienced these traumas before or after they arrived in the detention center. As alluded to in the introduction of this chapter, with this information the case can be made that, for some of these detainees, they could currently be detained as a result of their behaviors that resulted from having unaddressed trauma or PTSD.

Additional research regarding urban youth was done by Breslau and colleagues who drew their participants from five different urban areas in the mid-atlantic region. Beginning in 1987 the study selected 2,311 first graders from 19 different schools located within those five urban areas. Between 2000 and 2002 those same participants, now averaging the age of twenty one, were interviewed. Approximately 1700 of the initial 2,311 were interviewed to determine rates of trauma exposure and PTSD effects of urban youth. It was found that nearly 83% of the 1700 participants had experienced at least one traumatic experience (Breslau, Wilcox, Storr, Lucia, & Anthony, 2004). The categories of trauma that were assessed in that particular study included, assaultive violence, other injury or shocking event, learning of traumas of close friends/relatives, and learning about unexpected death (Breslau et al., 2004). Breslau (1999) also suggests that urban males are much more likely to experience trauma via assaultive violence, serious accidents and witnessing violence. In the same article, Breslau also states that urban females experience trauma via assaultive violence but are more likely than males to experience PTSD as a result (as cited in Breslau et al., 2004).

In a study examining the association between types of trauma exposure and PTSD, Rhohini and her colleagues surveyed 157 help-seeking patients between ages

eight and seventeen. All of these participants were recruited from three urban community health clinics located in New York City. The study surveyed these participants by having them identify which traumatic experiences they've been exposed to. They were given a list of 10 traumatic experiences to choose from which included: (1) being involved in a car accident, (2) being involved in other accident, (3) being involved in a fire, (4) witnessing a disaster, (5) witnessing a violent crime, (6) being victim of a violent crime, (7) receiving traumatic news, (8) witnessing domestic violence, (9) experiencing physical abuse, and (10) experiencing sexual abuse (Luthra et al., 2009). The following lists the frequency of exposure in order from highest to lowest: Being confronted with traumatic news (67%), witnessing domestic violence (39%), witnessing a violent crime (32%), being involved in "other" accident (32%), experiencing physical abuse (24%), being a victim of a violent crime (17%), experiencing sexual abuse (12%), being involved in a car accident (12%), being involved in a fire (8%) and witnessing a disaster (7%) (Luthra, 2009). In relation to this projects categorization of trauma, between the 2000-2002 study, 1999 study and the 2006 study, they found that trauma experienced by urban teens fit into the following trauma categories: traumatic loss and grief, natural disasters, child maltreatment, domestic violence, community and/or school violence, and medical trauma.

Section Summary

Whether or not at-risk youth are newly arrived immigrants, refugees or U.S. born citizens, once their lives outside of the classroom begin impacting their lives inside the classroom, negative effects of trauma can begin to seep into their education. At-risk

behavior by at-risk adolescents can manifest in a school setting through a list of negative effects such as: tardiness, absenteeism, poor grades, truancy, low math and reading scores, failing one or more grades, rebellious attitudes toward school authority, verbal and language deficiency, inability to tolerate structured activities, dropping out of school, and aggressive behaviors or violence (as cited in Capuzzi, et al., 2014). With that said, because these adolescents are still students, they are still capable of working their way through these experiences via their education. For this reason, this capstone aims to offer strategies to ELA classrooms that will provide students opportunities to address their trauma so they are better able to cope with it. Like Capuzzi and Gross' definition, thus far this capstone has looked at the cause of ethno-racial immigrant or refugee adolescent trauma and U.S. born adolescent trauma as well as their effects to create a foundation for the ELA classroom interventions that follow. At-risk youth's traumatic experiences or their effects have been known to come up in student's creative writing in particular. For that reason, creative writing's impact on ELA classroom interventions for at-risk adolescents will also be discussed more in the coming sections.

Effects Of Trauma

The second theme of this literature review will investigate the physical and emotional ramifications of unaddressed trauma that children and young adolescents are subject to facing. More specifically, the capstone will pick up where it left off in the previous section by investigating the social, psychological, neurophysiological, and physical effects of trauma. In doing so, the capstone will be able to further investigate how those effects manifest in an academic setting and, furthermore, how they can be

circumvented. Identifying and showing the adverse effects of unaddressed trauma will work to further validate and reinforce the importance of this research project.

Overview

Solomn and Heide (2005) assert that experiencing traumatic events can overwhelm the brain's ability to process information. In other words, anyone who has experienced trauma can be left with a memory deficit. This has negative implications for at-risk adolescents because it can affect their ability to retain information in a classroom. According to the American Psychiatric Association (APA) (2013), experiencing trauma can lead to a variety of stress-related disorders such as, Post-traumatic Stress Disorder (PTSD), acute stress, and/or adjustment disorder (as cited in Brunzell, Stokes & Waters, 2016). A large body of research (Briggs et al, 2013; Briggs, Thompson, Ostrowski, & Iekwauwa, 2011; Brown et al., 2009) furthers the APA's claim by showing there is an increased risk for at-risk adolescents for social and behavioral problems, morbidity, and mortality (as cited in Fairbank, et al., 2016). In terms of morbidity, the same researchers give the following examples: PTSD, depression, substance abuse and health problems (as cited in Fairbank, et al., 2016).

Post-Traumatic Stress Disorder (PTSD)

A widely discussed and researched outcome of unaddressed trauma is PTSD. From a neurophysiological perspective, Barlow (2014) suggests, there are three regions of the brain that can be negatively affected by PTSD; the amygdala, medial prefrontal cortex, and the hippocampus (Barlow, 2014). The same text goes on to suggest that the

effects of PTSD on a person's amygdala can lead them to "display relatively heightened acquisition of conditioned fear" (Barlow, p.378). Regarding the medial prefrontal cortex, Barlow calls on Neuroimaging studies (Rauch et al. 2003; Woodward et al., 2006; Yamasue et al., 2003) when suggesting participants with PTSD have been known to have reduction cortical volumes and decreased medial prefrontal structures (as cited in Barlow, 2014). These findings are significant because one's ability to control their behavior has been associated with the prefrontal cortex. More specifically, top-down processing, decision making and performance monitoring are attributed to the prefrontal cortex's functioning (Sallet, et al., 2011). PTSD's effect on the prefrontal cortex have also been linked to what Wolpow and Askov call hyperarousal. They suggest people who have hyperarousal as a result of PTSD are subject to consistent expectation of danger which may or may not be present (Wolpow, et al., 1998). Furthermore, Psychiatrist, Bessel van der Kolk (1988) suggests that hyperarousal can impair one's ability to control their behavioral responses (e.g. anxiety, anger, or intimacy) (as cited in Wolpow et al., 1998). Two reviews of data by Levine (2010) and Sandi (2013) also suggest that the prefrontal cortex is used in speech. The same reviewers go on to suggest that early childhood trauma rarely makes it to the prefrontal cortex (as cited in RB-Banks, 2017). Put simply, trauma experienced by children is less likely to be talked about and therefore left unaddressed. However, it has been found that as at-risk adolescents and adults get older and are still unable to discuss their traumatic experiences it can lead to unhealthy outlets of dealing with that trauma. An example of this is given by counsellor Jane Sutton (2005) when she asserts that self-injury is a way for people to communicate what they can't put

into words (as cited in Gilzean, 2011). Additionally, Turp (1999) suggest that self-injuring is a way to communicate with others that they no longer have the ability to cope with their trauma in socially acceptable ways (as cited in Gilzean, 2011).

Barlow claims the third brain region impacted by PTSD is the Hippocampus. Barlow cites researchers Corcoran & Maren (2001) and Eichenbaum (2000) when he asserts that “the hippocampus is involved in explicit memory processes and the encoding of context during fear conditioning” (Barlow, p.378). Research shows (e.g., Bremner, Randall, Scott, & Bronen, 1995; Bremner et al., 2003; Gurvits, et al. 1996; Villarreal et al., 2002; Winter & Irle, 2004) the effects of PTSD on the hippocampus can lead to memory deficits, reduced volume of the hippocampus and abnormal hippocampus function (as cited in Barlow, 2014). Therefore, not only are all of these regions of the brain imperative to living a healthy life, they are also crucial to succeeding academically.

PTSD’s effects on one’s physical brain can lead to at-risk adolescents displaying negative behaviors that may too often be labelled as laziness, or a bad-attitude. Teachers Wolpow and Askov define an effect of trauma that can lead someone to portray these behaviors as and *constriction*. When describing the effects of constriction they compare it to an animal being transfixed in the glare of oncoming headlights or being “out of it” (Wolpow & Askov, p.52). However, in reality, constriction is the traumatized person’s way of escaping from reality by altering their consciousness through disassociation (Wolpow, et al., p.1998). The fifth edition of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) offers the APA’s most recent criteria for PTSD that gives a clearer look at what behaviors and/or circumstances lead to a diagnosis of PTSD. There

are eight criterion listed from A-H that the APA considers symptoms of PTSD. It is noted in the text that the criteria applies to people over six years of age and has varying differences for those under the age of six. For a fully-detailed list of the PTSD diagnosis criteria, please refer to DSM-5. The following are condensed quotes listing each of the criterion:

(A) “Exposure to actual or threatened death, serious injury, or sexual violence [...]”; (B) “Presence of one (or more) of [...] intrusion symptoms associated with the traumatic event(s)[...]”; (C) “Persistent avoidance of stimuli associated with the traumatic event(s) [...]”; (D) “Negative alterations in cognitions and mood associated with the traumatic event(s) [...]”; (E) “Marked alterations in arousal and reactivity associated with the traumatic event(s)”; (F) Duration of the disturbance (Criteria B,C,D, and E) is more than 1 month” ; (G) “The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning”; (H) “The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition” (American Psychiatric Association, p. 271-271).

In regards to criteria B, Herman (1992) asserts that intrusion symptoms are referring to behaviors such as, reenactment of trauma or flashbacks of traumatic event while awake or via nightmare (as cited in Wolpow et al., p. 52). In the *Handbook of PTSD*, they offer a more general definition of PTSD when they characterize it as a disorder that results in “maladaptive alterations in normal learning processes” (Nash, Galatzer-Levy, Krystal, Duman & Neumeister, p.251). In addition to dealing with one or more of the aforementioned criteria, a study published in *The Quality of Life Research* journal looked into how PTSD can affect 8-18 year olds executive functioning (EF). The study found that, in fact, trauma-exposed youth experience an EF deficit in comparison to youth who have not experienced trauma. This is significant because, as Dawson and

Guare (2014) suggest, having low EF as a child can manifest in ways such as, acting out compulsively, overreacting to small problems or slight change of plans, delaying the start of or switching between tasks, forgetting to turn-in homework, losing or misplacing things, and lacking insight into their own behavior (as cited in op den Kelder, 2017). These findings reinforce the idea that these at-risk behaviors by adolescents are merely the social, psychological, neurophysiological, and physical effects resulting from their unaddressed trauma.

Acute Stress Disorder

As mentioned earlier, the APA also suggests that Acute Stress Disorder (ASD) can result from having a traumatic experience. The two diagnostic criteria (A-B) for Acute Stress Disorder were published in DSM-IV (1994) and echo many of the same symptoms of PTSD's criterion. The major difference with an ASD diagnosis, however, is dealing with symptoms of traumatic events between the day of the traumatic event and one month after (Friedman, Resick & Keane, 2016).

Emerging Borderline Personality Disorder

In a study published in *Psychiatry* journal, Westphal and her colleagues screened 474 psychiatric patients for Borderline Personality Disorder (BPD). From there, they looked into the relationship between BPD and interpersonal trauma in urban primary care patients. This is significant to this capstone because, as is suggested by, Lubit, et al. (2003), Modestin, et al. (2005) and Van den Bosch et al. (2003), sexual abuse experienced as a child poses a major psychological risk factor for BPD (as cited in Westphal, 2013). 57 of the 474 participants (14%) screened positive for BPD with 83%

of those 57 reporting having experienced sexual and physical assault or abuse (Westphal, p. 365). Krawitz and Jackson (2008) describe people with BPD “as having significant emotional pain in a number of areas including anxiety (fear, terror), sadness, depression, shame, guilt, emptiness, and loneliness” (Krawitz & Jackson, P. 7). The same article goes on to clarify that BPD is predominantly only applied to adults because adolescents showing behaviors consistent with BPD is associated with their adolescent development (Krawitz & Jackson, 2008). Instead, the term “emerging BPD” is used by clinicians when referring to adolescents who are portraying behaviors consistent with BPD (Krawitz & Jackson, p.6).

Adjustment Disorder

A list of symptoms of Adjustment Disorder (AD) are given in the DSM-5 and include: depressed mood, anxiety, mixed anxiety and depressed mood, disturbance of conduct and disturbance of emotions and conduct (as cited in Zelviene & Kazlauskas, 2018). Again, the significant difference between PTSD, ASD and AD is the length of time in which the symptoms occur. Unlike the symptoms of PTSD which can linger for years after a traumatic event and ASD which take place within the first month after the traumatic event, AD symptoms usually subside within six months of the event. (Zelviene & Kazlauskas, 2018).

Summary

To conclude, traumatic events can lead to a list of negative outcomes for adolescents that can affective them socially, psychologically, neurophysiologically, and physically. As was mentioned in the introduction of this chapter, the National Traumatic

Stress Network (2014) estimates that roughly 40% of students have a traumatic experience that can compromise their body's stress response system (as cited in Brunzell, Stokes & Waters, 2019). In other words, roughly 40% of U.S. students can experience one or more symptoms brought on by PTSD, ASD, BPD, or AD. As an educator the resulting behaviors of any of these disorders can substantially harm a student's ability to participate in their education, not to mention live a healthy life. Though we as educators are not obligated to single-handedly counsel these at-risk students, we do have a moral obligation to offer them reasoning skills that can help them address and work through their past traumas. The following section will proceed in highlighting strategies that ELA educators can use to ease the process of equipping at-risk students with reasoning skills used to address their trauma.

Section Overview

The following section will review additional articles that discuss successes with curriculum and strategies from trauma-informed schools and educators. The proposed strategies will be laid out into two categories of implementation, *Creating Comfortability* and *Acknowledging Trauma*. The strategies inspired from these articles will consider at-risk adolescents from both, ethno-racial immigrant and/or refugee and U.S. born urban and rural demographics. Additionally, this section will show its readers how having trauma-informed instruction in ELA settings simultaneously results in a stronger classroom community.

Trauma-informed ELA Classroom Strategies

Having identified the negative effects of unaddressed trauma, this fourth and final section of chapter two will look into scholarship that explains how ELA classrooms can become a space for at-risk students to address past trauma. As mentioned in section three of this chapter, *Effects of Trauma*, childhood trauma rarely makes it to the prefrontal cortex and therefore, childhood trauma is often left unaddressed (as cited in RB-Banks, 2017). Wolpow and Askov (1998) offer a general explanation as to how ELA classrooms can offer at-risk students an opportunity to address this trauma. They state, “In order to recover from PTSD, students who are victims of prolonged and pervasive trauma need to attach words to their ‘unspeakable’ memories and effectively communicate them to an appropriate, empathetic audience” (Wolpow & Askov, p. 51). Wolpow and Askov reinforce this claim by calling on a 1988 psychiatric study by psychiatrist researcher van der Kolk. In that study, van der Kolk researched 43 survivors of prolonged trauma. The study found that six of the participants had what van der Kolk referred to as severe PTSD symptoms and consequently, were unable to recount their trauma verbally (Wolpow & Askov, 1998). Conversely, the study also found that the remaining participants, who had also experienced prolonged trauma, were able to share their story and had far less severe PTSD symptoms than the other six participants (Wolpow & Askov, p. 52).

The Pongo writing method is rife with writing instruction strategies that have been constructed primarily working with at-risk youth. The Pongo method’s main goals are to get at-risk youth to understand their feelings, build self-esteem, and take control of certain aspects of their lives all through the act of writing. Furthermore, the method’s

author, Richard Gold, suggests that these goals are met by facilitating an honest, creative experience that leads to a piece of writing (a poem, narrative, etc.), which is encouraged and affirmed by another person (a writing mentor or ELA teacher) and, ideally, shared with peers to promote a sense of pride and inclusion in a larger social healing practice (Smigelsky, 2015). Smigelsky goes on to speak to how versatile this method can be as well when she suggests that the Pongo method was constructed in a way that makes it accessible for all teens, including teens who struggle with literacy. Furthermore, it is not essential that the mentors have an extensive background in Creative writing (Smigelsky, 2015). More specific examples of Pongo writing exercises will be given below when discussing how they fit into *Creating Comfortability* or *Acknowledging Trauma* strategies.

Before moving on, it should also be made clear that if teachers notice a student is suffering from any of the aforementioned effects of trauma on a daily basis in your class, it is important to refer them to mental-health staff that is available in your school. For example, The Louisiana Rural Trauma Services Center was established to offer mental-health assessments, treatment, crisis management, and consultation services to three rural southeastern Louisiana school districts. By offering these services they were able reduce 20 to 40% of their participants PTSD symptoms (Hansel, et al., p.713). This capstone does not believe that an ELA classroom should be the sole resource for students to address their trauma.

Creating Comfortability

RB-Banks and Meyers suggest that allowing students to use various expressions gives them a chance to express what they are “wanting, thinking, feeling, or needing to share” (RB-Banks & Meyers, 2017). The ELA classroom can offer students a variety of modes of expression (e.g., creative writing, speech, performing arts) within its curriculum. In his 1992 book, *Trauma and Recovery*, Herman suggest that if someone has experienced trauma and is left feeling helpless, dependent and incompetent, their symptoms will only get worse (as cited in Wolpow, et al.,1998). To counteract these emotions in an ELA classroom setting, it is important to create a space where students always feel empowered and *never* disempowered (Wolpow, et al.,1998). Teachers Wolpow and Askov go on to refer to qualitative research from literacy teachers that surveyed, survivors of: Auschwitz, Birkenau, childhood accidents that caused traumatic physical effects, spousal abuse, and incest. From this research, Wolpow and Askov concluded that in order to create a comfortable classroom environment for these students one must first get rid of any system that may exacerbate the student's vulnerability; such as, testing, classifying, or categorizing. Secondly, they suggested making curricula flexible with things such as, student-centered activities which in turn shifts control to traumatized students (Wolpow, et al., 1998). Wolpow and Askov acknowledge these guidelines can seem like the at-risk students would be left with nothing to do. They respond to that potential criticism by quoting Simmers & Wolpow (1995), “What a teacher teaches is not as important as what a teacher is” (as cited in Wolpow et al., p.54) In other words, when creating a space of comfort, it is more important to have a

willingness to listen, without judging or prescribing (Wolpow et al., 1998). Richard Gold, creator of the Pongo Writing Method, adds to this claim when he stresses the writing mentor's purpose is to be a "facilitator of poetry", not a therapist. Gold adds that, it is important that the mentor does not pressure at-risk youth to write on painful topic. It is this lack of pressure that gives at-risk youth the freedom and ownership to want to write about their experiences (Gold, 2014). The Pongo Method suggests when creating comfortability with students and their writing it is important to convey an interest in your life experiences and continue to reiterate the importance of each one of them finding their voice. The Pongo writing method also suggests that mentors or teachers should not focus heavily on grammar or spelling, instead, the emphasis should be on students finding their voices through their writing (Gold, 2014).

Acknowledging Trauma

Once students feel their ELA classroom is a safe and comfortable place for them to share their thoughts and/or feelings, they will be more inclined to address and work through their trauma (Gold, 2014). Wolpow and Askov state that acknowledging trauma allows at-risk adolescents a chance to reclaim their past and feel renewed hope and energy for life (Wolpow et al.,1998). The teachers, Wolpow and Askov also suggested that once students begin writing about their own trauma it is important for them to enact the help of school guidance counselors and/or a mental health professional working in the school. In addition to being knowledgeable about students with particularly traumatic experiences, guidance counselors can also offer consultations to students with specific needs (Wolpow, et al., 1998). As a result of writing and sharing past traumas, Wolpow

and Askov also reported that an increase in trust and a climate of mutual self-respect began to take hold within their classroom (Wolpow, et al., 1998). Throughout Wolpow and Askov's article, they imply when teaching at-risk students, it is imperative to offer students opportunities to have a safe space to write about their trauma, take risks as a teacher by being vulnerable with what you share and always encourage with hope (Wolpow et al., 1998). The Pongo Writing Method also suggests that the writing mentor or teacher's role should provide enough support, but also as little support, as a at-risk youth needs to write. (Gold, 2014). The implication being that students should always feel they are in full control of their writing.

Veteran teacher Kate Haq (2017) explains how she used journaling in her class to help her students overcome the traumatic death of a peer. She suggests that in order to work through and make meaning of her former students death, her students should be able to use all manners of texts (e.g., drawing, writing, coloring, creating comics or a combination of all four) (Haq, 2017). Haq goes on to explain that providing her students with multimodal journal writing opportunities created a space of comfort for them to discuss their specific social emotional needs. Furthermore, she found that the journaling also allowed them an outlet to make meaning of the trauma they experienced from losing a classmate. (Haq, 2017).

As was mentioned in *Effects of Trauma*, at-risk behavior that can culminate from leaving trauma unaddressed is self-injury. Tanya Gilzean research how creative writing in particular can help people who self-injure communicate their "chaos" and, in doing so, regain control (Gilzean, 2011). Gilzean refers to Gardener (2001) who suggest that

someone who self-injures does not necessarily mean they have experienced trauma and therefore it is important not to assume the reasoning behind the self-injury (as cited in Gilzean, 2011). For the sake of Gilzean's research she found participants who admitted to self-injuring as a result of trauma. Gilzean again calls on Gardener's eloquent comparison of creative writing and self-injury when he states that they are both "a system of signs that make a statement about the self" (as cited in Gilzean, p. 40). A major difference however, is that using creative writing to make-meaning of a traumatic experience allows a projection of the memory without the scars/damage to the physical body (Gilzean, 2011). Gilzean goes on to assert that recording past traumatic experiences in writing allows that experience to live on its own outside of the sufferer while the sufferer is allowed to live on. Furthermore, being able to work through their traumatic memory can give at-risk youth a sense of control over that memory. Gilzean makes a note that the experiencer may revisit the experience but will ideal now have healthier ways of coping with the memory. (Gilzean, 2011).

Another common symptom of PTSD referred to in the previous section is disassociation. As Wolpow and Askov explained it, disassociation can lead a student to seem "out of it" because they are altering their reality in order to escape a traumatic memory or experience (Wolpow et. al., 1998). Bolton and Latham (2004) explain that creative writing can put a writer in a dream-like state which allows them to come into close contact with their unconscious and therefore, communicate and have more control over the self (as cited in Gilzean, 2011). Bolton and Latham go on to suggest that if this writing can be shared to a non-judgemental, reaffirming and sensitive audience, the writer

can feel a stronger sense of control over their past trauma and know that it is an “accepted” experience. (as cited in Gilzean, 2011). Gilzean concluded by suggesting sharing these experiences via writing can also lead to writers understanding of themselves and others. Consequently, building relationships as a result of sharing these sensitive stories can help writers break from their “pseudo-independence” which may have played a part in their self-injury (Gilzean, 2011).

Writing With At-risk Youth: The Pongo teen Writing Method (2014) offers many suggestions for writing activities that can encourage at-risk youth to write poetry. Poetry is a form of writing that the Pongo Method suggests because of its unique ability to offer at-risk youth an opportunity to express their experiences through poetic themes in a non-threatening writing task. In his book, Richard Gold offers a list of fill-in-the-blank templates that offer at-risk youth an easily accessible format to express tough themes. Fill-in-the-blank poem templates makes the writing less daunting and can provide a satisfactory experience for the at-risk youth (Gold, 2014).

Summary

In order to facilitate at-risk students’ acknowledgement of their trauma, it is important to set up an ELA classroom in two stages. Stage one suggests that the ELA classroom should first work to create comfortability through student-centered activities. Furthermore, when creating a comfortable classroom environment it is imperative to always work to empower your students and their perspectives. For example, even if a student is struggling with their writing mechanics, acknowledge this but spend more time emphasizing what the students did well in their writing. This outlook on student work and

participation can be applied to empower students across content areas and in doing so, get them reinvested in their education.

The second stage builds off of the first stage and uses the established comfortability to facilitate students' ability to write about their past trauma. As mentioned above, it is important to avoid forcing the students to talk about their trauma. The goal at the beginning of this second stage is simply to get students comfortable with talking about themselves. Giving students consistent opportunities to discuss themselves and their lives in relation to the course content will result in at-risk students and their experiences being validated in class and amongst their peers. Furthermore, sharing student perspectives can lead to students using their real-life experiences to practice critical-thinking and reasoning skills; directly linking the themes the real-world. Educator Steven Byerly (2001) describes this as “experiential learning”, a form of teaching and learning that incorporates teachers and students partaking in collaborating, modeling and simulating throughout the learning process. Byerly goes on to state that “such experiential learning can not only instill knowledge in students but also develop their abilities to think critically and apply that knowledge to novel situations” (Byerly, p. 699). In the case of this capstone, that novel situation is a traumatic experience an at-risk student may have gone through. Literature shows that once students begin getting comfortable with sharing about themselves via writing or group shares, they are more likely to share about past traumas of their own. Applying their critical-thinking and reasoning skills to these experiences will in-turn allow them to be more empathetic about themselves and their involvement in their trauma. Consequently, these two stages also

work to build and/or reinforce a strong classroom-community. Establishing a strong classroom community will also work to foster student buy-in to themselves, their peers and, ultimately, their education.

CHAPTER THREE

Project Description

Introduction

This capstone intends to answer the question: *How can ELA teachers use their classes as an outlet for addressing and defining ethno-racial minority and U.S. born student's trauma?* In answering this question, the capstone has illuminated strategies that ELA educators can use to create a classroom space that offers students skills that can be used to help them address their trauma. Based on my literature review, there is a need for this project because there has been little research done on how ELA classrooms strategies in particular can help students acknowledge and work through their past trauma. Through my research I have also identified certain strategies that may push away at-risk students. The social-justice framework that this research is based on pushed this capstone to also acknowledge the rate of occurrence of trauma on various demographics of at-risk youth in order to inform its audience. To present this information, I have created a professional development presentation. This chapter will outline the various components of that presentation and the reasoning for those components. It will offer a project description,

an explanation of how this project adds to past studies, research frameworks, setting and audience of the presentation.

The project description section of this chapter will explain the format that is used for my project as well as my reasoning for choosing this format. Also included in this chapter is an explanation of how this project adds to related research. For example, during my presentation I involved all content area teachers, faculty and administrators available that day to show how my findings can apply in their area as well. In doing this, my presentation fostered conversations about how to best accommodate at-risk youth across content areas.

Later in this chapter, further insights of the project will be given with an explanation of the foundational theoretical frameworks that supported this project. Finally, the setting and audience for which this project is intended will be gone over in detail.

Project Description and Rationale

For my project I created and presented a professional development presentation at the school I am currently working for. The presentation included a Google slide presentation that acted as a visual aid throughout. Each of the attendees were given a fill-in-the-blank note sheet that included main points of the presentation. There were also surveys given to start the presentation and small group turn-and-talks followed by large group discussion. The presentation lasted just under one hour. The presentation took place after school between 2:05pm and 3:00. I chose this time because after students leave for the day at 2:00pm, teachers are contractually required to stay until 3:00 pm. I

chose to do my presentation on a Thursday because that is one of two days in the week where staff doesn't have a mandatory meeting during the 2:05pm-3:00pm time-frame.

Parsons, Ankrum and Morewood (2016) suggest that professional development in education encourages educators to be more adaptive with their teaching because it increases their agency. Additionally, they suggest that by bringing teachers together in an educational situation, professional development also inspires collaborative teaching. Butler and Schnellert (2012) echo the sentiment that professional development increases collaborative teaching and also add it is a result of the forming of teacher relationships during the professional development. Having considered this research, I felt a professional development session would be a fitting format to present my research findings.

Because I only taught two of the three trimesters at our school last year, coming into my second year I am still a relatively new staff member. This professional development allowed me to express to my colleagues important issues such as using student-centered curriculum to create a comfortable classroom environment and, ideally, increase student buy-in. By expressing my strategies for assisting at-risk students, it was my hope going into the presentation that I would encourage my colleagues to also incorporate trauma-informed strategies into their classrooms. Though some strategies listed in chapter two are geared for ELA classrooms, the professional development gave my colleagues an opportunity to discuss how these ideas may translate into their own respective content areas. To do this, during the professional development session I fostered conversations through turn-and-talks and full-group discussion. These strategies

allowed everyone present to discuss how they may respond to trauma-induced negative behaviors from their students. Following those discussions attendees of the presentation were given time to come up with ways my findings from the literature can apply to their content areas. Consequently, this exercise also worked to create/reinforce a strong connection amongst our staff.

When used as a tool to collectively educate staff on an important topic, professional development sessions can work to promote collaboration among teachers. This is another reason for my choice to use the professional development format for my project. A group of researchers (Nelson, Kennedy, Deuel, & Slavit, 2009; Nickerson, 2008) reiterate this point when asserting that when teachers are given an opportunity and necessary support to collaborate with the goal of improving student learning, they are capable of transforming their own practice, as well as the culture and practice of a group of teachers (as cited in Slavit, Kennedy, Lean, Nelson, & Deuel, 2011).

The research that inspired the literary review was geared towards accommodating at-risk students in ELA settings. However, I have realized my findings can be used to inform other content area teachers. Generally, the goal of this presentation to inform teachers of the effects trauma can have on students so they are better equipped to identify symptoms of trauma and accommodate at-risk students in their classroom. Ultimately, I hope that this presentation will lead educators, administrators, and support staff to reconceptualize or reinforce the idea that negative behaviors are an effect of trauma. Viewing negative behaviors as effects of trauma can result in appropriate responses by

the people in authoritative positions which can in turn, build and/or reinforce a comfortable community school-wide.

The presentation itself began with a survey that got the audience thinking about how they may respond to trauma-induced behaviors. Questions on the survey were made up of short scenarios involving a negative behavior from a student. Audience members were then tasked with writing a short response in regards to how they would react to each scenario. These survey responses were revisited again after we cover section one of the presentation which discussed physical and emotional effects trauma can have on at-risk youth. That exercise began with a two minute turn-and-talk regarding how our understanding of these effects of trauma would or would not change teacher's reaction to student behaviors in the survey scenarios. The turn-and-talk was followed by a five to seven minute voluntary share-aloud by audience members.

As mentioned earlier, the Google slideshow presentation which was split up into three sections was used as a visual aid throughout this professional development. The first section focused on how this project defined "at-risk" youth as well as why this is important to discuss. This first section also went into detail about how origins of trauma manifest differently for adolescents depending on their demographics. The second section focused primarily on the physical and emotional effects of trauma on at-risk adolescents. This section included statistics regarding the impacts on adolescent brain development and the effective behaviors that can result. Additionally, this section involved the aforementioned audience turn-and-talk regarding behaviors that they read about in the

introductory survey. Finally, the third section offered trauma-informed and research based strategies for making classrooms comfortable spaces for at-risk students.

Theoretical Frameworks

The alternative learning environment I currently teach in and where this presentation was given is primarily made up of either students who have been suspended or expelled from their previous school due to patterns of negative behaviors, or students who are struggling with mental health issues that require a smaller learning environment. Since starting at this school, I have also found out via support staff, student work, or straight from the students themselves, that trauma is prevalent amongst our diverse body of students. The work done in this capstone has social justice underpinnings and therefore looks at the issues discussed through a social justice theory lens. In doing this, this project was created with the intention of investigating the relationship between trauma and mental health or behavioral issues in order to assist teachers in helping students address past trauma and, ultimately, create healthy behavioral patterns.

Social justice theory.

As was suggested in the introduction of chapter two, the social justice theory positioned this capstone as a means of exposing social inequities. More specifically, Creswell and Creswell (2018) suggest, the social justice theory works to acknowledge inequities that disproportionately affect underrepresented groups and populations. As someone who has taught a classroom of primarily at-risk students in an alternative learning center for the majority of their career, I feel that, because of their behaviors, these students have fallen into the category of “underrepresented population.” For

example, by drawing attention to harmful mischaracterization of these at-risk adolescents and their behaviors; this capstone encourages administrators, educators, staff, and faculty school-wide to be more considerate of at-risk students. In other words, by using the social justice theory, this capstone's intention was to call on education and psychology scholarship to promote empathy for these at-risk adolescents in hopes of creating a space of empowerment for them.

Intersectionality theory.

Intersectionality theory was used in my project to ensure as many demographics of at-risk youth were being considered. As was mentioned in chapter two, analyzing this issue through an intersectionality lens allows this project to consider the complexity of participant demographics. For example, instead of talking about how trauma affects each person based on specific race, gender, sexuality, religious orientation, or socio-economic status, this project is able to acknowledge how all of these social markers work together to impact people - at-risk youth in this case. I did categorize three groups of at-risk students: ethno-racial minorities, U.S. born urban citizens and U.S born rural citizens. The goal of creating these groups was to acknowledge that there are varying ways in which trauma can impact an at-risk student depending on their place of birth. Though these categories were meant to give my audience a statistical idea of what kinds of trauma students may have experienced based on their background, intersectionality theory establishes that trauma still affects an individual in similar physical and emotional ways.

Setting and Audience

I presented my professional development presentation at the school I am currently employed with on Thursday, November 21, 2019 between 2:05pm and 3:00pm. The school is an alternative learning center located in a North metropolitan area in the Midwest. There are no published demographic statistics regarding the student body because there is a consistent rate of student turn-over. Targeting students in grades 7-12, this school is made up of four programs. The mid-level program which focuses on teaching core curriculum to students in grades 7-9. The online program is split between two classroom and works with 10-12 graders. There is also an Anthony Louis Chemical Treatment program located in the building that provides an online classroom setting to 7-12 grade level students who are currently in a local chemical treatment program. Lastly, the modified learning center is made up of two rooms in the building. These rooms involve supervising students from all over the district who have been assigned in-school suspension, suspension, or are waiting to hear their next steps following an expulsion. My professional development presentation was given to nine of the licensed staff in the building as well as two paraprofessionals and one supervisor of the modified learning center.

Conclusion

In conclusion, this chapter offered insights into the format of my project and the reasoning behind choosing that format. Later on my research methods, frameworks and setting and audience were also discussed. Theoretical frameworks for this project included a social justice and intersectionality theory. The presentation that was given

offered to all of my colleagues at my current school which works with students who are currently focusing on behavioral and emotional interventions. It was and still is my hope that the themes and ideas of this capstone will continue to come up in additional full-staff meetings throughout the year.

The final chapter of this capstone will include reflections on my project and future steps that may be beneficial for myself and my colleagues to take in order to accommodate at-risk students in our school.

Chapter Four

Conclusions

Introduction

This chapter will review takeaways from my experience researching, writing and creating this capstone project that asks the questions: *How can ELA teachers use their classes as an outlet for addressing and defining ethno-racial minority and U.S. born student's trauma?* With an increasing number of U.S. students carrying their trauma with them into classrooms, this question investigates how teachers can help these at-risk students learn healthy coping skills. In order to do this, the professional development project portion of this capstone also encourages teachers outside of ELA to implement trauma-informed strategies into their classrooms. The process of creating this project began with extensive research regarding trauma's physical and emotional effects on the sufferer as well as the demographics of the sufferer. Further research was done to investigate how these various traumas can be accommodated in ELA classrooms. Finally, the research culminated in a professional development presentation that was given to staff members of an Alternative

Learning Center (ALC). Having been employed at this ALC for approximately one year, my professional development session provided myself and my colleagues a new opportunity to look at explicit effects trauma can have on at-risk adolescents we work with on a daily basis. It is my hope that this professional development will serve as the beginning of a push towards a more trauma-informed staff in our building.

Literature Review

The basis of the literature review was made up of four parts; identifying demographics of at-risk youth, origins of trauma, the effects of that trauma, and how to best accommodate that trauma in an ELA classroom setting. With the intention of considering the widest breadth of demographic analysis in this research, the intersectionality and social justice theory were called on in the literature review. Bilge and Sirma's (2016) explanation of intersectionality supported my research in its ability to show how complex issues, such as trauma occurrence rates in at-risk youth, are best analyzed through an intersectionality lens.

Fairbank, Putnam and Harris's (2016) eight categories of trauma also allowed this capstone to position its findings into a more easily digestible organization of the numerous origins of trauma. Once the categories of trauma were identified and paired with how those traumas impacted at-risk youth demographically, The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* allowed the literature review to dive deeper into the effects of trauma. The DSM-5 offered up-to-date diagnosis

descriptions of the 4 mental health effects of trauma that were highlighted in this capstone. Descriptions of mental health effects is integral to the project in that it reinforces the importance of defining and addressing traumatic experiences of at-risk youth. By bringing to light that at-risk youth can be affected socially, psychologically, neurophysiologically, and physically by trauma, this project intends to equip teachers with skills that make them better able to empathize with students showing behavioral signs of trauma in their students.

Project Limitations

Because trauma impacts an ever-increasing number of adolescents, one limitation this research has is its ability to recognize, consider, define and suggest strategies for, each traumatic experience. It is also clear that a response to trauma does not have a one-size-fits-all diagnosis. For example, it is possible for at-risk students to have a combination of traumatic experiences and/or resulting social, psychological, neurophysiological, or physical effects. With the intention of being conscious of this discrepancy, the suggested ELA strategies given at the end of the literature review were not directly aligned with the eight categories of trauma used in literature review.

In that same vein, an additional limitation of this project is a teacher's ability to assist a student dealing with trauma. No matter your content area, teacher's should not feel they are responsible for solving student's problems. As teacher's we are not equipped to diagnose a student with a mental health condition but we are able to create a classroom space that lends itself to offering students skills that could help them in the process of circumventing their mental health problems. With that said, it can't be stressed enough

that mental health professionals and/or social workers in your schools should also be made aware of serious trauma that may be brought up by a student in your class. This project in no way intends to take the place of mental health professionals, instead, it intends to inform teachers so they are able to act as allies to those mental health professionals.

Furthermore, another limitation of the aforementioned trauma-informed strategies is that there will be times when students will simply refuse to participate. If that is the case teacher's should never "force" students to participate. The Pongo Writing Method suggests to stay consistent in your attempts to include students who refuse to participate (Gold, 2014). For example, get to the bottom of why students aren't participating. If it's the content of the writing that is making the student hesitant, be open to offering alternative writing topics.

Another limitation that can arise when using the Pongo Writing Method in particular can appear when students are asked to share their work with the group. Gold (2014), mentions examples of bullying among group members which can have negative effects on people who are sharing their writing that is potentially vulnerable. To avoid this from happening, be sure that a respectful community has been established in your classroom before having students share their work. Gold (2014) also suggests giving circumventing bully behavior by putting the bully in a leadership role by calling on them for creative ideas. If this doesn't work, this person may have to be pulled from the group until they can agree to be apart of the respectful community that the Pongo Writing Method requires.

Project Development

When developing the project, a challenge I ran into was synthesizing all of the information covered in my literature review. After brainstorming the various project formats, I eventually landed on the professional development because of its flexibility and collaborative components. By breaking up the professional development into four parts, I was able to successfully fit the extensive information covered in the literature review into this one presentation. The intention of this professional development was to create an opportunity to not only pass along the research gathered in my literature review but to do so in a way that gives the intended audience a chance to consider how they might implement these ideas into their classroom curriculum and/or procedures.

This professional development allows participants an opportunity to brainstorm and create their own trauma-informed classroom strategies. Participants are given 15 minutes at the end of the presentation to work with their table groups to come up with at least one strategy they could use in their classroom to make it more trauma-informed. This project also includes a follow-up Google Form survey that will be sent out two weeks after the presentation. The purpose of the survey is to have attendees reflect and consider strengths/weaknesses of the trauma-informed classroom strategy they had created during the presentation. At least three sources (Greenland, 1983; Lockheed & Verspoor, 1991; Heneveld & Craig, 1996) reinforce this notion by suggesting that follow ups are essential to conducting an effective professional development (as cited in O'sullivan, 2002).

As alluded to in chapter three, the project incorporates other strategies such as, turn-and-talks and an fill-in-the-blank notesheet. After each of the three sections that consist of presenting the literature review research, the presentation encourages attendees to interact in short turn-and-talks. The goal of these turn-and-talks were two fold; to get the attendees perspective involved in the presentation and to break up the monotony of the relatively long presentation itself.

My Learning

Because this project investigates origins of trauma, rates of trauma based on demographics, effects of trauma at-risk youth and strategies to circumvent those effects; I think there have been many avenues opened for further research. As I alluded to in the “limitations” section of this chapter, future researchers could likely do more specific research on each one of four sub-topics covered in this capstone. For example, after doing extensive research on trauma-rates across demographics, it was difficult to find national data on why trauma disproportionately affects people of color. Along those same lines, research looking into how these disproportionate trauma rates correlate with the achievement gaps in our country could also be a relevant avenue to venture down as a result of this research. If empirical data could be collected to not only show correlation between disproportionate trauma occurrences and the achievement gap, perhaps there would be an increased push on a state and/or federal level to correct the societal pressures and/or issues that perpetuate disproportionate trauma rates in minority communities.

Another major take away I have gained from this project is based on Wolpow’s (1998) assertion that what a teacher teaches is less important than what a teacher is to

their students. In other words, the ability of a teacher to listen and validate their students is as powerful, if not more power, than teaching them district mandated standards. This sentiment is particularly true when working with at-risk youth. As the research suggests, a teacher's ability to create a comfortable classroom is the first step toward helping students acknowledge and define their trauma and therefore should take precedence over preparing for the state standardized tests.

As a new teacher, it has been made abundantly clear to me that preparing for standardized tests is made to be a high priority for teachers by their administrators. Consequently, our at-risk students are left feeling that their foundational experiences, good or bad, are undervalued in the environment they spend the most time - school. Whether we like it or not, teachers are expected to teach their grade-level standards. However, as teachers, we have the ability to teach our student's critical thinking skills that can be used to help them work through their own traumatic experiences. As the literature shows, offering students an opportunity to incorporate their own experiences, good or bad, into curriculum validates their experiences, gets them invested in their education and, ideally, creates a space where they feel comfortable enough to acknowledge and define their past traumas.

Project Future and Implications

Generally, the goal of this presentation was to inform teachers of the effects trauma can have on students so they are better equipped to identify and empathize with symptoms of trauma which, in turn, enables teachers to better accommodate at-risk students in their classroom. As was mentioned earlier, the ending of the professional

development presentation had each teacher create a trauma-informed strategy they could use in their classroom. Two weeks after the presentation, I sent out a follow-up survey with the intent of encouraging attendees to reflect on how their strategies have been working. The survey questions asked attendees if they are considering or have made any changes over the past two weeks. Before sending out the follow-up survey I have already received follow-up questions and a general interest from those who attended the presentation.

In addition to these positive comments and general curiosity, I found there were also attendees with some concerns about this project, specifically, in regards to having student trauma being brought-up in classrooms. Hearing this, I realize my presentation and this project benefits by emphasizing that these trauma-informed ELA strategies should be implemented collaboratively between teachers and the school's mental health professionals and/or social workers. With that made clear, it is also important to recognize that, despite that added emphasis on being collaborative, there may be professionals in education that disagree with this notion. In this case, a school social worker expressed to me their concerns that this project not only encourages students to share their trauma in classrooms but does so with the goal of having teachers diagnose mental illness in their students. We quickly cleared up their misunderstanding of this project's intention but coming away from this interaction, I felt a wider implication of this push-back suggests that social workers and other educators new to trauma-informed strategies in the classroom may react negatively to these strategies out of discomfort. Using innovative classroom strategies can cause discomfort on a fundamental-level but, I

say to that, what progressive shift has not? Ultimately, if met with push-back when attempting to incorporate these strategies, it is important to take any constructive feedback into consideration, while also filtering out feedback that prevents progress towards creating your own trauma-informed classroom setting.

I ended up implementing some of the research-based strategies in my classroom this fall while teaching the novel, *Speak* and was pleased with the results. Because this novel deals with a young sexual assault survivor, I had asked one of our school social workers to join in on our classroom discussion regarding the obstacles the story's protagonist was left to battle and how the protagonist eventually overcame those obstacles. We prefaced the discussion with reassuring/reminding students that we have a number of social workers available to continue a one-on-one discussion outside of class if they felt necessary. The social worker and I also made sure students understood that any lewd comments made about the sexual assault or towards any other student during the discussion would be asked to leave. As a result, we had a very successful thirty minute discussion where some students even shared some of their life "obstacles". These testimonies were met with support and validation from other student's present. Therefore, collaborating with our school social worker to set up a comfortable space allowed our students to reason through traumatic experiences of our story's protagonist as well as some of their peer's experiences. A major implication of this experience suggests that not only is this research relevant for at-risk students but, because of the prevalence of trauma among students and their peers, this research applies to all students regardless of whether or not they've directly experienced trauma.

A follow-up conversation between myself and the school social worker present that day did lead to that social worker sharing some concerns regarding the text itself. As a result, that social worker has notified the head social worker in our district to establish a standard for all ELA teachers in the district to teach *Speak* via a trauma-informed teaching approach. Consequently, this interest in trauma-informed instruction at a district level is a direct ramification of the research done in this project.

Considering both positive and negative comments alike, this presentation has acted as a springboard into a discussion surrounding how we as educators can best accommodate our at-risk students. Having started that discussion it is likely that the strategies discussed throughout this capstone will not remain static. However, the goal of this capstone is to answer the question: *How can ELA teachers use their classes as an outlet for addressing and defining ethno-racial minority and U.S. born student's trauma?* With the feedback already received, this question has gone from a personal one to a question that has begun to be asked by my colleagues as well. Therefore, approaching an answer to this question as a staff only increases our chances in collaboratively creating a trauma-informed space for all of our students.

Conclusion

Having researched the social, psychological, neurophysiological, and physical effects of trauma on at-risk youth, this process has been eye-opening in the importance of this issue. Not only are our students experiencing trauma but, as an education system, we can do much better with providing them a space that is receptive to these experiences. For example, focusing on creating comfortability in our classrooms through eliminating

high-pressure testing and offering more choice in curriculum can work to eliminate unnecessary stress and validate our students' experiences. Once comfortability is established, this research suggests that educators will find their students are more willing to share their life experiences in their class. From there, educators can begin to incorporate curriculum that allows students to reason through their life experiences. If students never reach a point of comfortability where they want to discuss their traumatic experience, they are at least being equipped with the critical thinking tools it takes to critically consider their lives through multiple modes of creative expression.

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