Engaging the Safety System of the Brain: Training for Teachers of Immigrants Who Have Experienced Trauma

Lindsey Grace Crifasi

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ENGAGING THE SAFETY SYSTEM OF THE BRAIN: TRAINING FOR TEACHERS
OF IMMIGRANTS WHO HAVE EXPERIENCED TRAUMA

By

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A Capstone submitted in partial fulfillment of the requirements for the degree of
Masters of Arts in Teaching English as a Second Language

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I dedicate this Capstone to:
Kyle Hickman, 1982-2013
He taught me what fighting for social justice really meant. He opened my eyes to the beauty in the complexity of the world. He is and will always be missed.
“Sadly, our educational system, as well as many of the methods that profess to treat trauma, tend to bypass this emotional-engagement system and focus instead on recruiting the cognitive capacities of the mind. Despite the well-documented effects of anger, fear, and anxiety on the ability to reason, many programs continue to ignore the need to engage the safety system of the brain before trying to promote new ways of thinking. The last things that should be cut from school schedules are chorus, physical education, recess, and anything else involving movement, play, and joyful engagement.”

Bessel A. van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*
ACKNOWLEDGEMENTS

To my students, who teach me perseverance, resilience, love and strength. I feel grateful for being a part of their lives in some small way. They have very much impacted mine in immeasurable, beautiful ways.
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CHAPTER ONE

Introduction

Overview

Carlos Rosario International Public Charter School’s population is comprised completely of an immigrant population, many of whom come from countries with violent histories and who have left families behind, but the school has not offered any professional development on trauma-informed care. This capstone project will investigate: What are the key aspects of trauma-informed teaching, specifically for the immigrant population? What happens to the brain when it is dealing with trauma, Post Traumatic Stress Disorder (PTSD) or grief and how does that affect learning?

Carlos Rosario School, in Washington, DC, serves adult immigrants from 85 countries. The majority of our students come from a Latinx population, mostly from El Salvador. Our other large populations come from Mexico, Ethiopia and increasingly China. The School serves over 2000 students, with ten levels of ESL and four career programs. We offer Culinary Arts classes, Computer Support Specialist, Nurse Aide Training and a Bilingual Paraeducator program. There are also GED (General Education Development) classes, including GED en espanol, and citizenship classes. Carlos Rosario also offers a small business program, in English and Spanish. All these programs are buttressed by a holistic Student Services Department with Licensed Clinical Therapists, career specialists and case managers to help with obstacles such as finding affordable housing, daycare options or health insurance.
In 2015, over 14% of Washington, DC’s population was comprised of immigrants ("Immigrants in the District of Columbia", 2018). Most of these immigrants, as at Carlos Rosario School, come from El Salvador, a country still reeling from a vicious civil war that lasted from 1980 to 1992. The US-backed Salvadoran military scourged violence against the poor, in their quest to wipe out “leftist revolutionaries”. By the end of the bloody war, 750,000 Salvadorans had lost their lives mostly from death squads and military operations (Bonner, 2018). Poor Salvadorans became poorer, illiteracy rates reached new heights. Tens of thousands fled the violence during that period, with diasporas forming in cities such as Washington, DC and Los Angeles.

As their temporary protected status expired, thousands of Salvadorans were deported, including from gangs that had formed in the jails in Los Angeles such as Barrio 13 and the MS-13. Gangs have since gained much more power in El Salvador, corrupting officials and waging violence against innocent civilians. Today, El Salvador has the highest homicide rate in the entire world (Whelan, 2018). Gang violence and intimidation has caused another wave of emigration from El Salvador.

Poverty plays a huge factor in emigration as well. According to the World Bank, one-third of Salvadorans live in poverty, meaning they earn less than $5.50 a day. Further, the Salvadoran economy has made pittance in the way of growth, only 2.5% over the past 25 years (Whelan, 2018).

As I get to know my students, I hear more and more stories of how gang violence still affects their daily lives. I hear why they had interrupted schooling during the 1980s due to the wars ravaging their countries. I start making sense of why so many of my
students have trouble focusing for long periods in class or cannot make eye contact. Through their stories of trauma, and my own story of trauma, I have come to realize how these adverse life events make studying a major challenge. Training on trauma-informed care is essential to help our demographic of learners succeed in school.

Through my Capstone Project research, I will examine the neurological effects of trauma and what teachers can do to alleviate its effects. The research data I gather will inform the development of a professional development toolkit for adult education institutions. The toolkit will include workshops and information on what trauma does to the brain and how classrooms can be set up to make learning possible for people affected by trauma. I expect to deliver the workshops myself at our school-wide professional development. This is an urgent topic not covered in any training materials or in any professional development sessions at our school in the last eleven years I have worked there.

**Rationale**

Trauma survivors respond to social engagement differently. In *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*, Dr. Van Der Kolk (2014) explains that in a study of trauma survivors, “There was no activation on any part of the brain involved in social engagement. In response to being looked at they simply went into survival mode” (p. 102). When thinking about students going through this change in their brain, it is a disservice to treat them in our classrooms as if they had brains operating in a less stressed state.
I hope to learn more about the brain science behind trauma. My goal is to learn what routines, procedures, environmental factors and lesson ideas are useful for teachers who want to implement trauma-informed instruction by factoring in the neuroscience. I would also like to explore how to adapt or tailor materials for Carlos Rosario School’s adult immigrant population.

**Context**

Both working with the immigrant community and going through trauma myself has led me to realize how different brains function after a trauma, and inspired me to learn more about how to hone trauma informed classrooms. My own story of trauma has given me a new sense of empathy for how brains are affected post-event.

Around noon on February 24, 2013 two police officers showed up at my door to tell me my husband, Kyle, had been shot in the head by his friend. He had planned to stay the night at his friend’s house the night before. His friend was a person we had known for years. He came to our wedding. We went to the theater together, we cooked together, we supported each other. His friend had been suffering from Post-Traumatic Stress Disorder after three tours as a Marine in Iraq.

The events of the evening are unknown. I am sure that they were drinking and Kyle’s friend had had too much, as he often did. What seemed to have happened is at about 2 am Kyle decided to come home and was out on the friend’s driveway trying to fix his bicycle. Then, there was a gun at the back of his head and he was shot. Then, the shooter shot himself.
The days and months following this tragedy were confusing and dizzying. Grief was never something I had gone through and I began to realize how all-consuming it was. I felt total apathy for any activity. I just did what people told me to when they told me to do it. I was numb, totally shocked, in disbelief. I tried to read Kyle’s books, but could only make it a couple words. I could not remember anything. At the time, I recall thinking about how if I had not just finished my Graduate Certificate in Teachers of English to Students of Other Languages (TESOL) a couple months earlier, there would be no way I could do it now. I was exhausted. I took naps all the time. I avoided places, music, and activities that reminded me of Kyle. I did not feel open to talk about my feelings. I cried a lot. I did not feel comfortable in large groups. So many new physiological and emotional changes happened during that time that I did not expect.

I tried to go back to work 3 weeks later, but I could only stand to be there 4 hours at a time. After work, I would run home as fast as I could to cry. My anxiety would hit me after only a few short hours at work. Planning lessons was excruciating and painstaking. I was not operating on all cylinders.

What really started helping my healing was riding my bicycle a lot, which Kyle loved to do. The connection to him and the endorphins were transformative. Another very healing process was engaging with students again, especially once I realized that many of my students who had gone through very difficult and emotional situations felt and acted like I did. I started recognizing symptoms of their grief or PTSD in their actions. I realized students who were in a daze, distracted or socially withdrawn may be going through or recovering from an adverse life event like I was.
The effect of grief and trauma on students became clear to me during mid-semester conferences a few years after I lost Kyle. One of my students from El Salvador had been puzzling me. He was in his early 40s and quite bright. But he had on days and off days. Some days, he recalled vocabulary well, engaged with his peers and laughed. Other days, he would be distracted and forget what he had demonstrated as mastering the day before. During mid-semester conferences, he reported that six months ago, his 18-year old in El Salvador had been kidnapped by the gangs and he disappeared. He was trying to get as much information and help as much as he could from DC, but his son was gone without a trace. This put into perspective all the distracted looks, the lapses in memory and his withdrawn temperament in the class. I recognized my own patterns of grief in his actions.

My approach from that day took a much more informed turn. I gave the student much longer processing times. I would gently help him bring his concentration back to our lessons rather than call attention in a larger group setting. I offered him flexibility on heavy lifting tasks such as assessments, allowing him to take tests in shifts to consider his mental fatigue.

This student is not the first to bring a trauma up in class. While learning family vocabulary, a student burst into tears. She ran out of the classroom and was shaking. Following her into the hall, she revealed that her mother, who was her daughter’s guardian in El Salvador, had received threatening messages from a gang member. He had told her mother that if she did not pay $1000 to him that he would kill her daughter. These stories of extortion occur often. We now have police officers come in to help
students learn what they can do to avoid extortion. But we teachers have not had any
trainings on how to manage students who are going through or recovering from adverse
life events like a serious threat against a family member or other effects of gang violence.

Other traumas have been brought to my attention over the years such as
family separation. This topic came up years into my employment at the school through
workshops with a caring counselor. I realized how much family separation adds to
already stressful immigrant lives where navigating systems alone can be overwhelming
and confusing. The workshops gave time for students to share their stories. I learned of
the pain of leaving children, missing spouses and not being able to say goodbye to ailing
parents. I felt I had taken for granted the extent of stress this caused my students, and
how they do not just leave these serious emotions behind when they walk in my
classroom door.

My experiences over the years has brought to my attention that the violence in El
Salvador and many other countries from where our students emigrate may have a huge
effect on what their learning limits are. Family separation is also an adverse life event
that can also affect how students are able to learn. I see that I can address these limits in
my instruction. After reading *The Body Keeps the Score*, I had more data to understand
what was really happening in the brain after trauma, and I wanted to learn more.

Stressed brains, grieving brains, brains experiencing PTSD look different from
“control” brains according Dr. Van Der Kolk. What he observed is that,

“The most striking difference between normal controls and survivors of
chronic trauma was in activation of the prefrontal cortex in response to a
direct eye gaze. The prefrontal cortex (PFC) normally helps us to assess
the person coming toward us, and our mirror neurons help to pick up his
intentions. However, the subjects with PTSD did not activate any part of
their frontal lobe, which means they could not muster any curiosity about the stranger. They just reacted with intense activation deep inside their emotional brains, in the primitive areas known as the Periaqueductal Gray, which generates startle, hypervigilance, cowering, and other self-protective behaviors.” (Van Der Kolk, 2014, p. 102)

The reactions I went through and those I see in my students are scientifically-based. Knowing these data facts makes me see that there could be processes we could use to make learning easier.

**Chapter Summary**

This study will provide practical classroom routines, procedures and activities on how to make classrooms more trauma-informed for adult immigrant learners. It will answer the questions: *What are the key aspects of trauma-informed teaching, specifically for the immigrant population? What happens to the brain when it is dealing with trauma, Post Traumatic Stress Disorder (PTSD) or grief and how does that affect learning?*

In addition, my research will help teachers identify students who may be survivors of a trauma or other adverse life experiences. This can be done through research in how brains work while dealing with trauma and grief. I will also look at best practices in trauma-informed care through the lens of serving an immigrant population that is also adult.

In Chapter Two, I will provide a literature review of trauma’s effect on the brain. I will lay out ideas I learn from educators who implement trauma-informed instructional facets in their teaching. I will use the Brain Disease Model to inform how classrooms can support students dealing with a trauma and its effects to cultivate a learning environment that is safe, empowering and promotes healthy relationships and communities.
CHAPTER TWO

Literature Review

Overview

“. . .when the heart is affected it reacts on the brain; and the state of the brain again reacts through the pneumo-gastric [vagus] nerve on the heart; so that under any excitement there will be much mutual action and reaction between these, the two most important organs of the body.”

-Charles Darwin (1872)

In 2018 there were 2,654 children separated from their parents at the Mexican border with the United States through an inhumane policy meant to deter immigration into the country (ACLU, 2018). Pediatricians from all over the country protested the policy, noting “extremely stressful experiences, including family separation, can disrupt a child's brain architecture and cause irreversible damage to lifelong development” (Simha, 2019, p. 95). This draconian policy has spurred the conversation on what the effects of trauma are on families that are separated due to immigration.

Evidence shows that prolonged stress damages neurons in the prefrontal cortex, the center of all executive functioning (Simha, 2019). Further, as Darwin presciently noted, excitement, whether a benign threat or a trigger, can set off the parasympathetic system through the vagus nerve and cause individuals to go into flight, fight or freeze mode. Teachers of immigrants cannot ignore the debilitating effects of trauma of the
immigration experience. They must focus on the resilience of their learners through informed practices that recognize and mitigate the cognitive effects in the brain.

**Introduction**

Charles Darwin’s thoughts on the vagus nerve have stood the test of time, and modern psychiatrists and psychologists have built upon his evolutionary theories (Porges, 2009). Through an examination of the Polyvagal Theory, the theory that shows relationship between visceral experiences and the vagus nerve’s control of the parasympathetic system, the connection between events, cognition, and physical reactions become salient. What this means for immigrants going through traumatic experiences or recovering from them as mentioned above is that having an awareness and framework for helping students build resilience and prepare to learn are key. Teachers can adapt strategies from guidelines of Trauma-Informed Care (TIC), a paradigm that originated in the mental health and human services sector.

Immigration-related trauma can manifest from a variety of experiences. It looks different depending on the individual. Migration stresses can be triggered by political or gang violence including war, natural disasters or other crises escalated by loss of resources such as family and community which would help with healing and coping (Adkins et al., 1999). Then, once in their new country, acculturative stress can begin. Adkins et al. (1999) highlight the “potential for deep cultural misunderstandings” that, protracted over time, can also cause trauma (Adkins et al., 1999).

Students may find that past adverse events weigh on their mind, distract them and cause them to withdraw from peers and teachers. Without knowledge of how to re-engage
a learner going through this, teachers risk marginalizing the students due to their state of PTSD, or other toxic stress related disorders. This is an example of an associated social injustice. Trauma can make individuals feel isolated and disenfranchised. Building relationships through dialogue is the most effective way for instructors to connect with and empower students (Freire, 2000). Paulo Freire’s work aims to break down power structures in the class so that students’ resilience and talents can shine through. Dialogues support this goal by following steps “in order to come to know through dialogue with them both their objective situation and their awareness of that situation—the various levels of perception of themselves and of the world in which and with which they exist” (Freire, 2000, p. 95). For some students, taking the social justice approach to coping and healing may aid in their path to full resiliency.

Brain science has only been accessible for teachers within the last few years, changing the conversation from “Why did you do that?” to “What happened to you?” Teacher education often delves into the topic in a single Educational Psychology class or staff development workshop. As research evolves, teachers need awareness of the latest knowledge. The brain is the conduit to all learning, so why are teachers exposed to so little education on how the brain works? Current research dives into the effect of trauma and culture on the brain, with a range of implications for the classroom. Trauma and culture can also affect marginalization of students in the classroom if teachers do not have the training or capacity to adjust instruction to reach all learners.

It is imperative that teachers who work with the immigrant community have a sense of how trauma affects the learning of this demographic of students. By reviewing
literature on the key areas mentioned above, they will have a well-rounded view on the inner workings of trauma and cognition, what kinds of traumas immigrants experience, and tools to use with students in the classroom. Specifically, I am examining the basics of the Polyvagal Theory, TIC, immigration-related trauma, theories of oppression, social justice and how this relates to trauma, and Culturally Responsive Teaching (CRT).

This breadth of research will provide educators of immigrants with essential knowledge on what adverse effects past traumas may present in their learners and how to empower their resiliency. Through theories and background, I will investigate my research questions: *What are the key aspects of trauma-informed teaching, specifically for immigrant populations? What happens to the brain when it is dealing with trauma, PTSD or grief and how does that affect learning?*

Each of the following sections will contain background on the theory or practice, analysis in contemporary thought and application of the topic, and identify how the topic relates to my capstone project. I will lay the foundation for identifying tools and knowledge teachers need to effectively engage, empower resilience in, and teach immigrant students who have experienced trauma.

**The Polyvagal Theory**

**Background.** The polyvagal theory, built upon Darwin’s evolutionary theory, shows that neural pathways regulate social and emotional reactions (Porges, 2009). Introduced in 1994 by Dr. Stephen Porges, the theory and subsequent proof help explain the role of the vagus nerve, which mitigates visceral experiences and the autonomic nervous system (ANS) (Porges, 2009). The ANS, which regulates heart rate, digestive
systems, urination, sexual arousal, respiratory rate, and pupillary response, reads influences from the body’s environment and reacts accordingly. When functioning properly, this system mediates social interactions with stability. When it breaks down, social interactions can cause physiological arousal. The body then goes into “survival mode”, the older system of protecting oneself in a challenging environment, and behavioral shutdowns occur. Van der Kolk explains “as long as people (and animals) feel threatened, they cannot meaningfully engage with members of their tribe and will resort to more primitive solipsistic ‘fight-or-flight’ behaviors… to ensure survival” (van der Kolk in Porges, 2011, p. xiii). When people experience a physical state, their perception of people and environments becomes skewed. People who have experienced chronic trauma have trouble regulating their reactions to triggers through their overwhelmed feedback system (van der Kolk in Porges, 2011, p. xv). Their system cannot accurately detect the safety of their situation, either failing to protect them or impeding full engagement in meaningful experiences.

**Current relevance.** The insights of the Polyvagal Theory have influenced treatments for individuals recovering from trauma. The neuroscience behind the theory has impacted therapists’ approach to care. They are able to connect visceral feedbacks and non-pharmacological treatments. When the focus draws on science and symptoms of trauma, service providers and reduce “pathologizing of symptomatic behavior by viewing symptoms as normal reactions to abnormal experiences” (Letich, 2017). The reframing of behaviors can help providers come from a strengths angle instead of focusing on deficits.
Brain science has found its way to the education sector, too. David A. Sousa (2011) claims this is actually not only a contemporary development. He claims Dr. Madeline Hunter introduced using brain science to inform teaching 1960s. With 21st Century technologies, there is even more access to the inner workings of the brain and researchers have been able to connect the knowledge to help teachers teach. Sousa (2011) points out that educational neuroscience as a discipline has also developed within the last decades. Education specialists have made it easier than ever to access neuroscience and its relationship to learning.

**Capstone significance.** The Polyvagal Theory has implications for teachers in the space of mitigating the pathologizing of seemingly distracted, withdrawn or angry students. What the polyvagal theory offers teachers is the neuroscience behind the behavior of some students who have experienced trauma, and a path forward in designing methods that work for their classes. In van der Kolk’s forward of Porges’s (2011) book on the Polyvagal Theory, he maintains “when the environment is appraised as being safe, the defensive limbic structures are inhibited” (van der Kolk in Porges, 2011, p. xiv). With this knowledge, teachers will be better equipped to engage students in pedagogical strategies to best help them learn and achieve their goals.

Teachers can draw on this understanding of the effects of trauma when they seek to control the learning environment. In this way they can aide in the healing process. Letich (2017) highlights in her National Institute of Health article on a “Resilience Model” for trauma-informed care, how survivors of trauma have a “Resilience Zone” (Letich, 2017). If bounced out of the zone due to a trigger or stressor, like a hostile
environment or being put on the spot in class, the individual can bounce between hyper- and hypo-arousal. A damaged autonomic nervous system has difficulty regulating its rhythms. Figure 2.1 below illustrates this possible oscillation between the extremes of arousal, and what can occur if an individual is stuck in high or low states.

![Figure 2.1. ANS Rhythm Outside the Resilient Zone (Letich, 2017). The figure displays the oscillation in arousal states a triggered person can experience.](image)

Letich (2017) raises the point that for individuals stuck on “high” hyper-arousal, shown above, there is a damaging effect on memory. High arousal disconnects the brain from centers that regulate memory storage and cause fragmentations of information integrated in that storage (Letich, 2017). In a classroom setting, teachers want to prepare learners to succeed by addressing core issues of fragmented memories. Knowing how arousal states can bounce between hyper- and hypo-arousal, they can help the student back to the resilience zone. This addressing of social-emotional needs can transfer into longer term memory and better focus in the classroom.
Neuroscience into trauma can also inform teachers of automatic responses to threats that are even just perceived. The Polyvagal Theory proved that environments can cause physiological reactions, and these can manifest in fight, flight, freeze or tend and befriend behaviors. The behaviors across the spectrum inhibit individuals from meaningful engagement (van der Kolk in Porges, 2011, p. xiii). For one person, a “threat” may be an exciting challenge but to another, it may be a trigger to slip into survival mode. With this knowledge, teachers can be better prepared to keep students in the “Resilience Zone” and recognize when they may have inadvertently been perceived as threatening by a student.

**Trauma-Informed Care (TIC)**

**Background.** The 1970s and 1980s were a time of awakening in the use of trauma-informed practices. From caring for returning Vietnam War veterans with PTSD to raising awareness of the trauma of rape and domestic violence during the feminist movement, the 1970s witnessed an increase of trauma-informed care (Conradi et al., 2013). In the 1980s, child advocacy centers and “multidisciplinary teams in child abuse” gained prominence. Whether instinctively or not, caretakers during this era used techniques that predated what we now call trauma-informed care. By the 1990s, researchers and clinicians were finding science behind how to treat survivors of such traumas. The focus into such research spread into other mental health fields in the 1980s (Conradi et al., 2013). The International Society for Traumatic Stress was founded in 1985, and focused on how to best serve highly traumatized populations. The United States Department of Health and Human Services’ Substance Abuse and Mental Health
Services Administration (SAMHSA) recognized the role of trauma in a critical number of women’s issues and gender-specific treatments by 1990 (Conradi et al., 2013). Since then, research into trauma and traumatic stress has made major gains in developing treatments for PTSD and diagnostic criteria.

**Current Relevance.** As the definition of a treatment of trauma developed, the definition of trauma itself did as well. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach (2014) highlights the distinct role of the American Psychiatric Association in defining trauma (SAMHSA, 2014). Through the years, the Diagnostic and Statistical Manual of Mental Disorders (DSM) has published several variations of diagnostic criteria for traumatic stress disorders. The new DSM-V has introduced a new special category for Trauma- and Stressor-Related Disorders, across the life-span (SAMHSA, 2014, p. 5).

In the Encyclopedia of Social Work published by The National Association of Social Workers’ Press and Oxford University Press, Conradi, Pence and Wilson (2013) cite that trauma-informed care is “built on five core values: (1) safety, (2) trustworthiness, (3) choice, (4) collaboration, and (5) empowerment” (Conradi et al., 2013). Safety refers to both physical and emotional security. Trustworthiness is expected to be maintained through boundaries, clear expectations and providing consistent service. The five core values, developed by Roger D. Fallot Ph.D. and Maxine Harris Ph.D., emphasize that the receiver of the care play an active role (Conradi et al., 2013). For example, providing the important value of choice gives the survivor control over the
services they need. Conradi et al. (2013) elaborate the core values of control, collaboration and empowerment as follows:

*Control* is significant because, as a victim of trauma, client control was taken from the during the traumatic event, whether through a rape, physical assault, or even a natural disaster. *Collaboration* emphasizes the need for client involvement and sharing of power, while *empowerment* relates to the development and enhancement of consumer skills. (Conradi et al., 2013)

The active role of the survivor of the trauma empowers them with more agency in their care.

SAMHSA provides more frameworks to understand TIC. With an emphasis on a strengths-based approach, the theme of agency persists in their “Four R’s” of Key Assumptions in trauma-informed approaches: realization, recognition, respond and resist retraumatization. They expect that people at all levels of their organization have a basic realization of trauma and its effects on not only the individual but the family, organization or community as a whole. Further, realization means that behaviors and experience are shaped through trauma and coping mechanisms designed to “survive adversity and overwhelming circumstances, whether these occurred in the past (i.e., a client dealing with prior child abuse), whether they are currently manifesting (i.e., a staff member living with domestic violence in the home)” or whether an individual is experiencing secondary trauma (SAMHSA, 2014, p. 9). Realization also means that being trauma-informed is not limited to the behavioral health sector. Correctional
facilities, schools, community organizations and primary healthcare are among the institutions where the realization is strongly suggested.

The key assumption of recognition implies that people in institutions that serve survivors of trauma should be able to identify signs of trauma. From trauma screenings to workplace development to employee assistance, recognizing trauma is key. The signs may appear through these services or they may manifest from the service seeker themself.

Responding to trauma takes place in all areas of an organization. From the person security guards to board members, behaviors, policies and actions change through a trauma-informed lens. The expectation is that all personnel are trained to take into consideration the experience of survivors of trauma. The organization should expect to design ongoing trainings with a budget to support the programming. Leadership, including advisory boards, understand the role of trauma on the people they serve and change language in mission statements, handbooks and manuals to reflect the importance. Survivors of trauma are included on advisory boards and in leadership. An organizational culture is nurtured on the beliefs of resilience, recovery, and healing from trauma. Even the school mission can reflect an informed response to trauma (SAMHSA, 2014).

The final “R” focuses on resisting retraumatization. Organizations working with traumatized populations can unintentionally create environments perceived as toxic or stressful. This can impede the healing process and also affect staff or service-provider welfare. Staff who are trained in trauma-informed care can recognize practices that can retraumatize clients or trigger painful memories. Trauma-informed practitioners know that actions and experiences carry power, and when unchecked can in fact cause harm.
To approach trauma-informed care, SAMHSA recommends adherence to six key principles rather than to specific practices or procedures. Focusing on empowering the client with choice and agency, the principles are comprised of safety, trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; cultural, historical and gender issues. Another focus that underlies these principles is the linkage to resilience and recovery for individuals and families (SAMHSA, 2014).

**Capstone Significance.** Trauma-informed practices with a focus on strengths and resilience help students succeed in school. Many of the general principles of Trauma-Informed Care (TIC) mesh well with the principles of excellent instruction for all students, even those not exposed to trauma. The themes of safety, empowerment, voice and choice, resilience and strengths based, inclusiveness and shared purpose, and cultural, historical and gender issues are among the principles laid out by Conradi et al. (2013) in reference to the SAMHSA’s 2012 suggestions to a trauma-informed approach that would raise standards in any classroom.

The major theme of psychological and physical safety also has great implications for classrooms. Teachers, leadership and staff each have a role in shaping safety within their school. In the classroom, psychological safety starts with building trust between teachers and students, and also among students. Psychological safety comes down to how the individual perceives the environment. Everyone working at the school should have an awareness to recognize how environments, actions and interactions can be perceived by people with a wide variety of experiences and be ready to engage. Schools should take
the time to reflect on policies, procedures and actions, and engage a survivor of trauma in how to best adapt their practices to be better informed.

There are many parallels between SAMHSA’s (2012) six principles of TIC and Paulo Freire’s teachings in *Pedagogy of the Oppressed* (1970) discussed later in this chapter. Three of SAMHSA’s (2012) six principles are particularly overlapping with Freire’s teachings, particularly empowerment, voice and choice, and collaboration/mutuality. SAMHSA suggests to level the power differential between client and staff. This is a way of “demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making” (SAMHSA, 2012, p. 11). In the classroom, teachers can engage their students in meaningful dialogue and also try to get to know each individual. Knowing each student in a class helps teachers build on strengths. Building up students in resilience and leveling power differentials follows the leading principles trauma-informed approaches.

Traumas are always complex. This is why the underlying value pertaining to serving survivors of trauma in classes should be getting to know your learners. When teachers take time to understand the whole student, they can use their strengths as a jumping off point for learning. Knowing what drives a student, what their passions are, and possibly even what challenges they have faced (not to the point of retraumatization) can prepare the learner to be ready to learn.

**Immigration-Related Trauma**

**Background.** Over 44 million people in the United States in 2017 were immigrants, or people who were not born in the US (migration policy institute). This
accounts for 13.7% of the population. Also in 2017, one in four children living in the US were being raised in immigrant families (MPI). The process of immigration and its impact on families can be complicated, overwhelming and intense. Often immigration happens in phases for families. Historically, claim Suarez et al. (2002), the father would immigrate ahead of the family. While sending remittances back home, he would send for the wife and family when he could. More recently, there is a trend of mothers initiating migration, leaving children with extended family and the father if he is still part of the family (Suarez et al., 2002). Reuniting the entire family can take many years, and can be complicated due to financial hardships and immigration issues.

Family separations are a distinct type of stress that can lead to toxic stress and/or trauma. It can manifest itself in many ways, experienced by the child and by the parent. Then a separate incidence of family separation can occur as children are separated by their caretakers when reunification with parents happens. Sometimes complications in the reunification process manifest as well. Parents can have expectations that children will appreciate the very difficult choices of separating from them, but instead the children may feel abandoned. This can lead to difficulties in parents reasserting control over their children and complicate family cohesion. Parents can also feel a great deal of guilt which “may result in inconsistencies and overindulgence” (Suarez et al., 2002). Many parents and children experience deep adverse emotions related to family separation in the process of immigrating to the United States.

Cognitive challenges arise due to family separation stress. Attachment issues have been noted as many children maintain emotional distance from their parent from whom
they were separated. Children and parents have documented depressive responses related to their separation. Youth may act out in relation to complications from family separation. Suarez et al. (2002) do note that “this clinical literature is likely to overestimate the pathological responses to separations, because only families experiencing difficulties are likely to present themselves for treatment” (Suarez et al., 2002, p. 627). However, Matlow and Romero (2016) reiterate the reported symptoms of immigration related problems such as heightened family stress and conflict.

Family separation is a unique stressor that affects many immigrants’ mental health, but other experiences such as the journey itself can also cause psychological distress. Traumas can be experienced before the journey, during or after. Before the journey, violence, poverty, or a combination of factors may have led to the decision to leave an individual’s home country. Undocumented immigrants have a high risk of exposures to traumatic experiences in their trek including personal injury or witnessing injuries or death, lack of food or water and high instances of crime. Once in the new country, families who immigrate to the US “experience stress related to acculturation, discrimination, employment, legal status and potential deportation, language acquisition” on top of the family separation stress discussed above (Matlow & Romero, 2016). Traumas in the immigrant community take many forms presenting unique challenges in recovery.

**Current Relevance.** Family separation at the border is a new policy of the Trump Administration that is condoning the inhumane focused physical separation (American Civil Liberties Union [ACLU], 2018). This policy has sparked many studies on the health
and wellbeing of immigrant families in this hostile climate. The Kaiser Family Foundation (KFF) claims the findings of their research “point to long-term consequences for children in immigrant families, including poorer health outcomes over the lifespan, compromised growth and development, and increased challenges across social and environmental factors that influence health” (Artiga & Ubri, 2018). This goes for both documented and undocumented individuals. A pediatrician quoted in the KFF issue brief reported that “fear of Trump” became one of the top complaints in her days. The topic of trauma in the immigrant community is more pressing and public than ever.

**Capstone Significance.** Teachers are serving these adults and children who have experienced or are experiencing trauma in schools all across the United States. However, not all schools are equipped with the resources to realize effects of trauma on daily lives, be able to recognize the signals, respond to them, and resist retraumatizing. Teachers must prepare themselves (or be offered resources) for reaching students of all backgrounds. The immigrant community has its own needs, and these days in a more hostile than ever environment for immigrants, teachers’ knowledge of how to reach their learners must stay current and adaptable.

**Theories of Oppression, Social Justice and Trauma**

**Background.** In *Pedagogy of the Oppressed* (1970), Paulo Freire outlines a process for reaching learners from situations of injustice and leading them to *conscientização*, or critical consciousness. If educators help their students become more critical of reality, they can help them achieve more freedom. Educators use the practice of praxis to guide students to empowerment. Praxis is a process of action and reflection.
Action without reflection, Freire (1970) explains, is activism. Activism “negates the true praxis and makes dialogue impossible” (Freire, 1970, p. 88). Reflection without action is empty verbalism. Only through trusting the oppressed and engaging in a dialogue with them can empower them to conscientização.

Freire posits that educators must account for oppressed peoples' internalized beliefs while validating their knowledge. This model of pedagogy encourages educators to reject the “banking” model of teaching which Freire explains is when “The teacher presents himself to his students as their necessary opposite; by considering their ignorance absolute, he- justifies his own existence” (Freire, 1970, p. 72). The banking model saps creativity and minimizes students’ credulity, serving the interests of oppressors who, Freire says, are trying to preserve a profitable or powerful situation. Even the well-intentioned fall into the banking trap, and do not see that as holders of all the knowledge, they are perpetuating the idea that students must be dependent on them (Freire, 1970).

The “revolutionary educator” is proactive in pedagogically engaging students in a problem-posing dialogue or discourse. This process engages students in critical thinking and “the question for mutual humanization” (Freire, 1970, p. 75). Teaching through dialogue changes the power dynamic of the class, showing students that they can be teachers too. This method also shows students that their teacher trusts their knowledge. This way, the oppressed populations will be fully engaged in their struggle for liberation from dependency and the idea that they lack agency (Freire, 2000).
In her 1990 book *Justice and the Politics of Difference*, Iris Marion Young discusses the situation of injustice for groups that have led social movements since the 1960s (Young, 1990). She names the movements women, Blacks, Chicanos, other Spanish speaking Americans, gay men, people with mental or physical disabilities, Jews, American Indians, Arabs, Asians, old people and working class people as a starting place for her reflection on the conditions of those groups. In her chapter *Five Faces of Oppression*, Young aims to systematize the diverse ways in which these groups have experienced oppression (Young, 1990). She posits that oppression is engaged in a family of “concepts and conditions” that she divides into five categories (Young, 1990, p. 40). These categories are exploitation, marginalization, powerlessness, cultural imperialism and violence.

Young claims that marginalization is “perhaps the most dangerous form of oppression” (Young, 1990, p. 18). It brings issues of injustice to the forefront. Injustices for communities typically marginalized manifest as wage inequality and other social-financial means to ascent. Wage policies are not the only solution to abating these inequalities, Young claims. Young (1990) states, “it also involves the deprivation of cultural, practical, and institutionalized conditions for exercising capacities in a context of recognition and interaction” (Young, 1990, p. 20). Participation in production should aim to parallel the access to the means of consumption. And while being free from marginalization means taking on policies of redistributive justice, it also means changing social norms to include populations vulnerable to oppression.
Current Relevance. Modern pedagogy focuses on student centered, culturally-responsive teaching. Zaretta Hammond (2015) details practices that bridge awareness of the socio-political context of learners and the achievement gap in her book *Culturally Responsive Teaching and the Brain: Promoting authentic engagement and rigor among culturally and linguistically diverse students*. She encourages teachers to reflect on school’s role in creating dependent learners and how CRT can help build independent learning. She posits that the structural racialization factor needs to be broken down. She asks teachers to reflect on the reasons a disproportionate number of English language learners and students of color are dependent learners, and for teachers to explore what privilege means in the context of education and society (Hammond, 2015).

Hammond (2015) connects neuroscience to culture, demonstrating how teachers’ awareness of individualistic and collectivist cultures impact learning. Rather than oversimplifying these archetypes, Hammond recognizes that culture exists on a continuum. Some relevant characteristics of individualistic versus collectivistic cultures are shown in Figure 2.2.
Collectivistic cultures tend to dominate in “Latin American, Asian, African, Middle Eastern, and many Slavic countries” (Hammond, 2015, p. 25). Historically, individualism gained popularity in Europe as people moved more towards urban centers. Students coming from collectivistic cultures are wired to learn through collaboration, group work and class harmony. The “pull yourself up by your bootstraps” mentality of individualism may not reach our students effectively when group success is how students are already wired to operate.

Adkins, Birman & Sample (1999) harbored the same sentiments of collectivistic and individualistic cultures in their article *Mental Health and the Adult Refugee: The Role of the ESL Teacher*. They caution teachers of refugee adults to not pass judgement on behaviors they may not fully comprehend. The way students from collectivistic societies raise families, cope with life and interact with one another may be seen by Americans as “overly dependent and dysfunctional” (Adkins, Birman & Sample, 1999). When teachers become more aware of their cultural biases they are more likely to see their students in a strengths oriented manner, allowing for students’ experiences to be valued and validated.

**Capstone Significance.** Students with trauma can be vulnerable to marginalization in the classroom if teachers are not equipped to aid in the acknowledgement of their experience and empowered to access tools that can aid in their
coping and learning. Deprivation of services and teaching tools in the classroom can be seen as a form of marginalization. Taking steps to address marginalization should be a priority for all teachers, and they need awareness of the potential of that risk in their classroom.

**Summary**

The literature shows that trauma related to immigration can cause long-lasting cognitive issues. Teachers are exposed to educational psychology in their teacher preparation courses, but often do not have follow-up as research becomes more current. Recent immigration policies such as family-separation and vilifying immigrant groups has caused a surge in studies into mental health and wellness for immigrants. The findings are clear, people in the immigrant community are reporting more mental health issues than ever. Teachers many times are first responders to immigrants on their continuum of resiliency. There are some key principles that emerge through this research (Young, 1990; Freire 2000) that will help teachers reach this group of students. These are (as adapted to the context of trauma-informed schools):

1) empowerment through reduced power differentials in the classroom,

2) continued professional development for teachers on cognition and learning with respect to trauma for immigrants,

3) trauma-informed teaching is a tier one strategy, meaning it can help reach all students, and

4) teachers who lack trauma-informed practices in their teaching risk marginalizing a whole group of their students.
Findings in this research point to several key principles teachers can adopt to their practices that will reach not only immigrant students who have experienced trauma but all students. Interestingly, many of the trauma-informed approaches researched for this project overlap with principles found in social justice literature, as in Freire (2000) and Young (1990). The trauma-informed principles focus on diminishing power differentials, building on student strengths and building trust. As brain science advances, teachers should have the opportunity to see how the new research informs their practice through ongoing professional development opportunities. The brain and trauma have an inseparable relationship, and as practitioners whose job it is to access the brain, so too is it to understand what their resilient students are fighting through to get there.

**Chapter Summary**

The literature clearly shows that students who have experienced trauma have distinct needs in the classroom. Visceral experiences change our brain’s relationship with the system that controls the heart, lungs and digestive tract. Teachers need to be informed of this data in order to avoid marginalizing students. Core principles that teachers can follow have emerged from the literature. They are: 1) understanding trauma and its impact on the body and mind, 2) strive for cultural competence, 3) support choice, control and empowerment in the classroom and schoolwide, and 4) believing that healing happens in relationships.

Many of our teachers are experienced and have been teaching students who have lived through trauma for years. However, our school has never provided the specific professional development for teachers of trauma-affected populations. Without having
lived through trauma myself, studying it in depth and actively trying strategies in my classroom I would not have had the same foresight to recognize the trauma-sensitive approach as such a high need in our school. The workshops will be able to contextualize the professional development for our school, which serves mostly Central American adult students who have survived either war, violence, family separation or a combination, showing the need for the project.

Chapter Three will detail the proposed project to educate teachers on trauma-sensitive guidelines through three workshops and a professional learning community intended on answering my research questions: *What are the key aspects of trauma-informed teaching, specifically for the immigrant population? What happens to the brain when it is dealing with trauma, PTSD or grief and how does that affect learning?* I will also describe the setting of the workshops, the intended audience and data collection process. Because the training is adult-centered, I delve into theories of andragogy to drive the design of the workshops in order to provide a lasting impact on participants and their students.
CHAPTER THREE

Methods

Overview

The intention of this project is to shed light on the cognitive effects of trauma on the brain, and how educators can mitigate these challenges in their teaching. The research questions driving this project are *What are the key aspects of trauma-informed teaching, specifically for immigrant populations? What happens to the brain when it is dealing with trauma, PTSD or grief and how does that affect learning?* I am choosing an andragogy-based methodology to approach the project, focusing on experiences and problem-solving versus content memorization, designing practical methods teachers can use without delay in their classrooms, and allowing participants to engage in the learning and evaluation processes. Using the andragogy-based methodology accesses the motivations of adults and encourages active participation in learning. The first sections provide a description of the project and intended audience. The following sections present the research rationale, methods that will be used and the time frame of the project. Finally, the last section will summarize Chapter Three and provide a transition to Chapter Four.

Project Description

The research in this capstone informed the design of a project to bring awareness to the effects of trauma on cognition for educators of adult immigrants as well as
administrators and instructional coaches. There are seven workshops for a self selected Professional Learning Community to delve deeper into the topic through presentations, articles, training materials, and self-directed reflection. The seven workshops, using Malcolm Knowles’s (1988) theories of andragogy, offered foundational knowledge on how trauma affects the brain and how teachers can apply trauma-informed teaching practices in their classroom. Each 45-minute long workshop included an emotional connection to the topic either through the author’s own story, stories of past students or cultural examples of trauma, education and resilience. Participants reflected on their knowledge of the topics with a check-in survey adapted from the Guarino and Chagnon’s (2018) Trauma Sensitive Schools Training Package Social Emotional Competencies Checklist. Participants developed practical applications that they can use immediately in their classrooms.

**Project Audience**

The intended audience for the workshops is adult educators of immigrants, but administrators, a curriculum developer and instructional coach also attended. While teachers work directly with students who have experienced trauma, administrators, curriculum developers and instructional coaches support teachers and therefore should be on the same page with trauma informed instruction. To be truly trauma informed, the approaches must be school-wide.

School mental health providers and their support staff are another group that could benefit from these workshops and deep dive. Eventually, all school staff should receive training, including security, front desk, librarians and all other departments
working in the school. School-wide approaches guarantee that trauma-affected students receive compassion and empathy in the sanctuary of the school.

The target school is a large public charter school for adult immigrants in Washington, DC serving over two thousand students. The school is mostly comprised of a Latinx population. Students come from Central America (60%), South America (8%) and the Caribbean (4%). The country most widely represented in this group are from El Salvador. The next largest group is African. They represent 20% of the school with the majority from Ethiopia and Eritrea. Asians (4%), North Americans (1%), Middle Easterners (1%) and Europeans also attend the school. Reports on gender are split 59% female and 41% male.

**Project Rationale**

Having worked at the school since 2007, I have heard harrowing stories of war and violence that require immense amounts of resilience to overcome. It was not until I survived an agonizing trauma that the realities of how resilient students are became a reality to me. I realized a lot of the behaviors that I saw in my students might be Post-Traumatic Stress Disorder, something I myself was going through. I began researching trauma-sensitive instruction, something in my 11 years of working at the school I had never been exposed to and wanted to spread the word to my colleagues. With a school comprised mostly of Central Americans and Ethiopians/Eritreans, we have a school full of people who may be exposed to trauma through the major conflicts that had ravaged those countries.
In the practice of andragogy, explain Merriam & Bierema (2013), learners are adept and motivated to learn when they see the need to learn, and knowing why they should learn it buttresses the motivation. The sharing of my story and students’ stories as well as the expanding data on how brains are affected by trauma helped to engage participants and show the need for this practice in our school. Through role plays and storytelling, I created a learning experience which is problem centered, a trait of andragogy suggested by Knowles (1988). In the sense of traditional pedagogy, the teacher transmits information to the learner and the transaction is complete. With andragogy, on the other hand, according to Knowles (1988), teachers “can only ‘help’ another person learn (p. 48).” Appealing to the emotion connection can aid in creating a meaningful learning experience.

Another basic principle of andragogy is that learners can use the knowledge right away in their work or daily life (Merriam & Bierema, 2013). The workshops I designed each offer time for discussion of practical applications for the classroom. These practical applications will be adapted from Guarino & Chagnon’s (2018) Trauma-Sensitive Schools Training Package, Wolpow, Johnson, Hertel, & Kincaid’s (2009) The Heart of Learning and Teaching, and the Substance Abuse and Mental Health Services Administration’s (2014, July) Concept of Trauma and Guidance for a Trauma-Informed Approach. Because choice and self-directed learning are also basic tenets of andragogy (Merriam & Bierema, 2013), participants can choose a topic to discuss in small groups with colleagues who had an interest in the same topic.
Participants in the Professional Learning community self-diagnosed their knowledge of trauma-informed practices. In *The Modern Practice of Adult Education* (1988), Knowles describes the conditions under which adults learn best. Self-diagnosis drives learners to evaluate their current level of understanding of the topic. Knowles (1988) suggests providing diagnostic experiences so learners can assess their present level of competencies. Each workshop had to evaluate present knowledge in the subject and compare with a goal, based on trauma-sensitive schools standards developed by Guarino and Chagnon’s (2018) in their Trauma Sensitive Schools Training Package.

As in all good teaching, building on background is essential to long-lasting learning. The professional development (PD) theme for school year 2018-2019 at the target school was Culturally Responsive Teaching. The foundational book used to drive the PD was Zaretta Hammond’s (2015) *Culturally Responsive Teaching and the Brain.* The Principal of the school would like to expand off that theme, which in many cases parallels trauma-sensitive schools. Culturally, people manage stress and their grief in distinct ways. Being more aware of target signs and traits through a cultural lens lessens the chance that a student will be marginalized due to the PTSD or grief state.

My project was guided by the present school year’s professional development theme. The PD and administration teams chose the topic of Culturally Sustaining Teaching and Learning. By connecting trauma, resilience and culture, the workshops the PD team and I deliver was in sync and had a better chance of helping teachers gain the practical knowledge to serve these students.
Reflection on Participant Learning

Teachers completed an adapted version of Guarino & Chagnon’s (2018) questionnaire from the Trauma-Sensitive Schools Training Package, located in Appendix A. The open-ended questionnaire elicits ideas on the following three prompts: “Here’s how my school demonstrates a commitment to striving for ...”, “Here’s how I demonstrate a commitment to striving for ...”, and “Here’s what I can do more of...” The questionnaire covers seven core areas, and under each area the above three prompts are elicited. The core areas are: understanding trauma and its impact, believing that healing happens in relationships, ensuring emotional and physical safety, viewing students holistically, supporting choice, control and empowerment for students, staff and faculty, striving for cultural competence, and using a collaborative approach.

The results of the survey gave me a view into how prepared teachers are to engage as a trauma-informed school. The data helped me adjust what needs to be revisited in the final workshops. The reflection allows teachers to grow in their professional development in the ways that fit them. It was useful for the collection of ideas which I can disseminate to all teachers during the professional development.

Time Frame of the Project

The semester at the target school starts in August, and PD starts before the students come back. During that time, teachers were encouraged, but not required to, join a Professional Learning Community. The professional development coaches, administration and I gave 15-minute round-robin previews of our diverse topics. After watching the sessions, teachers chose a PLC to join. Once a critical mass established,
dates were chosen monthly. The first trauma-informed teaching PLC convened in October, the next in November and the last of the 2019 meetings occurred in December. In 2020, meetings will continue to be monthly.

**Chapter Summary**

In Chapter Three I elaborate my plan for seven workshops through a professional learning community (PLC). I describe the andragogy theory and practices that supported my choice in design of workshops. Each workshop is carefully planned to tap into elements of how adults learn effectively, building off the professional development from the previous school year. In each workshop I offered a component to build background, show the need for the skill of trauma-sensitive schools in our community, provide opportunities for self-diagnosis and choices for participants to drive their own learning. Teaching the neurobiology of trauma and its effect on the brain will help drive the “why” behind the workshops, answering the research questions: *What are the key aspects of trauma-informed teaching, specifically for the immigrant population? What happens to the brain when it is dealing with trauma, PTSD or grief and how does that affect learning?* The ongoing PLC will delve deeper into the subject and be a bridge between previous and current PD. Chapter Four will show how the project led to bringing awareness of the neurological effects of trauma on students and guidelines to cultivating trauma-sensitive schools.
CHAPTER FOUR

CONCLUSION

Introduction

This Capstone Project examines the intricacies of trauma, Post Trauma Stress Disorder (PTSD) or grief’s effect on neurobiology and the implications for the classroom. My research has focused on two questions: What are the key aspects of trauma-informed teaching, specifically for the immigrant population? What happens to the brain when it is dealing with trauma, Post Traumatic Stress Disorder (PTSD) or grief, and how does that affect learning? At Carlos Rosario School, where many students have experienced adverse life events, programming for professional development had not been offered until this project. My project was implemented as a Professional Learning Community (PLC). I disseminated key elements of trauma-informed teaching and serves as a launching pad for future trainings on the topic school-wide.

Researching, writing and practicing the elements of trauma-informed teaching has helped me grow more than I had ever expected. Because of my own past trauma of losing my husband to gun violence, the topic’s deep connection to my personal story made it all the more real. Surprisingly, the research into the polyvagal theory and resiliency and also writing down my husband’s story healed me in ways I did not expect. Though it sounds cliched, this project was very much a journey for me to see the research and PLC as something use that has come out of a tragedy. My passion for the topic remains strong,
and now with the tools to implement trauma-informed teaching to my students, I feel like I can hopefully serve my students better than ever.

Chapter Four will elaborate upon my reflections on the findings of the research and how they correlate with the literature review. I will offer reflections on my PLC and how I can communicate the results to the wider profession. This chapter will also detail the implications and limitations of the research, guiding conceptions of future research. Adults, as teachers and as students, developed stronger engagement with any new concept by knowing why, for example how trauma affects cognition. Learning the neuroscience of trauma and the brain can help both teachers and students to find solutions that work best to help everyone reach their goals. The underlying theme for trauma-informed schools is safety: physical and emotional. This is due to an evolutionary link to our polyvagal nerve and our limbic system. Following a set of trauma-informed principles can ensure that our schools operate in a way that guarantees this safety.

**Major Findings**

Exploring trauma-informed teaching principles helps teachers, staff and administration to deepen their understanding of the whole-student. When students are better understood by their educators, they can reach their goals more effectively in and out of the school walls. At Carlos Rosario School, many students have experienced and survived adverse life events through war, conflict, violence, family separation and many other traumatic experiences. Expecting that students leave these experiences at the classroom door puts both teachers and students at a disadvantage. Because my intended audience was adults, I made sure to use principles of andragogy during our PLC sessions.
According to Merriam & Bierema (2013), adult learners are adept and motivated to learn when they see the need to learn, and knowing why they should learn a topic increases motivation. This is why I saw the polyvagal theory as an important basis for the research in trauma-informed teaching. Knowing how the brain reacts after adverse experiences will help educators deepen their understanding of their students and how to reach them.

Delving into training packets and trauma-informed care articles made it clear that teachers have an important social-emotional support role, even in adult education. For many adult educators, this important support role can be taken for granted. This oversight is often due to the fact that adult students are seen as fully developed or self-sufficient. In fact, this is not the case. Adult educators, like educators of any other age of student, play a very important role in the wellbeing of our class. The topic of social-emotional support for adults is not prevalent in adult education teacher trainings or conferences. Using this lens as I learn and impart the knowledge of trauma-informed teaching puts our role as teachers in perspective. We must know the parameters of how and when to support students in their social-emotional growth, especially when students have survived trauma.

Connections to Literature Review

Teachers are not licensed clinicians that help people with emotional supports and tools such as therapy. However, teachers do have control of their classroom environments, lessons, and strategies of helping students build community in the classroom. When my interests in trauma led me to the neuroscience of its effects on the brain, the Polyvagal Theory proved to be very helpful in guiding my conclusions. Bessel van der Kolk offered the most useful advice for teachers in his forward of Porges’s
(2011) book on the Polyvagal Theory. He stated, “when the environment is appraised as being safe, the defensive limbic structures are inhibited” (van der Kolk in Porges, 2011, p. xiv). The limbic system helps the body regulate stressful situations. Wolpow, Johnson, Hertel, & Kincaid’s (2009) elucidate that students who have experienced trauma need support in executive functions such as following directions or processing academic information, forming relationships, and regulating emotions (p. 12). As Letich (2017) explains in her research on Resilience Zones, distressing events or triggers can get students stuck in hyper-active states like anxiety or hypervigilance. They could also be stuck in hypo-arousal like depression or disconnection. This brain research helped put the principles of trauma-informed teaching in perspective and made the case even stronger to implement the principles.

Wolpow, Johnson, Hertel, & Kincaid’s 2009 training manual “The Heart of Teaching and Learning” outlines six trauma-informed teaching principles that I introduced to the PLC. The six principles are:

1. Always Empower, Never Disempower,
2. Provide Unconditional Positive Regard,
3. Maintain High Expectations, Check Assumptions,
4. Observe and Question,
5. Be a Relationship Coach, and
6. Provide Guided Opportunities for Helpful Participation.

Through a discussion and poster creation of each principle, the PLC members were able to share classroom experiences and support each other in offering solutions. This manual
has been the most useful in our PLC as I tailor the sessions to the interests and needs of the group.

**Reflections on the Professional Learning Community**

While our PLC sessions have been engaging and elucidating for its members and myself, we have had to overcome scheduling conflicts and time constraints. Most teachers at Carlos Rosario School work a split shift. This undesirable shift leaves teachers with a middle-of-the-day break having them start their first three hour class at 8:45 am and their second three hour class ends at 9:00 pm. This grueling schedule made it difficult to plan a meeting time to accommodate all participants. In an effort to respect the split shift, I decided on 45-minute sessions. While effective with regards to the schedule, the sessions were a short amount of time to disseminate the information, share experiences and plan the next session. Because the group volunteered their time without any compensation, I wanted to maintain the arrangement of the PLC and the gift of time of its members.

The first PLC session opened with the foundational topic: “The Six Principles of Trauma-Informed Teaching”. Using an excerpt from “The Heart of Teaching and Learning,” (2009) participants made posters illustrating each principle. For each future session, these posters served as a reminder of what our expectations should be as school staff, faculty and administration using a “trauma-informed” lens. I use the posters at the beginning of each session to ground our discussions and to review. The professional development coach will post them on her bulletin board for all faculty at the end of our PLC. The guiding foundation of the principles was very useful for planning the sessions.
Allowing for learners to be involved in mutual planning is a key element of andragogy, the study of adult learning (Knowles, 1984, p. 17). At the end of each session, I gave the participants a list of topics and they ranked the top three that seemed most interesting to them. The list of topics includes core principles, navigating crises/difficult situations in the classroom, secondary traumatic stress and self-care, mapping triggers, your brain on trauma, trauma-sensitive student plans, and social and emotional competency building. From there, I tallied a consensus and planned the next session. Allowing for choice and voice in my students’ learning increased motivation and engagement.

Though the 45-minute sessions proved to be brief, the fact that they are monthly until the end of the school year helps to keep the learning alive. Our group can practice the principles, make future plans, reflect and repeat this process. Given the month stretch between sessions, participants have time to implement the discussed concepts and begin to see results. Then, they can reassess their learning and evaluate through reflection in the next session. There are so many facets to this topic, which means it takes time to practice in classroom life. The year-long focus allows our group time to cultivate our practice and decide how we want to expand to a further audience in our school.

Implications

The research is clear that trauma affects learning and that training is necessary for teachers, administrators and staff who interact daily with those who have been through adverse experiences. Safety in all its forms can guarantee some alleviation of the barriers trauma causes. Because trauma-informed teaching is a tier one approach, meaning its
implementation serves all students, the practice should become more mainstream. The more teachers, administrators, staff and even students who know about the science behind traumatic experiences and the brain, the more they will be able to support themselves and each other. Science can serve as a very convincing “why” to trauma-informed care, and should be included in any training. In addition, adult educators need to be able to see themselves in the social-emotional support role that they are indeed serving. Since many adult education programs overlook this component, we do not make this connection as much as we should. Trauma-informed principles should be at the forefront of any school’s values, especially those serving vulnerable populations such as immigrants.

Limitations

My PLC Professional Learning Community on trauma-informed teaching is motivated, curious and reflective. While this serves as a very big positive for our group, the fact that it is self-selecting means those who would possibly be less interested in applying the principles in class are less likely to join the group. If this topic could reach the entire faculty and engage everyone in a discourse on this topic, students would be better served.

Because I was so interested in the effects of trauma on neurobiology and learning, it limited my research in covering the imperative topic of resiliency. Though I did do research on how the concept of neuroplasticity gives hope to retraining brains to overcome the harms of trauma, a greater focus on resilience would have made the project even stronger. Resiliency focuses on a strengths-based model and lessons the emphasis on deficits or limitations of students’ abilities.
Future Research

I recommend future research into how teachers of adult educators can implement these trauma-informed practices. As is usually the case for trainings and manuals on any relatively new topic, the intended audience is faculty, administration and staff who serve K12 students. This means a guide for adult educators serving immigrants that included routines, activities, IEP ideas, and SEL goals would fill a much needed gap. As our immigrant population continues to be put in the spotlight by antagonistic groups, those of us who serve this community need to redouble our efforts to reach their needs as much as possible.

Benefit to the Education Profession

My PLC filled a major gap in PD that has nationwide been a ubiquitous training but not at a school for immigrants, many of whom are survivors of adverse situations. Though just a small group at my large school is attending the PLC now, I hope to expand the knowledge to a wider audience. What I can do now is to provide updates on our PLC during faculty meetings. This opportunity will keep the topic present in our school community and allow for the generation of ideas to expand the trainings. The Washington, DC region is rich with conference presenting opportunities. I will submit a conference proposal for routines, activities and brain science behind trauma and resiliency in the adult immigrant serving classroom.
Summary and Conclusion

Researching trauma-informed teaching has been heart-wrenching, difficult but also inspiring. The body indeed keeps the score, as Bessel van der Kolk addresses in his book. The more we educators can recognize the role of safety and recognize that behaviors usually have a story behind them, the better we can aid them in reaching their goals. Focusing on safety and resilience for our students is something all educators can do. In learning of the science of resilience after trauma, I have not only been able to see the myriad ways in which my students exhibit this trait, but I have also been able to see the resiliency in myself. In this spirit, I hope to inspire my colleagues to do the same with their students and with themselves.
REFERENCES


Appendix A

Building Trauma-Sensitive Schools Handout Packet
Here’s how my school demonstrates a commitment to fostering healthy relationships:


Here’s how I demonstrate my commitment to fostering healthy relationships:


Here’s what I think we can do more of:


3. Ensure emotional and physical safety.

Trauma-sensitive schools are committed to establishing a safe physical and emotional learning environment where basic needs are met; safety measures are in place; and staff responses are consistent, predictable, and respectful.

Here’s how my school upholds a commitment to ensuring emotional and physical safety:


Here’s how I uphold a commitment to ensuring emotional and physical safety:


Here’s what I think we can do more of:


4. View students holistically.
Schools invested in taking a trauma-sensitive approach understand the interrelated nature of emotional and physical health and academic success and the need to view students holistically and build skills in all areas.

Here’s how my school demonstrates a commitment to viewing students holistically:

__________________________________________________________________________

Here’s how I demonstrate my commitment to viewing students holistically:

__________________________________________________________________________

Here’s what I think we can do more of:

__________________________________________________________________________

5. Support choice, control, and empowerment for students, staff, and families.
Trauma-sensitive schools operate in a way that supports choice, control, and empowerment for students, families, and staff and empowers all by building skills that enhance sense of mastery.

Here’s how my school demonstrates a commitment to supporting choice, control, and empowerment for students, staff, and families:

__________________________________________________________________________

Here’s how I demonstrate my commitment to supporting choice, control, and empowerment for students, staff, and families:

__________________________________________________________________________
Here’s what I think we can do more of:


6. Strive for cultural competence.

Trauma-sensitive schools strive for cultural competence by acknowledging and respecting diversity within the school; considering the relationship between culture, traumatic experiences, safety, healing, and resilience; and using approaches that align with the cultural and linguistic backgrounds of students, families, and the broader community.

Here’s how my school demonstrates a commitment to striving for cultural competence:


Here’s how I demonstrate my commitment to striving for cultural competence:


Here’s what I think we can do more of:


7. Use a collaborative approach.

Trauma-sensitive schools use a collaborative approach with students, families, and staff. This approach includes sharing power and decision making across all levels of the school and seeing students and families as partners.

Here’s how my school demonstrates a commitment to using a collaborative approach with students, families, and staff:


HANDOUT 1: APPLYING THE CORE PRINCIPLES WORKSHEET
DOCUMENT RELEASED FOR PILOT PURPOSES ONLY
Here’s how I demonstrate my commitment to using a collaborative approach when working with students, families, and staff:


Here’s what I think we can do more of:


