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TRAUMA'S EFFECT ON ENGLISH LEARNERS' LANGUAGE ACQUISITION:
BEST PRACTICES FOR A TRAUMA-INFORMED CLASSROOM

by

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A capstone submitted in partial fulfillment of the requirements for the degree of Master
of Arts in Literacy Education.

Hamline University

St. Paul, Minnesota

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DEDICATION

To my family for your unending love and encouragement to reach for the stars. Thank you for the extra days of watching Ellie so I could study. Thank you to my capstone committee. Despite the challenges COVID brought on all of us, you gave me your time, energy, and attention. I could not be more grateful. Finally, to Sara and all my future students, this is for you.

"We are a nation made strong by people like you."
-Ruth Bader Ginsburg

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CHAPTER ONE

Introduction

“This sixth-grader performs at a first-grade math level; she needs intervention services,” the frustrated math teacher told me through gritted teeth as we were discussing language supports for a twelve-year-old English learner (EL). Twenty-four hours later, I learned why she struggled. Sara was the sweetest student, who knew limited English and math and wrote at a first-grade level. Just a year before, her family sought refugee status in the United States after escaping violence in Honduras. At the United States-Mexico border, Sara witnessed her mom taken and incarcerated. Left with only her distraught and confused dad and siblings, they continued to Minnesota, separated from her mother. Her trauma haunts me to this day. Sara’s story became my motivation for this research. I want to better the lives of students who struggle with trauma so they can overcome the hardships that were thrust upon them and find success in their education.

Overview of Research

As a teacher, I hear horror stories of the trauma students suffer from and I wonder how trauma plays a role in the acquisition of language. If a high number of ELs are dealing with traumatic events, does that correlate with the overrepresentation of English language learners in special education (SPED)? How do teachers effectively teach ELs suffering with traumatic histories? These curiosities formed my research question: *How does trauma affect English learners’ acquisition of language and what best practices ensure a trauma-informed curriculum to meet the needs of these vulnerable learners?* My research question navigates these concerns by researching pre and post-migration trauma,

COVID-19 trauma, and their effects on language learning. Furthermore, I use my findings to design a trauma-informed curriculum focused on elementary ELs suffering from trauma.

Trauma

Sara's story is far from unique; my students tell me about the dangerous situations they run from before seeking refugee status in the United States. Refugee, as defined by the Department of Homeland Security's website, is,

A person outside his or her country of nationality who is unable or unwilling to return to his or her country of nationality because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. (Department of Homeland Security, 2016)

In my first year of teaching, one of my students escaped from a major gang in El Salvador and struggled with Post Traumatic Stress Disorder (PTSD) remembering how he left his mom behind. Other pre-migration traumas that cause one to escape their home country can encompass,

Combat fire and bombing; destruction of home and schools' separation from combat fire and bombings; destruction of home and schools; separation from and disappearance of parents, family members, and friends; witnessing violence and death' prolonged danger; and perilous journeys. (Kaplan et al., 2015, p. 83)

After Donald Trump took office in January 2017, he placed a temporary freeze on refugee admissions. This order began a series of decreasing the number of legal refugee

admissions under the Trump Administration. In 1980 when the Refugee Resettlement Program was born, the United States admitted 207,000 refugees. Present-day 2020, the Trump administration capped refugees entering the US at 18,000 (Krogstad, 2015). However, a glimmer of hope for the refugee program arrived on November 7th, 2020 when former Vice President Joe Biden secured enough electoral votes to win the presidency. President-Elect Joe Biden brings promising news to the refugee resettlement program. During his campaign, he committed to raising the refugee admissions cap in the United States to at least 125,000 refugees a year (Biden, 2020).

With the declining numbers from the Trump administration, more children are continuing to live in harm's way with continued exposure to trauma. My ELs know first-hand how pre-migration trauma impacts their mental health. Ehntholt and Yule (2006) researched the severity of these stressors on children's mental health, "The mental health difficulties of individuals already traumatized by pre-migration experiences may be exacerbated by post-migration stresses" (p. 1200). Concerns over pre-migration trauma are not a singular issue. Post-migration trauma also contributes to long-term mental health difficulties in a child (Ehntholt & Yule, 2006).

Immigrants and refugees can also experience intense trauma after they arrive in the United States. These post-migration traumas are due to discrimination, systemic racism, bigotry, poor economic living, and working conditions. A recent study published in 2018 analyzed post-migration traumatic experiences of Latino and Asian refugees,

Many endure perilous journeys to the U.S. and, upon arrival, can encounter threats of deportation, ineligibility for government services, and anti-immigrant

rhetoric, which can heighten the effects of post-migration trauma on mental health. (Sangalang et al., 2019, p. 6)

These hardships cause strain on students. In school, a struggling child may present academic difficulties and are referred to the i-team process, a process where teachers determine if a child should be identified for and placed in special education; often an inappropriate placement. A normal week consists of me receiving an email about an EL who has been recommended to the i-team. Last year alone, I had 20% of my EL caseload recommended for the i-team. Teachers need education and support on how to help ELs in the classroom. They need strategies to help their students cope with trauma through learning rather than jumping straight to needing special education services. Golberstein determined children with mental health and emotional problems are more likely to use special education services (Golberstein et al., 2019). The overrepresentation of ELs in SPED sparked my capstone journey and morphed into me exploring the causes of their academic disadvantages. I want to show that trauma from pre and post-migration negatively impacts a child's language learning.

Another significant trauma in 2020 is changing the way we address social-emotional needs in the classroom. This is the COVID-19 coronavirus pandemic. This traumatic time in our history led me to research the initial effects of the pandemic on immigrants and refugees. All students are experiencing traumas related to COVID-19, yet, ELs are suffering the brunt of COVID-19 related stresses. A report by Corey Mitchell explained the greater negative effects of COVID-19 on immigrant families. Mitchell's analysis parallels my assumptions of why immigrant and refugee families are

more significantly impacted by COVID-19, “Perhaps because they have family members who are more likely to serve as essential workers” (Mitchell, 2020, p. 2). EL families in particular are disproportionately affected by the COVID-19 pandemic as many immigrants and refugees work on the frontlines. Teachers see increasingly widening achievement gaps.

At the beginning of the pandemic in the United States, in the spring of 2020, my district like many others switched to distance learning. ELs were left to fend for their learning as educators more easily reached students who had internet access and English-speaking parents who understood the expectations and could easily work through constant communication to understand new developments. Many EL parents speak another language in their home and my students’ parents received numerous communications regarding the constantly changing news with the status of schooling during COVID-19. Due to this language barrier, we lost ELs for months. Either they did not have internet service because the hotspot shipment to the district was backlogged, or our few district cultural liaisons were so busy with the communication requests that there was an inconsistency in what was sent home in another language and what was missed and only sent home in English. These factors caused an interruption in schooling which put more stress on students and teachers to make up lost learning.

The start of the 2020-2021 school year brings worry and pressure. Worry for the students and staff to stay safe. Pressure for teachers to make up for lost learning from the first shutdown and now again with the second shutdown in November 2020. English learners already need to make more than a year’s growth in a year to catch up with their

English-speaking peers. While teachers are largely important in the development of language for students, we also support the ELs' social-emotional needs. Yet, the limited resources available for a trauma-informed curriculum specifically for elementary ELs make it very difficult to reach the obvious needs of our students. My research explores these traumas with academic outcomes in school and analyzes the effects of these traumas on the child in the classroom while designing a trauma-informed curriculum that plays a role in ELs recovering from these extensive traumas.

Context

My role as an elementary EL teacher gives perspective on these students that allow me to witness the benefits of my trauma-informed curriculum. With my position, I see students in ideal environments that allow for deep conversations about life that they otherwise might not feel safe sharing in a classroom of 25 students. I have heard horror stories about life in countries of Mexico, Honduras, Puerto Rico, Kenya, Somalia, and more—as well as trauma from separations and incarcerations of a family at the border. The trust I have built with my students led to this vulnerability, like learning about Sara who had tears running down her face sharing her story through broken English. These traumatic experiences left me wanting to help my students in more ways than just providing an ear to listen. To support my students in a variety of ways, I sparked conversations with EL teachers, classroom teachers, SPED and intervention teachers, and social workers. These conversations were major contributors to my capstone development. Together we wondered about the best strategies to support the language needs in various special education, intervention, and mainstream classrooms amid the

trauma ELs experience due to pre and post-arrival to the United States and the coronavirus.

Rationale for Research

The research is highly relevant in today's climate because of the present-day pandemic, COVID-19, and due to the high numbers of English language learners in our nation and the increasingly dangerous environments across the world. Following the recession in 2008, Golberstein et al. (2019) researched the effects of mental health in children. This unique research is highly applicable. Golberstein et al. (2019) found,

Negative economic conditions can adversely affect mental health in children through several pathways. First, psychological and social stress within the household could be higher during recessions due to changes in parental employment and hours worked, a reduction or stagnation in earnings, reductions in liquid wealth, the loss of social status, and financial pressure to pay bills and debt. (p. 956)

Furthermore, the effects of pre and post-arrival weigh heavily on the mental health of children. Immigrants run from combat fire and bombings, war-torn regions, persecution, and many more unthinkable living conditions. After fleeing from their home, many leave behind close family members. They arrive in the United States and suffer from post-migration trauma. These include, but are not limited to acculturative stressors like PTSD, coping with their past, feelings of guilt leaving family behind (Candappa, 2000), learning a new language, systemic racism, and bigotry (Ehnholt & Yule, 2006). The relevance of my research is important to bring trauma-informed curriculum into

classrooms both because of pre and post-migration trauma ELs experience and because of how the COVID-19 disproportionately impacts families of different cultures. Maslow's hierarchy of needs explains the primary importance of safety. His 1943 research stated, "Practically everything looks less important than safety, (even some physiological needs which being satisfied, are now underestimated)" (Maslow, 1943, p. 6). This timeless research explains why a trauma-informed curriculum needs to be in classrooms everywhere supporting the students I see coping every day. The National Education Association believed, "By 2025, 1 out of 4 children in classrooms across the nation will be English language learner (ELL) students. In fact, this is the fastest-growing group of students in grades K-12" (National Education Association, 2020, paras. 1-2). This statistic proves the great need for a social-emotional curriculum that addresses the severe traumas ELs endure. A trauma-informed curriculum supports the needs of elementary EL teachers, classroom teachers, special education and intervention teachers, and even social workers. By reaching a vast audience of elementary staff, I hope to better serve the needs of elementary ELs throughout their entire school day.

Summary and Chapter Outlines

Trauma experienced by immigrants and refugees is a very real experience and more common than people realize. Pre-arrival traumas such as living in war zones, being hunted by criminal and paramilitary organizations, fleeing from violence, and separating from loved ones are only exacerbated by their perilous journey to the United States and the traumas endured hereafter arrival. Many pride themselves on supporting immigrants and helping refugees find a more peaceful life here in the United States, yet others

discriminate against and continue perpetuating racism and bigotry. Hostile leaders endorse the negative treatment of immigrants and refugees creating adverse living and working conditions. To add to the increasingly traumatic experiences of ELs, the COVID-19 pandemic disproportionately hurts ELs and their families. The multitude of traumas experienced by ELs causes strain on language learning and causes many to fall further behind. Thus, teachers become concerned about their lack of learning and immediately jump to conclusions regarding learning disabilities. Healing from trauma can come from trauma-informed teaching practices. A trauma-informed curriculum reduces the stress and anxiety that ELs feel from the trauma they endure. If teachers and school staff had a trauma-informed curriculum with mindful teaching practices, ELs might begin to receive the help they need to overcome their pain and find peace. Educators utilize mindful teaching practices to reduce the stress and anxiety that is felt from the consequences of trauma.

The remainder of my capstone shines a light on my research question: *How does trauma affect English learners' acquisition of language and what best practices ensure a trauma-informed classroom to meet the needs of these vulnerable learners?* I look into the traumas experienced by immigrant and refugee families and consider its effects on ELs' language acquisition. My research leads to a trauma-informed curriculum for elementary language learners that I designed following my extensive research. In Chapter Two of this research, I introduce the literature analyzing the various trauma experienced by immigrants and refugees and its effect on language learning. Chapter Three details an explanation of the project while describing the intended audience, the context in which

the project takes place, the theories and frameworks that are foundational to my trauma-informed curriculum, and a rationale for completing the capstone project.

Finally, in Chapter Four, I provide perspective for my capstone project, explore major learnings, revisit the literature that contributed to my curriculum writing, address implications and limitations of my work, make recommendations for future research, communicate my results, and finally examine the benefits of this project for the EL field.

CHAPTER TWO

Introduction

“Hopelessness, self-blame, and lack of control are typical of the feelings that can result from trauma. [...] Children in this condition can be ill-prepared for the academic and social challenges of the classroom” (Cole, 2009, p. 15). ELs experience trauma from pre-migration, post-migration and most recently, COVID-19. The triple threat of these traumatic experiences impacts their acquisition of English (Kaplan et al., 2015). Recent studies led to a renewed interest in studying the impact of trauma on student achievement. There is a gap in research connecting trauma-informed teaching to ELs. Yet, ELs are a fast-growing population in the United States (National Education Association, 2020) and the trauma endured signals a need for research in this area. Chapter Two presents a review of literature that formed as a result of the research question: *How does trauma affect English learners’ acquisition of language and what best practices ensure a trauma-informed curriculum to meet the needs of these vulnerable learners?* Specifically, the literature review studies the consequences trauma has on school language learning, and finds solutions through trauma-informed teaching practices.

Trauma

ELs face trauma throughout their lives. Events such as combat fire and bombing, destruction of important places (i.e., homes, schools, places of worship), separation from loved ones, and even witnessing death, harm the mental health of children who seek

peace in the United States (Kaplan et al., 2015). Substance Abuse and Mental Health Services Administration (SAMHSA) defined trauma as,

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. (SAMHSA, 2014, p. 6)

Faced with the guilt of leaving family behind and PTSD from memories of war, students continue their struggle in the United States. What welcomes immigrant and refugee families is discrimination, bigotry, pure hatred, financial hardships, and language barriers (Hoover et al., 2017). The COVID-19 pandemic is causing great amounts of trauma, too. Immigrant and refugee families are disproportionately affected (Walker, 2020). Whether it is pre-migration, post-migration, or COVID-19 trauma, these painful experiences impact ELs profoundly. Teachers see the devastating effects of trauma on EL's academic achievements and language acquisition. This section provides an overview of three distinct traumas ELs and their families face; pre-migration, post-migration, and COVID-19 trauma.

Pre-Migration Trauma

Traumas endured before entering the United States are referred to as pre-migration trauma. Refugees seek asylum in the United States after fleeing from terrors in their home country (Department of Homeland Security, 2016). Studies of the trauma ELs experience in their home countries are well documented. Kaplan et al.

(2015), and Candappa (2000) described refugees running from displacement from their home due to conflict, persecution and war (2015), interruptions to daily living because of war and hopeless moves to one refugee camp after another (2000). Grievous personal accounts of life before the United States detail the terror immigrants and refugees face, “Some had harrowing tales to tell about perilous escapes in boats; journeys that took them through three or four different countries; being at the mercy of unscrupulous intermediaries; and periods of living in refugee camps” (Candappa, 2000, p. 2).

With this in mind, teachers need to know where their ELs come from and the traumas they experienced. Ehntholt and Yule (2006) researched where refugees are exposed to war and terror, some of the countries include Cambodia, Lebanon, Rwanda, Kuwait, Palestine, Afghanistan, and Bosnia (2006, p. 1198). ELs come to the states traumatized by their past in their home country. It causes mental health issues and the well-being of the EL is harmed by psychological difficulties (Ehntholt & Yule, 2006). Teachers need to learn the history of their ELs to best serve their needs. Some researchers explored how prior trauma affects learning in the United States. Ehntholt and Yule (2006) discussed the type and amount of trauma experienced and its association with increased psychological difficulties. The greater the trauma experienced the higher levels of psychological stress the EL experiences (2006). An EL who experiences trauma from a parental divorce might not exhibit the stressors that would show if they saw a parent killed.

Severe types of trauma that refugees and immigrants flee from cause ill consequences on their children's futures. A well-known study conducted by Maslow (1943) concluded,

Practically everything looks less important than safety, (even sometimes the physiological needs which being satisfied, are now underestimated). A man, in this state, if it is extreme enough and chronic enough, may be characterized as living almost for safety alone. (Maslow, 1943, pp. 6-7)

ELs who do not feel safe in school because of the trauma they experienced in their home countries are more likely to be successful with proper support in place for healing and educational attainment (Cole et al., 2009). Trauma does not end when they cross into the US, more traumas emerge after they leave their home country in search of safety. The trauma plagues refugees' lives and they run towards a 'better' life.

Post-Migration Trauma

America is known as the land of opportunities. The American Dream is why many immigrants and refugees come to the United States. Unfortunately, people of other cultures are not welcomed, but rather handed more trauma. The irony is profound given people of other cultures invaded the land of the Native Americans (History.com Editors, 2020). ELs come to school and are faced with discriminatory behaviors that result in violence and increased mental health problems (Sangalang et al., 2019). A study conducted by Sangalang et al. (2019) explored the distasteful melting pot environment of American culture, "Immigrants encounter discrimination due to racial/ethnic, religious, and language biases in the U.S. as well as harmful social and political discourse regarding

immigrants from developing countries” (Sangalang et al., 2019, p. 915). Candappa (2000) detailed the lives of refugees and kept a log of their stories. One story, in particular, is of an EL who started school in a new country after fleeing from violence,

Everybody kept staring at me. I was embarrassed, shy (..) Most of the people in this country doesn't like refugees as well. So, even in dinnertime, I was scared to have my dinner. (..) They were talking about me. I know they were talking about me because they were calling my name in'it? So even though I didn't understand what they were saying, understand they were using my name. So they were kept staring at me, talking about me, saying bad things about me, keep laughing at me so I was really upset. (Candappa, 2000, p. 3)

This is a common story felt by many ELs in the United States today. Teachers need to be aware of these circumstances to better support their ELs. Albeg (2013) researched acculturative stress on academic performance. Albeg's (2013) study looked at Latino adolescents and examined the relationship between ELL status and acculturative stress on academic performance. Albeg researched the effects of stressors such as, “Perceived discrimination, immigration-related stress, parent-child acculturative gap, and school belonging” (Albeg, 2013, p. vi). This was studied to determine if status or acculturative stress plays a more significant role in academic performance (Albeg, 2013). The study concluded that acculturative stress correlated more with academic performance than ELL status (Albeg, 2013). This conclusion suggests that acculturative stressors are traumatizing and influence EL's academic performance.

Discrimination is not the only trauma faced in the United States by ELs. Ehntholt and Yule (2006) researched other causes of mental health difficulties among ELs. They found that, “Traumatic events encountered post-arrival also include lack of financial support, barriers to employment, long asylum application waits, and a constant, heavy fear of deportation” (Ehntholt & Yule, 2006, p. 1198). While many of these stressors affect adult immigrants and refugees, their children are indirectly affected by their family’s disadvantages. Researchers Kaplan et al. (2015) described how a family’s stress in the United States exacerbates the child’s anxiety, “Parents who themselves are traumatized may become unresponsive to their children’s trauma” (Kaplan et al., 2015, p. 87). The perilous journey of building a new life in the United States takes parent’s attention away from supporting their children in their new life. Immigrant and refugee parents endure post-migration traumas and have little mental stamina to support their children, “Some children may receive little emotional support from parents who are struggling with settlement issues such as unemployment, underemployment and poverty; insecure housing; and in some cases, racist and xenophobic behaviour” (Kaplan et al., 2015, p. 87). Despite a desire to migrate to the US in search of the American dream, immigrants and refugees stomach intensified traumas. Most recently, the COVID-19 pandemic adds to the trauma that refugees and immigrants suffer from post-migration to the US.

COVID-19

The COVID-19 pandemic is disproportionately affecting students of color and minorities. COVID has serious ramifications for ELs and their families. Working

immigrants and refugees are at high risk of catching the coronavirus as many are essential workers (Mitchell, 2020). Furthermore, the worsening mental health of immigrant and refugee families creates a lack of a support system at home (Kaplan et al., 2015). While ELs are at a higher risk of catching the virus, there is a disproportionate number of ELs that are labeled with a learning disability and more likely to have comorbid medical conditions. Research by the Center for Disease Control and Prevention (CDC) (2020) confirmed comorbid medical conditions puts one at higher risk of catching the virus. So, are ELs safer at school during the pandemic while they receive essential support, or are they safer at home social distancing from the virus?

Several studies recently published all agree that students are not as likely to transmit the virus to other students, concluding that schools are safe for students (Center for Disease Control and Prevention, 2020). Schools are also safe for students because of the additional supports provided at school. Schools provide essential support to ELs that they might not receive at home, “The unique and critical role that schools play makes them a priority for opening and remaining open, enabling students to receive both academic instruction and support as well as critical services” (Center for Disease Control and Prevention, 2020, p. 2). The schools support both the physical and social-emotional needs of a child as well as academic supports. For example, schools provide school community liaisons, free or reduced breakfast and lunches, connections to social agencies that assist with food, clothing and medical needs, small group support, and targeted instruction (Wall & Musetti, 2018). Malsow’s (1943) research agreed that students need to feel safe. The home is an environment where EL parents are burdened with

post-migration trauma and exposure to the virus if their working family member brings the virus inside (Mitchell, 2020). According to the CDC, the likelihood of catching the virus is greater in the household (CDC, 2020).

Schools satisfy basic physiological needs that students need to learn. According to Maslow (1943), safety is the greatest of needs. If a child does not feel safe they seek to satisfy this need before being able to complete anything more. Currie and Stabile (2006) and Fletcher and Wolfe (2008) found, “Psychological and social stress within the household could be higher during recessions due to changes in parental employment and hours worked, a reduction or stagnation in earnings, reductions in liquid wealth, the loss of social status, and financial pressure to pay bills and debt” (as cited in Golberstein, 2018, p. 956). In addition to the pre and post-migration trauma endured by immigrant and refugee families, the addition of COVID stress could be unbearable for families.

Yet, does the safety that a school provides outweigh the risk of contracting COVID-19? There is a disproportionate number of ELs in SPED and SPED students are more likely to have comorbid medical conditions (Center for Disease Control and Prevention, 2020). The risk of becoming severely ill with COVID-19 increases in someone with comorbid conditions (2020, p. 3). Furthermore, because more EL families are often essential workers students are at risk at home, “Latino children, who comprise the bulk of the nation’s English-Learners, are testing positive for COVID-19 at higher rates than other groups of children, perhaps because they have family members who are more likely to serve as essential workers” (Mitchell, 2020, p. 2). Trauma imposed by

COVID-19 does not know skin color, but due to the inequalities in our country, immigrants and refugees are immensely impacted.

Golberstein et al.'s (2019) research looked at the recession of 2008 and its impact on lower-income families. Given immigrant and refugee families struggle to find employment, it is considered these families struggle economically (Kaplan et al., 2015). Charles and DeCicca (2008) discovered, "Lower socioeconomic status is likely to be related to job loss during recessions" (as cited in Golberstein et al., 2019, p. 965). COVID-19 is traumatizing ELs and adding to the insurmountable trauma they already experience.

Summary

Overall, the review of the literature regarding trauma presents a strong need for a trauma-informed approach in schools. ELs experience high rates of trauma before and after arrival in the United States (Ehnholt & Yule, 2006) and most recently they are disproportionately affected by the COVID-19 pandemic (Mitchell, 2020). The trauma felt by ELs is an important reason this capstone project has been created. ELs suffer in the classroom as a consequence of their traumatic experiences (Frieze, 2015) and educators need trauma-informed teaching practices to support the whole EL. The effects of trauma on mainstream education are well researched, and correlations can be made to trauma on EL acquisition.

In-School Language Learning

The various traumas ELs are exposed to early on in their life impacts their schooling negatively (Frieze, 2015). A child who experienced significant trauma likely suffers from,

“Attention problems, lower cognitive functioning, behavioural problems, decrease in school attendance, grade repeats, and achievement problems” (Frieze, 2015, p. 29). These are substantial concerns for ELs who are in school to learn survival language skills. Research shows that exposure to violence hampers reading achievement (Frieze, 2015). Comparisons to this reading research can be made to trauma’s effect on language acquisition.

Furthermore, EL's limited growth in school causes teachers to jump to a special education diagnosis (Klingner et al., 2006). The overrepresentation of ELs in special education is considered in this chapter by analyzing the choice to place an EL in special education given their language acquisition and traumatic history (Klingner, 2006). Maslow’s hierarchy of needs is also considered as safety plays a major role in meeting the child’s needs before learning can occur (Maslow, 1943). These consequences to trauma hinder learning and significantly inhibit an EL’s language acquisition. This section provides an overview of an EL’s performance in school, specifically discussing their language (reading) achievement while examining the role trauma plays in an EL’s education.

Reading Achievement

Researchers studied the effects of trauma on literacy achievement and they agree, traumatic experiences hinder linguistic development (Cole et al., 2009; Duplechain et al., 2008). Duplechain et al. (2008) researched the effects of trauma on reading achievement. The findings were statistically significant, exposure to trauma greatly increases risk for lower reading achievement among children. Further research is needed to look specifically at the group of ELs in regards to trauma and reading achievement. Yet, a strong prediction can be had given the great amounts of trauma ELs undergo; one would believe the outcome

to be similar if not greater. ELs need to acquire reading to become proficient in the English language. According to the WIDA educational consortium, one of the language domains ELs need access to is reading (WIDA, 2017). Trauma barriers ELs from acquiring literacy needed to be strong readers (Duplechain et al., 2008). Frieze (2015) agreed with Duplechain et al. (2008) who found that, “Lower reading achievement is associated with violence exposure” (Duplechain, 2008, p. 128). A few of the skills needed for literacy and language acquisition include motivation, concentration, focus and personal connection, yet, “After being exposed to a traumatic event, children struggle with [these skills] all of which are essential in promoting reading achievement” (Frieze, 2015, p. 29). These are also necessary to build language skills. Vygotsky’s Affective Filter Hypothesis tells us ELs require three things for success in learning an additional language; motivation, confidence, and low levels of anxiety (Vygotskiĭ & Cole, 1978). With trauma, “Low motivation, low self-esteem, and debilitating anxiety can hinder second language acquisition by preventing information about that language from reaching the language areas of the mind” (Hoover et al., 2017, p. 60). A focus on best trauma-informed teaching practices is identified in a following section and describes how educators encourage language acquisition despite the traumatic barriers.

Special Education

Researchers agree there is an overwhelming representation of ELs in special education (SPED) (Artiles & Ortiz, 2002; Kaplan et al., 2015; Klingner et al., 2006). Traumatic experiences lead to poor academic performance which causes teachers to jump to a SPED diagnosis (Kaplan et al., 2015). Many of these traumatic experiences are had by *students with limited or interrupted formal education (SLIFE)* (Hoover et al., 2017). These

students are often overrepresented in special education because their unique learning needs are often misidentified as a learning disorder (Cole et al., 2009; Hoover et al., 2017).

Furthermore, a cause-and-effect relationship is thought to occur between traumatic experiences, poor academic performance and causing a special education diagnosis, Kaplan et al. (2015) and Goldberstein et al. (2019) concur.

Goldberstein et al.'s (2019) research explored the relationship between SPED services and how it correlates with the economy. Amid a poor economy, (such as the present-day economy impacted by COVID) a rise in special education diagnoses was found (Goldberstein et al., 2019). Goldberstein et al., (2019) explored this connection to determine causality. What they found was as special education services increased, housing prices decreased, indicating a poorer economy leads to increased children needing special education (Goldberstein et al., 2019). While Kaplan et al.'s research highlighted an EL's capacity to learn, this helps distinguish between an EL with normal language acquisition behaviors and an EL with suspected language impairment (SLI) (Kaplan et al., 2015).

Kaplan et al. (2015) suggested the test-teach-retest approach, which assesses a child's nonlinguistic skills such as perceptual motor processing and symbolic processing. The information from this approach helps distinguish between a possible language impairment. Other considerations that Kaplan et al. suggested regarding the differences between appropriate language learning behaviors and a possible language impairment include, "Deficits in both languages, with difficulties in phonological awareness, grammar, and working memory: languages are learnt more slowly, and less complex sentences with fewer words are used in narrative tasks" (Kaplan et al., 2015, p. 94).

Hoover's (2017) table in chapter seven (see Appendix) lists behaviors common to EL's acquisition and compares them to behavior and learning patterns associated with a learning disorder. What is missing is the impact trauma has on language learning acquisition behaviors. For example, it is common that beginning ELs exhibit poor concentration due to the overwhelming nature of their task; thrown into English-only environments with little to no understanding, and expected to make adequate progress despite the traumas they experience in their present and past. Hoover's (2017) table would direct educators into thinking a student with poor attention might have a learning disorder. What is missing is an attempt to look at the child as a whole. Maslow (1943) explored the child's need to feel safe and how nothing can be accomplished well if safety is not felt. A child cannot focus in school if their mind is ridden with guilt and emotions from pre and post-migration traumas.

Summary

Research proves that trauma plays a major role in the success of learning in school (Frieze, 2015) and learning a language requires an EL to build strong literacy skills. With a traumatic history preventing ELs from being successful in schools at the same pace as mainstreamed students, teachers are looking for extra support for these students. Oftentimes, classroom teachers rely on a special education diagnosis to give them this extra support (Klingner et al., 2006). Maslow's well known-research on the hierarchy of needs shows the fundamental nature of safety and how it must be met before anything else can take place (Maslow, 1943). ELs who have traumatic experiences in their past and present use their mental energy trying to maintain a sense of safety and security. They understandably struggle in school because their mind is elsewhere. How can educators help

ELs heal from trauma to help them acquire language skills? A trauma-informed curriculum gives educators tools to support EL's healing and success in their language acquisition. The following section addresses the impact educators can have on the lives of ELs who have experienced trauma. A trauma-informed classroom reduces stress and anxiety felt from trauma and it seeks to heal and move towards a successful education.

Trauma-Informed Teaching

Trauma-informed teaching is necessary for educators to implement because the trauma endured in EL's lives impacts their academic success (Frieze, 2015). ELs especially need tools to help them overcome and move on from the extensive traumas endured. Teachers with the knowledge for supporting students who have experienced trauma encourage growth and healing. This section highlights the promising practices in trauma-informed teaching and describes the skills needed for healing from trauma and becoming successful in the classroom. Researchers Brunzell et al. (2015), Cole et al. (2009), and SAMHSA (2014) described major elements of trauma-informed teaching. Brunzell et al. (2015) developed trauma-informed positive education (TIPE). This model highlights two major themes needed in education: repairing regulatory abilities, and repairing disrupted attachment capacities (Brunzell et al., 2016). The Substance Abuse and Mental Health Services Administration (SAMHSA) prepared a research study discussing the aspects needed in a school setting for systematic change to support trauma-informed teaching (SAMHSA, 2014). Finally, the report by Cole et. al. (2009) described an effective schooling experience for students traumatized by violence. These researchers recognize three key teaching strategies that promote healing for ELs who

have experienced trauma in a classroom setting: learning environment, self-regulation, and language approach.

Environment

A safe, predictable learning environment paves the way for healing and learning among ELs who have experienced trauma (Cole et al., 2009). For example, recent research suggested routines, positive space, connectedness, and belonging contribute to an environment where ELs who have experienced trauma thrive (Brunzell et al., 2016; Cole et al., 2009; SAMHSA, 2014). Cole et al. (2009) modeled strategies to implement a safe, predictable learning environment in a classroom setting. They recommended clear communication of timing for lessons and activities, preview daily schedules to help with transitions without trauma, promote a sense of safety so students feel physically and psychologically safe, and write a written action plan for children suffering from trauma (Cole et al., 2009). Explicit teaching remains vital to the learning of ELs (Goldenberg, 2008). Clear instruction supports the language learning piece of the EL and promotes a sense of security for the other traumatized pieces.

Many studies recognized the impact of relationships on learning after a traumatic experience (Cole et al., 2009; Kaplan et al., 2015; SAMHSA, 2014). Researchers agree that a safe environment also requires a strong relationship between teacher and EL. Cole et al. (2009) stated, “The relationship between educator and student is incredibly important; for these children, this is what creates space for learning” (Cole et al., 2009, p. 61). SAMHSA (2014) identified relationships as a part of their six key principles fundamental to a trauma-informed approach (SAMHSA, 2014). Finally, the National

Child Traumatic Stress Network (NCTSN) outlined relationships in their ARC model. The ARC model worked for children suffering with trauma in school and community settings and described the importance of relationships, “The ARC Model consists of 1. Building secure attachments between child and caregivers” (as cited in Cole, 2009, p. 43). ELs require safe school environments because the trauma experienced diminishes their ability to acquire English (Kaplan et al., 2015). With a safe environment, ELs who have experienced trauma can begin to heal and grow in their language journey.

Self-Regulation

Self-regulation is one’s ability to control their emotions, attention, and behaviors (Cole, 2009). Masten and Coatsworth (1998) argued that the ability to self-regulate is necessary for children suffering with trauma to heal (as cited in Cole, 2009). It remains up for debate whether these findings can be applied to ELs. Further research should be conducted with this specific group in mind. In the classroom, English as a second language (ESL) teachers can help ELs identify and process their feelings. Cole et al. (2009) shared that teaching students to, “identify and articulate emotions will help them regulate their reactions” (Cole et al., 2009, p. 65). Brunzell et al. (2016) illustrated a self-regulating activity that encouraged students to identify their specific feelings,

In our classroom, we made a “Ready-to-Learn” chart where students place themselves in the morning. Sometimes, one of the boys wants [his name card] placed off the chart. Okay, that’s fine, I’ll put it on the wall next to the chart until you’re ready to actually articulate how you’re feeling. [...] Even if I don’t ask

them, I'll sometimes find they'll take their name and will have repositioned their name card on the rubric by 10 o'clock. (Brunzell et al., 2016, p. 229)

Brunzell et al.'s (2016) research ultimately led to the development of Trauma-Informed Positive Education (TIPE). According to Brunzell et al. (2016), "The TIPE model enhances understandings of trauma informed pedagogies by building on regulatory capacities and relational attachments to also emphasize teaching practices that foster positive emotions, engagement, relationships, meaning, and accomplishment" (Brunzell et al., 2016, p. 222). The benefits of implementing TIPE in a classroom include supporting regulatory abilities, strengthening relationships, and preparing students for resilient thinking (Brunzell et al., 2016). Ultimately, TIPE prepares teachers to nurture healing in trauma-affected students and prepares them for successful learning (Brunzell et al., 2016). ELs who are affected by trauma need to heal and build on their strengths. TIPE allows teachers to effectively reach ELs who have experienced trauma. Another approach that allows teachers to influence the language acquisition process in their ELs who have experienced trauma is a language-based teaching approach.

Language Approach

A report by Cole et al. (2009) elaborated on EL-friendly ways to present information in a trauma-informed manner. It has been suggested that children with traumatized pasts engage with non-verbals more than with verbal communication (Cole et al., 2009). Non-verbal communication, teaching without speaking, is an excellent strategy for ELs in general. Non-verbal communication might consist of gestures, visuals on the board, miming new vocabulary, and facial expressions. Additionally, Vygotsky

(1978) described scaffolding as central to teaching language learners. Teachers who scaffold information move students progressively towards a greater language goal, for beginner ELs, non-verbal communication is key to sparking language acquisition (WIDA, 2017).

Cole et al. (2009) suggested multiple trauma-informed ways to present information to students, repetition, role-playing, visuals and hands-on activities. The acquisition-learning hypothesis claims these activities as a meaningful and promising practice for ELs (Hoover, 2017). Cole et al., (2009) listed other forms of communication to students who have experienced trauma that benefit ELs: graphic organizers, physical manipulatives, and explicit instruction (Cole et al., 2009). Trauma-informed teaching requires teachers to be knowledgeable about how they can support EL's healing processes, but also help them find success in language learning (Brunzell et al., 2016). The strategies listed by Cole et al. enable educators to be more effective for their ELs who have experienced trauma.

Summary

The review of literature on a trauma-informed approach in the classroom is conclusive. With the use of environmental specifications, self-regulating tools, and a language approach in the classroom, students are healing from and becoming successful in school (Brunzell et al., 2016; Cole et al., 2009; SAMHSA, 2014). These trauma-informed practices are rooted in this research project's curriculum, as described in Chapter Three. By embedding these approaches in the curriculum for ELs, they receive best practices according to the research. However, as mentioned before, further research

needs to be conducted to correlate these findings of trauma-informed teaching with ELs. The strategies listed by Brunzell et al., 2016; Cole et al., 2009; and SAMHSA, 2014 are promising practices for language learners. Thus, a strong belief can be had that the trauma-informed findings for mainstream students who have experienced trauma would also benefit ELs who have experienced trauma.

Critics of Trauma-Informed Teaching

Outdated researchers believe that a whole-child curriculum takes attention from foundational learning and development (Perdue & Costanza, 2019). Critics describe the whole-child approach as, “Fuzzy, squishy, and subjective” (Azzam, 2007, para. 4). Yet, these researchers miss the point of modern-day efforts for whole teaching and learning. According to U.S Activist Hugh B. Price, “The point of the whole child initiative is to foster the academic and social development of children. That is not a fuzzy concept.” (Azzam, 2007, para. 7). As explored throughout this chapter, trauma-informed teaching practices encompass the whole-child approach.

According to the Association for Supervision and Curriculum Development (ASCD), a prestigious education organization which is supported by 75 organizations worldwide, advocates for a whole-child approach (ASCD, 2021). ASCD aligns with Maslow by focusing their educational leadership on ensuring, “Each child, in each school, in each community is healthy, safe, engaged, supported, and challenged” (ASCD, 2021, para. 9). This concept of teaching to a child’s social and academic needs is recognized at federal levels through the Every Student Succeeds Act (ESSA). ESSA was signed into law by President Obama in late 2015 (US Department of Education, n.d). Part

of ESSA encourages a shift in school's mindsets to teach more holistically (Perdue & Costanza, 2019).

These researchers (ASCD, 2021; Azzam, 2007; Perdue & Costanza, 2019) align with modern notions that whole-child approaches support the social and academic development of children with a rigor that prepares them for the future. As explored throughout this chapter, trauma-informed teaching practices encompass the whole-child approach. Trauma-informed teaching is a holistic approach to education because it strives for reducing stress, recovering from traumatic experiences, all while continuing to learn with grade-level standards. Skeptics of a whole-child approach to education want a child to grow academically, but they fail to see the additional advantages that a whole-child approach has on a student's social and emotional well-being. Why would we strive for just academic growth when we could support the student in additional ways, too?

Chapter Two Summary

Overall, the review of the literature regarding trauma, in-school language learning, and trauma-informed teaching set out to answer the research question: *How does trauma affect English learners' acquisition of language and what best practices ensure a trauma-informed curriculum to meet the needs of these vulnerable learners?*

The research studies found a positive correlation between trauma and educational outcomes, the greater the traumatic experience the worse a child performs in school. (Cole et al., 2009; Duplechain et al., 2008; Frieze, 2015). Yet, the research is not specific to ELs, further investigation of trauma on ELs is needed for causality. However, a connection can be had to ELs given their traumatic histories. EL teachers need specific

strategies to help their ELs who have experienced trauma heal while acquiring the English language. Cole et al. (2009) said,

By establishing a trauma-sensitive environment throughout the school day and by being aware that exposure to violence might be at the heart of a child's learning and behavioral difficulties, school professionals can help minimize the enduring effects of trauma even among those who have not been specifically identified.

(Cole et al., 2009, p. 41)

Educators should identify ELs who have experienced both low and high exposures to the traumas described in this chapter. Then, the strategies identified earlier in this chapter need to be implemented in ELs' education to help them heal and continue acquiring the English language. As believed by skeptics, the whole-child approach lacks academic rigor. Nevertheless, trauma-informed education is effective in healing and continuing educational attainment. However, a more systematic and theoretical analysis is required for trauma-informed teaching and ELs.

From this review of literature about trauma and ELs' language acquisition, the basis has been laid to preview Chapter Three where a description of the capstone project is introduced. Chapter Three details an explanation of the project while describing the intended audience, the context in which the project takes place, the theories and frameworks that are foundational to the trauma-informed curriculum, and a rationale for completing the capstone project.

CHAPTER THREE

Introduction

“Many of the obstacles traumatized children face in the classroom result from their inability to process information, meaningfully distinguish between threatening and non-threatening situations, form trusting relationships with adults, and modulate their emotions” (Cole et al., 2009, p. 21). The research question I sought to answer helps ELs who have experienced trauma navigate healing and language learning: *How does trauma affect English learners’ acquisition of language and what best practices ensure a trauma-informed curriculum to meet the needs of these vulnerable learners?* With detailed information on the methods used in my project, I describe a curriculum that meets the needs of these ELs who have experienced trauma.

Chapter Three provides an overview of the chapter followed by a description of the theories pivotal to my work. Then, I describe the methodology and explain the setting and audience intended for the project. Following this, I detail the project and its relationship to the research question. Next, there is a timeline that describes the deadlines met to complete the project. Finally, the chapter concludes with key learnings from Chapter Three.

Overview of Research

The curriculum I developed encourages healing and successful language acquisition amongst EL first graders with trauma. In total, there are two units and each unit consists of six mini-lessons for a total of twelve mini-lessons. Each lesson shares differentiation ideas for early ELs: levels one and two, and late ELs: levels three and four

for the formative assessment activity in each lesson. The lessons are centered around the theories described in Chapter Two. Kaplan et al. (2015) found a relationship between refugee children's traumatized pasts and cognitive functioning post-arrival in the US. They conclude by asking for more research that looks at the effects of trauma-informed interventions for this subgroup of participants. My project supports the research by providing trauma-informed lessons that could be used in a later study looking at the effects of trauma-informed teaching on ELs' language acquisition. The researchers Brunzell et al., (2015), Cole et al., (2009), and SAMHSA, (2014) described major elements of trauma-informed teaching and lay the foundation for this curriculum. These researchers recognized three key teaching strategies that promote healing for ELs who have experienced trauma in a classroom setting: environment, self-regulation, and language approach. Following this overview, these central theories and their supporting research is discussed in detail.

Theories

The curriculum highlights classroom supports for a trauma-informed environment. The lessons are predictable and follow a similar structure. Clear communication is encouraged by explicitly stating the timing of activities within the lesson. Furthermore, teachers are provided a daily schedule of each lesson to display, this encourages smooth transitions without PTSD flaring. The lessons promote a sense of safety so the ELs feel physically and psychologically safe. The research supporting these environmental features of the mini-lessons is found from Brunzell et al. (2016), Cole et al. (2009), Goldenberg (2008), and SAMHSA (2014). Finally, opportunities for

relationship building are embedded in the lessons through conversations about student experiences and home lives. The structure of the lessons allows the teachers opportunities to get to know the students, building a solid relationship before asking them to share their stories. Positive relationships between an EL and a staff member are a key factor in the growth of the student, both academically and emotionally (Cole et al., 2009; SAMHSA, 2014). The research proves how vital a positive environment is to healing and educational attainment in the classroom. Yet, a trauma-informed curriculum does not stop with a positive environment. ELs need to be taught self-regulation strategies.

Within the curriculum, I incorporated self-regulation strategies to promote healing and language development. Research suggests that to support healing, one must teach students to know and identify their emotions (Brunzell et al., 2016; Cole et al., 2009; Masten & Coatsworth, 1998). The mini-lessons I designed encourage self-regulation by teaching emotional regulation strategies. The first unit provides students with language to describe their feelings. The second unit allows ELs to share their feelings through a story in their past that is significant to them. Furthermore, the lessons center around teaching resilience through relationship building. Trauma-Informed Positive Education (TIPE) supports regulatory abilities, strengthens relationships, and prepares students for resilient thinking. Ultimately, TIPE prepares teachers to nurture healing in trauma-affected students and prepares them for successful learning (Brunzell et al., 2016). These approaches encourage self-regulating strategies, which in turn, supports the whole EL. Another key strategy the research discussed is following a language approach to promote healing and growth.

Lastly, the lessons follow the research in terms of a language approach. If ELs know their home language well enough, often the learning process means translating new information into their home language and then taking time to translate it back to their new language, English. This process takes time and is why non-verbal communication is vital to communicating with ELs. The mini-lessons in this project share tips for non-verbal communication by offering moments to model activities, act out vocabulary, and illustrate key words. This trauma-informed pedagogical strategy is great for all students, especially for ELs who have experienced severe trauma and have trouble focusing (Cole et al., 2009; Vygotsky, 1978; WIDA, 2017). Also, the mini-lessons present information through repetition, role-playing, displaying visuals and hands-on activities (Cole et al., 2009; Hoover, 2017). Finally, each unit provides and emphasizes the importance of using graphic organizers, physical manipulatives, and explicit instruction for effective trauma-informed learning (Cole et al., 2009). These language supports prove successful for students who have experienced trauma in terms of healing and language acquisition (Cole et al., 2009; Vygotsky, 1978; WIDA, 2017).

The research is conclusive that three ways to help students who have experienced trauma are to create a positive environment, integrate emotional regulation into teaching, and finally utilize language approaches during instruction. Future research needs to address these strategies with the EL population specifically, but the research proves successful for students who have experienced trauma in general, so a correlation can be made with this research and ELs who have experienced trauma. My curriculum is designed to combine these three essential research findings into lessons that best meet the

needs of ELs who have experienced trauma to support their healing from trauma and advance their language development.

Project Description

For my capstone project, I designed a trauma-informed curriculum for English learners in first grade. There are two units, each consisting of six lessons. I focused on the implementation step of the curriculum development process utilizing promising trauma-informed practices found in my research. I believe there is a gap in research connecting trauma-informed teaching to elementary ELs. This project benefits the ELs who, right now are being harmed more than ever before. From the COVID-19 pandemic, to the Trump administration's behavior that created severe post-migration traumas for people of color. This curriculum arms teachers with tools to help ELs heal and succeed in their language development while overcoming the barriers trauma throws their way. The curriculum seeks to help heal and strengthen EL language acquisition in the face of traumas they face.

The units are designed to support English language development standards (ELD), meet first grade Minnesota English Language Arts (ELA) standards, while healing the wounds from trauma. By embedding content area work into the lessons, I am supporting valuable content teaching necessary for language learning and educational success. My research question: *How does trauma affect English learners' acquisition of language and what best practices ensure a trauma-informed curriculum to meet the needs of these vulnerable learners?* aligns trauma-informed best practices to language acquisition needs to help bridge gaps and encourage healing. Further study and design

should be had to develop a similar curriculum for other grade levels. The research supports trauma-informed practices for students (Brunzell et al., 2015; Cole et al., 2009; Frieze, 2015; Kaplan et al., 2015; SAMHSA, 2014), but there has yet to be research that specifically focuses on the elementary EL population concerning trauma-informed teaching.

Assessment

Two frameworks guided my curriculum and lesson planning. The research highlighted the Understanding by Design (UbD) and Sheltered Instruction Observation Protocol (SIOP) as best practices for writing effective lessons for ELs. One of the major focuses of UbD is designing units backward (McTighe & Wiggins, 2012). When I used this framework as a guide for my unit planning I asked myself, “What do I want students to know and do at the end of the unit?”

First, I knew I wanted students to meet ELA standards. Both unit one and unit two address different standards. Unit one teaches ELA standard 1.3.0.3, “Know and apply grade-level phonics and word analysis skills in decoding words” (Minnesota Department of Education, 2010, p. 23); standard 1.3.0.4, “Read with sufficient accuracy and fluency to support comprehension” (2010, p. 23); and standard 1.8.4.4, “Describe people, places, things, and events with relevant details, expressing ideas and feelings clearly” (2010, p. 33). Unit two teaches standard 1.6.3.3, Write narratives and other creative texts in which they recount two or more appropriately sequenced events, include some details regarding what happened, use temporal words to signal event order, and provide some sense of

closure” (2010, p. 26); and standard 1.10.1.1 “Demonstrate command of the conventions of standard English grammar and usage when writing or speaking” (2010, p. 38).

I scaffold these expectations within the curriculum to meet WIDA *Can Do Descriptors*. These descriptors highlight what an EL can do at each level of language acquisition (WIDA, 2017). After each lesson during the formative assessment, I differentiated the activity based on the *Can Do Descriptors* for EL levels one through four. In addition to language acquisition, another goal of the curriculum was for the students to begin healing. The research states students need relationships for a positive classroom environment (Cole et al., 2009; Kaplan et al., 2015; SAMHSA, 2014). So, one of the goals for my curriculum was to design lessons that promoted a classroom culture of trust and understanding. Research also states that a child’s ability to self-regulate their emotions is important for healing (Cole, 2009). Thus, the curriculum gives students vocabulary to describe their feelings and to help them learn how to regulate their emotions.

After I determined the curriculum's end goals I planned learning experiences and instructional strategies to meet these desired outcomes. SIOP guided my design of lessons, as it is predominantly designed for ELs. SIOP divides into eight major components which address planning, instruction and assessment. For my curriculum I followed the two components that address planning; lesson preparation and building background and the one component that speaks to assessment called, review and assessment (Echevarría et al., 2013). The summative assessment seeks to assess ELs’ abilities on the three goals I had for the units: help ELs identify their emotions, learn

coping strategies for negative emotions, and acquire language. The same assessment should be given at the beginning of unit one and the end of unit two. It is simple and clear for first graders to use. There is a teacher script that guides the educator and ELs through a set of seventeen questions.

The first part shows black and white images, the students need to color the correct picture based on what the question asks. Question one asks students to color the picture that shows a happy boy. The word *happy* is also written on the paper to allow for ELs to access the material in written form rather than orally. Another sample question from part two is question twelve. It reads, draw something that makes you feel happy. Students draw something in the open box that shows their ability to identify the emotions asked. The final part of the assessment is the self-care section. An example question from this part is, draw something you do to help you feel better when you feel sad. The post-assessment allows teachers to see an ELs' growth in healing and language learning after both units are taught, educators can compare the post-assessment to the pre-assessment to track growth.

Demographics

According to the Minnesota Report Card, the school this curriculum was designed for is made up of 27% ELs and 47% on free/reduced lunch. The 2020 enrollment information on Minnesota Report Card shows the top four races represented in the school include; 49.5% White, 18.6% Hispanic or Latino, 17.6% Black or African American, 9.9% Asian. 93% of the staff are considered experienced with three or more years of

teaching experience. 98.31% of the licensed staff are white and 1.69% of licensed staff are Black.

The curriculum is designed for first-grade ELs who have experienced trauma. I determined the ELs who would benefit from this curriculum based on conversations with cultural liaisons at the school, parents, and social workers. These conversations helped me find ELs who have exposure to trauma in their recent past. Each lesson embeds differentiation tools into the activities to accommodate EL levels one through four. I wrote the curriculum to be taught by EL teachers because the lessons are designed to be mini and fit easily into a small group pull-out setting. However, the lessons can be easily used by classroom teachers and adapted for social work settings as well as SPED and intervention. The purpose of designing this curriculum to such a large audience is that ELs who have experienced trauma tend to have more services during the school day (Cole et al., 2009; Kaplan et al., 2016), thus more teachers will need to know how to reach students who have experienced trauma to support them through healing and their education. The project reaches an entire school's staff because of its versatility and differentiation components.

Timeline

The project came together over the 2020 fall semester and 2021 spring semester, in addition to work during January 2021. In the fall semester I completed chapters one through three of this capstone project and I found valuable research supporting my research question and project. January 2021 through March 2021, the curriculum was built. Mid-March, I sought feedback from my content advisor, a social worker at the

building I currently teach in, and my primary advisor. This feedback allowed me to make valuable edits to my lessons. I made final edits to the curriculum and completed the capstone project in May 2021.

Chapter Three Summary

Chapter Three reviewed the framework of my research project through an explanation of the foundational research, a description of the methods, audience, and curriculum content. The research strongly supports a trauma-informed curriculum to support healing and attaining educational success (Brunzell et al., 2015; Cole et al., 2009; Frieze, 2015; Kaplan et al., 2015; SAMHSA, 2014). Future research must be conducted with the population of ELs who have experienced trauma investigated. My curriculum incorporates three major trauma-informed practices that research agrees are ideal for the successful implementation of trauma-informed teaching: environment, self-regulation, and language approach. These key practices are woven into the curriculum while also embedding ELA and WIDA EL standards. The final chapter, Chapter Four, describes the key learnings from the capstone project, limitations that presented themselves during the pilot, and ideas for future research.

CHAPTER FOUR

Introduction

In the fall of 2016, I began my first year as a licensed teacher and started on a journey of seeing my ELs struggle from trauma. The morning following the 2016 election I walked into my first-period class and saw my EL sixth graders in the corner of the classroom, crying and afraid for a future with Donald Trump as our president. Since that vivid moment of seeing my students' lives exposed and vulnerable, I continue to teach ELs with serious traumatic histories. Sara, a main motivation for this capstone, was a former student of mine who witnessed her mom being deported. ELs arrive from other countries with pre-migration traumas, experience post-migration traumas in the United States, and most recently are affected by the COVID-19 pandemic. Ultimately, my desire to help my students led me to the goals of this research project. The primary goal of this research project was to answer the question, *How does trauma affect English learners' acquisition of language and what best practices ensure a trauma-informed curriculum to meet the needs of these vulnerable learners?* Throughout Chapter Four I provide a context for my project, explore major learnings, revisit the literature that contributed to my work, address implications and limitations, make recommendations, communicate my results, and finally, examine the benefits of this project for my profession.

Context

This research and corresponding project confirmed my teaching philosophy, which is to teach to the whole student. My deep passion for helping ELs with trauma led me to dedicate an immense amount of time to researching and developing a strong

curriculum. These students were given challenging experiences; I wanted to help make their lives better. This deep dedication to the overall health of my ELs led me to the two ultimate goals for this project. One, I hoped to help ELs heal from trauma and to give them strategies to care for themselves through their negative emotions. Two, despite their trauma, I wanted to give them ways to progress in their language learning.

It did not surprise me that my students were the driving force for this project, but what was unexpected was how thoughtfully and thoroughly the research and project came together. It felt like I was putting together a thousand-piece puzzle. While it was a long process, each piece fit together with the next and I soon started to see the whole picture of what I created. It was thrilling to complete something so detailed and lengthy from start to finish and to see the research I did in the beginning impact the work I accomplished at the end.

Major Learnings

My first major discovery was the limited research on the effects of EL-related traumas on learning. Yet, the research provided plentiful information on the effects of traumas on learning for mainstreamed students and adults. Despite the lack of studies specifically for ELs, I concluded that it could benefit ELs with trauma, too. The information supported my curriculum writing by giving me research-based, trauma-informed best practices. The research taught me that students need lessons to give them emotional intelligence as well as a safe space for sharing their stories. This developed into the two units for my curriculum, the first unit, *Feelings/Emotions* and the second unit, *Story Telling*.

Another major learning came while writing the curriculum. Currently, I am an elementary EL teacher and saw a need for more than just lesson plans. As a teacher, I am very busy and need resources that are easy to work with and all-encompassing. Thus, in addition to writing the lessons, I created the corresponding slides, activities, and differentiated assessments. This ready-to-go curriculum will be easy for teachers and students to access.

Furthermore, I determined that ELs needed available assessments that appropriately challenged their current learning needs. I included differentiated assessments. For each formative assessment there are differentiated instruction ideas to scaffold the activities based on EL level. Another major learning came after my school's social worker, Karla Thompson, reviewed my units. Thompson noted positives such as the inclusion of identification of feelings, coping strategies, and good self-care for ELs' emotional well-being. She also gave me advice for how to strengthen unit one. I learned that young ELs would benefit from another lesson that explored sadness more thoroughly. Following her advice, I added lesson three, which studied sadness more widely. By studying sadness more thoroughly, ELs are better equipped to write about how to care for themselves in the following lesson, lesson four.

Finally, my last major learning came when I sat down to write lessons using the SIOP model as a guide. I found myself restricted by class time. Oftentimes a pull-out group is thirty minutes, so I wanted to keep that time parameter in mind. In order to keep the integrity of the SIOP research, I kept the last extension and reflection component in each lesson, but had to include a note to do so if time permitted. It was a major learning

for me to reflect on this decision and determine if this choice was acceptable. While this feature of SIOP is important, the basis for this feature is to review key vocabulary and skills with students throughout the lesson. My lessons reviewed key vocabulary and skills throughout the lesson with opportunities for formative assessment, so I believe I still met this requirement with fidelity.

Revisiting the Literature

After an extensive review of the literature, I chose three common themes to embed in my project: learning environment, self-regulation, and language approach. I integrated these common themes into my curriculum writing based on the recommendations from best-practice trauma-informed research. The major researchers that contributed to the theme of the classroom environment were Brunzell et al., 2016; Cole et al., 2009; Goldenberg, 2008; and SAMHSA, 2014. These researchers found that strong student-teacher relationships, and predictable, structured lessons, were a major part of a positive learning environment for ELs suffering from trauma (Brunzell et al., 2016; Cole et al., 2009; Goldenberg, 2008; and SAMHSA, 2014). I applied this research for a positive learning environment and kept the lessons consistent and similar. I provided a clear lesson to display to the students daily and developed opportunities for strong relationship building between the ELs and the educator in each lesson.

The researchers that supported the theme of self-regulation were Brunzell et al., 2016; Cole et al., 2009; and Masten & Coatsworth, 1998. I learned that teaching ELs to identify and articulate emotions will help them regulate their reactions (Cole et al., 2009). Both units are designed to teach ELs the language of feelings and articulate how to care

for themselves in times of hardship. Brunzell et al., 2016 provided an activity idea called the “Ready to Learn Chart” which I incorporated into my curriculum. The research behind this chart supports healing by encouraging ELs to identify their emotions at the beginning of each class (Brunzell et al., 2016; Cole et al., 2009; Masten & Coatsworth, 1998).

Finally, researchers taught me the importance of adapting pedagogy to use appropriate language for students with traumatized histories. I applied this research by incorporating non-verbals into the lesson plans such as, miming and exaggerated facial expressions (Cole et al., 2009). An additional language adaptation for ELs that Vygotsky (1978) coined was scaffolding. The lessons are designed to build on skills learned in previous lessons and provide learning opportunities to grow. Furthermore, the use of repetition, role-playing, displaying visuals, and utilizing hands-on activities is best practice for language acquisition and healing from trauma (Cole et al., 2009; Hoover, 2017). Finally, Cole et al., (2009) reaffirmed that graphic organizers, physical manipulatives, and explicit instruction support learning for students suffering from trauma all of which I incorporated into my lessons in varying degrees.

I referenced these major learnings and designed lessons that best met the needs of elementary ELs with traumatized histories. Despite the fact that there needs to be more research for trauma-informed practices with the elementary EL population, I took the best practices suggested for mainstreamed students and applied them to a curriculum that met the needs of elementary ELs with traumatized histories.

Implications

The implications of my project could impact ELs at every level because of the social-emotional learning content highlighted throughout the project. As we continue life with COVID, severe mental health issues persist more than ever before. Teachers will need social-emotional learning resources for years to come. Furthermore, as I addressed in my paper, COVID disproportionately impacts EL families (Mitchell, 2020), which further intensifies the need for a trauma-informed curriculum for ELs. My voice adds to a growing call for trauma-informed resources. While the policy might not change as a direct result of my research, it does call on major organizations and education policymakers to support EL teachers as our job grows more complex with these serious mental health needs. A major EL consortium, WIDA, has a comprehensive approach to working with multilingual students. I hope that this added research will call on EL advocates such as WIDA to develop resources for teaching ELs with a trauma-informed approach.

Limitations

The lack of curriculum for EL elementary teachers around the concept of trauma is serious. There are increasing numbers of ELs entering schools each year (National Education Association, 2020); the need for a trauma-informed curriculum for this population of school-aged children is profound. One limitation is my curriculum only reaches EL first graders. Research tells us that trauma can happen to all ages (SAMHSA, 2014). The current research is limited in scope to ELs suffering from trauma, yet it is

even more limited in addressing elementary ELs. Thus, I recommend more trauma-informed resources be developed for second through fifth grade ELs.

Another limitation came in developing a summative assessment to be used with my curriculum. I intended on assessing ELs with open-ended questions similar to the Adverse Childhood Experiences (ACE) study. When it came time to write these questions I felt hesitant and realized this was counterintuitive. Research would tell me to do otherwise. The CDC-Kaiser ACE Study discussed childhood trauma and the original study surveyed adults nineteen to sixty plus years old about their childhood experiences (Felitti et al., 1998). The Center for Disease Control and Prevention lists resources for helping promote healthy development for those suffering from trauma. It specifies the importance of preventing future risk of trauma (Fortson et al., 2016). Thus, I did not want to reopen wounds with first graders and risk continued trauma. Ultimately, the pre/post assessment I wrote centered around the three goals for the units: help ELs identify their emotions, teach coping strategies for negative emotions, and inspire English language acquisition.

Recommendations and Future Plans

The research throughout this paper makes a plea for educators to implement trauma-informed curriculum into daily lessons. I described practical, specific trauma-informed strategies educators can use each day to begin making a positive impact on ELs suffering from trauma. Educators who read this research should share it widely, so ELs beyond my corner of the world are supported with trauma-informed best practices.

EL teachers are trained to be adaptable; each year we might work with a new grade level of ELs and see different learning needs. While I will continue to use this resource for my first-grade ELs, I also intend to utilize the research to write curriculum for ELs in second through fifth grade as I work with additional grade levels in the future. I recommend future researchers look into the effectiveness of my curriculum for first-grade ELs, make necessary modifications, and create a more widely available curriculum for second through fifth-grade ELs.

Communicating Results

The primary goal of this research project was to answer the question, *How does trauma affect English learners' acquisition of language and what best practices ensure a trauma-informed curriculum to meet the needs of these vulnerable learners?* Ultimately, I answered this question by creating a ready-to-go Google folder complete with unit overviews, daily lesson plans, daily slides, activities, and assessments. I shared the entire project with my district's EL department as well as my building's social worker. Additionally, I plan to share this resource with our instructional coach to incorporate into building-wide professional development to notify classroom teachers of these trauma-informed strategies. By sharing my resources with a wide range of education professionals, I will impact a large number of ELs throughout their school day.

All educators need to know the effect of trauma on the ELs they see each day. As increasing numbers of ELs migrate from other countries, they bring histories of pre-migration trauma. Additionally, the traumas they are exposed to in the United States such as post-migration traumas and COVID-related trauma add to the barriers preventing

them from acquiring language at a pace similar to privileged mainstream students. One's life story should not make a difference in the quality of education one receives.

Benefits to the Profession

A trauma-informed curriculum is practically nonexistent for elementary ELs. The research I conducted benefits my profession by adding to a growing call to support ELs who experience trauma. I hope this curriculum will be used by all school staff. I designed the curriculum to be used in multiple settings: EL classroom, grade-level classroom, intervention groups, SPED classes, and with social workers. From my professional experience I learned that ELs are pulled many times during the school day (Cole et al., 2009; Kaplan et al., 2016). ELs need support to heal and acquire language throughout their school day, not just in their thirty-minute EL pullout class. The curriculum benefits the profession by contributing to the need for a trauma-informed curriculum for elementary ELs.

The lack of trauma-informed research for elementary ELs and research predicting increasing numbers of ELs makes it clear there is an urgency for a trauma-informed curriculum for elementary ELs. As stated in chapter two, Biden planned to raise the refugee admissions cap to at least 125,000 refugees a year (Biden, 2020). Additionally, the research suggested that ELs are increasing in schools at a fast rate (National Education Association, 2020). These researchers guided me to conclude there is a grave need for trauma-informed practices that will continue as more refugees and language learners enter our school systems.

Conclusion

In conclusion, my capstone process to answer the research question, *How does trauma affect English learners' acquisition of language and what best practices ensure a trauma-informed curriculum to meet the needs of these vulnerable learners?* gave me hope. I learned more about myself as a researcher and educator while I studied strategies to best support the ELs I care so much about. The research taught me about traumatic barriers to effective learning for elementary ELs. It showed the gap in research to supporting these learners based on their individual needs. Yet, the existing research aided my conclusions to apply the strategies to elementary ELs suffering from trauma. I took the trauma-informed teaching recommendations and turned them into an effective curriculum for EL first graders with traumatized histories.

This research is in serious need of attention due to the rising number of ELs in schools and the effect of COVID-19 on ELs. While my project uses trauma-informed pedagogy to foster learning in EL first graders suffering from trauma, there is a paramount demand for a trauma-informed curriculum for other EL grade levels. I hope that future research will test the effectiveness of my curriculum and then write additional trauma-informed curriculum for other elementary EL grade levels. The curriculum I wrote is an all-encompassing Google folder that provides educators with everything they need to better address the language needs of their first grade ELs suffering from traumatic pasts. This capstone will benefit my EL profession because of its far-reaching nature. It is designed to be used in multiple educational settings and I plan to share it widely so more educators will benefit from my efforts.

The need for trauma-informed teaching for ELs is pressing. It gives me hope to know my efforts will enrich educators and foster language acquisition in ELs beyond my current caseload. Sara motivated me three years ago for this research and yesterday another EL of mine, Steven, opened up to me to share his trauma story. These students continue to be the purpose for my research and advocacy. ELs who deal with trauma from their past and present deserve a quality education to learn English and to move on from their trauma and heal.

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Appendix

Sample WIDA Can Do Descriptors	Sample Expected SLA Stage Behaviors
	SLA STAGE: Preproduction
WIDA Level 1: Entering	Silent Period
Listening: Learner is able to point to pictures, words, or phrases; follow one-step directions given orally; and match objects to oral statements	<ul style="list-style-type: none"> • Very little English spoken by learner: may respond nonverbally by nodding yes or no, drawing, and pointing
Speaking: Learner is able to name objects, people, and pictures; and respond to who, what, when, where, which questions	<ul style="list-style-type: none"> • May not respond when spoken to • May have difficulty following directions
Reading: Learner is able to match symbols to words or phrases and identify print concepts and text features	<ul style="list-style-type: none"> • May have difficulty understanding questions
Writing: Learner is able to label objects and pictures, draw an illustration in response to a prompt, or produce symbols and words to convey messages	<ul style="list-style-type: none"> • May have difficulty expressing needs • May experience confusion with locus of control • May be withdrawn/show low self-esteem
	<ul style="list-style-type: none"> • May seem to exhibit poor attention and concentration
WIDA Level 2: Beginning	SLA STAGE: Early Production
Listening: Learner is able to sort pictures and objects based on oral instructions, follow two-step oral directions, and match information from oral descriptions to objects	<ul style="list-style-type: none"> • Limited English spoken by learner: usually speaks in one- or two-word phrases • Uses present-tense verbs
Speaking: Learner is able to ask the five Wh questions, orally describe pictures or events, and restate facts	<ul style="list-style-type: none"> • May respond to who, what, where, and either/or questions with one-word answers
Reading: Learner is able to find and classify information, identify facts, and determine language patterns connected to facts	<ul style="list-style-type: none"> • May complete sentences when given sentence starters • May participate using key words and familiar phrases
Writing: Learner is able to compile a list of items, develop drawings, generate short phrases, and provide responses to requested information	<ul style="list-style-type: none"> • May memorize short language chunks (with or without errors)

SLA STAGE: Production Stage

Speech Emergence

WIDA Level 3: Developing

Listening: Learner is able to locate and select information from oral discourse, complete several steps of instructions, and categorize/sequence orally presented material

Speaking: Learner is able to predict, hypothesize, describe procedures, and retell stories

Reading: Learner is able to sequence, identify main ideas, and use context clues appropriately in reading

Writing: Learner is able to generate basic text, use compare-and-contrast statements, and describe in writing events, people and procedures

• Increasing proficiency: speaks in short phrases and simple sentences

• Writing may contain grammatical errors

• Speech may contain grammatical and pronunciation errors

• Developing sight word vocabulary

• May be able to describe, compare, and make predictions

• Can answer how/why questions

• May be withdrawn/show signs of frustration

• May seem to have trouble concentrating

• Limited participation in group discussions

WIDA Level 4: Expanding

SLA STAGE: Intermediate Stage

Listening: Learner is able to compare/contrast functions and relationships from oral material, conduct analyses of oral information, and engage in cause and effect discussions

of oral information, and engage in cause and effect discussions

Speaking: Learner is able to discuss issues and concepts, deliver a speech, present orally, and engage in creative problem solving and solutions generation

Reading: Learner interprets material and data, locates details, supports main ideas, and identifies word families

Writing: Learner is able to summarize, edit, revise, and create original ideas

makes grammatical and pronunciation errors in speech

• May engage in dialogue

• Receptive and expressive language mismatch: learner may understand more than she/he is able to demonstrate or may seem more proficient than she/he is

• May seem slow processing challenging language

• May be confused by idioms/slang conveyed in English

• May seem to have poor auditory memory

WIDA Level 5: Bridging

Listening: Learner is able to draw conclusions from oral material, develop models reflecting oral discussions, and make connections to orally presented material and ideas

Speaking: Learner debates, provides detailed examples and justifications for reasoning, and is able to defend viewpoint

Reading: Learner conducts research, using multiple sources, and draws conclusions from different forms of text

Writing: Learner is able to apply material in a new context and author multiple forms of writing

SLA STAGE: Advanced Stage

WIDA Level 6: Reaching

- Language usage, meaning, and fluency are age appropriate; learner has very good comprehension

- Academic, behavioral, cultural, and social skills are L2 age appropriate

Sources: Developed from material found in Hill and Miller (2013); Hoover et al. (2008); Krashen and Terrell (1983); Lake and Pappamihel (2003); WIDA (2014).

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