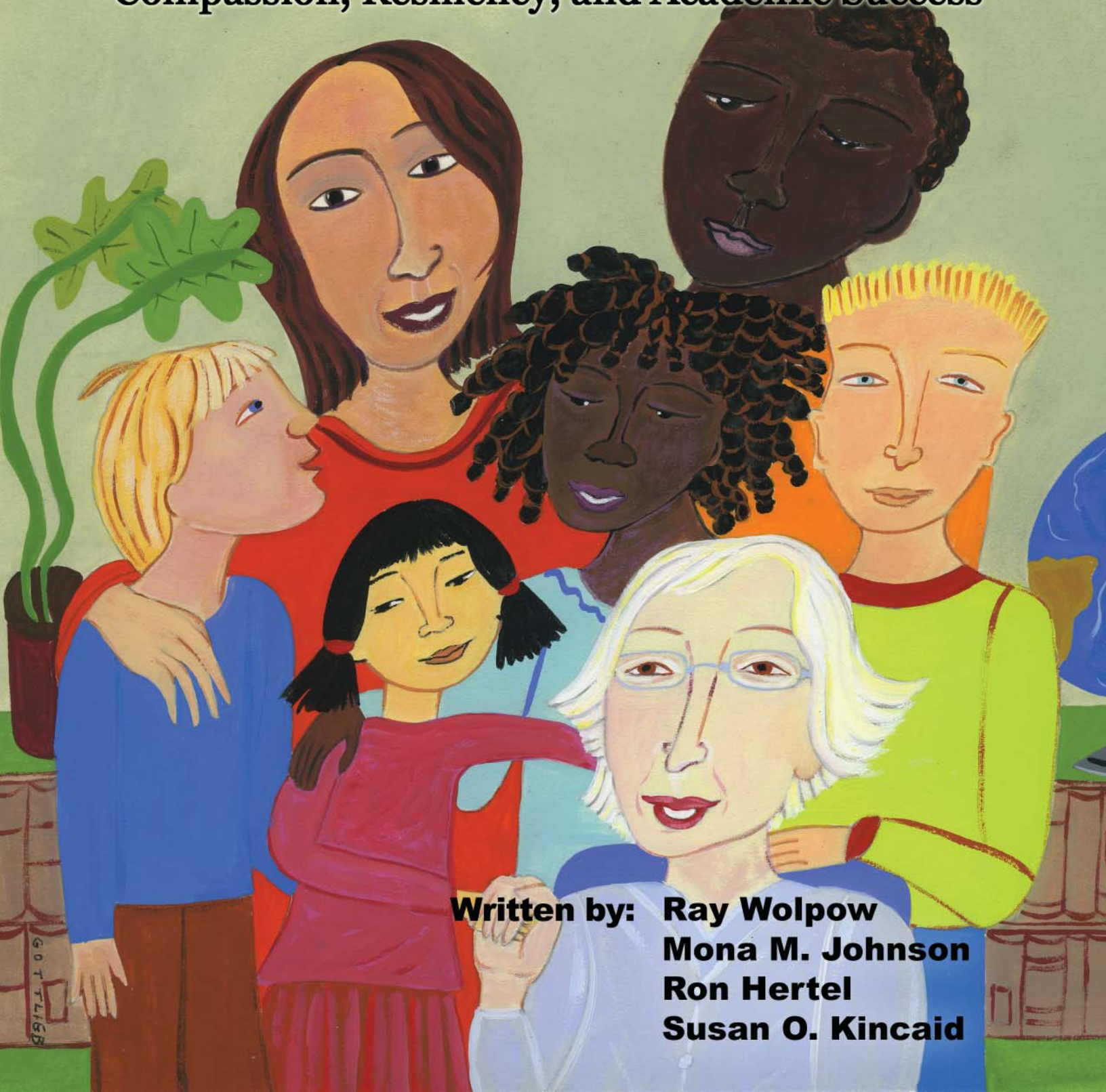
The Heart of Learning and Teaching:

Compassion, Resiliency, and Academic Success



Written by: Ray Wolpow
Mona M. Johnson
Ron Hertel
Susan O. Kincaid

The Heart of Learning and Teaching:

Compassion, Resiliency, and Academic Success

Written by:

Ray Wolpow, Ph.D.
Mona M. Johnson, M.A., CPP, CDP
Ron Hertel, B.S.
Susan O. Kincaid, Ph.D.

September 2009

For information please contact:

Mona M. Johnson
Ron Hertel
Office of Superintendent of Public Instruction
600 Washington St. S.
Olympia, WA 98504-7200
(360) 725-6050

mona.johnson@k12.wa.us
ron.hertel@k12.wa.us

Ray Wolpow
Woodring College of Education
Western Washington University
516 High Street, Miller Hall
Bellingham, Washington 98225-9089
(360) 650-3337

ray.wolpow@wwu.edu

Copyright © 2009 by Washington State Office of Superintendent of Public Instruction (OSPI) Compassionate Schools.

All rights reserved. No part of this book may be reproduced without permission of OSPI.

All photographs are for illustration purposes only and do not represent real life situations.

Cover Art: Dale Gottieb
Publication Layout: Brigid Slinger and Linda Bull
Final Copy Edit: Niquette Kelcher

Funding for this document was made possible in part by the Mental Health Transformation State Incentive Grant Award No. 6 U79 SM57648 from the Substance Abuse and Mental Health Services Administration (SAMHSA) to the State of Washington. The views expressed in this document do not necessarily reflect the official policies of the U.S. Department of Health and Human Services or agencies of the State of Washington, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Copies may be downloaded from http://www.k12.wa.us/CompassionateSchools/Resources.aspx

Dedication

This book is dedicated to our students, colleagues, and their families: those whose lives are affected by trauma, and those who are working to make a difference.

To those children and adolescents struggling with the pain and isolation of traumatic events, this book was written with your stories close to our hearts. We care and are committed to making school a more supportive place for you.

To those educational professionals and community members who seek to foster resiliency and academic success, this book is intended to recognize your inspirational work. Your compassion and pervasive caring reaches beyond the walls of your classrooms.

Table of Contents

Table of Contents

Foreword by Superintendent Randy Dorn xi

Preface xiii

Introduction xv

Chapter 1: Trauma, Compassion, and Resiliency: Background and Definitions

The Language of This Chapter 2

Introduction
- Trauma and Academics: Playing Chess in a Hurricane 3
- Just How Pervasive Is the Problem? 4
- ACEs and School Performance 5

The Nature of Trauma
- Symptoms of Trauma: When the Solution Becomes The Problem 8
- Trauma and the Brain: The Neurobiology of Trauma 9
- How Trauma Affects Learning 12

Meeting the Challenge: Background Knowledge for Finding Solutions
- The Nature of Resiliency 14
- The Nature of Compassion 17
- A Working Definition of Compassionate Schools 18
- An Ecological View of Trauma and Resiliency 19
- Healing from Trauma in Other Cultures 21
- Trauma and Gender 27
- Compassion Requires That We Be Responsive and Relevant 28

How Trauma Affects Those Who Care: Vicarious (Secondary) Trauma 29

Summary 30

Chapter 2: Self-Care: An Ethical Obligation for Those Who Care

The Language of This Chapter 38

The Cost of Caring
- Secondary (Vicarious) Trauma, Compassion Fatigue, and Burnout 39
- The Ripple Effect 40

Possible Negative Consequences of Vicarious Trauma 41
- The Personal Impact of Vicarious Trauma 42

Chapter 2 (cont.)

The Professional Impact of Vicarious Trauma 43
One Other Sign of Compassion Fatigue: The Silencing Response 44
Can't Teach What You Don't Know. Can't Lead Where You Won't Go 45

Prevention and Self-Care
How Are You Doing? The Professional Quality of Life Scale (ProQOL R-IV) 46
Check Your Batteries: A Self-Care Checklist With Suggestions 48

Building a Self-Care Action Plan 58

An Ethical Obligation for Those Who Care 60

Summary 61

Chapter 3: Instructional Principles, Curricular Domains and Specific Strategies for Compassionate Classrooms

The Language of This Chapter 67

Introduction 68

Compassionate Instruction and Discipline in the Classroom
Principle One: Always Empower, Never Disempower 72
Principle Two: Provide Unconditional Positive Regard 72
Principle Three: Maintain High Expectations 73
Principle Four: Check Assumptions, Observe and Question 74
Principle Five: Be a Relationship Coach 75
Principle Six: Provide Guided Opportunities for Helpful Participation 76

A Compassionate Curriculum
A Suggested Framework: Research-based and Modeled on Current Best Practice 79

Domain One: Safety, Connection and Assurance
Domain Defined 81
Goals for Instruction 82
Recognizing the Need 82
Applying the Six Principles 83
Content and Strategies
Safety First 84
Monday Mornings, Daily Schedules and Class Meetings 84
Identifying and Dealing With Triggers 86
Transitions and Safety Plans 88
Minimizing Triggers When Setting Limits 89
Calm Zones 89
Removing Triggers in the Secondary Classroom 90
Testing as a Safety Issue 91
Fancy Fridays, Photo Scrapbooks 92

Domain Two: Emotional and Behavioral Self-Regulation

Domain Defined 93
Goals for Instruction 94
Recognizing the Need 94
Applying the Six Principles 95
Content and Strategies 96
The Vocabulary of Feelings 96
Practice in Using the Vocabulary of Feelings 96
Categories of Affect 97
Using Analogies to Describe Emotions and Triggers 99
Teaching Affect Modulation 99
Calming the Body and Mind with PMR and Yoga 100
Calming the Body and Mind: Games for Young Children 102
Empathy/Listening Skills 102
Listening With Empathy: an Exercise 103

Domain Three: Competencies (of Personal Agency, Social Skills, and Academic Skills)

Domain Defined 108
Goals for Instruction 109
Recognizing the Need 109
Applying the Six Principles 109
Content and Strategies 110
Assertiveness Skills 110
Giraffe Talk: Non-Violent Communication 113
DEAR MAN: Interpersonal Effectiveness 116
Fair Fighting 117
Poetry (Cinquains, Biopoems and Diamante Poems) 117
Journal Writing (Personal, Worry Lock-Box, Dialogue and Double Entry) 121
Risky Writing 123
RAFT: Role, Audience, Form and Topic 124
Alphabet Books 125

Additional Curricular Resources

Sheltered Instruction Observation Protocol 126
Dealing with the Stress of Military Deployment 126

Summary 129

Chapter 4: Building Compassionate School-Community Partnerships That Work

The Language of This Chapter 134

Schools In Partnership 135

Connecting Education and Community-Based Resources
- Mental Wellness Coordination 137
- Diversity and Strengths-Based Problem Solving 139

Mental Health Terminology 140

School-Community Partnerships That Work 145
- Readiness to Learn 147
- Dropout Prevention/Reduction Program 152
- Even Start 153
- Before and After School Programs 155
- Prevention and Intervention Services Program 156
- School Safety Center 158
- Coordinated School Health 159
- Homeless Education 161
- Institutional Education 162
- School Health Services and School Nurses 163
- Compassionate Schools Initiative 164

Forming a School-Community Partnership
- Strength-Based Problem Solving and Asset Maps 168
- The Case for Needs Assessment 170
- Strategic Planning 170
- Defining School and Community Roles 171
- Managing the Growth of Community Partnerships 172
- Quick Strategies for Building Collaborations 173

Summary 174

Table of Contents

Chapter 5: Examples of Compassion, Resiliency, and Academic Success Direct From the Field

Introduction 179

Three Student Voices
Open Your Eyes, ... 180
All Youth Have Something an Adult will Never Have . . .At Least Not Again, ... 181
A Safe Place to Learn 182

Two Case Studies
Zach 183
Chucho 186

Six Vignettes from the Field
Andy, the Resilient Kid 189
Ric and Doug 191
"I Just Want to Give Him a Hug and Tell Him What a Wonderful Boy He Is" 192
"That's My American Dream" 193
Compassion Fatigue: Implications for School Nurses 195
Trauma-Sensitive Learning and Teaching at an Alternative High School 196

Chapter 6: Resources

Printed Matter: Books and Journal Articles 202
Books and Journal Articles Online 206
Websites 207
Office of Superintendent of Public Instruction (OSPI) Resources 209

About the Authors 212
Acknowledgements 214

Foreword by Superintendent Randy I. Dorn

Dear Colleague:

It is with pleasure that I introduce *The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success*. It contains valuable information that will be helpful to you on a daily basis as you work with students whose learning has been adversely impacted by trauma in their lives.

One of my priorities as State Superintendent will always be that every student in Washington State graduates fully prepared to succeed. All students must be ready to learn and absorb the rich curricula that are being presented to them. In some cases, this means providing support beyond academics and helping students address the physical, emotional and social barriers they face that impact learning. Therefore, it is vital to provide all school staff information and tools to better understand, and in turn, work with students affected by trauma. It is important to remember that the whole school has a significant role in creating a supportive learning environment.

On behalf of students and families in the state of Washington, it is my pleasure to present this resource, and I wish you the best in your application of these very important principles.

Sincerely,

Randy Dorn

Randy I. Dorn
State Superintendent
of Public Instruction

Preface

Why do we suspend and expel so many students? Why are so many students who seem perfectly capable of learning not succeeding at school? Why do they drop out? And why are many teachers suffering from a sense of "burnout?" These kinds of questions posed nearly 15 years ago led to recognition that trauma from exposure to adverse childhood experiences—such as abuse, neglect, war, homelessness, domestic violence—can have an enormous impact on the difficulties many children bring to the process of learning, forming relationships, and behaving appropriately at school. This understanding set in motion a nationwide "trauma sensitive schools" movement to ensure the school success of children who live with overwhelming stress.

It was clear from the beginning that this movement could take hold only if policymakers joined with education leaders to make significant changes in our nation's educational system. In 2004, the Massachusetts legislature started on this road by establishing a trauma sensitive schools grant program. In 2005, the publication *Helping Traumatized Children Learn* summarized research and, based on the work of the Massachusetts grantee schools, presented a framework for creating whole-school trauma-sensitive-environments. At the same time, policymakers and educators in Washington State were among the first to recognize the importance of the CDC's Adverse Childhood Experiences (ACE) Study, which demonstrated that the numbers of students living with overwhelming stress are much higher than we ever imagined. In 2007 and 2008, researchers of the ACE study, authors of *Helping Traumatized Children Learn,* and several university professors presented at "Hurt to Hope" conferences in Tacoma and Spokane. Discussions at these conferences led to statewide and cross-country interdisciplinary collaboration to further the success of traumatized children.

Now after several pilot school projects and thoughtful analysis, Washington State brings us *The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success*. Using the " compassionate teaching approach," this carefully nuanced and clearly written book represents an unprecedented collaboration among public school, university, and Washington State Office of the Superintendent of Public Instruction educational professionals. This rich publication demonstrates that we can overcome the silos of our different fields to provide schools with the support they need to help all children learn. With its excellent analysis of teaching approaches, it argues for supporting—not blaming—educators who work daily to help children become competent learners despite the enormous barriers posed by traumatic experiences. This work marks a milestone for Washington State and contributes significantly to bringing the trauma-sensitive schools movement to the next level.

Susan Cole, Director Trauma and Learning Policy Initiative
Massachusetts Advocates for Children and Harvard Law School
Lead author of *Helping Traumatized Children Learn*

Cole, S., Greenwald-O'Brien, J., Gadd, G., Ristuccia, J, Gregory, M., Helping Traumatized Children Learn. www.massadvocates.org

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., and Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. American Journal of Preventative Medicine, 14(4), 245-257.

Introduction – The Heart of Learning

When the heart speaks, listen. Then respond compassionately and consistently.

- Mona M. Johnson

Every day in schools across Washington State and the nation, there are students who arrive in classrooms feeling hungry, tired, frustrated and alone—students who are impacted by alcohol and drugs, are homeless, have physcial or mental health-related issues, are in danger of dropping out of school, or are struggling with a learning disability often lack vital connections to their family, their school and their community. In Washington State we have recognized this reality and have made a point in the past several years to begin doing something actively about it.

In 1987, Gertrude Morrow wrote *The Compassionate School: A Practical Guide to Educating Abuse and Traumatized Children*. Her groundbreaking work was one of the first to articulate that the anxiety of traumatized students can create obstacles to learning. She explained that "withdrawing, acting out aggressively, and regressing to younger behaviors are among the many ways students react to trauma." Morrow suggested that the key to addressing these behaviors was to create "compassionate schools" with three important elements: (1) They embrace the philosophy of community education – schools and communities both must be concerned and cooperate in the education of students; (2) They promote social as well as intellectual development, instilling altruistic attitudes and demanding acceptance and respect for all students; and (3) That Compassionate School classrooms be created and organized for cooperative learning with students of varying abilities working together as teams to support one another in accomplishing the goals of learning.

The ideas in this book, *The Heart of Learning and Teaching: Compassion, Resilience, and Academic Success*, are built on the works of Gertrude Morrow and others including the Massachusetts Advocates for Children Trauma and Learning Policy Initiative (see Susan Cole's preface as well as chapter 1 for information on their work). The book you are now reading was designed and written in a way that provides a flexible framework, practical tools, and applicable resources specifically to assist policy makers, school and community leaders, classroom educators (including teachers, para-educators), other school employees (including bus drivers, custodians, and cafeteria workers), parents and other family members. We are also hopeful that both students who have experienced trauma and those who have witnessed it among their classmates will learn more about these important issues.

One of the primary goals of *The Heart of Learning and Teaching: Compassion, Resilience, and Academic Success* is to help us all learn as much as possible about the interconnectedness of issues critical to student academic success in today's schools. These include a deeper understanding of learning and teaching, as well as the concepts of compassion, compassionate schools, resiliency, and school-community partnerships. Throughout this book we describe examples of these concepts in detail and refer you often to the terminology included in the following working definitions:

Compassion – A feeling of deep empathy and respect for another who is stricken by misfortune and the strong desire to actively do something about it. The human quality of understanding the suffering of others paired with the desire to help alleviate it.

Trauma – An umbrella term denoting the inability of an individual or community to respond in a healthy way (physically, emotionally, and/or mentally) to acute or chronic stress. Trauma occurs when stress compromises the health and welfare of a person and his/her community.

Resiliency – The ability of an individual family, or community to withstand and rebound from adversity. Resiliency research is the study of how some students, despite stressors in their lives, manage to adapt, and in some cases, thrive.

Compassionate School – A school where staff and students learn to be aware of the challenges faced by others. They respond to the physical, emotional, and social challenges faced by students and families by offering support to remove barriers to learning. They do not judge the situations or responses to others. They seek to understand and support.

School-Community Partnership – A relationship between the school and community to achieve the goal of helping students and their families find the resources necessary for support and assistance. The partnership is based on cooperation and responsibility to achieve this goal.

Before we get too far into the discussion on the intellectual foundations for this publication, we feel it is important to reflect a moment on the "heart" or true "behind-the-scenes" reasoning each writer has in committing to engage in this collective labor of love in writing. It may surprise you to know that each individual author of this book has possessed their own unique, internal "spark" for many years, which in turn, has lead to the collective "flame" needed to inspire and complete this important body of writing.

Ray Wolpow's Spark: My interest in trauma-sensitive learning and teaching was awakened nearly 15 years ago when Judy (a pseudonym) a junior in my high school remedial English class, disclosed the nature of the ongoing horrific events that made it difficult for her to succeed in school. I realized that despite having a graduate degree from a premier teacher's college I knew nothing about trauma or of the teacher's role in educating the many students I came to realize were struggling with similar problems. Acting on this reflection, I went on to study trauma and learning in K-12 classrooms -- as a doctoral student, researcher and teacher educator. My desire to provide educational professionals with relevant knowledge and strategies to teach the "Judy's" in their own classrooms led me to this project.

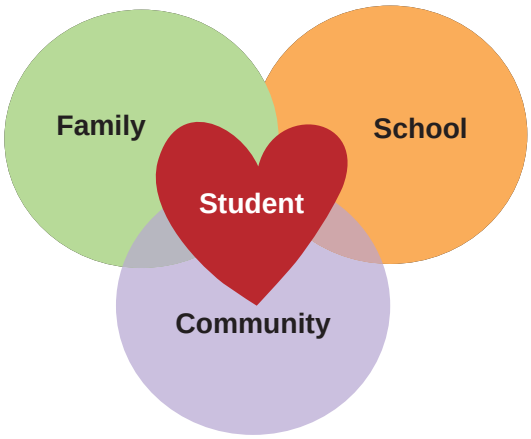
Mona Johnson's Spark: My involvement in this project and much of the work I do on a daily basis is fueled by personal experience. During the early part of my life I grew up in a home deeply impacted by alcoholism and domestic violence. I saw many things first-hand that a child should never witness, including the death of a parent. At the time there was little research on the impact of stress and trauma on children or what to do about it. Today I know that even though every educator in the school I attended knew what was happening in my life—because at its worst my family events were reported in the local newspaper—no one knew what to say or how to respond to me. As a result, my way of coping was to keep everything inside, feeling isolated and alone in my pain. The good news is that after studying addiction, violence, stress, trauma and resiliency in college and beyond, I have learned there is much we can do to support youth living in these circumstances. Today I believe it is no longer OK for adults to remain silent when they witness student trauma related behaviors and it is my mission to help educators (and other helping professionals) understand this in any and every way possible.

Ron Hertel's Spark: Why does this work? Does it really matter? From personal experience, I know it does. I moved from a one-room school house with eight students in the entire school (one of the last rural districts in the state of Minnesota) to a class of 135 in a nearby town. It was culture shock. As a relatively isolated farm kid, I suddenly had 134 classmates. No one prepared me for this transition. My one classmate in the rural grade school was transferred to a school in another district so I didn't even have her for support. It was 7th grade and most of the "cliques" had already been established and I turned into a pretty shy kid – just waiting to get home at the end of the day. I struggled and was able to achieve average grades. I was overwhelmed and traumatized. The confidence I once had in myself was nowhere to be found in this new environment. One of my teachers saw something in me and took an interest. He talked to me and encouraged me and was genuinely enthusiastic about my potential when I wasn't able to see it. Eventually, he nudged me to get involved in a school play and continued to give me a pep talk whenever I felt disengaged. I remember he always had a huge smile on his face. After I had a few plays under my belt my confidence began to blossom. Through his acts of caring I finally felt a sense of belonging

– I had developed a close peer group and new friends with his help. The academic part of school no longer seemed difficult and I was genuinely interested in what I was learning. My GPA rose to a 3.8 from a 2.25 for the final three years of my high school experience. When I see how transient some students are—whether it's from homelessness, migrant working families, job and military transfers, or foster care—I can relate back to how isolated and alone I felt with one single transition. Some of our students transition several times a year. It's wonderful to be engaged in this work, both with the Readiness to Learn Program and The Compassionate Schools Initiative, to help school staff in developing new eyes in working with students experiencing stress and trauma, such as my teacher was able to do for me.

Susan Kincaid's Spark: When I first heard of this project, I could picture the faces of homeless youth with whom I had worked over the years—youth who made the decision that life would be better sleeping under a bridge than going home, that they were somehow safer eating from a dumpster than at a table, that the clothes on their back were better than those in a closet. Most of them made a rational response to an irrational home life. They bring their trauma into the streets with them, often only to be further traumatized. Looking back, I wonder how different their lives might have been if a teacher had been trained to intervene for them before they made the decision. My contribution to this project is for them.

You may be asking why these sparks are important. We believe that when working with children and youth who have experienced trauma, it is important to recognize the people who have helped us understand trauma, compassion, and resiliency. We encourage each person who reads this book to take a moment, as we have, to individually reflect on the people who made a positive impact on our understanding of trauma-related behaviors, who have the courage to ask "what happened to you" instead of "what's wrong with you," and who helped us process our own trauma in healthy ways at some point in our lives. Our guess is that for many of us it was someone in our family, school, or community environment who offered care and support, had high expectations, and believed we could succeed. Even when we were not so confident ourselves, they took the opportunity to join our journey in a meaningful way that contributed to their own success, too.



The above graphic from chapter 4 illustrates the collective efforts we feel are necessary to help students overcome trauma, demonstrate resilience, and succeed physically, emotionally, socially and academically in the school setting. We designed the content of this book with the following outcomes in mind:

- To exemplify practical and applicable compassionate approaches to education that may be of benefit to all members of the school community.
- To provide "compassionate" lenses through which members of our educational communities may better understand events and consequent behaviors that interfere with the attainment of educational goals.

- To foster resilience and create supportive learning environments for students through a cadre of school and community-based resources that are identified and families are informed about.

- To strengthen the voice of students and parents in creating that environment and actively recruiting community partners – both public and private – who can play essential roles in actualizing this reality.

- To provide tools and resources to members of school communities wishing to revise policies, procedures, curriculum, and instruction that will enhance compassionate learning environments.

The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success is organized into six chapters. Each chapter contains a list of working definitions, real-life examples from school-community members working compassionately on the front line, and a summary overview of the chapter's main content and references for that chapter. Specifically chapters 1-6 include the following:

Chapter 1: Trauma, Compassion, and Resiliency: Background and Definitions provides the groundwork to understand the negative impact of stress and trauma on learning and the importance of compassion and resilience in our work with students. It begins by comparing the effects of trauma on learning to playing chess in a hurricane. This is followed by a look at how pervasive trauma is in schools and the connection between school performance and Adverse Childhood Experiences. The nature of trauma is outlined next including symptomatology, neurobiology, and the effects on learning. Background knowledge for finding, recognizing, and responding to trauma is then provided, including understanding the nature of resiliency, compassion, a working definition of Compassionate Schools, the ecological view of trauma and resilience, healing in other cultures, trauma and gender, and a reminder that compassion requires being responsive and relevant.

Chapter 2: Self-Care: An Ethical Obligation for Those Who Care emphasizes the critical importance of regularly practicing one's own personal and professional self-care. It explores the cost of caring, including Secondary (Vicarious) Trauma, Compassion Fatigue, and Burnout. The personal and professional impacts of Vicarious Trauma are outlined as well as other signs of Compassion Fatigue, including the Silencing Response. Prevention and Self-Care tools such as the Hudnall Stamm's ProQOL and a self-care checklist are explored. A practical self-care planning tool for helping professionals is provided and the ethical obligations for those who care wrap up the discussion in this chapter.

Chapter 3: Instructional Principles, Curricular Domains and Specific Strategies for Compassionate Classrooms provides practical application tools to assist educators and other community professionals with implementation of compassionate and resilient strategies specifically designed to facilitate success in the classroom and school environment. The six principles of compassionate instruction and discipline are described in detail. These include: (1) Always empower, never disempower; (2) provide unconditional positive regard; (3) maintain high expectations; (4) check assumptions, observe and question; (5) be a relationship coach; and (6) provide guided opportunities for helpful participation.

Chapter 3 also provides a suggested framework to construct a Compassionate Curriculum that includes the following three domains (A) Safety, Security and Assurance; (B) Emotional and behavioral self-regulation; (C) Competencies – personal agency, social skills, and academics. It also contains goals for instruction, information on recognizing need, and classroom strategies to help educators apply the six principles in each given domain.

Chapter 4: Building Compassionate School-Community Partnerships That Work takes a close look at the power of school-community-family partnerships in helping students succeed physically, emotionally, socially and academically. It begins with a discussion of schools in partnership with community and the importance of mental-wellness coordination for students. It then provides a series of examples of programs specific to Washington State that have been successful in achieving strong school-community-family partnerships and have demonstrated positive student outcomes. The chapter concludes with information on and discussion of how to form successful partnerships, including information asset mapping, needs assessment, strategic planning, role differentiation and management of partnerships for healthy growth.

Chapter 5: Student Voices, Case Studies and Vignettes from the Field includes stories told by students and school/community members working compassionately on the front line in Washington State Schools. The first three essays, written by students, demonstrate their extraordinary resilience. The two case studies that follow are authored by educators well-schooled in the compassionate approach to learning and teaching. The final five vignettes illustrate a true heart-centered approach, fueled by hope, leading to student physical, emotional, social, and academic success.

Chapter 6: Resources provides additional tools for readers to learn more about the connections between compassion, resiliency and academic success. This chapter includes print resources, websites, and additional OSPI resources.

It is our hope that the information provided in *The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success* challenges both your heart and mind.

- May it help you develop a deeper awareness of the important connections between compassion, resilience, and student academic success.
- May the six principles and three curriculum domains provide structure and strategies to assist you in your daily work.
- May the many tools and strategies provided assist you in practically and actively building compassionate schools and strong classrooms across Washington State and the nation.
- May the real-life examples spark and embolden your thinking to intervene compassionately on behalf of students and families struggling with trauma, helping to foster the resilience necessary for long-term academic success.
- May the information, strategies and examples of strong school-community partnerships contribute to your accomplishments, both individually and collectively.
- And, finally may you, if you have ever struggled with trauma, find this book helpful in some way in your own healing process.

Morrow, G. (1987). The compassionate school: A practical guide to educating abused and traumatized children. Englewood Cliffs, N.J.: Prentice Hall.

Chapter 1

Chapter 1

Trauma, Compassion, and Resiliency: Background and Definitions

Teachers in compassionate schools constantly seek solutions to remove barriers that children face. These teachers know that learners cannot meet academic goals until their more basic human needs are met physically and emotionally. They operate under the principle that, 'You cannot teach the mind until you reach the heart.' However, this does not mean that students do not meet academic standards; all students in a compassionate classroom are supported to achieve high goals.

-- Ray Wolpow

Contents:

The Language of This Chapter

Introduction
Trauma and Academics: Playing Chess in a Hurricane
Just How Pervasive is the Problem?
ACEs and School Performance

The Nature of Trauma
Symptoms of Trauma: When the Solution Becomes the Problem
Trauma and the Brain: The Neurobiology of Trauma
How Trauma Affects Learning

Meeting the Challenge: Background Knowledge for Finding Solutions
The Nature of Resiliency
The Nature of Compassion
A Working Definition of Compassionate Schools
An Ecological View of Trauma and Resiliency
Healing from Trauma in Other Cultures
Trauma and Gender
Compassion Requires That We Be Responsive and Relevant

How Trauma Can Affect Those Who Care: Vicarious (Secondary) Trauma

Summary

The Language of This Chapter

ACEs

Adverse Childhood Experiences. A term coined by researchers to describe ten potentially damaging childhood experiences and the long-term relationships between these experiences and a wide array of adult medical issues.

Compassion

A feeling of deep empathy and respect for another who is stricken by misfortune and the strong desire to actively do something about it. The human quality of understanding the suffering of others paired with desire to help alleviate it.

Compassion Satisfaction

The positive feelings we get when we realize that the compassion we put into working with others is resulting in some positive change such as relief, growth, or healing. In learning and teaching, compassion satisfaction is most often felt by both student and teacher.

Compassionate School

A school where staff and students learn to be aware of the challenges faced by others. They respond to the physical, social, and emotional challenges faced by students and families by offering support and guidance to remove barriers to learning. They do not judge the situations or responses of others.

Complex Trauma

The experience of multiple or chronic and prolonged developmentally adverse traumatic events, most often of a personal nature (sexual or physical abuse, family violence, war, community violence). The hallmark of complex trauma is that it usually starts when a child is young and persists over time. (See trauma below.)

Ecological View

In science, ecology is the study of the relationships between organisms and their environments. In sociology, ecology is the study of the relationships between human groups and their physical and social environments. An ecological view requires that we see the students' traumatic behavior in an interconnected way that includes other people, groups and environments.

Executive Functions

The abilities to set and follow-through on goals, develop plans, anticipate consequences, and reflect on the process of doing so. These abilities are often lacking in children affected by trauma who therefore tend to "act instead of plan."

PTSD

Post-Traumatic Stress Disorder. A medical diagnosis (in the DSM-IV) describing psychological symptoms of a distressing event "outside the range of human experience" that lasts longer than one month. Symptoms include hyperarousal, intrusion and constriction.

Resiliency

The ability of an individual and/or community to withstand and rebound from adversity. **Resiliency research** is the study of how some students, despite the stressors in their lives, manage to adapt, and in some cases, thrive.

Stress

Physical, mental or emotional strain or tension. Stress may be "acute" (brief and severe) or "chronic" (over a long duration); however, when it overwhelms an individual and/or community, stress can become the cause of trauma.

Sanctuary Trauma

A condition in which traumatized individuals turn to those from whom they hoped for sanctuary (emergency room, family, favorite teacher) only to encounter a reception that is not as supportive as anticipated or needed. It does not have to be a hostile reception, although this is often the case.

Trauma

An umbrella term denoting the inability of an individual or community to respond in a healthy way (physically, emotionally and/or mentally) to acute or chronic stress. Trauma occurs when the stress compromises the health and welfare of a victim and his/her community.

Vicarious (Secondary) Trauma

PTSD behaviors and emotions resulting from internalizing the traumatizing event experienced by another. (*Vicarious:* To feel through the experience of others; a secondary rather than primary experience with significant impact.)

Introduction

Trauma and Academics: Playing Chess in a Hurricane

Focusing on academics while struggling with trauma is like "trying to play chess in a hurricane," explains veteran Mount Vernon High School teacher Kenneth Fox. Here are four examples from the storms in the lives of our students:.

- A 10-year-old who habitually falls asleep in class. This child is frequently awakened in the night by the sounds of his mother groaning and pleading as his father strikes her repeatedly.
- A 16-year-old who doesn't complete required homework. At home are two parents, one who drinks too much, the other undergoing chemotherapy for terminal cancer.
- An 8-year-old who finds it difficult to concentrate on math. Last night, while her mother was out, her step father forced himself upon her, again. Echoing in her mind is his threat, "Tell anyone and I swear, I will kill you and your mother."
- An 11-year-old whose frustrations explode into angry displays of emotion. The fear: he and his older sibling may be "taken away" from home because of violent behavior. Where will they sleep tonight? Will they be safe?

Is it reasonable to expect students in these circumstances to concentrate on their schoolwork, to behave "normally" while transfixed in the glare of emotions so horrific that they are beyond words? These students need and deserve compassionate support.

We who teach often know very little about what is going on in the lives of our students. Many have lost, or are about to lose, dear ones due to alcoholism, drug abuse, incarceration, physical or mental illness, suicide and more. Each day we work with students who are struggling with high levels of stress, abuse and/or who have been separated from their families to be placed in foster care homes. Schools did not expect students who survived Hurricane Katrina to return to academics without some accommodation for the trauma they had experienced. How could it be that when it comes to these other forms of trauma we expect our students to play chess in a hurricane? Are we expecting students who are dealing with trauma to succeed academically while we remain unaware of the chaotic realities in their lives outside of school?

Just How Pervasive is the Problem?

There is nothing new about the presence of children affected by trauma in schools. What is new is our knowledge of the problem's pervasiveness and its effect on school performance. Studies funded by the Center for Disease Control (Felitti et al, 1998) and the United States Justice Department (Snyder, H. & Sickmund, M., 2006) indicate the significant percentages of American students and their families who live in a culture of isolating familial and societal violence including, but not limited to, domestic abuse, rape, homicide, gang violence, drug and alcohol abuse and related violence, physical, emotional, and sexual abuse, mental health issues, and loss due to suicide.

Take for example the **Adverse Childhood Experiences (ACEs)** study. Dr. Vincent Felitti (Kaiser Permanente, California) and Dr. Robert Anda (CDC) began by asking over 17,000 adults, who were members of a Health Maintenance Organization, about their childhood experiences (see Table 1). Then, using health records and assessments, they developed an understanding of how these 10 ACEs affected the health of the people in the group over their life spans.

Table 1: Adverse Childhood Experiences (ACEs) as defined by Felitti & Anda (2009)

- Child physical abuse
- Child sexual abuse
- Child emotional abuse
- Emotional neglect
- Physical neglect
- Mentally ill, depressed or suicidal person in the home
- Drug addicted or alcoholic family member
- Witnessing domestic violence against the mother
- Loss of a parent to death or abandonment, including abandonment by parental divorce
- Incarceration of any family member for a crime.

Note: Other categories of ACEs have been studied in subsequent research.

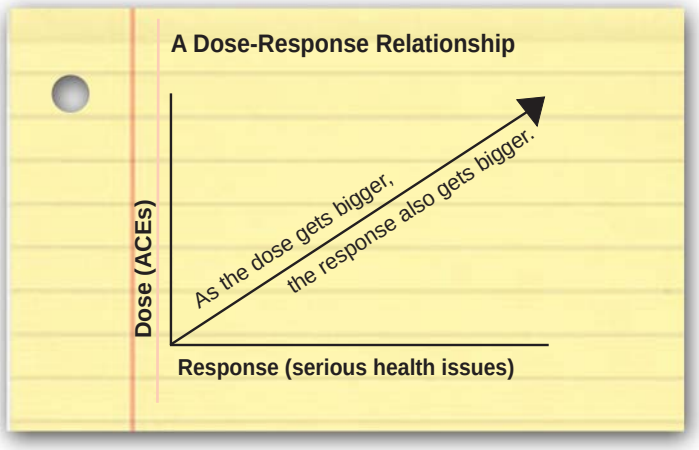
Their survey tool was a sophisticated one. People were asked: "Sometimes physical blows occur between parents. While you were growing up, in your first 18 years, how often did your father (or stepfather) or mother's boyfriends do any of these things to your mother (stepmother): Push, grab, or throw something at her? Kick, bite, hit her with a fist or hit her with something hard? Hit her repeatedly over at least a few minutes? Threaten her with a knife or gun or injure her with a knife or gun? (For more on the ACEs study visit http://www.acestudy.org/ and http://www.cdc.gov/nccdphp/ace.)

The prevalence of adverse childhood experiences across this group as a whole was remarkable. For example, 28% had been abused physically as a child, 17% had a mentally ill, depressed or suicidal person in the home, and 27% had a drug addicted or alcoholic family member.

The researchers made an especially significant finding: the greater the number of ACEs, the greater the risk for an array of poor physical, mental and behavioral health outcomes for patients across their life spans. In scientific terms, there was a direct "dose-response" relationship between adverse childhood experiences and serious health issues.

We cannot draw a straight line between ACEs and outcomes. However, we do know that the higher the ACEs score in a given population, the greater the probabilities of the following co-occurring conditions:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease and ischemic heart disease
- Depression
- Fetal death
- High risk sexual behavior
- Illicit drug use
- Intimate partner violence
- Liver disease
- Obesity
- Sexually transmitted disease
- Smoking
- Suicide attempts
- Unintended pregnancy



More than 75% of the 17,500 adults who participated in the ACEs study were college graduates, doing well enough economically to be employed and provided quality health insurance. Despite the traumatic hurricanes in their lives, they were able to succeed. Will the same be true for students who are seeking solace in our classrooms? What role can we play to support our students through these storms?

ACEs and School Performance

Those of us who work in the schools already know, intuitively, that there is a dose-response relationship between adverse childhood experiences and student learning. Several studies (Delaney-Black et al, 2002; Sanger et al., 2000; Shonk & Cicchetti, 2001), including one conducted here in Washington (Grevstad, 2007), reveal that students dealing with trauma and trying to play chess in hurricanes . . .

- are two-and-one-half times more likely to fail a grade;
- score lower on standardized achievement test scores;
- have more receptive or expressive language difficulties;
- are suspended or expelled more often; and,
- are designated to special education more frequently.

Research in this area is ongoing. Take for example a retrospective study of 162 elementary (grades 2-4) students from eight inner-city schools in the Midwest (52% male, 48% female, 19% African American, 33% Caucasian, 45% Hispanic). Using a survey method very similar to the ACEs study, researchers grouped students into three categories. They then tracked reading skill acquisition using three reading tests (ITBS, CAT and La Preuba de Riverside en Espanol). The results are indicated in the table below:

Traumatic Exposure Scale Scores	**Mean Reading Achievement** Year 1	Year 2	Year 3
Control Group (no violence exposure)	55	55	55
Moderately Exposed Group (1-2 events)	53	53	44
Extreme Exposed Group (3-5 events)	49	57	51

Note that the mean reading scores of the control group (top row) remained constant. The scores of the group exposed to extreme levels of trauma (bottom row) dropped initially, improved in the first year, but then dropped again in the second year. The researchers concluded that educators were adept at recognizing and assisting students struggling with extreme trauma. However, note what happened to the group with moderate exposure (middle row). They dropped slightly the first year, stayed the same the second year, and then took a significant nose dive in the third year. The researchers reported that “the moderate exposure group appears to be most at risk” because they didn’t exhibit as many school-related concerns at first. It appears that with some help from their families and communities they adapted at first, but over time their reading scores declined significantly (Duplechain, Reigner & Packard 2008).

Given this evidence, how can we who work in the schools do a better job of recognizing students struggling with trauma? Once we do, how can we support our students and their families in ways that will improve academic success? Before we answer these questions, we need some practical background knowledge on trauma, resiliency and compassion.

The Nature of Trauma

Stress (physical, mental or emotional strain or tension) is a normal part of life. Stress can come from any situation or thought. In smaller quantities it may motivate us to make positive changes, improve our focus, or get things done. However, too much stress or a strong response to stress can be harmful. Persistent and unrelenting stress can lead to anxiety (uneasiness and apprehension about future uncertainties) and unhealthy behaviors (overeating, substance abuse, and lack of self-care including poor nutrition and lack of sleep). Stress may be "acute" (brief and severe) or "chronic" (over a long duration). However, when stress overwhelms the capacity of an individual or community to respond, trauma may result. **Trauma** is an umbrella term used to describe the inability of an individual or community to respond in a healthy way (physically, emotionally, and/or mentally) to acute or chronic stress. In other words, trauma is the word we use to say that a stressful event(s) has overwhelmed and thereby compromised the health and welfare of a victim and his/her community.

Let's go back to our hurricane analogy. A palm tree in Florida may have to endure the stress of hurricane-force winds. That stress may be acute (winds of 150 mph for a short period) or chronic (Hurricane Andrew, Hurricane Dennis, Hurricane Eloise, Hurricane Opal, etc.). Trees bend in the wind. Every tree is different. However, at some point a portion of our tree might snap. At this point we may say our tree has been "traumatized" by the stress of the hurricane. This is where some people get confused. Trauma is not the event of part of the tree snapping. Nor is it the broken section of the tree. Rather, when we use the word "trauma" we are saying that the tree's ability to withstand the stress of the wind was overwhelmed resulting in a physical injury.

Human beings can also be injured by stress. Sometimes the wounds are external and take the form of physical bruises or broken bones. Sometimes the wounds are internal and emotional, as shown in persistent intrusions of fear or inability to trust. Other times these wounds are spiritual, as in loss of faith in humankind or in a benevolent God. Most times, we humans deal with a combination of the three. Within the emotional domain, it is important to remember that we humans have memory, and we will therefore have traumatic memories that haunt us. In the words of one student who had survived years of physical abuse, "The bruises fade, but the memories last forever."

Symptoms of Trauma:
When the Solution Becomes the Problem

There are several ways to talk about the indicators of trauma. In the medical model we talk about symptoms. (Later in this chapter we will discuss a more ecological way to speak of indicators of trauma.) As you read through these symptoms bear in mind that trauma symptoms are unwitting and reflexive. That is, fight, fright and flight are not things we think about. We do these instinctively. They are the limbic (lower) brain's solution to overwhelming threats. (In the next section we will discuss the neurobiology of trauma and its related behaviors.)

If you are familiar with the novel or movie *All Quiet on the Western Front* you know that combat veterans serving in wars as early as World War I were labeled "shell-shocked." From his work with abused women, Freud described the symptoms of "hysteria." During the Vietnam War era, the American Psychological Association created the diagnosis of **PTSD (Post-Traumatic Stress Disorder)** to describe psychological symptoms of a distressing event that were "outside the range of usual human experience" and lasted for "longer than one month" (American Psychological Association, 1987, p.247).

In brief, there are three overlapping categories of PTSD symptoms:

Hyperarousal may be characterized by a persistent expectation of danger, which may or may not be actually present. Victims with this symptom will react to stimuli with an all-or-nothing response. They may demonstrate an impaired capacity to modulate the intensity of their responses, whether anxiety, anger or intimacy. For example, a teacher who innocently raises his voice and bangs on his desk to dramatically make a point may trigger an intense (and seemingly inappropriate) response by a student regularly exposed to violent outbreaks by an angry, intoxicated parent.

Intrusion may manifest in trauma survivors as a reenactment of the trauma scene, either unconsciously or in a disguised form. Victims with this symptom will have recurring nightmares or may experience flashbacks while awake ("day-mares"). One theory is that some students who cut themselves do so in order to distract themselves from their day-mares. In the words of one student who burned herself with cigarettes, "The repeated images in my mind haunt me. I feel so much pain on the inside that it helps to feel the pain on the outside." Whether the person doing harm to him or herself consciously intends it or not, the wounds provide a visible sign of the pain within.

Constriction may result in an emotional state similar to that of an animal transfixed in the glare of oncoming headlights. The victim escapes from the real world by disconnecting or "disassociating" from the ordinary meanings of what is happening. Yes, there may be consequences coming, but victims disconnect from their feelings about them in order to get through the terrible events that surround them. Students who appear "out of it" may very well be manifesting "constriction." Self-medication with alcohol and other drugs can be a form of constriction as evidenced by studies of young women abused sexually, who "got loaded" to deal with their feelings.

Within the last decade, mental health professionals have come to realize that there is nothing “post” about the traumatic stress many children exhibit. New labels such as “complex”, “developmental”, and “broad spectrum” trauma have begun to surface in the literature. In this handbook we will use the term **complex trauma** and define it as the experience of multiple or chronic and prolonged, developmentally adverse traumatic events, most often of a personal nature (sexual or physical abuse, family violence, war, community violence) the onset of which is early in life (Anda et al., 2006; Spinazzola et al., 2005).

The symptoms of complex trauma are very much like those of PTSD. However, the distinguishing characteristics are more complex and developmental:

- The hallmark of complex trauma is that it persists over time.
- The trauma involves a violation of the basic safety and support expected in intimate relationships. Unfortunately, there is a high probability that those to whom the traumatized would normally turn for help will be perpetrators or, in some other way, a part of the traumatizing events.
- Trauma exposure is typically persistent but episodic. The result is that the victim endures high levels of unpredictability and recurrent exposure to risk.
- Complex trauma risk often is progressive over time. Risk can increase with duration and often increases as the individual seeks to end the traumatic exposure.
- Forms of complex trauma co-occur to a significant degree. The accumulating evidence reinforces the need to think in terms of intimate and complex systems rather than a single victim-perpetrator.

Trauma and the Brain: The Neurobiology of Trauma

Although the precise effects of trauma on the brain are not yet fully understood, there is significant research on the neurobiological consequences of traumatic stress. Sophisticated MRI neuro-imaging, especially with children exposed to complex trauma, suggests that brain functioning may be impacted. We now know that the irregular behaviors we see in our classrooms, from students who have experienced trauma, can be explained scientifically.

For example, Martin Teicher, MD, Ph.D., and his colleagues at the Developmental Neuropsychiatry Research Center at Harvard Medical School has been studying the effects of early life trauma on brain development of young adults with a verifiable history of child abuse and neglect. They have concluded that trauma can produce lasting alterations in the endocrine, autonomic and central nervous systems. Check the references at the end of this chapter to learn more about this work.

For now, here is a simplified and basic summary of what is known about the neurobiology of traumatic affect:

- Children with traumatic stress are often operating within the mode of "survival in the moment." Survival in the moment is governed by pathways in the brain that appraise threat, sacrifice context for speed of response, make decisions outside of consciousness, and mobilize the body for fight, flight or freeze. When in survival in the moment, higher order brain functions are temporarily put on hold. Verbal encoding stops. Actions and responses are generated at lower levels (limbic system) of the brain. The limbic part of our brain increases heart rate and blood pressure to increase the flow of blood to the muscles. Blood flow is selectively diverted to parts of the body necessary for survival. Pain is suppressed or ignored.

In other words, if we are about to be attacked by a bear we don't take time to find words to explain what our problem is. Our entire brain's energy is focused on finding safety (e.g., a tree to climb, and/or a weapon to use to protect ourselves) and, with the greatest of speed, mobilizing ourselves to assume some form of protection.

- The period between birth and adulthood is marked by progressive physical, behavioral, cognitive and emotional development. Paralleling these changes are changes in brain maturation. The results of recent MRI studies of children affected by trauma provide a basis for understanding the effects of trauma on the brain. Exposure to stress early in life activates the stress-response systems modifying their sensitivity leading to alternations in the patterns of brain development in the corpus callosum, hippocampus, prefrontal cortex, cerebellar vermis, visual cortex and auditory cortex.

Put more simply, the brain develops and organizes in reaction to how it is stimulated. The experience of the child affected by trauma is fear, threat, unpredictability, frustration, chaos, hunger and pain. Traumatic stress over-stimulates the brain. This pattern of over-stimulation alters the child's neurobiology to adapt to the high-stress pattern.

The chart that follows provides some additional information about the possible neurobiological effects of trauma on the brain.

The Neurological Effects of Trauma

Area of the Brain	Function(s)	Possible Effect of Traumatic Stress
Amygdala	Part of the limbic system. Plays an important role in the control of emotional behavior. This section of the brain helps us to manage fear and panic. It helps us to assess how upsetting or dangerous a situation may be before we respond. Results from human MRI studies suggest that the amygdala is activated when reading threat words, during viewing masked fearful faces, and during conditioned fear acquisition.	Overstimulation of the amygdala and its associated neurotransmitter and neuroendocrine systems activates fear centers in the brain and results in behaviors consistent with anxiety, hyperarousal, and hypervigilance. Can result in an inability to calm down, melt downs, or over-reactions to mistakes. MRI studies link pervasive exposure to stress with reduced amygdala volume.
Hippocampus	Plays an important role in the encoding and retrieval of information. Crucial to capacity to consolidate short-term memory into long-term memory, especially verbal memory. Actively involved in time and spatial recall.	High levels of stress may result in forgetfulness and/or problems with retention of academic learning. MRIs of Vietnam combat veterans and women sexually abused in childhood revealed decreased size of hippocampus directly proportional to PTSD symptoms.
Corpus Callosum	The two cerebral hemispheres of the brain are connected by this bridge of axons. Each side of the brain has its own specialized function, and the corpus callosum helps coordinate their work.	Decrease in size and function results in uncoordinated and therefore less effective brain activity, as well as problems learning academics. Decrease in size of this bridge is correlated with sleep disturbances in children, and PTSD in adults.
Cerebellar Vermis	The midline region of the posterior outgrowth of the brain, called the vermis, separates the two lateral cerebellar hemispheres from each other and sends output to the brain stem. This region helps regulate cognitive, linguistic, social-behavioral, and emotional activities.	Diminished cerebellar vermis activity due to stress may help to explain why children affected by trauma don't do well as "reading" a situation, paying attention to nuance, or changing their behavior when irritating others.
Cerebral Cortex	The "higher" or "thinking" part of the brain, which influences abilities such as language, abstract thinking basic aspects of perception, movement and adaptive responses to the outside world. The pre-frontal lobe of the cerebral cortex serves executive functioning such as planned behaviors, decision making, working memory, and attention. It is activated during dangerous situations.	Severe stress and its associated activation of stress hormones can "turn off" this pre-frontal lobe inhibition of the limbic system, leading to poor judgment and impulsivity. One study of adolescents who had been maltreated in early childhood revealed substantially smaller left-cortical size of the hemisphere responsible for language development and reasoning.

Adapted from De Bellis, 2005; De Bellis & Kuchibhatla, 2006; Diseth, 2005; Goldstine-Cole, 2007; Rick & Douglas, 2007; and Watts-English et al., 2006

How Trauma Affects Learning

An excellent review of how trauma affects learning may be found in the classic book *Helping Traumatized Children Learn* published by the Massachusetts Advocates for Children. A PDF version of this book is available for free at: http://www.massadvocates.org/helping_traumatized_children_learn

What we provide below is a summary of this book's first chapter, "The Impact of Trauma on Learning" (pp. 14-41).

- Acquisition of academics (e.g., reading, writing, and math) requires attention, organization, comprehension, memory engagement in learning, and trust. Traumatic stress from adverse childhood experiences can undermine the ability of children to form relationships, regulate their emotions, and learn the cognitive skills necessary to succeed academically.
- When students enter the classroom with symptoms of trauma (hyperarousal, intrusion or constriction), they may be unable to process verbal/nonverbal and written academic information. They tend to have limited ability to understand or respond to classroom instructions or explanations, or to retrieve information on demand.
- Traumatized students struggle to use language to relate to people, often because they are unable to use language to articulate emotional needs and feelings. Consequently, they have trouble identifying and differentiating emotions. While they may be somewhat effective in using language to get something from somebody, they struggle with the language of mutual relationship. Many students struggle to relate well with others, or in conveying abstractions, both of which are essential skills required for higher-level learning.
- Successful completion of many academic tasks depends on the ability to bring linear order to the chaos of daily experience. When one comes from a home where sequencing is not logical, where things are "out of order" one's ability to organize material sequentially may be inhibited. This is often shown in poor ability to organize, remember and store new information. It may also result in struggles to understand cause and effect relationships.
- When a child does not feel safe expressing a preference without first assessing the mood of a potentially volatile parent, he or she cannot fully develop a sense of self. This may result in an inability to define boundaries that often leads to difficulties in making independent choices, articulating preferences and gaining perspective. Deficits in this area can make it hard to solve a problem from a different point of view, infer ideas from a text, or participate in group work or exhibit empathy of another.
- The so-called **executive functions—**setting goals, developing a plan, anticipating consequences, carrying out goals, reflecting on the process—are very important for achieving academic success and, for reasons listed above, are often lacking for children who have experienced trauma. (Sometimes children are very focused on what they need to survive instead of those things needed for academic success.) These children tend to "act instead of plan."

- Children affected by trauma have trouble with classroom transitions (endings and beginnings). After all, if one finally feels safe in one situation, transition from one situation to another could be wrought with danger.
- Classroom behavioral adaptations to trauma include aggression, defiance, withdrawal, perfectionism, hyperactivity, reactivity, impulsiveness, and/or rapid and unexpected emotional swings. Trauma-related behaviors are often confused with symptoms from other mental health issues such as ADHD and mood disorders such as bipolar disease and depression. When educators review the reasons that children are not behaving and/or learning, trauma should be considered a possible contributing factor. Trauma is one potential cause of these problems, one that is often overlooked. However, it is often only one of several contributing factors.

A student's academic or social behaviors change dramatically. A short discussion in the hallway or telephone call home reveals that these behaviors may be linked to traumatic events. How do we respond? Are we supportive? Do we foster resiliency by acting with compassion? Or do we turn away? Schools can be supportive elements of a child's community. Regrettably, this is not always the case.

Sanctuary trauma refers to the condition that results when trauma victims turn to those from whom they hope to find sanctuary (emergency room, family, favorite teacher) only to encounter a reception that is not as supportive as anticipated. The likelihood that children and their families will experience school-based sanctuary trauma is directly correlated to how well staff are informed. That is, if staff understands trauma's impact on relationships, behavior, and learning, and they have the support they need to act with compassion, children and their families are more likely to get the help they need. On the other hand, if staff is poorly informed and unsupported, the likelihood is that traumatic experiences will be exacerbated.

A Real Life Example:

I've been a teacher for 30 years, 27 as a teacher of students with special learning needs. I've seen too many examples of trauma to remember, but I'm pleased that there is now a name for what my students were experiencing. . . . As difficult as it was at times for me to be supportive when some of my students acted out, it helped me to remember that what they were dealing with was hard to imagine -- incomprehensible. The authors of *Helping Traumatized Children Learn* suggest that the incidence of trauma among special needs students is greater than that of their non-special education peers. I can personally attest to that rate; however, I am also hypothesizing a higher rate in the general population than I like to admit.

Mike Richter, Social Studies Teacher
Mount Vernon High School, Washington

Meeting the Challenge: Background Knowledge for Finding Solutions

Our job as educators is to foster learning, to ensure that we "leave no child behind." So far we have focused on background information about the traumatic hurricanes that are disrupting the lives of our students. In the section above we discussed vulnerability and trauma from adverse childhood events and how these experiences inhibit classroom learning. What are schools to do when the roots of academic performance have been disrupted by consequential suffering, isolation and despair? The answers can be found in the research compiled on resiliency, and in a compassionate approach to learning and teaching.

The Nature of Resiliency

The counterbalance of trauma is **resiliency**, the ability of an individual or community to withstand and rebound from stress. If we go back to the example of the Florida palm tree, the ability of the tree to bend and bounce back from traumatic injury, despite the intensity of the wind, is resiliency.

There is a large and growing body of research on childhood resiliency. Essentially, researchers have made a paradigm shift from studying what is "wrong" with "problem" students to the study of what is "right" with them. (Some people refer to this as a shift to the "strength model" from the "deficit model.") Resiliency research is the study of how some students, despite the stressors in their lives, manage to adapt, and in some cases, thrive.

Resilient or Elastic?

The roots of the word "resilience" may be found in physics and mathematics. A resilient substance when stressed will not break. Instead it will bend or bounce back to its original shape. A young woman who had survived unspeakable trauma once said, "The bruises heal, but the memories last forever." Her quote reminds us that the ability to bounce back from traumatic events might better be called as "elasticity" than resilience. Elastic material will return, but once stretched too far never really returns to its original shape and size. We return and appear normal again; however, the memories last forever.

Long-term studies have been conducted in urban, suburban, and rural communities with children of psychotic parents, alcoholics, mothers prone to child abuse, divorced parents, teenage parents, children raised in extreme poverty, as well as with abandoned, orphaned and refugee progeny who survived the horrors of wars in Europe, Central America, the Middle East, and Southeast Asia.

The majority of these studies reveal that resiliency is primarily a process. Yes, some individuals have biological or

genetic tendencies, such as positive temperament, good health, cognitive competence, and physical attractiveness that may contribute to their resiliency. However, most of the dispositional characteristics associated with resiliency, and the coping skills needed to adapt to stressors, can be learned and supported.

The following are findings from research on fostering resiliency:

Finding: **To foster resiliency and hope, provide unconditional positive regard in a safe and caring environment.**

Explanation: Unconditional positive regard is an important ingredient in restoring a sense of self destroyed by the unspeakable. Trauma destroys one's sense of wholeness and integrity. The message one Washington coping skills teacher consistently delivers to his students is "You are more precious than gold, and I am learning to love you exactly the way you are."

Finding: **Always empower, never disempower. In other words, be assertive in addressing inappropriate student conduct; however, avoid any controlling method that might resemble the behaviors of perpetrators of violence.**

Explanation: Rape victims could tell us what it feels like to be disempowered and the extent they would go to avoid being in that position again. The more helpless, dependent, and incompetent a victim feels generally, the worse the symptoms will become.

Finding: **Set up situations for students who have built some resiliency to help themselves by helping others. (Regular contributions to the welfare of others like themselves, usually by helping others deal with common challenges.)**

Explanation: For those who have some recovery from trauma, each authentic demonstration of recovery to another provides some meaning to an otherwise meaningless (dissociated) tragedy. It can provide insight and lessen isolation by providing membership into a community that seeks understanding of the incomprehensible.

Finding: **Maintain high expectations, reasonable limits, and consistent routines. Limits are most appropriate when they are immediate, related, age-appropriate, proportional, and delivered in a calm and respectful voice.**

Explanation: Some teachers are hesitant to set limits with students and as a consequence, expectations for achievement are lowered. Doing so inadvertently sends negative messages such as "you are too damaged to behave" or "you are different than others so I am giving up on you." Consistent expectations, limits and routines send the message that the student is worthy of continued love and attention. For example: "I see you are struggling, but you can't continue to behave in this manner. Let's come up with at least two choices. You'll tell me which you prefer. Whatever you decide, I will continue to care about you.

Finding: **Increase connections (kith and kin) with any pro-social person.**

Explanation: Conclusions of one 30-year longitudinal study of resiliency in high-risk children emphasized the critical function of having a bond with at least one adult in the family or with one adult in the community. While the mother is often the most significant adult in early childhood, safe passage through the tumultuous years of adolescence is often attributed to bonding with significant non-parental adults such as teachers and other school staff. Thus, schools are in an ideal position to provide students and their families with the social processes and mechanisms that foster resiliency.

Finding: **Effective teaching and human service methodologies focus on both the effective and the affective, requiring instructors to embed instruction with compassionate qualities of the heart, such as courage, commitment, belief and intuitive understanding. Compassionate teachers model by example the conviction that life makes sense despite the inevitable adversities that each of us encounters.**

Explanation: Without vulnerability there cannot be love, and with mutual vulnerability and love, learning cannot be mutually transformative. In the words of one community leader, "You can't teach what you don't know. You can't lead where you won't go."

(Adapted from Benard, 2004; Masten, 2001; Sesna, Mannes & Scales, 2006; Werner, 2006; Werner & Smith, 1992; Wolin & Wolin, 1993; Wolpow & Askov, 2007, 1998; Wright & Masten, 2006).

The Nature of Compassion

The authors of this handbook believe that compassion is a pre-requisite for fostering resiliency. Compassion is at the heart of learning and teaching. **Compassion** may be defined as a feeling of deep empathy and respect for another who is stricken by misfortune and the strong desire to actively do something about it. In other words, compassion is the human quality of understanding the suffering of others paired with a desire to help alleviate it. It may be worthy to note that the virtues of compassion may be found in nearly every spiritual and religious tradition.

In order to have compassion, one must have empathy. Empathy requires that we be in tune with the feelings and needs of others. However, compassion goes beyond feeling for others. We are compassionate when we act on those feelings in soothing, helpful, caring, accepting, and/or protective ways.

A great many of us who work in the schools do so because our work provides opportunities for compassion satisfaction. **Compassion satisfaction** is a term for the positive feelings we get when we realize that the compassion we put into work with others is resulting in some positive change such as relief, growth, or healing. In learning and teaching, compassion satisfaction is most often felt by both student and teacher.

Recognizing that students cannot be expected to meet academic goals until other more basic needs are met, school and community professionals from all over our state began gathering to share information and provide mutual support for their work. Those in attendance have included teachers, paraprofessionals, administrators, parents, students, social workers, counselors, custodians, youth workers, and external community partners throughout Washington. Operating under the principle that “you cannot teach the mind until you reach the heart” participants have been sharing up-to-date information on trauma and learning, specific instructional strategies, lists of helpful resources, and anecdotes from the field. This is hard work, so we have also been providing “compassionate support” for each other. As mentioned in the preface, two of the reasons for this handbook are to share this information and to support each other in this important work.

The desire to affirm and support the capacity of schools to respond to the needs of students and families struggling with trauma has led to an approach we are calling **Compassionate Schools**.

Compassionate Schools is not a program or specific curriculum, it is a process that is individualized for each school to support student success. Information on the Compassionate Schools Initiative and guidelines to develop a Compassionate Schools infrastructure go to chapter 4. A group of more than 200 school and community professionals from throughout Washington have helped us to formulate the following working definition of this effort.

A Working Definition of Compassionate Schools

Compassionate schools are particularly open to students who have experienced trauma or live in crisis. They respond to trauma by providing an environment where healing can occur. Staff is trained to practice thoughtful and intentional kindness. They show authentic care for their students in structured, measurable ways. Unconditional respect and empathy for students is expressed consistently. Staffs in compassionate schools know that students who live in crisis may act in negative ways as a result of the trauma they have experienced. They respond to negative behavior as an opportunity to teach self-awareness. Teachers in compassionate schools use attentive listening when speaking with students. They constantly seek solutions to remove barriers that children face. These teachers know that learners cannot meet academic goals until their more basic human needs are met physically and emotionally. They operate under the principle that, "You cannot teach the mind until you reach the heart." However, this does not mean that students do not meet academic standards; all students in a compassionate classroom are supported to achieve high goals.

Compassionate Schools
moving from trauma to resilience

A compassionate school community is welcoming, affirming, and safe. Members of that community include teachers, paraprofessionals, administrators, parents, social workers, counselors, custodians, youth workers, and other external partners. A compassionate school recognizes that each member of its community has unique learning styles, personal strengths, and cultural backgrounds. A compassionate school endeavors to celebrate these differences and acknowledges that each community member comes from a unique background of experiences. Some of these experiences might be known to school staff, while others are unknown. Therefore, a compassionate school must look beyond the surface to consider all factors that might be at work in community members' lives.

The support that students receive in the classroom is extended to their families as well. Compassionate schools offer parents and other family members a reason to hope for healing. In many cases they provide opportunities to grow and give back to others. They build supportive programs and seek out connections to resources beyond the classroom. These resources are available to the families that the school serves. The families of students in a compassionate school know that they will be respected and valued and that the school will collaborate with them to meet their needs.

Compassionate schools extend beyond individual classrooms and into the organizational structures of the school, district, community, state, and region. Compassionate schools find synergy within the mission of each of the organizations by collectively affirming their common mission to foster positive change for all students and their families.

The policies, procedures, and paradigms of compassionate schools recognize students as whole people. They provide training and support for teachers and staff members in addition to families and students. Compassionate schools provide training and support for teachers and staff members in addition to community members, families and students. Compassionate schools and school systems strive to meet the needs of all community members without judgment. They empower the members of their community to experience success emotionally, socially, and academically.

A Real Life Example:

3Rs A veteran coping skills teacher created a mnemonic for fostering compassion and resiliency in the classroom. He took the old three "Rs" (Reading, wRiting, and aRithmetic) and fashioned them into the three Rs of resiliency and compassion: Relationship, Respect, and Reason:

1. Integrity of **Relationship** and connection that conveys caring, cooperation, and hope.
2. Mutual, unconditional **Respect** for each individual, their boundaries and challenges, through the respectful and appropriate expectations, consequences, activities and materials.
3. Given the challenges of most school environments and the post-traumatic realities of many students in class, **Reasonable** teacher accommodation for students' temperamental idiosyncrasies.

Kenneth Fox
Mount Vernon High School, Washington

An Ecological View of Trauma and Resiliency

There is a popular saying among those of us who work with children affected by trauma in the schools: "When we see a child with traumatic affect, we are only seeing the tip of an iceberg that extends into family and community." While you are thinking about this, please consider yet another environmental analogy.

More than a decade ago, trauma expert Mary Harvey suggested we think about the effects of trauma ecologically. Violent and traumatic events affect not only the resilient capacities of individuals, but also the ability of entire human communities to foster health and resiliency among affected members. (A traumatized tree usually doesn't stand alone. It is part of a greater community of trees that help stabilize each other.)

Harvey goes on to suggest that we might think of urban violence as the inner-city counterpart of acid rain. In this analogy racism, sexism and poverty might be thought of as environmental pollutants that "overwhelm the health-promoting resources of human communities" (Harvey, 1996, 5).

Let us expand on these analogies. When students act out (e.g., passive or aggressive behavior) and we suspect that the behavior may be trauma related, we will want to make certain our classrooms are places where solace and compassion may be found. Here is a synopsis of the steps we may take:

1. Acknowledge that the student behavior you are seeing may be a traumatic response to something bigger and more complex than what you are seeing in your classroom. (The tip of an iceberg.)
2. Acknowledge and respect boundaries. You don't have to know the details of the student's problem (the history or shape of the part of the iceberg situated under water) to respond with compassion.
3. Assume that there is a plausible link between some stimulus (or stimulus configuration) in the classroom and the complex behavior of the student. (This is the pollutant in the environment.)
4. Look for that stimulus configuration and figure out how it might be a representation of a current-day form of a threatening thought or memory.
5. Play a role in either removing the stimulus, helping the student remove the stimulus, or helping the student respond to the stimulus differently. (More on this in chapter 3.)
6. Remember that compassionate strategies that are effective for traumatized students tend to be useful for most students. In the wake of the storm, foster the resiliency of all who are present in the room. Take explicit steps to reduce any residual environmental pollutants (embarrassment, shame, humiliation, harassment, threats of violence) in the classroom. Infuse positive attributes into the environment (affirm unconditional acceptance, respect, reason, increase opportunities for connectedness and to help others etc.).
7. Monitor student progress. Provide alternatives as needed.

An Ecological View: In science, ecology is the study of the relationships between organisms and their environments. In sociology, ecology is the study of the relationships between human groups and their physical and social environments. An ecological view requires that we see the students' traumatic behavior in an interconnected way that includes other people, groups and environments.

There is more. The school is an important part of the student's community (environment), but it is only a part. In most motivation and behavior management courses, teachers are trained to respond to irregular behavior with parent contact. A phone call home intending to inform a parent about a student's troubling classroom behavior may put us in contact with family members also struggling with trauma. How will we share our concern without adding to the family's already high level of stress?

When we view trauma through an ecological lenses we see that helping children and families cope with trauma will take resources larger than the school system alone. Fostering resiliency requires that we find ways to help the student's family connect with a greater community, which can provide support in culturally relevant ways. Maximizing communication and working in collaboration with parents and the community is the subject of chapter 5 of this chapter four of this handbook, Building Compassionate School-Community Partnerships."

A Real Life Example:

One of our readings mentions that there is a wealth of experience in the lives of teachers that needs to be tapped into. In that spirit, here is one insight. Trauma, as defined by these works, seems to be narrower than I am willing to accept. Trauma can be very obvious, but can also be so subtle that only real conversation can bring to light. General fear because of a household of addictive behavior can be numbing and last a lifetime. Subtle emotional abuse by one parent to another, or live in, can have devastating outcomes . . . .
I used to think (just last spring) students misbehaved because of something I was doing in my classroom. I now approach it immediately as a symptom of something outside my classroom. This frees me to take a step back and look at the situation from a different perspective, and I always remember to breathe . . . .

Ricky Knue, Physical Education and Agricultural Education Teacher
Mount Vernon High School, Washington

Healing from Trauma in Other Cultures

Many victims of trauma get well, in large part, because of the help and support they get from their families and communities. When we look at how this is done in other cultures we can gain insights from rituals and traditional practices that promote healing.

In the next couple of pages we will look at examples from four different cultures. These examples were chosen because they show how—by identifying, honoring and building on the strengths inherent in these cultures—we can better serve children and their families. However, be forewarned, these examples are neither complete nor far reaching. It is not our intention to stereotype. Rather we present the findings of research in order to help increase our compassion, sensitivity, and respect for all the children we serve.

Native American Vietnam War Veterans

A significant percentage of students in Washington classrooms are members of American Indian tribes or nations. Many of their parents served in the American military in times of war. Combat is traumatic. For hundreds of years American Indians have known that war represented the ultimate chaos. This chaos included the explicit expectation that warriors would suffer a combination of spiritual, emotional and physical trauma.

In days of old, in order to prepare for battle, warriors were encouraged to numb themselves. They were isolated from others, forbidden to feed themselves or to engage in sexual intimacy. Upon their return from battle, warriors were recognized as a lacerated strand in the web of family and community. Having made a great sacrifice for the good of the community, the tribe had the responsibility of helping them to heal and reintegrate so that the community itself could be restored to wholeness. However, warriors could not be healed if they were still too numb and emotionally distant to participate in tribal affairs.

These are no longer days of old. However, in a series of studies these lessons were applied to modern wounds. At powwows, The Vietnam Era Veterans Intertribal Association provided veterans with ritual healing experiences. Wartime sacrifices were acknowledged and honored through a gourd dance ritual. Participation was a community experience. This provided a powerful sense of identity for veterans, many of whom had never discussed their war experiences with others.

Other war veterans participated in sweat-lodge purification rituals. These rituals provided opportunities for physical closeness, bonding, and ritual prayers. In this cultural environment men were encouraged to speak of unresolved issues either explicitly or symbolically. These same rituals were later adapted successfully in a PTSD treatment program for Native American Vietnam War Veterans in a Seattle-area VA Hospital (Holm, 1994; Silver, 1994; Scurfield, 1996).

Our students haven't been to war in foreign lands, but many are survivors of violent emotional and physical storms of grave proportion. Students struggling with trauma are justifiably concerned for their safety. Consequently, they often operate at a high level of arousal and fear. If they discern, correctly or incorrectly, that they are to be exposed to increased danger, their fright, fight, and flight symptoms (e.g., anxiety, hostility, aggressiveness, withdrawal) will likely resurface and increase. We in the schools can recognize that some of the behaviors we are observing have been triggered by issues beyond our control. With compassion we can help remove triggers by providing smoother transitions and safe, predictable classroom routines.

Victims cannot heal when they are numb and emotionally distant. In the community and in the classroom, open discussion of the trauma experienced and resiliency possessed is no easy task. Stigma can abound, causing greater wounds. However, we can provide unconditional positive regard and opportunities for healthy bonding in our classrooms. By providing safe outlets for symbolic or explicit expression (art, music, sports, writing) we can provide pressure valves to express the

unspeakable. And on those occasions when our students come forth to disclose the nature of their hurricanes, we can listen non-judgmentally and help connect them with community services, which are responsive to the cultural rituals that have worked successfully in the past.

Cambodian Child Survivors of Pol Pot's Work Camps

Many of the students in our classrooms are either immigrants or children of immigrants. Many, before their arrival in the United States, survived traumatic events beyond our imagination. Picture, if you will, being in a strange land and trying to speak the unspeakable when you don't speak English. Here is one such example, documented in a high school in Oregon.

On April 17, 1975, the Khmer Rouge, a communist guerrilla group led by Pol Pot, took power in Phnom Penh, the capital of Cambodia. They forced all city dwellers into the countryside and to labor camps, executing government and military officials. Families were separated and most children and adolescents were put into camps where they worked 12-14 hours per day with little to eat, little health care, and often no contact with their parents. Traditional cultural values and belief systems were discredited or destroyed. It is estimated that during their rule one-third to one-fourth of Cambodia's population were either murdered or died of starvation. After liberation in 1979, many escaped as refugees to Thailand, and a smaller group came to the United States.

Teachers at one Oregon high school noted that many of their Cambodian refugee students (the average age was 17, and 40 of whom had lived for four years under Pol Pot) showed unusual reactions to normal classroom situations (e.g., startle, headaches). When approached by teachers expressing concern, these students would speak of recurring dreams and nightmares, feeling ashamed of being alive, but for the most part would avoid further discussion of what had happened to them in Cambodia. A group of psychiatrists from a local university were called in to consult and completed a study of this group that included classroom and home observations and interviews.

This team documented details of how members of this group had endured forced labor and starvations, had watched many deaths (in some cases of family members), were now attending a foreign country without knowing the language, and were experiencing major symptoms of PTSD and Depressive Disorder. And yet, no student was described as having social acting out behavior, truancy, or other disruptive behavior in school. No instances of drug or alcohol abuse were reported. Their symptoms were "internal" and many of their thoughts "served to avoid or deny the significance of their past."

The researchers concluded that these symptoms were consistent with traditional Cambodian culture. That is, open expression of emotion was not encouraged, and non-confrontational interpersonal relationships were favored. Value was placed on acceptance and passive endurance of life's challenges. This culture's emphasis on family and community over the individual appeared to have a compounding effect on the severity of problems experienced by the students. Those students who had been able to reestablish contact with any family member and live with them had less severe diagnoses. Living alone or with a foster family appeared to dramatically exacerbate the disorder (Kinzie, et al., 1986).

As the education professionals in Oregon discovered in their work with these students, to be successful we must first understand more about how trauma is expressed and resiliency fostered within that culture. Expecting confrontation, truancy or substance abuse, one might instead encounter passivity, compliance and quietude. Unwillingness to speak of past traumatic experiences may not be the result of a language deficiency, but rather the normal cultural expectation. In this case, families provided the outlet where post-traumatic problems were accepted and acknowledged. Family can be central to healing and schools must find ways to work with students and their families if the want to foster success.

Eritrean and Ethiopian Survivors of War

How might we build on the strengths that come from cultures that are unlike our own? What rituals might we incorporate in our classrooms that will help students who have trouble bonding with adults? A healing ritual from Eritrea provides our next insight. Eritrea is an East African country that fought a war for independence from Ethiopia for nearly 30 years. Women refugees from these two countries living in the U.S, with histories of being raped and tortured, benefited from a working in a therapy group that included a Kaffa ceremony. All participants displayed symptoms of PTSD.

Similar to the more widely known tea ceremony practiced in Japan, the Kaffa ceremony has a 3,000-year-old history in East Africa. Facilitated by an African American woman and Eritrean therapist, women sat in a circle serving each other coffee while discussing their traumatic experiences. This comfortable and familiar atmosphere provided group members with much needed support. Results indicate that those who had lost their entire families through war and dislocation benefited most greatly (Dass-Brailford, 2007).

We are NOT suggesting that teachers create a Kaffa ceremony for Eritrean students in their classrooms any more than we would suggest that they simulate a sweat-lodge purification ritual for a Native American student. Those rituals belong in the cultural communities from which they originate. However, the Kaffa ceremony might bring to mind the question of what classroom rituals each of us might establish that could engender comfort and support. Fancy Fridays is a ritual adapted in one rural elementary school. Picture if you would, a special lunch break for four in the

classroom with a table cloth and pizza delivered hot to the table. At this table, establishing a ritual of their own, are a teacher, school counselor, and a student and parent, endeavoring to acknowledge and accept each other with unconditional positive regard. Together they have created a ritual space to provide shelter from the storm.

Jewish Child Survivors of the Holocaust

A central principle of compassionate schools is that "we cannot teach the mind until we reach the heart." How do we reach the hearts of children with the stigma of being "beyond hope"? Insights can be gained from the studies of child survivors of the Holocaust. Take, for example, Hemmendinger & Krell's (2000) recounting of the fate of nearly 1,000 orphan boys, survivors of the death march from Auschwitz, discovered upon liberation in Buchenwald's Barrack 66 and sent on transports to orphanages in England, France, and Switzerland. Several well-meaning mental-health professionals considered these children, ravaged in their developmental years, as "psychopaths . . . damaged beyond hope of repair, of recovery, of normalcy." Unfortunately, some survivors failed to overcome their struggles. However, the majority of that group, despite being bereft of family, home, security, nourishment, identity, and self-worth, became "rabbis and scholars, physicists and physicians, businessmen and artists, as well as a Nobel Prize winner. The majority . . . [became] devoted husbands and fathers" (p. 8). One survivor from this group is Nobel laureate Elie Wiesel. In his writing we can bear witness to his efforts to remember his suffering, mourn his losses and confirm his survival. Despite it all, he created a meaningful and fulfilling life for himself and has shared the wisdom he has gained with millions through his writing.

Wiesel and several other child survivors have attributed their recovery from trauma and subsequent successes to the unconditional love and structured empowerment they received from their caretakers and teachers. From their stories we can learn how important a role we educational professionals can play in making a difference for students whose struggles seem "beyond hope." If orphaned children could survive five years in a hate-filled concentration camp, then there is also hope for the children who have been damaged by the hurricanes in their lives. We must, however, remember that the pathway to success starts with the heart.

There are other lessons for educators to be learned from child survivors. Many teachers also have found that the reading of the literature of other trauma survivors (e.g., *Night* by Wiesel) is often well received. Obviously, this option should be a choice, offered with the awareness that this reading could trigger memories that worsen behaviors. Nonetheless, those who have taught Holocaust literature (one possible example) to adolescents have observed that most find this reading engaging, and many are willing to share their personal responses to it in writing. What is more, many teachers recognize the power of creative writing outlets for their students. This writing can provide safe ways for students to put on paper the triggers that haunt them.

Why do otherwise easily distracted students find such reading and writing compelling? It is difficult to say. Perhaps readers, wrestling with indescribable events of their own, struggle alongside the writer. Perhaps reading the pain of another emerging from trauma offers readers hope and membership into a community of sorts. As will be illustrated in several strategies in chapter 4, there is a growing body of research that encourages reading and writing narrative to foster resiliency among students struggling to recover from traumatic experiences (Berman, 2001; Cloitre, Cohen & Koenen, 2006; Craig, 2008; Wolpow, in press; Wolpow, 2006–2007; Wolpow & Askov, 1998).

Every Culture is Different, But We Can Find Certain Things in Common

We prefaced this section by suggesting that by learning about other cultures we can gain insights from rituals and traditional practices that promote healing. We forewarned that the four examples would neither be complete nor far reaching and it was important not to use the examples provided to stereotype. Finally, we pointed out that the rituals described are best practiced by, and in, their communities of origin. We are not suggesting that you try to practice them in your classrooms. On the other hand, we are suggesting that knowledge of specific cultural practices can increase our compassion, sensitivity and respect for the children we serve.

In summary, we assert that although cultural rituals are distinct, there are commonalities that are healing to trauma survivors that run through each of them. In each of these examples . .

- a means to provide open discussion of the trauma was encouraged;
- survivorship was honored;
- victimization was not stigmatized; and
- post-traumatic problems were accepted and acknowledged.

These commonalities can inspire and guide our work with students of all cultures.

Trauma and Gender

Gender role expectations often shape the ways in which trauma is experienced and interpreted by both victims and the people who come in contact with them. For example, within the American mainstream, women are often expected to act modest, tender and weak. Consequently many women report strong emotional responses to trauma, such as fear, anxiety, helplessness and horror (e.g., Meryl Streep in *Sophie's Choice*). The male cultural role often comes with the expectation that men act tough, competitive, and independent. Hence many male responses to trauma tend to be less verbal, with denial of fear and more acts of anger often guised as retributive aggression (e.g., Sylvester Stallone in *Rambo*).

Three of the most frequent causes of trauma are sexual abuse, rape, and domestic violence. The majority of these crimes are committed against girls and women, although there have been studies that reveal that crimes against boys and men are significant in number. Boys who are raped, or otherwise abused, suffer trauma the same as their female counterparts. To get a grasp on the enormity of this issue, let's cite some numbers:

- The U.S. Department of Justice reports that over a half million rapes and sexual assaults are reported by women each year and that women are twice as likely to develop PTSD following a rape than other traumatic events (Das-Brailsford, 2007). One in every eight rape victims are male (National Archive of Criminal Justice Data, 2002).
- A substantial percentage of the population (one out of every 3 – 5 women and one out of every 5 – 7 men) is sexually abused by the time they reach their eighteenth birthday (National Archive of Criminal Justice Data, 2002). The usual pattern of incestuous abuse is of repeated and progressive sexual activity, beginning when the child is pre-pubertal. Its average duration is four years. The frequently reported long-term effects of sexual abuse include trauma, depression, self-destructive behavior, anxiety, feelings of isolation and stigma, low self-esteem, difficulty in trusting others, a tendency toward re-victimization, substance abuse, and sexual maladjustment (Browne & Finkelhor, 1986; Russell, 1984).
- Domestic violence dominates the traumatic damage statistics for two main reasons. One, the number of women physically abused by husbands or boyfriends ranges between 960,000 and 3 million per year and cuts across all socioeconomic groups. And two, few things are more terrifying to infants and young children than witnessing the battering of their mothers (United States Department of Justice, 1998). In one study done among 50 battered mothers and their children, 40% of the children still had evidence of trauma symptoms two years after the abusive relationship had ended (Chemtob & Carlson, 2004). It is important to note that the perpetrators of domestic violence include women who attack men, and that domestic violence also occurs in same-sex relationships.

In the last two decades there have been several highly publicized incidents involving attacks on gay and lesbian students by blatantly homophobic peers. What hasn't received much press coverage is the finding that gay and lesbian youth comprise as much as one-quarter of all youth suicides (Governor's Commission, 1993).

Given the above, the odds are very high that we will have girls and boys in our classes struggling with the effects of trauma directly related to gender issues. We know that there is a strong society taboo against discussion of intimate violence. We also know that children are often threatened to "keep the secret" less there be greater consequences. Nonetheless, studies have consistently shown that keeping quiet only makes the symptoms worse.

Compassion Requires That We Be Responsive and Relevant

These are but a few examples of how social, cultural and gender factors can influence trauma, resiliency and compassion. There are many, many more. How are compassionate educators to remain responsive to the needs of each of their students and their families?

In 2008, our colleagues in the Framingham, Massachusetts school district were amongst the first to address the issue of cultural and gender responsiveness in trauma-sensitive teaching. Questions like the ones that follow from their handbook, *Teachers' Strategies Guide for Working with Children Exposed to Trauma,* can help us stay responsive to the cultural needs of our students:

- In this child's culture of origin . . .
    a. what are acceptable boundaries for personal space?
    b. how are emotions expressed, identified and valued?
    c. how is respect shown?
    d. how are embarrassment, pride, fear, and anger expressed?
    e. how do gender roles affect behavior?
    f. how is body language used in communication?
    g. how does immigration and acculturation impact family roles?
    h. how and/or why is education valued?
    i. what is the role of the family in a child's education?
- Is this child from a group-focused or individualistic culture?

(Framingham Public Schools, 2008)

Keep these in mind and you will refine your skills in providing opportunities for compassionate learning and teaching.

How Trauma Can Affect Those Who Care: Vicarious (Secondary) Trauma

Caring is important. It is the foundation for success in the work we do every day in the schools. However, when it comes to working with those who have been traumatized, there is a cost of caring. It is not uncommon for school professionals, who have a classroom with one or more students struggling with the effects of trauma, to experience symptoms very much like those their students are exhibiting. These symptoms are called **vicarious or secondary trauma**. (Vicarious: to feel through the experience of others; a secondary experience of the trauma rather than primary one.) Vicarious trauma can affect our personal lives and our ability to perform professionally. It can affect our physical and mental health, our ability to reason, and how we relate to others. One of the many professional indicators of vicarious trauma is "the silencing response," a set of behaviors by which we shut down our abilities to be empathetic and demand that trauma survivors keep their problems to themselves. There is a great deal to learn about vicarious trauma and how to prevent it. For that reason we have dedicated chapter 2 to this topic.

For those who care for others, self-care and self-awareness is the only way to prevent vicarious trauma. It is especially important for school staff that may live with unresolved trauma in their own lives. For this group, extra caution is needed in working with students who are traumatized. Extra vigilance is required to keep appropriate boundaries in a way that is helpful and compassionate to the student.

Given the fact that all teachers work with traumatized students and their families, we, the authors of this text, agree with dozens of experts representing hundreds of years of experience that self-care is an ethical obligation. We believe, given the potential personal and professional consequences of vicarious trauma, that educators and human service providers have a professional and ethical responsibility to learn more about how we can prevent or lessen the impacts of vicarious trauma on their professional performance. This responsibility is implicit in national and Washington State standards for teachers and human service providers.

For all of these reasons, the first "how-to" chapter in this book is titled "Self-Care: An Ethical Obligation for Those Who Care." Before you consider many hands-on classroom methods and suggestions contained in chapters 3 and 4, please take time to study and put into practice the principles delineated in chapter 2. Why? For yourself, so you can stay well and truly help your students. Also, because you deserve it!

Summary

Trauma is neither the wound nor the event that caused it. It is the term used to describe the inability of an individual or community to respond in a healthy way (physically and/or mentally) to acute or chronic stress. Symptoms of trauma include hyperarousal, intrusion, and constriction. Complex trauma is the term currently in use to describe symptoms of younger children for whom traumatic events occur repeatedly or persistently. These symptoms are developmental and therefore are often confused with symptoms of other learning problems. Advances in neurobiology enable us to conclude that many behaviors observed in children, who have experienced traumatic events, are the result of prolonged stress on their mind and body functions.

Over the last decade researchers have documented the pervasiveness of trauma across many settings. They have also established a dose-response relationship between trauma and health issues. Not surprisingly, there is also a link between trauma and academic success. Students struggling with the effects of trauma are more likely to have trouble establishing relationships with adults and peers, regulating their behavior emotions and attention, and/or accomplishing academic challenges. They are therefore more likely to fail a grade, encounter disciplinary measures, score poorly on standardized tests, have trouble with language skills, and be diagnosed with special education needs. Nonetheless, education professionals can empower young people for future success, academic and otherwise, by fostering resiliency and teaching with a compassionate approach. Resiliency is the ability of an individual or community to withstand stress and rebound from adversity. Research shows that the personal characteristics and coping skills needed to foster resiliency can be learned and supported.

Knowing that "you cannot teach the mind until you reach the heart," education professionals from around Washington State have been gathering to learn more about trauma and resiliency. They've adopted the term compassionate to describe their effort to understand the ways trauma affects learning paired with their efforts to support the resilience needed to succeed despite these adversities. This handbook is one outcome of those meetings, a means for us to share information about trauma and methodologies to foster resiliency.

A child showing symptoms of the effects of trauma is analogous to the tip of an iceberg. Looking to see how that trauma is affecting the child and the child's family and community is called an ecological approach. Seeking solutions, compassionate educators often find it helpful to learn how resiliency is fostered in families and communities from different cultures. Although every cultural perspective is unique, viewing trauma and resiliency through many lenses can help us to recognize common factors for success that can guide our best practices. Gender also often plays a role in the experience of trauma. We can therefore increase our ability to foster resiliency when we consider factors related to both culture and gender.

Caring is important. It is the foundation for success in the work we do every day in the schools. However, when it comes to working with those who have been traumatized, there is a cost of caring. It is not uncommon for school professionals, who have a classroom with one or more students struggling with the effects of trauma, to experience symptoms very much like those their students are exhibiting. These symptoms are called vicarious or secondary trauma. This kind of trauma has many negative consequences for our professional and personal lives. Fortunately, these symptoms may be prevented or lessened through self-awareness and self-care.

Summary

Chapter One References

American Psychiatric Association (1987) *Diagnostic and statistical manual of mental disorders*, 3rd edition, revised. Washington, D.C.: Author.

Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. C., Dube, S. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry & Clinical Neuroscience*, 256, 174-186.

Baranowsky, A.B., (2002). The silencing response in clinical practice: On the road to dialogue. In C.R. Figley (Ed.) *Treating compassion fatigue*. (p. 155-170). New York: Routledge.

Benard, B. (2004). *Resiliency: What we have learned.* San Francisco: WestEd Regional Educational Laboratory.

Berman, J. (2001). *Risky writing: Self-disclosure and self-transformation in the classroom.* Amherst: University of Massachusetts Press.

Blackburn, J. F. (2006). Reading skills in children exposed to domestic violence. Unpublished doctoral dissertation, Indiana University, Indiana.

Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: review of the research. *Psychological Bulletin*, 99, 66-77.

Chemtob, C.M., & Carlson, J.G. (2004). Psychological effects of domestic violence: Children and mothers. *International Journal of Stress Management*, 11(3), 209-226.

Cloitre, M., Cohen, L.R., & Koenen, K.C. (2006). *Treating surivors of childhood abuse: Psychotherapy for the interrupted life.* New York: Guilford Press.

Cole, S.F., O'Brien, J.G., Gadd, M. G., Ristuccia, J., Wallace, D. L., and Gregory, M. (2005). *Helping traumatized children learn: Supportive school environments.* Boston: Massachusetts Advocates for Children.

Craig, S. E. (2008). *Reaching and teaching children who hurt: Strategies for your classroom.* Baltimore: Brookes Publishing Co..

Dass-Brailsford, P. (2007). *A practical approach to trauma: Empowering interventions.* Los Angeles: Sage Publications.

DeBellis, M.D. (2005). The psychobiology of neglect. Child Maltreatment, 10(2), 150-172.

De Bellis, M. D. & Kuchibhatla, M. (2006). Cerebellar volumes in pediatric maltreatment-related posttraumatic stress disorder. *Biological Psychiatry*, 60, 697-703.

Delaney-Black, V., Covington, C., Ondersma, S.J., Nordstrom-Klee, B., Templiln, T., Ager, J., Janisse, J. & Sokol, R. (2002). Violence exposure, trauma, and IQ and/or reading deficits among urban children. *Archives of Pediatric and Adolescent Medicine*, 156, 280-285.

Diseth, T. (2005). Dissociation in children and adolescents as reaction to trauma - an overview of conceptual issues and neurobiological factors. *Nordic Journal of Psychiatry*, 59(2), 79-91.

Duplechain, R., Reigner, R. & Packard, A. (2008) *Striking Differences: The Impact of Moderate and High Trauma on Reading Achievement Reading Psychology*, 29, 117-136.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., and Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventative Medicine*, 14(4), 245-257.

Felitti, V.J., and Anda, R.F., (2009) The adverse childhood experiences (ACE) study: Bridging the gap between childhood trauma and negative consequences later in life. Retrieved April 11, 2009 from http://www.acestudy.org/.

Framingham Public Schools (2008, June) *Teachers' strategies for working with children exposed to trauma*-3rd edition, Framingham, MA: Author.

Goldstine-Cole, KL (2007). *The high cost of adverse childhood experience*. Olympia, WA: Washington State Family Policy Council (PowerPoint).

Governor's Commission on Gay and Lesbian Youth (1993). *Making schools safe for gay and lesbian youth: Breaking the silence in schools.* Boston: Author.

Grevstad, J. (2007). Adverse childhood experiences in juvenile justice – Pierce County, WA. Paper presented at Family Policy Council Partners Summit, Seattle, WA. November 4, 2007.

Harvey, M.R. (1996) An ecological view of psychological trauma. *Journal of Traumatic Stress* 9(1), 3-22.

Hemmendinger, J., & Krell, R. (2000). *The Children of Buchenwald: Child survivors of the Holocaus*t. Jerusalem: Gefen Books.

Henderson, N. & Milstein, M.M. (2003). *Resiliency in schools: Making it happen for students and educators.* Thousand Oaks, California: Corwin Press.

Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.

Holm, T. (1994) Warriors all. *Journal of the National Center of American Indian and Alaska Native Mental Health Research*, 6(1), 1-5

Kinniburgh, K.J., Blaustein, M. and Spinazzola, J. (2005) Attachment, self-regulation, and competency: A comprehensive intervention framework for children with complex trauma. *Psychiatric Annals*, 35(5), 424-430.

Kinzie, J.D., Sack, W.H., Angell, R.H., Manson, S., & Rath, B. (1986). The psychiatric effects of massive trauma on Cambodian children. *Journal of the American Academy of Child Psychiatry*, 25(3), 370-376.

Masten, A.S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227-238.

National Archive of Criminal Justice Data (2002). National Crime Victimization Survey 2002. Retrieved May 2, 2009 from http://www.icpsr.umich.edu/cocoon/NACJD/SERIES/00095.xml.

Rick, S. & Douglas, D.H., (2007). Neurobiological effects of childhood abuse. *Journal of Psychosocial Nursing*,45(4), 47-54.

Russell, D. (1984) *Sexual exploitation: Rape, child sexual abuse and workplace harassment.* Beverly Hills: SAGE publications.

Sesna, A., Mannes, M. & Scales, P. (2006). Positive adaptation, resilience, and the developmental asset framework. In S. Goldstein & R.B. Brooks (Eds.), *Handbook of Resilience in Children* (281-296). New York: Springer.

Scurfield, R. M. (1995). Healing the warrior: Admission of two American Indian war veteran groups to a specialized inpatient PTSD unit. *Journal of the National Center of American Indian and Alaska Native Mental Health Research*, 6(3), 1-22.

Shonk, S.M., & Cicchetti, D. (2001). Maltreatment, competency deficits, and risk for academic and behavioral maladjustment. *Developmental Psychology* 37(1), 3-17.

Silver, S. (1994) Lessons from child of water. *Journal of the National Center of American Indian and Alaska Native Mental Health Research*, 6(1) 6-16.

Snyder, H. & Sickmund, M. (2006). *Juvenile offenders and victims: 2006 national report.* Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.

Spinazzola, J., Ford, J. D., Zucker, M., van der Kolk, B. A., Silva, S., Smith, S. F., & Blaustein, M. (2005). National survey on complex trauma exposure, outcome, and intervention among children and adolescents. *Psychiatric Annals*, 35(8), 433-439.

Teicher, M.H. (2007) Neurobiological consequences of different forms of childhood maltreatment. Paper presented at the 18th Annual International Trauma Conference, World Trade Center, Boston, MA, June 20-23, 2007. Retreived April 11, 2009 from http://www.mclean.harvard.edu/pdf/research/clinicalunit/dbrp/mteicher-talks/ Trauma_Symposium_07.pdf.

Teicher, M.H. (2003). The neurobiological consequences of early stress and childhood maltreatement. *Neuroscience & Biobehavioral Reviews* 27(1-2), 33-44.

Teicher, M.H. (2002) Scars that won't heal. The neurobiology of child abuse. *Scientific American,* 286(3), 68-75.

Wallace, M. R. (1996) An ecological view of psychological trauma and trauma recovery. *Journal of Traumatic Stress*, 9 (1), 3–23.

Watts-English, T., Fortzon, B. L., Gibler, N., Hooper, S. R., & De Bellis, M. D. (2006). The psychobiology of maltreatment in childhood. *Journal of Social Issues*, 62(4), 717-736.

Werner, E. (2006). What can we learn about resilience from large-scale longitudinal studies? In S. Goldstein & R.B. Brooks (Eds.), *Handbook of Resilience in Children* (91-106). New York: Springer.

Werner, E. & Smith, R. (1992). *Overcoming the odds: High risk children from birth to adulthood*. Ithica, N.Y.: Cornell University Press.

Wiesel, E. (1977). The Holocaust as literary inspiration. In E. Lefkovitz (Ed.), *Dimensions of the Holocaust* (pp. 4–19). Evanston, Illinois: Northwestern University Press.

Wolpow, R. (2009). Through the dead of night: Lessons in trauma and resiliency from child survivors of the Shoah. *PRISM: An Interdisciplinary Journal for Holocaust Educators*, 1, (1), 89-95.

Wolpow, R. (2006–2007) Lessons from Holocaust survivors for those who teach developmental literacy and learning. *Journal of College Literacy and Learning*, 34, 1–20.

Wolpow, R. and Askov, E. (1998). Strong at the broken places: Literacy instruction for survivors of pervasive trauma. *Journal of Adolescent and Adult Literacy*, 34 (1), 50-57.

Wright, M.O, & Masten, A.S. (2006). Resilience processes in development. In S. Goldstein & R.B. Brooks (Eds.), *Handbook of Resilience in Children* (17-38). New York: Springer.

References

Chapter 2

Chapter 2

Self-Care: An Ethical Obligation for Those Who Care

Self-care is not a luxury. It is a human requisite, a professional necessity, and an ethical imperative.

--Norcross & Guy, 2007

Contents:

The Language of This Chapter

The Cost of Caring
Secondary (Vicarious) Trauma, Compassion Fatigue, and Burnout
The Ripple Effect

Possible Negative Consequences of Vicarious Trauma
The Personal Impact of Vicarious Trauma
The Professional Impact of Vicarious Trauma
One Other Sign of Compassion Fatigue: The Silencing Response
Can't Teach What You Don't Know. Can't Lead Where You Won't Go

Prevention and Self-Care
How Are You Doing? The Professional Quality of Life Scale (ProQOL R-IV)
Check Your Batteries: A Self-Care Checklist With Suggestions

Building a Self-Care Action Plan

An Ethical Obligation for Those Who Care

Summary

The Language of This Chapter

Burnout
Physical and emotional exhaustion that may include the development of a negative self-concept, negative job attitudes, and loss of concern and feeling for students, their parents and colleagues. High levels of compassion fatigue over time may lead to burnout.

Compassion
A feeling of deep empathy and respect for another who is stricken by misfortune and the strong desire to actively do something about it. The human quality of understanding the suffering of others paired with a desire to help alleviate it.

Compassion Fatigue
Fatigue, emotional distress, or apathy resulting from the constant demands of caring for others. The weariness that can come from caring. (Often but not necessarily related to vicarious trauma.)

Compassion Satisfaction
The positive feelings we get when we realize that the compassion we put into working with others is resulting in some positive change such as relief, growth, or healing. In learning and teaching, compassion satisfaction is most often felt by both student and teacher.

Empathy
The intellectual identification with, or the vicarious experiencing of, the feelings, thoughts, or attitudes of others.

Reflective Practice
The ability to develop an internal understanding of our choices and actions through continual evaluation of the effects of these on those with whom we work (students, parents, and colleagues).

Self-care
The collection of strategies we use to prevent or alleviate the symptoms of vicarious trauma.

Silencing Response
A sign of compassion fatigue. Shutting down our abilities to be empathetic and demanding that trauma survivors keep their problems to themselves.

Vicarious (Secondary) Trauma
Post-Tramatic Stress Disorder behaviors and emotions resulting from internalizing the traumatizing event experienced by another. (*Vicarious*: To feel through the experience of others; a *secondary* rather than *primary* experience with significant impact.)

The Cost of Caring

What do educators have in common with police officers, firefighters, emergency room physicians, and psychologists? We are often first responders; that is, we are among the first "outsiders" to learn that trauma is affecting students and their families. We do receive some training in how to recognize health issues and appropriate reasons to refer students to school counselors. We also receive some training in reporting abuse to Child Protective Services. However, in comparison to other first responders, most educators get very little training in recognizing the symptoms of primary trauma (chapter 1), and virtually no training in the self-care necessary to prevent vicarious trauma (chapter 2).

Secondary (Vicarious) Trauma, Compassion Fatigue, and Burnout

Caring is important. It is the foundation for success in the work we do everyday in the field of education. Every one of us who works in a school knows what it is like to sit, with the intent of being helpful, next to a student who is struggling to master an academic, physical, or artistic challenge. From our training and experience we know to listen and observe with empathy. **Empathy** is intellectual identification with, or the vicarious experiencing of, the feelings, thoughts or attitudes of others. It involves deeply engaging our minds and hearts. Focusing on the cognitive and physical tasks requires us to look for strengths and weaknesses and, together with the learner, address challenges. We observe with our minds and we listen with our hearts. If the student is visibly upset or distracted, we endeavor to provide encouragement and behavioral direction. We also focus on the affective dimension. Sometimes, however, in the process of listening and providing guidance, we learn of unspeakable sorrow and pain. When this happens, we do our best to be helpful. Sometimes just listening helps, while at other times, we refer students to a school counselor or agency to get help. When this works out for the best, we experience compassion satisfaction. **Compassion satisfaction** is the positive feeling we get when we realize that the compassion we put into working with others is resulting in some relief, growth, or healing. In learning and teaching, compassion satisfaction is most often felt by both student and teacher.

Listening to descriptions of the unspeakable does not come without cost. Empathy is a double-edged sword. It provides healing power; however, empathy for the traumatic pain of another can result in considerable personal

upset to the listener. The radiating distress of a student's trauma can take the form of PTSD-like symptoms such as irritability, change in appetite, diminished concentration, or detachment. When empathy for a student's suffering leads to an internalizing of frightening realities not personally experienced, we call this **vicarious** (**secondary) trauma**. Yes, the experience of the trauma is vicarious; however, the symptoms are very real.

Teachers who have experienced trauma in their own lives may find they are especially susceptible to vicarious trauma. This is because reports of similar incidents from their students may re-activate their old symptoms. For example, it is not unusual for a teacher who recently lost a parent in an accident to become teary-eyed when she learns that a student's parent suddenly died.

Constant demands to care for others, which are a daily part of our jobs as educators, may cause fatigue, emotional stress, or apathy. When trauma, vicarious or otherwise, repeatedly overwhelms our ability to function normally, we may experience **compassion fatigue**. Weary from the repeated use of our own coping skills, we find that we do not perform well professionally or in our personal lives. High levels of compassion fatigue can, over time, lead to burnout. **Burnout** is defined as physical and emotional exhaustion, involving the development of a negative self-concept, negative job attitudes, and loss of concern and feeling for our students, their parents, and our colleagues (adapted from Pines & Paslach, 1978).

The Ripple Effect

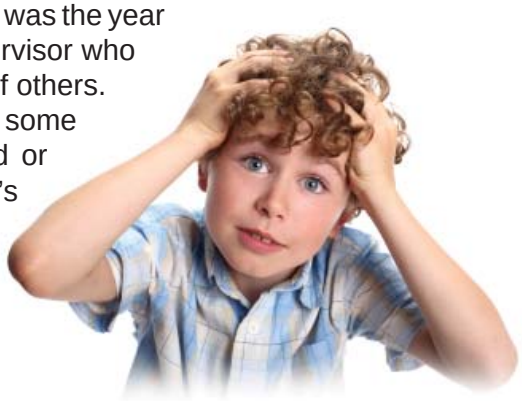
Think, for a moment, of school communities as ponds. Traumatic events are like rocks thrown into our pond. Each rock causes a series of ripples. Acutely stressful events lead to trauma (PTSD, Complex or Developmental). Trauma can lead to vicarious trauma. Vicarious trauma can lead to compassion fatigue. Compassion fatigue can lead to burnout. We can all absorb one or two ripples. However, the impact of a series of larger rocks, rippling through the pond of our school communities, left unattended, makes for stormy waters. How well can we teach when we are seasick? How well can our students learn? After a workday in a stormy sea, what will we be like when we get home? How ready will we be for our next day at work?

Possible Negative Consequences of Vicarious Trauma

Take a few minutes and think back to one of your worst years as a school professional – a year full of stress during which you may have experienced some vicarious trauma and compassion fatigue.

> "Self-Care, my leige, is not so vile a sin as self-neglecting."
>
> Shakespeare, *Henry V*

Perhaps it was the year you had to deal with several students who were extremely challenging (e.g., serious misbehavior or violence). Or perhaps it was the year that normal or greater school challenges were compounded by family demands from an accident, illness or divorce. Or perhaps it was the year you had problems with a supervisor who was insensitive to the needs of others. Or perhaps it was a year when some series of natural events (wind or ice storms) added to everyone's stress levels. Or perhaps it was a combination of the above.



A Real Life Example:

A student on a panel at a Compassionate Schools workshop helped the audience understand that vicarious trauma was not only a student-teacher dynamic, but also a student-student one. When asked to estimate the percentage of students whose learning in his school was being affected by trauma he responded: "All of them. If you yourself are not personally affected by trauma, you are friends with students who are, and it affects you, too."

Conner Mathis, Student
Peninsula High School, Gig Harbor, Washington

The Personal Impact of Vicarious (Secondary) Trauma

The effects of trauma, vicarious or otherwise, can impact our personal and professional lives. Let's start with our personal lives. Keeping your recollections fresh in your mind, examine Table 1, which follows.

Table 1: The Personal Impact of Vicarious Trauma

Physical

Loss of sleep, change in appetite, choosing unhealthy food, increased alcohol consumption, impaired immune system, and other somatic symptoms such as low energy, fatigue, frequent upset stomach or backache.

Emotional

Anxiety, guilt, irritability, anger, rage, sadness, numbness. Loss of empathy detachment, emotional shutdown, depression, depletion, hopelessness, grief. Sometimes an emotional rollercoaster. These feelings trigger emotional connections to own past traumatic experiences.

Behavioral

Changes in routine, absent mindedness, losing things, self-harming, accident prone, sleep disturbances such as nightmares, elevated startle response, impatience, irritability, moodiness and/or self-destructive coping behaviors (food, money, gambling, sex, drugs, shopping, etc.).

Cognitive

Diminished concentration, loss of focus or perspective, confusion, rigidity, self-doubt, perfectionism, difficulty in making decisions, hypervigilance, and impaired thinking. These thoughts may trigger connections to own past traumatic experiences.

Relational (Interpersonal)

Mistrust, withdrawal, intolerance, loneliness, change in interest (desire more or less) in intimacy or physical touch, emotionally unavailable, negative parenting behaviors (over-protectiveness, abandonment, shame, aggression, etc.).

World View (Spiritual)

Workplace frustration, sense of unfairness and lack of support, anger at God, questioning of prior religious beliefs, loss of purpose.

Adapted from Yassen, 1995

The Professional Impact of Vicarious (Secondary) Trauma

If you've ever worked in a school where there was a high level of trauma due to abject poverty or a natural catastrophe, you know that vicarious trauma when not attended to leads to problems in workplace performance. District administrators would be wise to address this issue because studies have shown that secondary traumatic stress is a leading cause of turnover among professionals who advocate for children. This turnover leads not only to higher costs for hiring and training but also lowered quality of services delivered (Balfour & Neff, 1993). Table 2 describes the impact that vicarious trauma can have on professional performance. Once again, take a few minutes to recall your difficult year.

Table 2: The Professional Impact of Vicarious Trauma

Job Tasks

Decrease in quality and quantity, lower motivation, increased mistakes, perfectionist standards, obsession with details.

Morale

Loss of interest, dissatisfaction with assignments, negative attitude, apathy, demoralization, detachment, feelings of incompleteness, decrease in confidence.

Interpersonal

Withdrawal from colleagues, poor communication, staff conflicts, blaming, impatience, cliquish behavior, decreased quality of relationships.

Behavioral

Absenteeism, exhaustion, irritability, overworking, irresponsibility, tardiness, poor judgment, frequent threats to resign or quit.

Adapted from Yassen, 1995

Once again, we ask you to keep that difficult year in mind. Can you relate to having experienced any of these symptoms?

A Real Life Example:

During the week in which I was reading the assigned handouts for our trauma and resiliency study group, gang violence erupted outside our school. Two were shot. The prime shooting suspect turned out to be a student enrolled in my second period class. This all happened after school hours; nonetheless, later I learned that one of my students was stabbed in the back of the neck as retaliation. A few days later, during class, one of my students, one of the gunshot victims, showed me his wound. I had never seen a gunshot wound before, and it had a profound effect on me. For the next couple of days I continued to go through the motions of my life, teaching my classes, going home to care for my family, but I was definitely preoccupied with what I had seen. I lost sleep, lost appetite, and was told that I had become a bit of a perfectionist.

Alice H. (Pseudonym)
Veteran English Teacher, Washington

One Other Sign of Compassion Fatigue: The Silencing Response

One sign of compassion fatigue is when we find ways to silence those who are manifesting trauma symptoms. We're not talking about setting boundaries or redirecting inappropriate behavior. Silencing involves shutting down our empathy and demanding that the trauma survivor keep their problems to themselves. Unfortunately, this form of compassion fatigue is not frequently discussed. In fact, it is rarely mentioned.

There are signposts that may help us determine if the **silencing response** is operating in our work. These include:

- Wishing the student would just get over it.
- Not believing students or blaming them for their problems.
- Using anger or sarcasm towards a student when she manifests trauma symptoms.
- Using humor to change or minimize when a student starts to talk about his problems.
- Fearing what the student will start to talk about or fearing that you will not be able to help.
- Seeing clear signs of student trauma and choosing to ignore them, or the student, altogether.

(Adapted from Baranowsky, 2002, p.162)

Realizing that we are using the silencing response is not a reason to feel guilt or shame. On the contrary, recognizing it is an indicator of **reflective practice:** the ability to develop an internal understanding of our choices and actions through continual evaluation of the effects of these on those with whom we work. It is also an opportunity to use self-care skills to help us respond more appropriately. Once we realize that we are manifesting symptoms of vicarious trauma we have an ethical responsibility to address our own needs so as to do no harm.

Can't Teach What You Don't Know. Can't Lead Where You Won't Go.

If students struggling with trauma are to become more resilient, they need compassionate and resilient teachers. Quality teaching requires modeling of skills and attitudes. If education professionals themselves are barely coping and cannot bounce back from the challenges they face, how are they to sustain the strength needed to promote resiliency among their students?

Years ago, Malcolm X said, "We can't teach what we don't know. We can't lead where we won't go." If we want our students to go forward, we must practice what we preach. We can't expect our students to exhibit assertiveness when we ourselves are modeling aggression and passivity around establishing and maintaining boundaries. We can't expect our students to come to class prepared when we ourselves come to class irritable from lack of sleep. We can't expect our students to "mellow out" when we ourselves are anxious from lack of recreation and enjoyment. Many students victimized by trauma have been betrayed by adults who say one thing and act out another. If you want to be helpful, start with your own prevention and self-care.

Prevention and Self-Care

Consider this parable from Stephan Covey's book, *The 7 Habits of Highly Effective People* (1989, p. 287):

Suppose you were to come upon a man in the woods working feverishly to saw down a tree. "What are you doing?" you ask. "Can't you see?" comes the impatient reply. "I'm sawing down a tree." You exclaim: "You look exhausted! How long have you been at it?" The man replies: "Over 5 hours, and I'm beat! This is hard work." You inquire: "Well, why don't you take a break for a few minutes and sharpen your saw? I'm sure it will go a lot faster." The man emphatically replies: "I don't have time to sharpen the saw. I'm too busy sawing."

Most teachers are overworked, and many feel underappreciated. Standards, curriculum, and testing requirements are increasing, and so is class size. This is one paradox of self-care. There is no time to sharpen the saw. Unfortunately, many educators have never really learned how to take time for self-care. Many of us were raised to believe that doing so is a sign of selfishness and laziness. Additionally, home and family have their own stresses and time demands.

There is a second paradox. Research tells us that once we are experiencing compassion fatigue, we can't will our way to avoiding burnout (Norcross & Guy, 2007). It's like trying to will our way out of catching a cold. Though noble in intent, just stubbornly thinking that we won't catch a cold doesn't work, does it? What works is thinking about and acting upon what we have to do to care for ourselves (wash our hands regularly, get sufficient exercise, rest, nutrition, etc.).

So, let's get started. Taking regular time to sharpen our saws will ensure our own health and thereby increase our effectiveness as education professionals.

How Are You Doing?
The Professional Quality of Life Scale (ProQOL R-IV)

Self-care begins with self-awareness. How are you doing? It is important to monitor our distress as well as our own self-care. For more than a decade, Professor B. Hudnall Stamm has been developing tools to support those who work in the "helping professions" - the health care professionals, educators, police officers, firefighters, clergy, and others who respond to community crises. Links to her work as well as the work of other prominent trauma experts may be found at the Idaho State University website: http://www.isu.edu/~bhstamm

Please note what is written at the bottom of the homepage:

> The information on this website is presented for educational purposes only. It is not a substitute for informed medical advice or training. Do not use this information to diagnose or treat a health problem without consulting a qualified health or mental health care provider.

With this disclaimer in mind, you may want to access the fourth edition of the Professional Quality of Life Scale. The ProQOL R-IV is a 30-question survey to self-assess the affect that trauma may be having on our professional lives. Upon completion, you can receive scaled scores for compassion satisfaction, compassion fatigue, and burnout. Scoring is a bit tricky, so once you have completed the survey, read the scoring directions carefully. Also, keep in mind that your score will probably vary depending on the time of year that you complete the survey (e.g., most teachers have lower compassion fatigue scores in the fall than in the spring).

The ProQOL website has tests available in the following languages: English, Finish, French, German, Hebrew, Italian, Japanese, and Spanish. http://www.proqol.org

One author of this handbook (Wolpow) often uses this scale in his compassionate schools workshops. Participants complete and score their surveys privately. Then, using a confidential procedure (see sample form below), the leader gathers, compiles, and displays the range, mean, median and mode for the group in each of the three areas. Scores are displayed on an overhead and participants are encouraged to share thoughts and concerns as they consider the group results. Inevitably, some participants share their own scores as well as self-care ideas and goals for themselves.

ProQOL Scores:

Neither your name nor any other self-identifying information is to be written on this form.
This information is being requested anonymously. All individual information is to be kept confidential.

My Compassionate Satisfaction Score _____
My Compassion Fatigue/Secondary Trauma Score _____
My Burnout Score _____

Comments: (Optional, however, avoid disclosing information that may lead to your identification.)

A Real Life Example:

I scored right at the average for compassion satisfaction and burnout. I scored 6 points above average for compassion fatigue. I feel these scores accurately reflect my state of being. I am satisfied with my ability to be an effective caregiver within the confines of my role as a teacher. I do not feel burned-out in my career. To the contrary, I feel motivated and enthusiastic. However, I do notice the effects of secondary trauma and compassion fatigue. I admit that I have had nightmares which include images from the stories some of my students have shared with me about the traumatic events in their lives. Sometimes, these images "pop" into my mind unexpectedly. . . . Readings on trauma have shifted my thinking from the reactive mode to the proactive mode, away from cause and toward the effect. I am learning that as a classroom teacher I am not in a position to understand the causes of student trauma as much as I am in a position to help to counter the effects of trauma on learning. I am also learning how important it is for me to care for my own needs so that I can fulfill my role as teacher.

Jeff Sanders, Spanish Teacher
Mount Vernon High School, Washington

Check Your Batteries: A Self-Care Checklist With Suggestions

Self-care is the collection of strategies we use to prevent or alleviate the symptoms of vicarious trauma. Self-care is not a luxury to be fulfilled as time permits. As Norcross and Guy (2007) so effectively point out in their book, *Leaving it at the Office*, self-care is a human requisite, a professional necessity, and an ethical imperative.

We realize that the vast majority of readers of this handbook are intelligent, well-educated, even sophisticated. The biology and psychology concepts of self-care outlined here are elemental. It is not our intention to insult your intelligence. Our objective is to provide a basic outline of the principles of self-care needed to counter the impact of vicarious trauma.

There are literally thousands of self-care techniques. One size does not fit all. In other words, this checklist and the suggestions that follow require adaptation to your own situation and preferences. Take what you like, and leave the rest. But please, make sure you care for yourself.

- ☑ physical fitness
- ☑ nutrition and hydration
- ☑ sleep and rest
- ☑ assertiveness skills
- ☑ centering and solitude
- ☑ creative activities
- ☑ fun and enjoyment
- ☑ support provided
- ☑ support received
- ☑ set and monitored goals
- ☑ other (of your own design)

(Adapted from Fox, 1995)

Physical Fitness

The importance of moderate and regular exercise in stress reduction is well-documented. Many teachers argue that they get plenty of exercise walking up and down the rows of their classrooms. Others argue that finding time to fit exercise into a busy life is an additional stressor. You are the best judge. Keep in mind that the stress associated with teaching is often manifested in muscle tension, particularly in the jaw, neck and back. Whatever the form of exercise you choose, regular exercise releases tension, builds strength and endurance, and aids in cognitive clarity. Therefore, regular exercise, in moderation, is an important part of self-care.

It is important to find a form of exercise that fits your individual lifestyle. Some like to take walks or bike rides alone in the woods or along the water. Others prefer to mall-walk with a friend. Still others meet a colleague before school or during a prep period a couple of days each week to jog around the track. Then again, there are those who find joy in competitive sports at the gym or golf course. Still others purchase an exercise device to use at home when the weather is too dark or inclement to go out. A significant percentage of teachers spend hours each week in the sedentary process of grading papers. Build some exercise into this routine. Some trauma specialists emphasize the importance of additional physical nurturance. This may include monthly massages or warm baths after the completion of a daily exercise regimen.

Take the advice you would give to a student who might come to you for advice for dealing with stress: exercise regularly.

Nutrition and Hydration

Have you ever noticed your students spending their lunch money on candy and caffeinated drinks? Have you also noticed how this diet contributes to their inability to perform when they return to your classroom? Although we are hesitant to admit it, many of us do not eat well-balanced meals at regular intervals. At a recent workshop, one teacher admitted that ample servings of chocolate and ice cream were her solutions to a hard day at work. Another divulged that under stress, exercise and home-cooked nutritious meals were the first things eliminated from his daily routine.

Yes, educators are often like our students. When stressed, we tend to make poor food choices (coffee, sodas, quick finger foods), skip a breakfast or a lunch break (only to later eat a large unhealthy meal late at night), or eat too quickly to permit proper digestion.

The truth is, when our minds and bodies are stressed, we need good nutrition more than ever. However, appetites often change under stress, sometimes resulting in overeating, under-eating, or substituting food (ice cream and chocolate?) for feelings. Take the advice you would offer a student in your situation. When under stress, avoid the empty calories and stimulants in these kinds of comfort foods.

One final suggestion: keep track of how much water you drink during your workday. Recommended daily intake of water for men is 3 liters, and women 2.2 liters. Losing just 2% of your body's water will result in feeling tired and weak. (http://www.iom.edu)

Sleep and Rest

Adequate sleep is essential to well-being. Insufficient sleep affects intelligence, the immune system, and social skills. It leads to irritability and impaired cognitive function. Consider tracking the quality and length of your sleep. How many hours are you averaging per night, compared to what you know your body needs?

Sleep disturbances (e.g., inability to fall asleep, waking in the middle of the night, regular disturbing dreams) are common symptoms of vicarious trauma. Exercise and proper nutrition can improve one's ability to fall asleep and stay asleep. Avoid caffeine and sugar, especially before bedtime. If you know you have to deal with stress, establish a regular sleep routine and stick to it.

If you have an exceptionally long day (e.g., open school night), and you can't get home for a catnap, consider finding a safe way to take a short rest in your classroom. Once your students have left the classroom, lock the door, clear your desk, and lay down for 10-15 minutes of rest.

Assertiveness

Assertiveness may be defined as asking for what we need and expressing our feelings in respectful and non-violent ways. Two contrasts of assertiveness are passivity (allowing others to push you around, avoiding disagreement, choosing to remain silent so as not to rock the boat) and aggression (dominating or imposing your will on others.) Both passivity and aggression, more often than not, lead to outbursts of violence towards oneself or others. Consider how difficult it is to attempt to resolve something with someone who is either passive or aggressive. Those of us with strong assertiveness skills are able to formulate and communicate our thoughts, opinions, and wishes in clear, direct, and non-aggressive ways.

People who are assertive are able to set and maintain boundaries with reasonable flexibility. Those teachers who assertively establish and maintain clear boundaries feel less stressed and better able to cope with students, parents, or supervisors who put pressure on them.

Our use of language is central to strengthening our assertiveness skills. "I" statements are a specific and direct way to let people know how we feel, what we want, and what we need. In chapter 4 we will demonstrate the use of "I" statements in the assertive technique called "Giraffe Talk." (Yes, like giraffes, we acknowledge that we have a big heart and learn how to safely stick our necks out.)

When feeling overwhelmed, it is not a sign of weakness or incompetence to honestly and respectfully say "no" or "I don't know." Your supervisor asks you to stay after school on an evening that you were planning to do so self-care. Avoid "you" statements like, "Why do you always come to me with these assignments?" Instead, with respect speak in the first person: "I regret any inconvenience I may cause you, but no, I already have a commitment and I can't be there." You are a teacher aid and your supervisor asks you to work with a student who is struggling with her parents' divorce. You are in the middle of a custody battle of your own with your ex. Respectfully tell your supervisor, "I don't know that I can handle this well at this time."

If you feel that you are being treated like a doormat or are on the verge of striking out angrily at a student, colleague, friend, or family member, take time to develop your assertiveness skills. Chapter 7 contains a number of assertiveness resources that you may want to check out.

Centering and Solitude

Ever had one of those days that makes you feel like a dizzy fly in a dairy barn going from one pile to another? Ever lay awake at night listening to the committee in your head argue about how you handled events in the previous day? Ever feel like an old-fashioned radio with the dial stuck between two stations? Stomping in the pond muddies the water and causes more ripples. If you want it to be clear, you have to stand still. Speaking technologically, centering and solitude are ways to "push the clear button" within ourselves.

Some people center by meditating or engaging in prayer. Studies reveal that meditation can affect the well-being of the body by lowering blood pressure, increasing the regularity and efficiency of breathing, and relaxing muscles. Some meditate traditionally by sitting in a comfortable position, focusing on a candle or one's breathing, and paying increased attention to the space between thoughts. Meditation can be done in the privacy of one's own home or at the top of a hill at sunset. Others find solace in prayer in the ritual and sacred space of a house of worship. By the way, not all meditation is done in traditional ways. Some meditate by doing crossword or sudoku puzzles. Others pray or meditate while walking in the woods. Meditation and prayer do not minimize the reality of the external trauma, but they can minimize the wear and tear on the mind and body by helping us stay centered.

Some people center by keeping a personal journal. Privately, confidentially, they write their thoughts and feelings. All sorts of people dealing with stress in their lives – explorers, artists, biologists, dancers, mathematicians, musicians and athletes – have kept journals to record the everyday events of their lives. Provided that you have a safe place to store what you have written, your journal can be a place where you disclose your innermost thoughts without fear of retribution. Sometimes putting things down on paper helps us to step away from our troubling thoughts. You might also use your journal to compile a gratitude list. Instead of writing only your problems, you could make a list of things for which you feel grateful. (You might liken this to a strength-based as opposed to deficits-based approach to caring for ourselves.)

Note that many centering activities are done alone. There is a difference between being alone and being lonely. One goal of the self-care activities of centering and solitude self-care is to enjoy the opportunity to be one's own company.

A Real Life Example:

In my English class this fall, we are reading *The Book Thief*, by Markus Zusak, a WWII-era novel set in Nazi Germany. The protagonist, 10-year-old Liesel Meminger, is teased at school by her classmates for being a poor reader and is beaten by her teacher for reading the "wrong" book. In actuality, Liesel's development has been stunted by the trauma of witnessing the death of her younger brother while in transit by cattle car, her parents having been targeted by the Nazi Party for their Communist Party affiliation. Her father disappears, her mother leaves her with a foster family and she never sees any of them again. The novel is narrated by the Grim Reaper, ironically, with poignant humor and introspection. Several of my students read ahead, finishing the novel in the first week. When we go to the computer lab to work on college/career planning and resume building activities, the students ask when we get to go back to reading the book.

Sitting in my English class are a cheerleader, several honors students, the co-captains of our state championship football team, an accomplished rock climber and a concert pianist. Also sitting in these desks are a student who's alcoholic mother is dying of HIV-AIDS, a student who is fighting lymphoma (no one else in class knows this), and another student who lost his closest sibling to cancer last Christmas. Do I have high academic standards for all of these students? Of course I do! Do I allow flexibility for the ones whose lives have been touched by trauma? Yes, and I try to remember that my knowledge and understanding of the 165 high school students currently in my classes only scratches the surface of what's going on in their lives.

Teaching is as exhausting as it is invigorating, creative and rewarding. In 17 years as a classroom teacher I have grown in patience, tolerance, creativity and, hopefully, wisdom. I have learned that I am no good for anyone else if I don't take good care of myself. For example, in attempting to create a balanced life to be the most effective teacher I can be I have learned that I must: get enough rest and exercise; eat healthy food and drink lots of water; take my vitamins; put my own family/children first; be honest; listen to kids; laugh a lot; spend time with friends singing, dancing and discussing good books; go to yoga class; get a massage at least once a month; recognize what I have control over and what I don't; and, make lists of things for which I can be grateful.

Mitzi McMillan Moore, English Teacher
Ferndale, Washington

Creativity

Engaging in creative activities can help us to heal and grow in ways that are fulfilling and inspirational. When we engage our imagination and put our hands, hearts, and minds to work creating art, composing music, or writing poetry, we tap into the same kind of energy that is awakened during the healing process. We begin to think in new ways and are rejuvenated. We channel emotions that we may not be able to verbalize. This can allow us to express our experiences and connect to others across the boundaries of culture or language. As a result, our ability to think outside of the box or gain new perspectives increases.

Many people enjoy the creative process because it provides them with a focal point for relaxation. The balance and pacing that come from creative processes provide a model for the balance and pacing needed in the rest of our lives. When we create something beautiful or meaningful, we experience satisfaction and a sense of accomplishment. Just as we may create meaning and beauty from components that seem ordinary, such as single music notes or paper and paints, meaning can also emerge from difficult situations. The results of our creative energy can serve as symbols of hope, reminding us of the healing forces at work all around us.

To reap the benefits of creative activity, we need not be able to draw a straight line or hum a tune perfectly on key. In fact, each of us has the potential for great creativity, although we each may express it differently. If you are searching for ways to engage your creative self, consider some of the following suggestions:

Finger paint. Try a new recipe in the kitchen. Stretch your brain with word puzzles. Join an improvisational theater class. Make a collage with scraps from a magazine. Find out how many different ways you can walk, drive, or bicycle to work. Find pictures in the clouds. Have a nonsense conversation with a friend. Buy a children's book at a thrift store and re-arrange the words. Play a game of charades. Play with play-dough. Wrap a gift using something other than wrapping paper. Learn a new dance. Arrange a vase of flowers.

Make a list of as many creative activities as you can think of, and try the ones that appeal to you!

Fun and Enjoyment

When we are having fun we are "in the joy" of life. Not only is enjoyment pleasurable, it's good for you! Sometimes the trouble is that stress makes it difficult for us to think of fun things we can do to re-create our sense of joy in the world. Here are a few suggestions:

Have a picnic on top of a mountain. Organize a flag football game. Take a moonlight walk. Go for a bike ride around a local university campus. Go for a swim in the ocean or look for sand dollars and shells on the beach. Go to a waterslide. Hang a bird feeder. Walk barefoot in the park. Pick 12 photographs and make a calendar. Dress up as a clown and entertain children in a children's hospital. Watch fireflies light their bums up. Get up early and watch the sunrise, or, if you prefer, go somewhere special to watch the sunset. Go to a local children's sports event and cheer for the team that needs the support. Go shopping for some fresh vegetables at a farmer's market. Escape to a bed and breakfast. Go hear a symphony or a jazz ensemble. Go go-carting for a half hour. Take a pottery class. Go dancing with friends, or if you prefer, stay home and dance in your pajamas. Bake something for a neighbor as a means of introduction. Pay for the coffee of the person behind you in line. Put coins in expired parking meters. Read some comic books. Learn to peel a banana with your feet. Rent some comedy videos.

It's your turn: Write a list of 10 things that make you happy and then do one of them. While you're at it, make sure you enjoy yourself. Bringing joy into your life is good for you.

Support Provided

It is important to ask for help when you need it. It is also important to help others. Whom do you support, and in what ways does this help you feel more vital and alive? The power of getting to feel vital by helping others was an underlying theme in the popular movie, "Pay it Forward." How are you paying it forward?

Then again, when overwhelmed by the secondary effects of trauma in the workplace, it may be hard to pay it forward. In the words of Norcross and Guy (2007), "When confronted with occupational stress, tend and befriend, rather than fight or flight" (p. 91). Here are some suggestions as to how to do so. Consider restructuring your thinking when responding to the trauma-related behaviors of one of your students. For example, a student reacts to your request with a loud and crude remark. Instead of responding to this remark as defiant oppositional behavior, think of this student's response as one motivated by intense fear. Coat the consequence you give this student with compassion and love. When you finally get some time alone (solitude), take some time to write in your journal. Keep in mind that there are generally more emotional benefits to teaching than deleterious ones. Then, find a colleague who you know has also had a tough day. In an appropriate fashion, pat this person on the back, compliment them for their hard work, and share your perspectives.

A Real Life Example:

New to the La Conner School District, I listened and observed as much as I could to learn about our school and its community. I saw staff working incredibly hard to meet the expectations of higher standards. I saw my colleagues creating challenging course offerings, considering new schedules, building relationships with parents and students and so much more. In the process of getting acquainted I heard the life stories of many of our students and their families. There was so much good, and there were stories, gut-wrenching stories of poverty, abuse, illness, and death. I read the literature on trauma and I could see that our teachers were struggling with vicarious trauma and compassion fatigue.

I talked to other administrators in the district and we scheduled a K-12 in-service for staff. It was insightful for all who attended. Teachers felt that the research on trauma and learning touched the issues with which they were dealing, both personally and professionally. This in-service peaked their interest and thinking. At the request of a dozen or so, we started an after-school study group. In order to have time to discuss, and at the same time, support each other's self-care plans, we met to walk the track after school. During these half-hour walks we talked about students and their challenges, including the stresses related to working for them. We managed to combine exercise and peer-support while brainstorming best practices. The timing was not perfect (it was the end of the school year and we all had a lot on our plates). Nonetheless, we got started and were able to put our feelings and thoughts into conversations that helped us all.

Marsha Hanson, Principal
La Conner High School, La Conner School District, Washington

Support Received

School professionals have been formally prepared and socialized to operate in isolation. Most of our planning, teaching, and evaluation is done in isolation. (Some teachers report that, with rare exceptions, the only work time they get to spend with colleagues is at faculty meetings and the half-hour during which they are inhaling their lunches.) How and when do we ask for help without becoming vulnerable? This is a hard question to answer and one that is rarely a component of a teacher preparation program.

Who do you know who has similar work tasks and struggles? With whom can you share the burden of the stress that you are experiencing on the job? With whom might you talk in confidence? Who is worthy of your trust? Who can help you recognize your "blind spots" and at the same time affirm the challenges you are facing? Identify the three or four most nurturing people in your life. What can you do to increase the amount of support you receive from them?

If you are experiencing significant symptoms of vicarious trauma and you are uncertain in whom it would be safe to confide, you might consider contacting your school district's Employee Assistance Program (EAP). These contacts are confidential and do not become part of your employment record. Most EAPs will provide 1-3 free visits with a trained counselor, and in the event you need additional help, will refer you to an appropriate provider. Most communities also have support groups that are free or very low-cost. For instance, if you are struggling with a student or group of students who have problem with drugs or alcohol, you may want to attend an AlAnon meeting. They are free, and tradition holds that they are kept confidential.

This book is intended to bring together the hundreds if not thousands of school professionals in our state who work with traumatized children and their families. Our hope is that it will become a focal point from which those who are working to develop compassionate schools will create opportunities to give and receive support.

Finally, several districts in our state have created what DuFour calls professional learning communities. (See resources in chapter 7.) During contractual time (students are released from school), staff work collaboratively to find answers to three questions: What do we want each student to learn? How will we know when each student has learned it? How will we respond when a student experiences difficulties in learning? In seeking answers to the third question, teachers are provided with time to support and be supported.

Set and Monitor Your Goals

Literally schedule your self-care. Track your self-care by maintaining a journal, calendar, or log of activity. For example, this person set five self-care goals for herself. She monitored her performance each day, rating her performance on a scale of 0 (didn't do it at all) to 4 (A+ effort).

Self-Care Goal	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total	Mean	Grade
Eat nutritional meals and drink water	3	3	4	2	3	4	4	26	3.71	A
Be assertive with students and colleagues about my boundaries	0	1	0	1	2	0	1	5	0.71	D-
Get a good night's sleep	3	3	2	2	2	3	4	19	2.71	C+
Do something fun	1	1	1	1	3	4	4	16	2.28	C
Time with (including phone calls or e-mail) friends and family	3	3	4	3	4	4	3	24	3.43	B+

Consider completing the ProQOL every three or four months to periodically facilitate your self-awareness of how you are doing with your self-care.

Other – of Your Own Design

Additional professional self-care strategies to keep in mind include:

- Identifying and maintaining balance at work
- Developing strategies and future plans for coping when times are particularly stressful
- Engaging in continued professional training to increase job performance
- Reflecting on job satisfaction and commitment
- Frequent replenishment – taking breaks and vacations as needed
- Celebrating successes both big and small
- Laughing and maintaining a sense of humor
- Remembering to "let go", particularly during those times when there is nothing else that can be done to make the circumstances any different

Did we leave something out? If so, please write to us.

Building a Self-Care Action Plan

Vicarious (secondary) trauma, compassion fatigue, and burnout can be prevented. Doing so, however, requires a conscious effort to practice individual self-care strategies on a regular basis, both personally and professionally, to assist in managing vicarious stress.

Here is one example of how to build a self-care plan. There are six categories. These include:

Physical Self-Care:
The things I do to take of my body in healthy ways. Examples include: sleep; nutrition; exercise; and regular health care visits. How well do you take care of yourself physically? Identify three activities that you currently do and/or plan to engage in from this point forward to take care of yourself physically.

A.

B.

C.

Emotional Self-Care:
The things I do to take care of my feelings in healthy ways. Examples include maintaining personal and professional support systems; counseling and/or therapy as needed; journaling; and talking about feelings in healthy ways. How well do you take care of yourself emotionally? Identify three activities that you currently do and/or plan to engage in from this point forward to take care of yourself emotionally.

A.

B.

C.

Cognitive Self-Care:
The things I do to improve my mind and understand myself better. Examples include: reading for pleasure or work; writing; and engaging in continued education for additional knowledge/skill. How well do you take care of yourself psychologically? Identify three activities that you currently do and/or plan to engage in from this point forward to take care of yourself psychologically.

A.

B.

C.

Social Self-Care:

The things I do in relation to others and the world around me. Examples include: spending time with friends, family, and colleagues you enjoy; having fun and playing; belonging to groups, communities and activities that encourage positive social connections. How well do you take care of yourself socially? Identify three activities that you currently do and/or plan to engage in from this point forward to take care of yourself socially.

A.

B.

C.

Financial Self-Care:

Things I do to spend and save responsibly. Examples include: balancing a checking account; planning for the future; and spending money in thoughtful and productive ways. How well do you take care of yourself financially? Identify three activities that you currently do and/or plan to engage in from this point forward to take care of yourself financially.

A.

B.

C.

Spiritual Self-Care:

The things I do to gain perspective on my life. Examples include: prayer; meditation; contact with nature; connection with God or a Higher Power; participating in worship with a community; and 12-Step Recovery. How well do you take care of yourself spiritually? Identify three activities that you currently and/or plan to engage in from this point forward to take care of yourself spiritually.

A.

B.

C.

Now you've read the checklist and made a list of strategies for yourself. That is not enough. The bottom line is that self-care requires a conscious effort to practice individual wellness strategies on a regular basis. If we are able to make a commitment to do so both personally and professionally, we can prevent the negative consequences of compassion fatigue and stay well on the journey to student success.

Worksheets from Making Professional Wellness a Priority! By Mona M. Johnson, 2002

An Ethical Obligation for Those Who Care

We, the authors of this text, agree with dozens of experts representing hundreds of years of experience that self-care is an ethical obligation. We believe that given the potential personal and professional consequences listed in the tables above, educators and human service providers have a professional and ethical responsibility to learn more about how they can prevent or lessen the impacts of vicarious trauma on their professional performance.

This responsibility is implicit in the national and Washington State standards for teacher certification: "The teacher is a **reflective practitioner** who continually evaluates the effects of his/her choices and actions on others (students, parents and other professionals in the learning community) . . ." (INTASC #9) and "reflective, collaborative, professional growth-centered practice . . . informed by legal and ethical responsibilities" (5.4B &C). When it comes to helping students dealing with trauma, we might be well advised to take the lead from mental health professionals. For example, the American Psychological Association Code of Ethics (2002) directs psychologists to maintain an awareness "of the possible effect of their own physical and mental health on their ability to help those with whom they work" (p.1062).

We who care for others must make sure we get the care we need. We can do this by:

- Acknowledging the effects of secondary trauma on ourselves and our colleagues – and that quality learning and teaching is dependent upon acting on that acknowledgement.
- Making sure that we do not "go it alone" but instead seek out and create arrangements by which we have regular and open input from other professionals.
- Recognizing and acting on the ethical duty to provide ourselves with regular self care.

Summary

As we engage our minds and hearts to provide support for students who are struggling, we often learn about deep sorrow and pain that our students experience. Although we may use listening skills, available resources, or referrals to help our students grow and heal, the empathy that we feel for them can extend their trauma to a secondary level, resulting in vicarious trauma for us. When we begin to experience the effects of the trauma in our students' lives, we may develop compassion fatigue and even burnout. Compassion fatigue causes negative effects in all aspects of our personal and professional lives, causing us to feel and act in ways that are less healthy, productive, and fulfilling. Compassion fatigue can also result in a desire to silence our students because we have been overwhelmed by their trauma. However, as educators and advocates for young people, we cannot effectively support students to develop in healthy ways if we cannot model healthy habits in our own lives. Therefore, it is our responsibility to make care for ourselves a top priority.

Teachers are often overworked and often feel under-appreciated. We tend to have many responsibilities and fewer resources than we would desire at school. We also have responsibilities to home, family, and more outside of our work environment. Despite these many challenges, we must consciously plan time to care for ourselves in physical, emotional, and intellectual ways. We can begin by assessing our current quality of life through a tool such as the ProQOL R-IV and by creating our own checklist of healthy activities in a variety of areas. These activities may include elements as basic as proper nutrition and physical fitness as well as elements that are interpersonal, spiritual, or creative. Seeking support from our colleagues and offering support to them in exchange can be extremely affirming. Once we have assessed our self-care needs, we can then build an action plan to ensure that these needs are met. We must then make a commitment to carrying out our self-care goals. Keeping this commitment can improve our professional performance and the quality of our personal lives. Doing so is our ethical duty not only to ourselves, but also to our schools and our students.

Summary

Chapter Two References

Baranowsky, A.B., (2002). The silencing response in clinical practice: On the road to dialogue. In C.R. Figley (Ed.) *Treating compassion fatigue.* (p. 155-170). New York: Routledge.

Fellitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., and Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventative Medicine,* 14(4), 245-257.

Figley, C.R. (2002). *Treating compassion fatigue*. New York: Routledge.

Figley, C.R. (2006). From veterans of war to veterans of terrorism: My maps of trauma. In C. R. Figley (Ed.), *Mapping trauma in its wake: Autobiographic essays by pioneer trauma scholars.* (pp. 47-60). New York: Routledge.

Fox, K.G. (1995). A multiple case study of a coping skills group for high-risk, high school students. Unpublished doctoral dissertation, Saybrook Institute, San Francisco.

Framingham Public Schools (2008, June). *Teachers' strategies for working with children exposed to trauma*-3rd edition, Framingham, MA: Author.

Goodwill, D. and Choquette, D. (2007, May). Vicarious trauma and self-care for teachers and educators. Paper presented at the Implementing Trauma-Sensitive Schools Conference of the Massachusetts Department of Education. Worcester, Massachusetts.

Norcross, J.C., & Guy, J.D. (2007). *Leaving it at the office: A guide to psychotherapist self-care.* New York: Guilford Press.

Snyder, H. & Sickmund, M. (2006). *Juvenile offenders and victims: 2006 national report*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.

Spinazzola, J., Ford, J. D., Zucker, M., van der Kolk, B. A., Silva, S., Smith, S. F., & Blaustein, M. (2005). National survey on complex trauma exposure, outcome, and intervention among children and adolescents. *Psychiatric Annals*, 35(8), 433-439.

Yassen, J. (1995). Preventing compassion fatigue: A team treatment model. In C. Figley (Ed.), *Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized*. (pp.178-208). New York: Brunner-Routledge.

Chapter 3

Chapter 3

Instructional Principles, Curricular Domains and Specific Strategies for Compassionate Classrooms

Long after students may have forgotten what you tried to teach them,
they will remember how you treated them.

-- Anonymous

Contents:

The Language of This Chapter

Introduction

Compassionate Instruction and Discipline in the Classroom
Principle One: Always Empower, Never Disempower
Principle Two: Provide Unconditional Positive Regard
Principle Three: Maintain High Expectations
Principle Four: Check Assumptions, Observe and Question
Principle Five: Be a Relationship Coach
Principle Six: Provide Guided Opportunities for Helpful Participation

A Compassionate Curriculum
A Suggested Framework: Research-based and Modeled on Current Best Practice

(Contents continued on next page...)

Domain One: Safety, Connection and Assurance
- Domain Defined
- Goals for Instruction
- Recognizing the Need
- Applying the Six Principles
- Content and Strategies
  - Safety First
  - Monday Mornings, Daily Schedules and Class Meetings
  - Identifying and Dealing with Triggers
  - Transitions and Safety Plans
  - Minimizing Triggers When Setting Limits
  - Calm Zones and Peace Corners
  - Removing Triggers in the Secondary Classroom
  - Testing as a Safety Issue
  - Fancy Fridays, Photo Scrapbooks

Domain Two: Emotional and Behavioral Self-Regulation
- Domain Defined
- Goals for Instruction
- Recognizing the Need
- Applying the Six Principles
- Content and Strategies
  - The Vocabulary of Feelings
  - Practice Using the Vocabulary of Feelings
  - Use Analogies to Describe Emotions and Triggers
  - Teaching Affect Modulation
  - Calming the Body and Mind with PMR and Yoga
  - Calming the Body and Mind: Games for Young Children
  - Empathy/Listening Skills
  - Listening With Empathy: An Exercise

Domain Three: Competencies of Personal Agency, Social Skills, and Academic Skills
- Domain Defined
- Goals for Instruction
- Recognizing the Need
- Applying the Six Principles
- Content and Strategies:
  - Assertiveness Skills
  - Giraffe Talk: Non-Violent Communication
  - DEAR MAN: Interpersonal Effectiveness
  - Fair Fighting
  - Power of Poetry (Cinquains, Biopoems and Diamante Poems)
  - Journal Writing (Personal, Worry Lock-Box, Dialogue and Double Entry)
  - Risky Writing
  - RAFT - Role, Audience, Form and Topic
  - Alphabet Books

Additional Curricular Resources
- Sheltered Instructional Observation Protocol
- Dealing with the Stress of Military Deployment

Summary

The Language of This Chapter

Academic Skills
The cognitive skills needed to succeed in school. Contrast with social skills and executive functions.

Affect Modulation
Calming down or revving back up after an intense emotion.

ARC Model
ARC stands for Attachment, self-Regulation and Competency. These domains, researched and developed by mental health professionals, serve as the theoretical framework for several curricula models.

Assertiveness
Standing up for one's rights, needs and desires in ways that are respectful of ourselves and others.

Attunement
The capacity to accurately read the cues of others and respond appropriately.

Executive Functions
Those skills that enable a person to behave in goal-directed ways.

Hypervigilance
A common reaction to trauma. The emotional condition in which survivors are always trying to preempt another attack.

Personal Agency
The term used to describe the belief that one can make things happen.

Relationship Coaches
Adults, in the lives of children affected by trauma, who provide caring relationships.

Safety Plan
A plan of what the teacher and student will do when a triggering stimulus begins to affect a student.

Social Skills
The skills needed for students to interact with others in acceptable ways.

Trigger
Any stimulus that acts as a reminder of past overwhelming experiences, and leads to the same set of behaviors or emotions that originally developed as an attempt to cope with that experience.

Vicarious (Secondary) Trauma
PTSD behaviors and emotions resulting from internalizing the traumatizing event experienced by another. (*Vicarious:* To feel through the experience of others; a secondary rather than primary experience with significant impact.)

Unconditional Positive Regard
The various ways educators show genuine respect for students as people.

Definitions

Introduction

In chapter 1, we learned about the nature of trauma and how it affects children, their families, and their communities. We defined and described the symptoms of Post-Tramatic Stress Disorder (PTSD), Complex Trauma, and Sanctuary Trauma. We learned about the studies of adverse childhood experiences that helped us fathom just how common traumatic events are in our communities. We looked at the neurobiological research on trauma to understand how trauma affects the brain. After that, we looked at recent research on how the effects of trauma can affect school performance.

We then shifted away from problems and toward solutions. We defined and described resiliency, the counterbalance of trauma, and compassion teaching, an approach needed to support children affected by trauma. Using an ecological metaphor, we gave examples of how healing from trauma may be different from culture to culture. This brought to light the importance of being responsive and relevant in our methods. We provided a seven-step model for teachers to follow when they observe a student triggered by traumatic memories. (We will return to that model later in this chapter.) At the end of chapter 1, we introduced the concept of vicarious trauma as a "cost of caring" for others.

Teaching, especially teaching children affected by trauma, can be as fatiguing as it is invigorating. For that reason, in chapter 2 we were provided information on secondary (vicarious) trauma and compassion fatigue. To maintain our patience, compassion, and creativity we must consciously plan time to care for ourselves. If we don't, there will be personal and professional consequences. Without self-care we might not recognize the silencing response, a symptom of compassion fatigue and burnout. Hopefully, we all have self-care plans that are integrated into our daily lives.

With this background information and your self-care plan you are better prepared for chapter 3. This is the "how to" chapter. Here we consider a compassionate school curriculum (what we teach) and compassionate teaching methods (how we teach). Both content and method will be illustrated with examples from Washington classrooms.

Figure 3.1 illustrates how the information in this chapter is organized. First we will introduce the Six Principles of Compassionate Instruction and Discipline. Ways to incorporate these principles into daily practice will be suggested. Later in the chapter, we introduce the three domains of the Compassionate School Curriculum. Specific content and strategies for each domain will be presented. In this model, we do our best to infuse the Six Principles into the content and activities of each domain. They can both guide our own actions as teachers and become a part of what we teach. The Compassionate Curriculum is a supplementary curriculum that can be integrated into regular content instruction. Therefore, the ultimate goal is to then make the Six Principles and Three Domains a part the overall curriculum and activities of our schools.

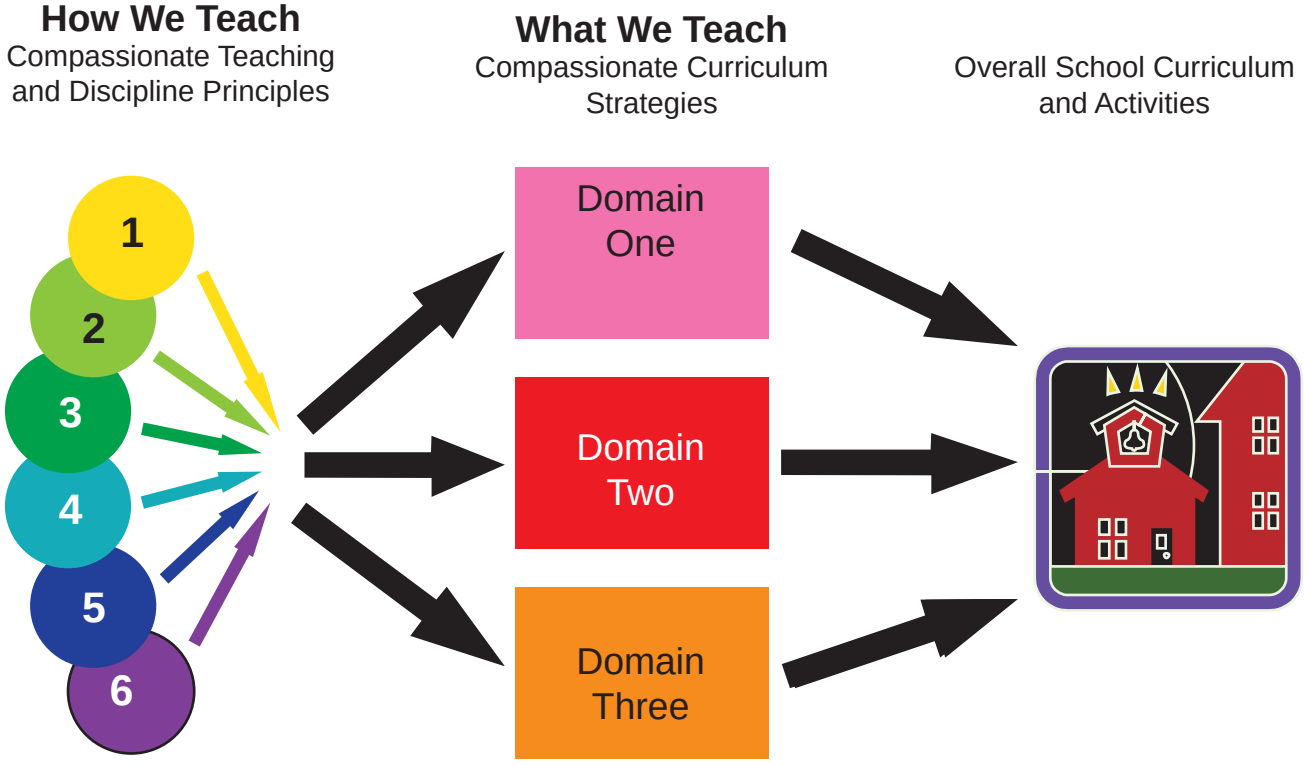


Figure 3.1: Compassionate School Instruction, Discipline, and Curriculum Model

One guiding maxim for compassionate schools is "You cannot teach the mind until you reach the heart." Teaching about compassion requires modeling what we teach by how we teach it. We will therefore start with "how" we teach: compassionate instruction and discipline in the classroom.

Compassionate Instruction and Discipline in the Classroom

Instruction is how we communicate our subject matter to students. By definition, it requires a teacher-student relationship. The basis for this relationship is respect for the material to be learned and respect for each other. So let's be honest about this. It is student conduct that leads many teachers to want to learn more about how trauma affects learning. Because of struggles with trauma, students may be disruptive or passive. Either way, their behavior interferes with learning. As teachers we know that classroom management and discipline provide the structure needed for academic success. We also know that the better we manage and motivate our students, and the better we communicate with their parents, the less we will have to discipline. Within the compassionate approach, how we teach and how we discipline is critical. Let's use a trauma-sensitive lens to look at two different models of instruction and discipline. As we do, let's consider their advantages and disadvantages when working with students struggling with trauma.

Teacher-centered and student-centered teaching could be viewed as being on different sides of the same coin. The truth is, most teachers are somewhere in the middle.

In the extreme, the "teacher-centered" approach expects students to accept the teacher's authority. Students are expected to obey school rules and follow teacher directions. They must do so because authority is necessary for the order needed for learning. Researchers like Canter (1976, 1992, 2001) believe that all children have a tendency to misbehave. Underlying this approach is the belief that misbehavior is a choice. Given the chance, some children will make that choice. Therefore, when students break rules teachers must exercise their right and responsibility to assert maximum control through disciplinary action. Not to do so is considered unprofessional. After all, in many cases, failure to discipline results in loss of learning opportunities for the class as a whole.

On the other side of this coin is the "student-centered" approach. In the extreme of this approach students are expected to cooperate and negotiate. Researchers like Ginott (1971) and more recently Kohn (2001) believe behavior is to be influenced, not controlled by teachers. They build relationships with and among students. Respect for the individual requires that teachers do not preach, impose guilt or demand promises. Instead students are given choices and control over what and how they study. Students help "drive" the curriculum. Rather than act like authoritarians, teachers model empathetic assertiveness. They use "I" messages rather than "you" messages. In this model, decision-making power and authority are shared with responsible students. Doing provides more genuine feeling of safety and democracy.

Many children affected by trauma know what it is like to be controlled by authority figures. Some come from homes where absolute power is exercised unfairly, resulting in abuse. From chapter 1, we know that the more powerless a student feels, the more likely trauma symptoms will return. Teacher-centered rules and consequences can trigger feelings of powerlessness. When triggered, children affected by trauma don't think. Instead they react. When children misbehave because of the effects of trauma, they are not choosing to misbehave. Should they then be disciplined in the same way as if they had choice of their behaviors? If not, will that appear to be a double standard?

Students struggling with the effects of trauma need structure and high expectations. They need to be empowered to succeed. They benefit from having real choices and control. One might therefore reason that the student-centered model would be most effective. Yes, sometimes it is. However, sometimes the opposite is true. Unfortunately, under the guise of empowerment, some students have experienced abuse. They may have been told that they had choices. The reality was they were being manipulated and had no real choice at all. In the end, promises made were promises broken. What is worse is that these so-called "choices and promises" may have lead to further abuse. Feelings of betrayal and mistrust are significant triggers of traumatic response.

It is hard to play chess in a hurricane, just as it is hard to focus on school learning when struggling with trauma. However, teachers who are kind during the storm increase the likelihood that students will return to chess after the wind stops blowing. In the words of one teacher, "Long after students may have forgot what you tried to teach them, they will remember how you treated them." Whatever your approach to teaching and discipline, remember to treat your students with respect and compassion.

The Six Principles

Our compassionate approach to teaching and discipline comes from the literature on resiliency. On the pages that follow, we present six teaching principles. Many of you already teach this way. If so, please pat yourself on the back. If one of these approaches seems new, you may want to try it on for size as you teach. Feel free to adapt them to your own practice.

1

Principle One: Always Empower, Never Disempower

The first principle of fostering resiliency is the empowerment of the student (Herman, 1992). Students affected by trauma often compete with their teachers for power. This is because they believe that controlling their environment is the way to achieve safety (Craig, 1992). Rape victims could tell us what it feels like to be disempowered and the extent that they would go to avoid being in that position again. The more helpless, dependent, and incompetent a student feels generally, the worse the behavior will become.

Clearly, no teacher wants to trigger feelings of powerlessness. Nonetheless, teachers are in positions of unequal power and authority over students. A well-intentioned teacher may try to wield control over students struggling with the effects of trauma. This is counterproductive. Whenever possible, compassionate teachers avoid battles for control. Yes, they must hold students accountable. However, teachers' responses should reflect an understanding of the origin of traumatized behavior. They recognize that student behavior may be outside the students' awareness and beyond their self-control. Accordingly, discipline must never resemble the behaviors of those who perpetrated violence against students in the first place. Yelling, threats, and sarcasm must be avoided. Instead, discipline should be consistent, respectful, and non-violent. It should include offers to share control of the classroom environment. Most important, discipline must have, at its heart, unconditional positive regard for the student.

2

Principle Two: Provide Unconditional Positive Regard

Traumatic events make it difficult for children to trust. They make it difficult to feel worthy, take initiative, and form relationships. **Unconditional positive regard** is an important ingredient in recovering from the unspeakable. It is defined here as the various ways an adult shows genuine respect for students as persons. Students struggling with the trauma don't need another adult to tell them what is wrong with them. What they do need, what helps them thrive, is an adult who treats them with simple sustained kindness, an adult who can empathize with the challenges they face moving between home and school. Benard (2004) calls adults who provide such unconditional positive regard "turn-around people".

Studies of children who thrive despite adversity consistently reveal the healing power of an adult who cares. For those who have been hurt or betrayed, turn-around teachers demonstrate that adults can consistently act and respond with positive regard. In their very words and actions they demonstrate for these children the healing conviction that life, despite adversity, can make sense. For example, in anger a student tells the teacher, "I hate you. You are mean." The teacher responds, "I am sorry you feel that way. I care about you and hope you will get your work done." A student tells the teacher, "I feel dumb and don't think I'll ever learn this." The teacher responds, "I am sorry you feel that way. I realize that this is hard for you right now, but you are bright and capable. I am willing to help you when you are ready to try again." A student discloses a tragic event that

occurred over the weekend. The student says, “I don’t know if I can handle this anymore.” The teacher is respectful of what the student is feeling. The teacher doesn’t argue that the student is wrong. Instead, the teacher responds, “Yes, I can hear the pain and frustration in your voice. What happened is very sad. It will take a great while, but I believe you can get through this. I would like to help you get some help from the counseling office. Would that be okay with you?” To the student who shows that he or she is embarrassed and ashamed, the teacher responds, “I care about you and I respect you. You are more precious than gold, and I am learning to appreciate (love) you exactly the way you are.”

Note that we are using the term “unconditional positive regard” instead of “unconditional love.” Unfortunately, abusers also tell their children that they “love” them. The use of the word “love” in the classroom can and should be used with discretion.

3

Principle Three: Maintain High Expectations

Teachers may be so concerned that they avoid disempowering their students that they may be hesitant to set limits. As a consequence, expectations for achievement are lowered. Doing so inadvertently sends negative messages such as “you are too damaged to behave” or “you are different than others so I am giving up on you.” Note that these messages can increase the perception of the student that they are powerless. Increased feelings of powerlessness lead to increased symptoms of traumatic affect.

Consistent expectations, limits and routines send the message that the student is worthy of continued unconditional positive regard (love) and attention. Consistency in your classroom will allow students to begin to differentiate between the arbitrary rules which led to their abuse and purposeful ones that assure their safety and well being. Limits are most appropriate when they are immediate, related, age-appropriate, proportional, and delivered in a calm and respectful voice. When we set limits we name inappropriate behaviors and follow through with consequences. For example: “I see you are struggling and feeling angry, but you can’t continue to behave in this manner. You must stop interrupting the work of others. For now I’m going to have you change your seat. Would you rather sit in the back of the room, or next to my desk? Wherever you sit, please remember that I will continue to care about you.”

4 Principle Four: Check Assumptions, Observe and Question

Traumatic events can affect any person, family or group of people. When an earthquake strikes it does not choose one group of victims over another. The abuse of children is not an issue specific to any one ethnicity, income, gender, religion, sexual orientation or ability. As we read in chapter 1, the ways that people heal from trauma can vary from culture to culture. By building on the strengths inherent in these cultures we can better serve children and their families. However, when we make assumptions about who is likely to be traumatized based on a stereotype of any one group of people, this may stop us from seeing who actually has been affected by trauma. Trauma is an individual response. When we consider the children in our classrooms, all possibilities exist for each child.

Compassionate teachers observe and question in responsive and relevant ways. Doing so, we suggest, involves using three skills. First, we learn to identify our own assumptions. Every time we catch ourselves making an assumption, we choose to make an observation instead. Based on our observations, we then ask questions. However, asking questions is only worthwhile when we are willing to listen carefully to the response. Listening to the responses of students is one of the ways we seek relevancy and display respect. Listening is also how we show unconditional positive regard.

We consider each child independent of any factors we may know about his or her personal life. The quiet, withdrawn child who is emotionally absent during lectures and reading can and should concern us as much as the child who misbehaves. After observing, many find it helpful to use paper and pencil to record observations, often because writing and reflecting allows us to remove emotionally charged reactions of our own. When we do this we can better focus on the context of the behaviors of the student. This will be especially helpful when trying to assure a child's perception of safety. We are not suggesting that we take notes on all of our observations. However, if we suspect trauma, notetaking may be worth the effort. When we recognize patterns of behavior, we are ready to ask a question. For example, we might say, "Sally, I notice that every time I raise my voice to get everyone's attention, you throw your book down. Are you worried about what I might do?" At this point you have observed and questioned. The next step is to stop, wait, and listen. Your listening is part of being a relationship coach.

5

Principle Five: Be a Relationship Coach

In her classic book *Trauma and Recovery*, trauma expert Judith Herman explains that, "Traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love and community". Compassionate teachers think of themselves as **relationship coaches**. After all, the relationships we establish with and among students influence the tone and demeanor in our classrooms. This aspect of teaching is one that elementary educators seem to grasp easily. They routinely teach students how to get along, and are helpful in supporting relationships between children and their parents.

Recent studies of bullying and harassment highlight that secondary teachers must also play a role in managing relationships between students. This runs contrary to the idea held by some teachers that they are trained to teach physics or history, not social skills. However, by helping students feel safe and supported in our classrooms, students can put more energy into learning. Putting less energy into dealing with emotions and behavior that detract from learning will result in better physics or history scores. By attending to their roles as relationship coaches, teachers can help students take small but significant steps towards mending torn perceptions of community and friends.

The behavior management concepts listed above are grounded in theory and research. But how realistic is their application? In her essay, "You Have Choices," elementary teacher Diane Leigh illustrates her approach to working with a student affected by trauma. As you read it, look for examples of the first four principles. Note how she treats Paulette with unconditional positive regard, empowers her to make decisions, checks her assumptions, sets high expectations and sets limits, and plays the role of relationship specialist.

A Real Life Example:

I had been told that Paulette, who lived with a foster-care family, had a tough life; nevertheless, you'd never know it from looking at her. This tall 11-year-old with dark brown eyes and curly hair would literally bounce into my classroom each morning with a bright smile and friendly enthusiasm. However, Paulette rarely completed assignments in class, frequently left her seat, was easily distracted and, given the opportunity, would distract others. During silent reading she would find her way to the art supplies and cut construction paper outlines of her name. During math she once managed to use an entire roll of masking tape to line the bottom of her desk. Paulette was bright and could easily complete most assignments, but didn't. With the best of intentions she would promise to complete her work at home. Rarely did this happen, but if she were being scored for creativity, her excuses for not having her work would have earned her an "A." Instead, when confronted about missing or incomplete assignments or asked to resume seat-work she would mutter: "No, I won't," "I hate school," and "I hate you," or a combination of the three. I learned to respond in the positive: "That's too bad, because I love you and I hope you can get this assignment done because you are smart."

Paulette taught me a great deal about teaching with compassion about two weeks before our scheduled overnight field trip to an interpretative environmental center. Students would bunk four to a room, and before the class I explained that I, the teacher, would pick their roommates. Volunteer parents would also bunk in the rooms. Paulette came to me and announced that she was not going unless she got to choose all three of her roommates. (I chose roommates the same way I chose classroom seating, to minimize chaos, and Paulette's chosen group of four was not a possibility.) Nonetheless, I knew that providing choices was crucial for this often disruptive student.

Patiently I explained that she did have choices. She could choose not to go on this field trip. If she stayed behind I would give her the choice of either going to the other 5th grade classroom or helping the 2nd grade teacher as a classroom assistant. I knew the 2nd grade opportunity would be one she found attractive because her sister was in that class. Her other choice was to go, but if she made this choice she would have to be satisfied with my choice of her roommates. In an attempt to make her feel better about this choice I told her I would make sure to satisfy at least one of her roommate choices.

Paulette decided to go, and the next morning, the list of roommates was posted. During silent reading, one of my students informed me that Paulette had locked herself in the classroom cabinet near her desk. Remarkably, she had moved a stack of books and papers out of a storage space and crawled in. I approached the cabinet and heard her crying. "I hate school. I hate you."

"That's too bad, because I love you. Paulette, you need to come out of the cabinet and talk with me."

No response.

"Is this about the trip? If it is we can talk with your mom about this. I lovingly reminded her she had choices: 1) To go with one of her choices as a roommate, or 2) to stay at school."

"I hate school. I hate you. Stop talking about my mom. I haven't seen her since 2nd grade."

Suddenly I got it. No wonder she didn't like surprises about where she would sleep the next night. For the last three years she had moved from one foster care home to another. Others would have parents with whom to bunk. All she was asking for was some control about how she would spend the night

"Paulette, you have a big decision to make here," I told her. "You can choose to come out of the cabinet and talk with me, or choose to deal with the principal who I will call to talk with you. If you come talk with me in the hallway you can tell me 'no' you don't want to go. Then again, you can come out to the hallway to tell me that you'll go. Or you can stay in the cabinet and our principal will come to talk with you. Whatever you decide, I will love you and do my very best to make sure you are safe."

Many tears later, Paulette and I worked things through. I chose to be the "parent" who bunked in her room, and I allowed her to have a second "friend" join us. We still struggled, but in the end, we both did well.

Diane Leigh, 5th/6th Grade Teacher
Acme Elementary School, Washington

6

Principle Six: Provide Guided Opportunities for Helpful Participation

We all need to belong. Belonging gives us opportunities to be heard, to make choices, to have responsibilities, to engage in problem solving. When we participate we get to feel like we belong. When we make making meaningful contributions to the welfare of others, we improve our own feelings of self-worth. Helping others strengthens resiliency. Why is that? Perhaps the sense of belonging that comes with "giving back" ends the isolation that worsens the symptoms of trauma. Perhaps helping others provides insight to ones' own struggles. Perhaps each authentic demonstration

of resilience provides meaning to an otherwise tragic remembrance. Whatever the reason, providing guided opportunities for helpful participation is an important principle of compassionate teaching. Such supervised opportunities can provide solace, create mutual trust, and affirm the self-worth of those involved.

Please note the emphasis we have put on the words "guided" and "supervised." Teachers need to carefully plan, model and observe ongoing interactions. For example, a student who has learned how to overcome some of her struggles may want to help another with more recent problems. Pairing survivors of trauma is not merely "peer tutoring." Partners will still be vulnerable to traumatic triggers. Whether in large or small groups, teachers will need to use their talents as a relationship coach to nurture newfound opportunities for friendship and support.

From the Classroom: Jan Gravely provides an excellent example of the fifth principle in this anecdote about the website "FreeRice.com."

A Real Life Example:

Many students who attend the alternative high school in which I teach operate against a constant backdrop of poverty, homelessness, abuse, mental health issues, and a history of rejection and failure. As a staff we do all we can to support students and mitigate circumstances that often seem overwhelming. Quite by accident, I discovered www.freerice.com. This website has the two-fold purpose of improving one's vocabulary and contributing food to starving people around the world through the United Nations' World Food Program. As a teacher, the opportunity to engage my students in an activity that could improve their vocabulary was intriguing and it felt good to think my students would also be helping people around the world who faced dire conditions. Shortly before winter break, the idea for a competition was born and students in my classroom and one across the hall began using their free time to participate in "freerice.com." They printed the final page from each session and grains of rice were totaled. Motivation was fueled by the chance for a pizza party, or so I thought.

In the weeks and months that followed the "freerice.com" competition, several students continued to play and continued to bring their totals to me. They also became intrigued by the countries to which the rice was being sent and the plight of the people in those countries. I noticed a pattern among the students that continued to play. Often these students faced the most difficult circumstances and yet seemed to gain some measure of strength and confidence as they contributed to the well-being of others. Usually the benefactors of donations to the clothing bank, food bank and other community services, they had become the contributors to others in need. Using their resources of time, curiosity, and compassion, they made a difference in the lives of others and in so doing stood a little taller and a little more confident as they faced the challenges in their own world. It wasn't the pizza party; it was the opportunity to help someone in need that was making the difference. Together we learned that we can strengthen ourselves by helping others.

Jan Gravley, Harbor High School
Aberdeen School District, Washington

For one more example from the classroom of how the Six Principles may be infused into instruction, see the “Case Study: Chucho” in chapter 5.

Before we move on to the curriculum, let’s take a moment to review the Six Principles represented in the table below. As you do so, please consider the following possibility: The Six Principles can benefit any student dealing with stress, traumatic or otherwise. A child who is simply having a bad day will benefit from a compassionate approach. Moreover, what parent who is aware that there is stress in their child’s life would not want a teacher to model and teach with compassion?

The Six Principles

A Compassionate Curriculum

Curriculum is what we teach. Cuban (1996) calls it the "series of planned events intended for students to learn particular knowledge, skills and values... [including] purposes, content, organization, relationships, and outcomes for students" (p. 221). This is a supplemental curriculum. It doesn't replace the core content that teachers teach (e.g., reading, writing, math, science, fitness, etc.). It should supplement those curricula.

The Six Principles can and should be infused into the Three Domains. Together they both guide our actions as teachers and become part of the content we teach. The ultimate objective is to integrate the Six Principles and Three Domains into the school's core curriculum and activities.

A Suggested Framework: Research-based and Modeled on Current Best Practice

Our curriculum is research-based and modeled on current best practice. In the pages that follow we will provide examples from Washington classrooms. However, we borrow extensively from the pioneering work done by colleagues in Massachusetts. We wish to acknowledge that they are the source of much of our content and the overarching model within which they are contained. They truly are leaders that are making a difference.

The National Child Traumatic Stress Network first developed the ARC model (Kinniburgh et al., 2005). ARC stands for Attachment, self-Regulation and Competency. These domains serve as the theoretical framework for several curricula models that followed. This same group of mental health professionals published a handbook of strategies for clinical intervention (Kinniburgh & Blaustein, 2005). Several of their strategies, adapted for P-12 classrooms, are included in our curriculum.

That same year, Massachusetts Advocates for Children (MAC) published *Helping Traumatized Children Learn* (Cole et al., 2005). A pioneering and influential work in trauma-sensitive education, this book presents a "flexible" framework designed to "help each school community develop a plan for integrating trauma-sensitive routines and individual supports throughout the school day" (p.7). It includes three "overarching teaching approaches" grounded in domains based on the ARC framework. As we write this book, the MAC writing team is finalizing a new model with four domains.* This most recent work, concepts from which they have so generously shared, is reflected in the pages that follow.

Our colleagues at the Framingham School District applied the MAC Flexible Framework in their schools. With funds from a small grant from the Massachusetts Department of Education, they provided training for their teachers. One product of their work is the book *Teachers' Strategies Guide for Working with Children Exposed to Trauma* (Framingham Public Schools, 2008). More than two dozen Framingham educators shared and developed the strategies contained on its pages. Not surprisingly, they also used the ARC model as a framework for their strategies. For each domain, they provide a definition and then list the challenging behaviors, actions to avoid, and socio-cultural considerations. They then suggest strategies within each domain and vignettes to provide context for these teaching ideas. With their permission, we organized our curriculum in much the same way.

A fourth major source from which we derived ideas and strategies to include in our curriculum is the work of Susan Craig, author of *Reaching and Teaching Children Who Hurt* (2008). Craig's book is rich in applications for teachers to create opportunities for self-regulation as well as to support the acquisition of reading and writing skills of students struggling with the effects of trauma.

Our curriculum model is grounded in research and practice. It includes methods that we know have been used successfully in schools. However, before applying the suggestions that follow we ask that you remember that:

1. This curriculum is NOT comprehensive. Instruction must vary from student to student and class to class. Use your knowledge about teaching your individual students and working with their families to make thoughtful refinements and adjustments.
2. This curriculum should be integrated with the Six Principles of compassionate teaching and discipline described in the first part of this chapter.
3. This curriculum is NOT intended to be a step-by-step prescription. It is also NOT developmental. Yes, the domains are sequenced. However, teachers need NOT teach them in sequence. Strategies should be chosen because they are a match for the content being taught, the teacher's instructional style, and most important, the students' current needs.
4. Trust your professional judgment; but DO NOT try these ideas alone. As you implement new approaches and strategies take time to reflect upon the results with others (e.g., teaching colleagues, administrators, counselors, and social workers).

*The use of these four domains (caring relationships with adults and peers, self-regulation of emotions and behaviors, success in academic and non academic areas, and safety, physical health and well-being) as the organizing framework for bolstering success at the school-wide and individual child level is an intellectual contribution of an interdisciplinary group of experts convened by Massachusetts Advocates for Children for their forthcoming publication, which is a follow-up to Helping Traumatized Children Learn, www.massadvocates.org. These conclusions are based on the work of Masten & Coatsworth (1998): "The Development of Competence in Favorable and Unfavorable Environments." American Psychologist, 53 (2) 205-220; Kinneburgh, K.J. Blaustein, M. et al (2005) "Attachment, Self-Regulation, and Competency: A Comprehensive intervention framework for children with complex trauma," Psychiatric Annals, 35 (5): 424-430; and a rich body of research demonstrating the importance of each domain and its iterative relationship to the other domains. (S. Cole, personal communication, June 4, 2009)

Domain One:
Safety, Connection, and Assurance

Domain Defined

Threats of danger, whether real or not, can trigger the freeze-fight-flight-fright response. They can also trigger traumatic memories (flashbacks). Once triggered, children will behave in ways that neither they nor their teachers may understand. Obviously, these behaviors will interfere with academic success. They will interfere with a student's ability to encode, process, organize, and store new information. They will interfere with students' abilities to recall information needed to complete assignments or to use language to relate to people. As if that weren't serious enough, a pattern of perceived threats and uncontrolled behaviors can lead students to feel demoralized, exhausted, and depressed. This pattern can lead students to appear oversensitive, numb, hostile, or aggressive. Obviously, students who behave in these ways will have problems connecting with others in healthy ways.

Children with no history of connection with trustworthy adults will challenge their teachers. After all, they have reason not to trust adults. However, they can learn to trust others and make healthy connections. This will require three things: consistency and integrity on the part of the teacher; attunement on the part of the student so they can read teacher cues accurately; and opportunities to respond appropriately. **Attunement** is the term used to describe the capacity to accurately read the cues of others and respond appropriately. Children affected by trauma may be oversensitive (misattuned). Misattuned children may mistakenly read signs of anger, rejection or abandonment where there are none. They may be numb or unattuned to others, acting in ways that alienate them. Conversely, they may be overlytuned (over-adaptive) to their caregivers. In these cases, they will take responsibility for the actions of the adults who are supposed to care for them. (Kinniburgh & Blaustein, 2005). Teachers, especially those who are troubled by problems of their own, may also be misattuned, overlyattuned, or unattuned. One of the goals of this domain is to improve teacher/student attunement.

Teachers can do a great deal to create a climate of safety for their students. Teachers who are attuned to the needs of their students can help students identify and deal with their triggers. They can help their students with attunement, teaching them more about the cues of others. They can respond to the emotions that underlie inappropriate behavior rather than simply react to the most disturbing symptoms.

Goals for Instruction

- Students will be provided with opportunities to feel safe and assured. They will be able to name conditions in their classroom that assure their well-being.
- Students will be able to identify triggers that set off “fight-flight-fright” behaviors that distract them from learning.
- With the help of their teachers, students will either remove trigger stimuli or respond to those stimuli differently.
- Students will improve their abilities to attune themselves to the cues of others. They will accurately read the cues of others and respond to those cues in ways that enhance connections.

Recognizing the Need

Students who will benefit from instruction in this domain may appear distracted, defensive, guarded, wary, or hypervigilant. Consequently, they have trouble staying on task. They require frequent redirection. Behaviors may take the form of aggression or withdrawal. For example, seemingly without provocation, a student may aggressively challenge the teacher’s authority. On the other hand, the student may choose not to participate in an activity, accepting the consequences without seeming to care.

Changes in routine may trigger unexpected behaviors. These may include emotional outbursts, self-destructive behavior, or efforts to retreat to a safer area in the room. (Younger students may choose to hide in a cabinet or under a desk. Older students may demand the use of the hall pass, see the school nurse, or cut class.) Students who feel safe with the administrator who provides discipline may purposefully act out so that they are sent to the disciplinarian.

The need for predictability may make transitions from one activity to another especially difficult. After all, once a student feels safe in one activity, why take the risk of a change? Once again, the result could be aggressive or passive. The student may challenge the need for a transition from one activity to another, or the student may simply refuse to make the change. Then again, the student may find a way to disrupt the class, making the transition impossible.

Anticipation of an unsafe situation may lead a student to preemptively strike out at the person who instigates change. Sometimes that is the teacher. Other times that may be other students. This will often cause peers to avoid playing or working with this student. In response, students in need of compassion may tease, bully, or harass a member of the group so as to be placed in isolation by the teacher.

Normal occurrences in the classroom environment may startle some students. A teacher raising his voice in anger at another student may trigger spacey (passive) behavior on the part of a student who sits motionless despite

a directive that the class move into groups for the next activity. A signal of real danger, such as a fire alarm ringing or the sounds of a fight in the hallway, may trigger a gamut of emotions and behaviors beyond the child's ability to identify or regulate. (Whispering can do the same if there is a history of whispering by adults before abuse starts.) A class discussion may lead to a student flare-up. A student "going off" like this may cause others in the class to feel unsafe. Consequently, other students will want to avoid potential flare-ups with him or her.

Applying the Six Principles

Compassionate teachers realize that students struggling with trauma experience persistent levels of fear. It is therefore necessary for students to feel safe, both emotionally and physically. Organization and routine provide predictability. Without it, some students may feel potential danger. Empower your students by announcing changes of routine well in advance and repeating them frequently. Remember that spontaneous activities that may be perceived as removing class structure will disempower students because of the likelihood that they will trigger defensive coping behaviors. When a routine needs to be changed, provide multiple alerts and ample time for adjustment.

Wearing trauma-sensitive lenses, teachers can attune themselves to student needs around safety. Provide unconditional positive regard. Show this by caring enough to look for responses that indicate that students may feel emotionally or physically threatened. Maintain high expectations. Threats have no place in the classroom. We know that threats can take many forms. Emotional threats can come from the teacher as well as from peers. Remember not to take student behavior personally. Acts of defiance are often defensive coping strategies. Avoid a tone of voice that can be perceived as challenging a student's safety. Avoid arguments or power struggles with students in front of their peers.

Be a relationship coach. Physical threats of violence from peers have no place in the classroom. Be sensitive to other changes in the classroom environment such as cliques or arguments among students. All that teachers have learned about preventing bullying, teasing, and harassment should be applied with fervent compassion.

Teachers can and should be mindful of big gestures or loud noises, looking to help the student safely address those perceived as threatening. Work to accommodate the student whose concerns may revolve around emotional issues. Look for situations the student may perceive as embarrassing, humiliating, or shameful. For example, life events may make it difficult for a student to maintain proper hygiene. Address this issue before peers point it out in embarrassing ways. Avoid labeling students as "traumatized" or "abused." Labels can be disabling, and they stick.

Finally, but perhaps most importantly, compassionate teachers take time for self-care. They realize that the amount of tolerance and understanding they can show struggling students is proportionate to the amount of effort they take to meet their own basic needs.

Content and Strategies

Safety First!

Assuring that students feel safe, emotionally and physically, must come first. Basic assurance of safety of students is required to focus on learning. Without these assurances students are likely to behave in ways that is hard to understand. Let us not forget that assurances of safety benefit us all. All students, and their teachers, should feel safe in the classroom. Once students feel safe they need opportunities to connect with adults and other students in healthy ways. These connections can lead to further assurance of well-being. Here's a checklist of actions to consider:

- Monday mornings and daily schedules can be made routine and predictable.
- Routines can be posted in writing and articulated frequently.
- Teachers can regularly attune themselves to students' needs. In so doing, they can make themselves available for students to express their emotions appropriately.
- Potential triggers can be identified.
- Teachers can remember that limit setting can act as a trigger.
- Opportunities can be created for students to make choices and be in control.
- Transitions can be planned, previewed and made routine.
- Seating arrangements can improve feelings of safety.
- Calm Zones or Safe Places can also improve feelings of safety.
- Whenever possible, safety plans can be in place. Students with IEPs should have that plan in writing.
- Artifacts and activities can be used to develop and enhance connections (e.g. Photo Albums, Scrapbooks, Fancy Fridays).

Monday Mornings, Daily Schedules and Class Meetings

For many teachers, weekends are restful. Yes, we have papers to grade and planning to do. We may have family and community needs that demand our attention. But for the most part, the stresses that come with attending to the needs of dozens, if not hundreds, of students at a time, in one space, are removed. We have additional time for self-care. This may include much-needed sleep, exercise, nutrition, and recreation with family and friends.

For students affected by trauma, the opposite may be true. During most weekends, these students become fully immersed in traumatic events and unhealthy relationships. Schedules tend to be chaotic, sleep unpredictable, food choices limited, and relationships insecure, and the potentials for emotional or physical harm are ever-present.

Most teachers return to school on Monday rested and ready for the challenges of the teaching week. Determined to help students meet standards, they arrive with a week's worth of lessons. Rested and refreshed, they review the previous week's learning and launch towards new objectives. For many students, this works well. They too have had a restful weekend. Not so for all students. Some are tired, not well-nourished, and still reverberating from the chaos of their home lives. Providing structure and predictability on Monday mornings is important. Take time to outline the day. Post a schedule on the board. Use symbols and pictures of clocks for younger students.

Some compassionate teachers then hold a brief class meeting. Class meetings work best when students are seated in a circle. There is a safety factor here as well. When seated in a circle no one has their back to anyone else. During class meetings rules and agreements that provide safety may be reviewed. For example, if teasing has surfaced recently the teacher may say, "Respect and care in this classroom mean that we don't tease each other. What is teasing? Is it always disrespectful? How can it sometimes be scary to someone?"

Students can also be asked to share a bit about their weekends. Some teachers ask for "celebrations or challenges." Participation should be by choice. No student should be called upon or required to speak. Sharing about the weekend gives students and teachers opportunities to attune to each other's needs. Students may celebrate the purchase of a new toy or special time spent with a visiting cousin. On the other hand, a student may share the challenge that they are worried about a family member in a war zone. They can share that they are saddened by the illness of a beloved aunt. Teachers can model appropriate ways to connect with students who are celebrating or grieving. They can encourage their students to do the same for each other. Together you can build the connections that create community. There will be time for the lesson, but let the needs for safety, connection, and assurance of well-being come first.

Not all students will speak of their challenges. They may feel, with good reason, that it is not safe to do so. If you note a change in a student's affect, take time to connect with that student later in the day. Others may demand your time and attention right away. Seek privacy in addressing their needs. Offer choices. Right now you have to start the lesson. Can we visit later? In the meantime, would you like to sit in the Calm Zone? Would you like a pass to visit the counselor?

A Real Life Example:

In my reading about trauma I found the statement that students who have experienced trauma may be 'hypervigilant' in the classroom. To have this phenomenon named was a relief for me, because I have seen this over and over with my students.

Trauma interferes with teaching and learning everyday.... Mondays are especially hard, because students have had no time out from whatever is going on in their lives. Sometimes a student will be so tired or agitated that he cannot concentrate. When a student is feeling stressed he or she may come in the door looking for someone to unload upon. This can change the entire feeling in the classroom and set off others. I have had to have students removed from the classroom to protect everyone else. But there are also times when I accomplish more by backing off. It is important not to escalate the situation. Going slow so as not to put pressure on students is often necessary. It is a challenge to balance this with having high expectations, so that I don't end up enabling self-destructive behavior.

Edie Hope, Special Education Teacher
Mount Vernon High School, Washington

Identifying and Dealing with Triggers

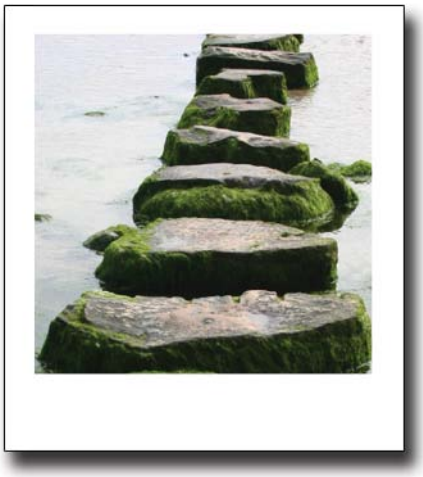
Kinniburgh & Blaustein (2005) define a **trigger** as "any stimulus that acts as a reminder of past overwhelming experiences, and leads to the same set of behaviors or emotions that originally developed as an attempt to cope with that experience" (p. A2-8).

Triggers may be external. These involve stimuli from any of the five senses. For example, a teacher shouting may remind a child of the yelling that occurred prior to being beaten. Then again, kind words said in comfort can unconsciously remind a child of betrayal. The smell of a new car interior, if it was present at the time of a tragic accident, has unconscious power to trigger traumatic memories. The smell or nuzzle of a large dog, no matter how friendly, can create problems for children who have survived animal attacks.

Triggers may also be internal. Feeling hungry may remind children of times when they were abandoned. Feeling anxiety, like when preparing to speak before a group, can trigger unrelated memories, such as when she was fearful when Mom and Dad were in a fight. A trigger may sometimes be a combination of external and internal stimuli. For example, a substitute teacher who wears a certain brand of cologne takes away a student's cell phone. The student is worried about the safety of a family member who wore the same cologne, and without the cell phone, they are disconnected.

How are we to know that a student has been triggered? This is where teacher attunement is most helpful. Were there significant changes in the student's mood, tone of voice, facial expressions, or behavior in general? Did the student suddenly become more manipulative, withdrawn, or engage in conflicting aggressive and passive behavior?

What should we do when we suspect that a student has been triggered? In chapter 1, we compared seeing a student affected by trauma to seeing the tip of an iceberg. We discussed seven steps. Here they are again in context. Compassionate teachers can create opportunities for students to make choices and be in control by:



1. Acknowledging that the student behavior we are seeing may be a traumatic response to something bigger and more complex than what we are seeing in our classrooms. Doing so requires that we not take the behavior personally. We can help ourselves do this by asking: What was the function of the student's behavior? Was it to defy us personally? Or was its intent to somehow cope with a perceived danger?

2. Acknowledging and respecting boundaries. We don't have to know the details of the student's history (or shape of the iceberg underwater) to respond with compassion. We are NOT going to be able to fix the problem. Therefore knowing all the details is not the most useful way to use our energy. However, we can respond with care and concern. We can model appropriate adult behavior.

3. Assuming that there is a plausible link between some stimulus (or stimulus configuration) in the classroom and the complex behavior of the student.

4. Looking for that stimulus configuration and figuring out how it might be a representation of a current day form of a threatening thought or memory. This will require a bit of detective work on our part. Triggers are complex. They can be external, internal, or a combination of both. At this level, the student can't help us much. Their response is reflexive, not reflective.

5. Playing a role in removing the trigger. Whenever possible, we do this by providing the student with choices. There are three ways to do this. In this domain we address the first two: either remove the stimulus or help the student remove the stimulus. (The third part will be addressed in the next domain: help the student learn to respond to the stimulus differently.)

6. Remembering that compassionate strategies for traumatized students tends to be useful for most students. In the wake of the storm, foster the resiliency of all who are present in the room. Take explicit steps to reduce any residual stress (embarrassment, shame, humiliation, harassment, threats of violence) in the classroom. As the adult who has significant control over the environment, model compassion (affirm unconditional acceptance, respect, reason, increase opportunities to connect and help others etc.).

7. Monitoring student progress, and providing alternatives as needed. Debrief with a colleague.

Transitions and Safety Plans

A 1st grade teacher noted that children were often startled by the sounds of their chairs squeaking on the floor. She chose to remove the stimulus. She went to several local sports stores in her town and received, as donations, ten dozen tennis balls. Working with the custodian, she cut small holes in the balls and attached them to the feet of the chairs. The trigger stimulus was removed.

Many students have trouble with transitions. Once safe in one activity, a transition to something new involves risk. Therefore the change becomes the trigger. To assure younger children of safety and to avoid triggering reactions, teachers can preview changes. For example, in one 1st grade class the teacher routinely played a recording of a 4 minute piano sonata between activities. As the music came on in the background she would say, “OK, children. We are getting ready to move from Math Land to Reading Land. Please finish what you are doing. Sometime between now and when the music stops, please take out your reading books.” Working together with students, this teacher helped remove triggers.

A written safety plan enables teachers to help students remove stimuli that lead to inappropriate behavior. For example, a 5th grade teacher noted that there were times when the affect of one of her students would start to change dramatically. Something was going on, internally or externally, for this student, but the teacher couldn’t isolate it. Working with both the student and the school counselor they created a safety plan. The teacher made sure to advise administration of this plan. At those times when the student seemed to be triggered, the teacher would encourage the student to use a special pass. The student could use the pass to visit the counselor.

Another kind of **safety plan**, one that is more effective at the secondary level, involves peers. When the student appears calm, the student and the teacher select two or three peers (responsible parties) that the student believes can be helpful when triggers arise (feelings of anger or anxiety). An area where the students can talk is arranged (e.g. while walking the school track or sitting in the school commons. Once again, administration should be involved in the plan. Cole et al. (2005) recommend that students with IEPs who have been affected by trauma have written safety plans. They also suggest that that written safety plans are also useful for students without IEPs. Together they worked to help the student learn to recognize the trigger. Another way to work with students to remove triggers is to create a calm zone.

Minimizing Triggers When Setting Limits

Kinniburgh & Blaustein (2005) remind us that setting limits is necessary to maintain classroom safety. And yet, all types of limit setting can act as triggers. A time-out can trigger feelings of abandonment. Ignoring or removing a student from a group can trigger fears of rejection. Discipline can trigger fears of inappropriate punishments. These authors encourage us to minimize the impact of limit setting by:

- Naming the rationale for the limit. (Throwing pens at people can hurt them.)
- Link the consequence to the behavior, not the person. (I care about you. I don't think you wanted to hurt anyone. But throwing is not OK).
- Naming the boundaries of the limit. (You have a 5 minute time out or I'm going to hold your pen until after lunch.)
- Move on. The limit has been set. Consequence given. (After your time out you may look at your book, or clean your desk.)
- Make adaptations. (If, in the past, a child has been punished by being isolated for long periods of time, have the student sit in a nearby chair. Don't send them to another room. (p. A3-18)

Calm Zones

In the majority of trauma-sensitive elementary classrooms we visited in Massachusetts, there were "calm zones,'" or "safe places." A calm zone is a place where students can voluntarily move when they feel themselves getting out of control. This safe space is an area separate from where students may be sent for time outs. Children can choose to go there, without penalty. Use of this space is available to any student having a difficult time. For example, during one of our observations we saw a student ask permission from the teacher to retreat to the calm zone. He then sat down on one of the large pillows and put on headphones that played calming music. We asked the teacher later if this was one of her students who had been affected by trauma. Her response, "No, he was just having a bad day." Here we see the universal benefit of having calm zones open to all students. Neither the child suffering from the effects of trauma nor the child simply having a bad day is singled out as being different.

Here in Washington, calm zones are an important component of intervention provided to young children at the Safe Harbor Crisis Nursery.

A Real Life Example:

As educators, we often forget that children affected by trauma are experiencing a physiological response that they do not consciously control. Their behaviors are the manifestation of that response, designed to help them cope with what happened. It is our responsibility to assist children to learn less destructive and more effective soothing techniques.

One of the simplest solutions for educators and counselors is to create a safe place in their classroom or office. If children begin to feel themselves getting out of control, they can voluntarily move to the safe place. A safe place can be a comfortable corner created with soft pillows and blankets. It can be a pop up tent, a blanket over a table end, or a canopy hung from the ceiling. A sound machine with choices of natural sounds is a positive addition. A soothing aromatherapy scent such as eucalyptus spearmint will also have a positive effect. Cognitive games like Rush Hour or the I Spy series are helpful in moving the brain from the right (emotional thinking) to the left (cognitive processing). The safe place should never be the same as a time out area. It is a choice of the child that can be made without repercussion or explanation.

Some will argue that children will choose a safe space to get out of doing class work. Children who lose control in the classroom are not retaining information anyway. Often they are spending their time examining their environment for potential threat. This choice usually only lasts until the child regains a sense of safety and security. They may use a safe space a lot at first, but will taper off as the classroom becomes their safe haven. An understanding teacher can go a long way in helping undo the damage done by traumatic stress just by being a positive, supportive presence in the child's life.

Sue Delucchi, Safe Harbor Crisis Nursery
Kennewick, Washington

Removing Triggers in the Secondary Classroom

Providing routines, posting rules and time schedules, and reviewing them regularly is equally important in assuring the safety of secondary students affected by trauma. Both teachers and students can have trouble keeping track of which one of the multiple schedules the school is on that day. The classroom rules for secondary teachers are usually the same for all classes we teach each day. However, the rules change every 55-90 minutes when students move to their next class. Yes, there is a handout that went home the first day of classes. However, students dealing with chaos in their lives may have lost track of it. They can benefit from some assistance here.

When we note changes in affect we can encourage students to choose to visit us before/after school, or during our prep periods. We can provide opportunities for students to express their emotions appropriately. We can make ourselves available to listen. Sometimes teachers are closer in age to adolescent students than their parents. This provides many excellent opportunities to model empathy and compassion. Private meetings can provide logical times to create and suggest safety plans for students that fit our school and classroom environments.

Monday morning class meetings can also take on greater significance. Developmentally, adolescents are separating themselves from their parents. Thus they are more likely to talk about the challenges they faced over the weekend. For students to feel safe and make connections, all teasing, aggression or bullying needs be dealt with directly. And while a tent in the back of a high school algebra classroom may not be practical or safe, we can invite students to relocate their desks to more secluded areas, next to a teacher aide, or next to some other "safe" person.

Testing as a Safety Issue

If students affected by trauma discern, correctly or incorrectly, that they may have to expose themselves to increased risk for abuse, the likelihood of self-protective behaviors increases. What then of the accepted practice of administering a test with which a student knows she or he will struggle? The assessment standards of the International Reading Association and the National Council of Teachers of English (1996) are clear: "The consequences of an assessment procedure are the first, and the most important, consideration in establishing the validity of an assessment. No matter what attributes an assessment procedure has, its consequences for students are primary. Any assessment that does not contribute positively to teaching and learning should not be used. Where malevolent control may be a trigger of trauma symptoms, normal testing procedures may be invasive, thereby invalidating the results.

Principle One (always empower, never disempower) may require that such testing be postponed (Wolpow & Askov, 1998). The same may be said of using this testing as a justification to require (force) a student to attend classes for those who are "not yet at standard." When we require students to take tests to prove they have a deficiency our message can be perceived in many ways. These include but are not limited to: It doesn't matter what you feel, we know what is best for you; We don't care if you could do better tomorrow, do as we tell you; We think you are a failure and we can prove it to you by making you take this test.

Fancy Fridays and Photo Scrapbooks

Fancy Fridays (Craig, 2008, p.125) is an activity geared for early elementary-aged students. On these days, the teacher and a select group of children have lunch together. Rather than go to the school cafeteria an area of the room is set up like a restaurant. A tablecloth, napkins, and silverware adorn the table. Teachers and other adults help model appropriate behavior and conversation. Children attend Fancy Fridays on a rotating basis. No one is excluded.

Teachers at all levels can have classroom photos taken of themselves with individual students while working together. These can be dated and stored in a scrapbook (digital or paper). Later on, teachers can use this book to help students review the history of their relationship with the teacher and others. When so doing, teachers can help students notice how they were able to reconnect despite disagreements or misunderstandings (Craig, 2008, p.84).

Throughout this domain we have encouraged educators to infuse the six principles into all teaching and discipline. The goal is that the principles and the content of this domain be integrated into the school's core curriculum and activities. Within this domain, we have suggested ways that teachers can play a role in removing triggers. We suggested that there are three ways to do this. In this domain, we addressed the first two: One, remove the stimulus and two, help the student remove the stimulus.

In the second domain, we continue to address these, adding instruction in ways that can help students learn to respond to stimuli differently. That is, we would suggest ways to teach students how to better self-regulate their emotions and their behaviors. We will continue to urge you to infuse the six principles into all teaching and discipline.

Domain Two: Improving Emotional and Behavioral Self-Regulation

Domain Defined

More often than not, lack of self-regulation is the major cause of concern raised by teachers about students who have been affected by trauma. Time and again, our attention goes to the students who are acting out aggressively. However, children who are withdrawn may be reliving traumatic events in their minds. While their behavior may not be disruptive to the classroom, they are no less deserving of our unconditional positive regard, empowerment, and skills to process their trauma.

Operating at high levels of arousal or fear, triggers can overwhelm their emotional management skills. In order to cope, children will disconnect from their feelings and behave in ways not appropriate to the classroom. They may act out or withdraw. Teachers can help students feel safe, connected and assured of their safety. They can also help students learn to recognize triggers. However, students cannot learn to self-regulate emotions that they don't know they have.

This domain of the curriculum addresses ways that students can recognize and name their feelings and bodily states. It addresses what we will call "the vocabulary of feelings." Once students recognize and name their feelings, the objective is to help them create links between external experiences, internal feelings, and triggered behaviors. However, within this domain there is one more set of behaviors to be learned. Students still need to learn how to respond differently to their feelings. Doing so requires affect modulation.

Affect modulation may be defined as calming down or revving back up after an arousal of an intense emotion. Once students recognize and name the emotions and the triggers that set them off, the objective in this domain is to help students modulate their emotions so as to be able to express them appropriately. Doing so will enable them to behave in a manner that will help them succeed in the classroom.

Goals for Instruction

- Students will be able to better identify and differentiate among their feelings.
- Students will be able to better identify the emotional cues of others.
- Students will be able to better link their feelings with internal and external experiences.
- Students will be able to better identify resources to safely express their feelings.
- Students will be able to better use strategies to modulate their responses to emotions in ways that will support academic success.
- Students will be able to use what they have learned about modulating their feelings to behave in a manner appropriate to the classroom setting.
- Students will be able to return to a comfortable emotional state after arousal of their emotions.

Recognizing the Need

We wish we could say that those students who benefit most from Domain Two appear distinctively different from Domain One. However, this is not the case. The authors of the **ARC Model** advise "each child brings unique attributes, exposure history, context and presentation." Their framework is NOT meant to be "a step-by-step prescription. Good treatment often involves revisiting key domains at different times in the healing process" (Kinniburgh & Blaustein, 2005, p. Introduction). Obviously, some knowledge and skills are prerequisites of others. However, like our colleagues in mental health, we educators understand that discerning evidence of levels of mastery of affective objectives is more challenging than cognitive ones.

With an understanding of the challenges of discerning levels of affective understanding, let us describe the behaviors of students who will benefit from learning in this domain. We know that overwhelming stress combined with triggers that remind them of past experiences may cause children to shut down (constriction). They may appear to be daydreaming, writing on their desks, or some other means of distraction. External triggers such as a teacher's facial expression may be misinterpreted as a threat, triggering overwhelming negative feelings such as shame or self-blame. A teacher's innocent use of sarcasm or humor to lighten a stressful situation may be misinterpreted as a cue of potential danger triggering aggressive behavior. In these cases, students may impulsively get out of their seats, challenge or distract another student, or show some other form of physical aggression (hyperarousal). Some students will go back and forth between constrictive and hyperaroused behavior, in what Judith Herman (1992) calls the "dialectic of trauma" (pp. 47-50).

By connecting with compassion, teachers can remove or help their students remove triggers; however, the ability to identify and express emotions may still be lacking. Asked what they are feeling, students' response may be "I don't know." Others will be able to identify that they are angry, but unable to identify the feeling underlying that anger (e.g. fear, confusion, rejection). These students lack a vocabulary of feelings, and the ability to use that vocabulary to learn how to modulate their responses.

Applying the Six Principles

Teachers who wish to empower children endeavor to identify triggers in a child. They do their best to help the child become aware of those triggers. Compassionate teachers make every effort to create an environment where children feel safe exploring, naming and sharing their feelings. They therefore refrain from disempowering behaviors including trivializing, joking about or dismissing students' feelings. Teachers know that, while learning, students will make mistakes and act in ways that are hard to understand. Compassionate teachers engage in sufficient self-care to remain tolerant and supportive. Despite what can sometimes be overwhelming challenges, they do their best to provide unconditional positive regard.

In teaching this domain, compassionate teachers maintain high expectations. They provide clear and consistent messages about class rules and provide balanced consequences. They continue to minimize triggers while applying limits. They avoid mixed signals, especially those that can be misread as put-downs. Sarcasm and joking are prime examples of potential mixed signals. Mixed messages can blur boundaries. Students need to know that the teacher is the caring adult in the room. By first checking their own assumptions, then observing and asking questions, teachers can assist children in separating the contexts of home and school. For example, a teacher might ask a student to step out into the hallway to say, "Jimmy, you have tears in your eyes. You don't have to answer this question if you don't want to. Is something happening here that is making you sad or did something happen somewhere else that is making you feel sad?" Jimmy is empowered by choosing whether or not to respond.

Compassionate teachers avoid acting as if they were peers. They are generous with praise, but also realize that praise can be a trigger. When this happens teachers can seize the opportunity to teach the language of feelings and act as a relationship coach. For example, a teacher may tell a student that they are proud of them. The child may reject this praise saying that she feels stupid. The teacher can respond, "Well, I'm feeling proud of you, but it's OK for you to feel however you want" (Kinniburgh & Blaustein, 2005, p. A3-10).

Content and Strategies

The Vocabulary of Feelings

With training, most people become highly competent in using language to describe what they are thinking. Surprisingly, however, when asked to express how we feel, many of us are at a loss for words. That includes most teachers. We are trained to use words to describe levels of thinking (e.g., Bloom) but rarely do we receive training in the levels of feeling (e.g., Krathwohl) (Krathwohl, Bloom & Masia, 1964). However, we can't address our feelings unless we can identify and name them. Neither can our students.

The following table displays categories of affect. Each category has a list of words that may be used to describe: (a) how we feel, (b) what we may be thinking when we feel that way, and (c) how we may act when we are having those feelings.

Regularly during our teaching days, we can stop to reflect on the affective dimensions of our learning and teaching. Practice doing this yourself. Then observe your students' behaviors. How are they acting? From what they say, what are they thinking? What are the underlying feelings?

Practice Using the Vocabulary of Feelings

Once you are attuned to your feelings and those of your students, model what you are learning. For example:

- When reading a story out loud to elementary students, pause and ask: How do you think this character feels? What do you think she is thinking? How are her feelings affecting how she acts?
- Craig (2008) suggests that we can share personal stories and "sports cast" how we are feeling (p. 113). Imagine, for example, a teacher telling this story:

> His dog of 14 years, Ari, had died. He discovered this when he returned home after school on Friday. At first he was shocked. Then he felt lots of sadness. Ari had been sick over the last several months. From the way Ari had walked the teacher could tell that his back legs really hurt. Sometimes Ari had had trouble breathing. The teacher could tell that Ari was scared when this happened. This is because the dog put his tail between his legs.
>
> He misses Ari. However, in a way, he is also relieved that Ari is not feeling sick anymore. Feeling both sadness and relief together is confusing. His wife decided to go through the box in the closet where they had many pictures of Ari. They picked their favorites and created a collage. Some pictures reminded them of how much happiness Ari brought into their lives. Others, like the one they took after Ari chewed a huge hole in his favorite chair, reminded them of how Ari could make them angry. They put the collage in a frame and hung it in their living room. Doing this has helped them still feel close to Ari, even though he is no longer alive.

Categories of Affect

Category	Feeling	Thinking	Acting
Apathy	Overwhelmed, tired, cut off, defeated, despairing, discouraged, disillusioned, futile, and/or resigned.	It doesn't matter. I give up. What's the use? Why bother? It will never work. I can't. It's too hard. No matter what I do, it won't make a difference.	Indecisive, lazy, listless, negative, passive, stuck, careless, disassociated, forgetful, inattentive, and/or unresponsive.
Fear	Unsettled, nervous, startled, frightened, threatened, anxious, caged, skeptical, frantic, confused, distrusting, tense, doubtful, vulnerable, apprehensive, exposed, and/or terrified.	It's not safe. It's so confusing that I just can't move. I don't want anything to change. Disaster is looming and I've got to protect myself. What if I fail? What will they think?	Defensive, disturbed, mistrustful, nervous, timid, agitated, shady, traumatized, scared, irrational, distraught, secretive, and/or self-sabotaging.
Pride	Smug, judgmental, aloof, uncompromising, above it all, righteous, holier-than-thou, cool, condescending, and/or vain.	I knew that. I'm in a better place than you. I'm smarter than everyone else. It's your fault, not mine. I would never associate with those kinds of people. I'm not like them. I know this already. I'm better.	Dogmatic, aloof, boastful, sanctimonious, hypocritical, closed, stoic, false humility, patronizing, putting others down, and/or distant.
Anger	Frustrated, huffy, ticked-off, vengeful, perturbed, irritated, agitated, disturbed, sizzling, violent, upset, exasperated, livid, resentful, jealous, hateful, seething, infuriated, beside oneself, full of rage, hateful, and/or mad.	I'll get them. I'm not going to do what they want. Not a chance! Now you'll pay for that. I'll get even. Drop dead! Who do you think you are? I won't be pushed around like that!	abusive, sarcastic, resistant, belligerent, blinded, pushy, destructive, aggressive, ferocious, fierce, inflexible, malevolent, merciless, nasty, offensive, stubborn, and/or passive aggressive.
Tranquility	Serene, free, fulfilled, full of awe, complete, centered, aware, quiet, and/or peaceful.	This is just perfect. I am just fine with what is happening now. Everything is unfolding as it should. I'm enjoying this!	Balanced, centered, serene, connected, composed, quiet, and/or whole.

Adapted from Wolpow & Tonjes, 2006, p. 121

Domain Two

From the Classroom: Using Language to Foster Safety and Connection

The Wise Guy*

If you made a checklist of complex trauma symptoms and manifestations, Zach (a pseudonym) would have every one of them: difficulty with information processing, no connection of cause and effect, trouble with concentration, external locus of control, lack of motivation, social wariness and poor relationships, overreaction to distorted perceptions of threat, emotional volatility and impulsiveness, aggressive and bullying behaviors. Zach's problems are most likely exacerbated by his placement in a self-contained special education classroom where he feels further stigmatized and isolated.

My abilities to provide a supportive response to Zach's problems start with an accurate understanding of them. There was an immediate transformation of our relationship as soon as I stopped seeing him as an adversary. He may really have been trying to destroy my classroom, as I suspected, but neither of us knew why. The little bit of literature I've now been introduced to about complex trauma offers an explanation, or at least theory, which has changed my approach. Once it dawned on me that maybe the kid was fighting me for power because he really felt powerless, I quit being defensive and started trying to figure out ways to share power with him. When I considered that maybe he was being hostile and belligerent toward me because he expected me to be hostile and belligerent back, I redoubled my efforts at practicing patience, and answered his aggression with peace. When I realized how easy it was for him to feel threatened and to misread social cues, I tried to adopt a little preemptive hypervigilance of my own, to recognize the situations or dynamics that would spook him, and head them off at the pass.

Allow me to illustrate my new approach. When Zach asks a question or makes a statement that seems like a challenge or a provocation, the first thing I look for now is who or what might be challenging or provoking him. Often it's me, through my over-reliance on irony and sarcasm. Since Zach already has trouble reading social cues and processing information, I don't do him any favors by adding new layers of complexity and context for him to sort out. For example, one day we were walking back to class from a P.E. session, and Zach asked me what we "have to do" for Social Studies. I told him that since he had been working so productively and cooperatively up to that point, I planned to reward him with a hard test. He was instantly agitated and reacted with "you mean when I do good work all I get for it is harder work?" I looked him in the eye and said "Zach, I'm just being a wise guy." "Being a wise guy" has evolved into a valuable code between us, and now when he's trying to absorb my feeble attempts at humor, he confirms by asking: "you're being a wise guy, right?" He's even getting the hang of how to use sarcasm himself.

David Billings, Special Education Teacher
Mount Vernon High School, Washington

*A more in-depth example of how David Billings used the Six Principles and Three Domains to work with Zach may be found in chapter 5. Look for "Case Study: Zach."

Using Analogies to Describe Emotions and Triggers

Metaphor, simile, and analogy are strong tools to teach any language. This can be especially true with the language of emotions. Are you as happy as a kid in a candy store with a pocket full of money? Are you as angry as an exploding volcano? Confused as a cow on Astroturf? Does arguing with your aunt feel as if you are wrestling with a pig in the mud? Does trying to get your father to stop drinking feel like you are spinning your wheels and burning the clutch?

When talking with a student about triggers, teachers can draw analogies to alarm systems (Kinniburgh & Blaustein, 2005, R1-4-6). For example, where there is smoke, there can be fire. A smoke alarm rings because there are leaping flames. You will recognize the danger and your body will call for lots of energy. You have good reason to get out fast! The ringing alarm triggers your brain to tell your body to release a bunch of chemicals. They are like super fuel for a car.

Have you ever lived somewhere where the smoke alarm goes off too easily? You are making toast and a tiny bit of smoke sets off the alarm. There was hardly any smoke at all and the toast has already popped up. Nonetheless, the alarm rings so loud, you would think there is a big fire. It rings loud enough to wake up your entire neighborhood! Sometimes, our brain gets triggered to set off emergency signals to our body too fast.

There can also be false alarms. This is when there is no smoke at all. We see, hear or feel something that reminds us of bad things that used to happen. Our brain sends signals to us to get ready to run or fight. We get fuel we don't need. This would be helpful if there was a real danger, but what if there isn't one? What if this is a false alarm? Acting like there is a fire when there isn't one can get us in trouble. If we know what set the alarm off, we can do something about it. We can help ourselves learn not to get all geared up to run or fight.

Teaching Affect Modulation

Earlier, we defined affect modulation as calming down or revving back up after an intense emotion. Kinniburgh and Blaustein (2005) point out that affect modulation is a process which requires multiple skills. The ultimate goal is to help children "learn to maintain optimal levels of arousal" (p. R2-2). We can think of feelings triggered by stimuli as if they could be controlled by a volume switch.

When triggered, sound comes on. If the music is too loud, we will want to turn it down. If it is too soft, we want to turn it up. We can control the volume by moving the switch.

In the first domain, we helped students learn to recognize they have been triggered. The sound was on. Now we can help them learn to control the switch. First, we need to help them understand that the switch can be clicked up and down. Feelings come in all sizes. Learning subtle shifts in emotion is difficult for us all. Kinneburgh and Blaustein (2005) suggest several activities that can help students build an understanding of degrees of feeling. We can draw control knobs with numbers from 1-10. We can use the Richter scale as an analogy (e.g. by asking, "How upset are you?"). We can also draw a thermometer with temperatures (e.g., "You say you were red hot! How hot would that be on this thermometer?" Then, two weeks later, that person has apologized to you. You might ask again, "How angry are you now?"). The same process can be applied to pie graphs or poker chips.

A similar procedure may be used to help students learn about their physical movements. Students can work at moving in slow motion (Super SLO MO) or very quickly (Fast Forward) (Kinniburgh & Blaustein, 2005, R2-5).

Calming the Body and Mind: PMR and Yoga

Progressive muscle relaxation (PMR) was originally developed by Jacobson (1938). Through a series of two steps we learn to relax our body. This physical relaxation can also result in emotional calm.

First, encourage all to turn off distracting electronic devices. Sit with spine as straight as possible. Place feet flat on the floor. Arms and legs should not be crossed. If safe to do so, close eyes.

The two steps are:

1. Have students isolate one muscle group, creating tension for 8 to 10 seconds.
2. Have students let the muscle relax and let tension go. Students then are encouraged to notice how the tension flows away as the muscles relax.

To lead PMR,

- Teacher leads students through steps 1 and 2 above, counting from 1-10, as progressing through the following muscle groups:

  Feet ----- Feet and legs ----- Hands ----- Hands and Arms ----- Abdomen ----- Chest ----- Neck and Shoulders ----- Face

- When you are finished, have students relax for a few seconds. Encourage those with eyes shut to open them after a count of ten.
- Don't be surprised if some students fall asleep during this exercise. After all, Jacobsen did name it "the relaxation response."
- You may want to use a feeling thermometer or pie graph (see above) to ask students if there are any changes in how they feel.

From the Classroom: Calming Exercises and Yoga

Elementary teachers may want to consider the use of "calming exercises." Secondary P.E. teachers as well as those who schedule students for P.E. may also want to consider the potentials of yoga.

A Real Life Example:

Calming Curriculum

Linda Johnson, school counselor at Manitou Park Elementary, has implemented a Calming Curriculum. Currently she is going into all four kindergarten classrooms once a week for 30-40 minutes. The activities include deep breathing exercises, taking seated pulse (the kindergarteners find their pulse, then as a group they count the drum beats), a series of yoga moves, a simple drumming game, a dance, and reading a relaxing story. She does more complicated yoga moves, positions and activities with the older grades. As a part of testing preparation she is teaching breathing exercises and yoga positions to help reduce anxiety.

The reactions from the students and their parents have been positive, often enthusiastically so. For example, when on one kindergartener was asked when could you use deep breathing and yoga positions she responded, You can use them "when your mom is mad at you, when I go to sleep, when I am mad, when I am sad, or on the bus at recess."

Linda uses material from the *Yoga Calm for Children Education: Heart, Mind, and Body* by L .Gillen, MS and Jim Gillen, RYT. For kindergarten and 1st grade she also uses ideas from *Dances That Come Alive*, by Jerry Poppen. Also, she is using relax stories from *Ready, Set, R.E.L.A.X*. by Jeffery S/Allen, M.Ed, and Roger J. Klein, Ph.D..

Submitted by Mary Wilson, Principal
Manitou Park Elementary, Washington

A Real Life Example:

Yoga

The method I have used to help students struggling with stress and/or trauma is yoga. I started practicing very recently, and was impressed with how yoga helped me cope with the overwhelming sense of hopelessness from my contact with some students. One main symptomatic sign of stress and/or trauma is shallow breathing, fight or flight mode. Yoga teaches us to be mindful of each breath, and to allow each breath to relieve tension in the body. The calming aspects of the final relaxation phase of each yoga practice allow each student to rest safely, slowing the heart rate and breath.

When students practice yoga, for that period of time they can be free from thought and anxiety. They are allowed to express themselves through slow methodical and intentional movement, stretching and strengthening muscles that have shortened during this stressful time. Yoga also helps students alleviate headache and back pain, as well as calming the nervous system. After a yoga practice, students have a sense of peace and ease, and have developed strategies on how to cope in their everyday lives.

Yoga can be practiced anywhere, anytime, in any outfit, with anyone and even alone. The benefits of a mindful connection between mind, body, and spirit are endless, and easily accessible to anyone.

Ricky Knue, Physical Education and Agricultural Education Teacher
Mount Vernon High School, Washington

Calming the Mind and Body: Games for Young Children

PMR can be modified for younger children. Kinneburg and Blaustein, (2005) suggest the following games:

Stuffed Animal Breathing: Children lie on floor with a small stuffed animal on their or his stomach. Teach the student to get the animal to rise and fall with each breath.

Robot/Rag Doll: Children walk stiffly like a robot, then melt like a rag doll.

Spaghetti: Children move arms or legs like uncooked spaghetti, then like cooked spaghetti.

Bridges: Children raise and lower arms as in the game London Bridges breathing in as arms go up, and out as arms go down.

Giraffe/Turtle: Children pretend to be giraffes reaching for leaves on the highest branch of a tree, then pretend they are turtles pulling their arms, legs and heads into their shells.

Caterpillar/Butterfly: Children move like a caterpillar still in the cocoon, then spread their wings to fly.

Doorway stretch: Then push with both arms against a doorframe. Hold for a count of ten. Then release. Notice the difference between how muscles feel during pushing and releasing.

Empathy/Listening Skills

Recognizing feelings and degrees of feeling can be hard. Sometimes it is easier to see emotions in others than in ourselves. The following exercise is for older elementary and secondary students. The object is to listen carefully enough to what someone is saying that you can discern degrees of feeling.

Provide all students with a copy of the following page. Then divide them into groups of three or four. One student in each group is asked to be the teller. The other students will be listeners. Read the directions to the teller on the top of that page. Read the directions to the listeners in the middle of that same page. Next, read and discuss the five characteristics of a good listener at the bottom of the page. Finally, hand out copies of the following pages showing the emotions of happy, sad, angry, afraid, and confused.

Discuss or model an example of what the teller might tell. The teller describes a time when he or she felt happy, angry, sad or confused. The teller tells the story making sure to describe his or her feelings at the time. Then the teller tells how she or he feels about that event now. Once again the teller describes his or her feelings, but this time, it should be about now.

While the tellers tell, listeners practice the five characteristics of a good listener. When done, listeners identify emotions they heard expressed. They also talk about the degree of the emotions they think they heard in the two versions of the story. For example, did the teller sound angry? Sad? Happy? If so, did the amount of anger change during the story? Did the teller sound angrier at the beginning or end of the story?

Listening with Empathy

An exercise

Teller:

1. Tell of an event from the past that invited you to feel happy, angry, sad, scared or confused. What happened? How did you feel at the time? Most important, give the listener details about your feelings.

2. Tell how you feel about this event now. Describe how the intensity of your feelings changed. How so? By how much? (Please don't use the words strong, medium or mild. Let the listener figure that out.)

Listener:

1. Practice the five characteristics of being a good listener.

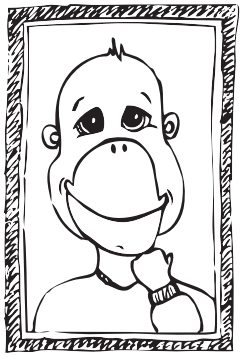
2. Listen to hear which emotion (or emotions) are being described.

When the teller is done, use words from the chart to describe the intensity of emotions you heard. How intense were the teller's emotions when the event first happened? What are they like now?

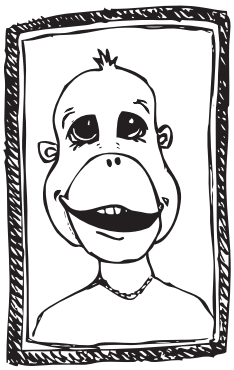
Five Characteristics of a Good Listener

1. Acknowledge that you are listening (e.g., I hear you, [name])
2. Show empathy (e.g., nod head, smile)
3. Face the person speaking and maintain good eye contact
4. Maintain open, available posture
5. Acknowledge what you heard and/or ask clarifying questions (e.g. I heard you say that . . . . By that do you mean . . .?)

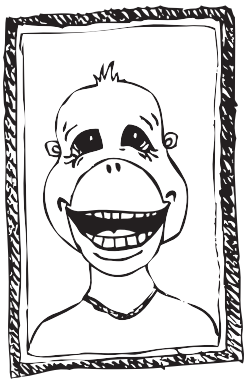
Happy



pleased
pleasant
satisfied
content
charmed
calm
light
chill
peaceful



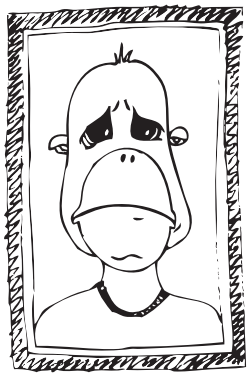
appreciative
gratified
cheerful
jovial
jolly
playful
upbeat
buoyant
glad



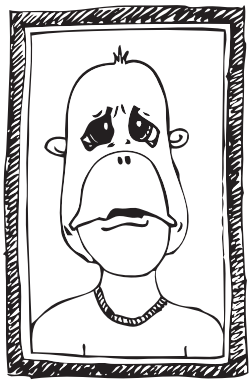
thrilled
delighted
joyful
fulfilled
fantastic
excited
gleeful
beaming
wonderful

ecstatic
elated
euphoric
exhilarated
overjoyed
blissful

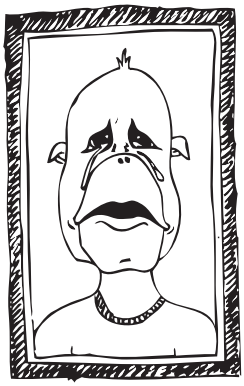
Sad



down
glum
blue
low
discontented
disgruntled
dissatisfied



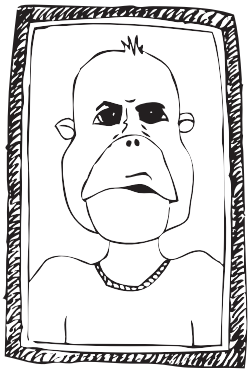
sorrowful
bummed out
discouraged
down in the dumps
somber
disappointed
gloomy



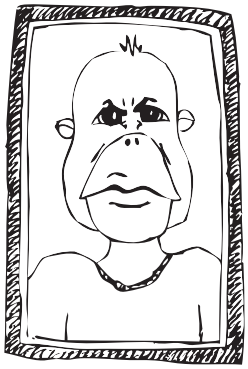
heavy-hearted
depressed
dejected
forlorn
mournful
lonely
melancholy
defeated
morose

grief-stricken
heartbroken
crushed
miserable
wretched
despairing
inconsolable

Angry



ticked off
annoyed
upset
displeased
grouchy
crabby
uptight
huffy



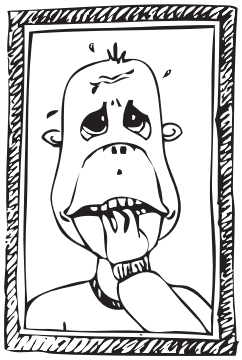
irritated
disturbed
aggravated
irritable
cross
a little frustrated
sullen

mad
bitter
resentful
frustrated
incensed
irate
storming

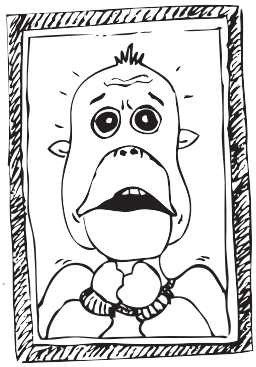
seething
infuriated
livid
beside myself
raging
exasperated
furious
fuming
very frustrated
hateful

Afraid

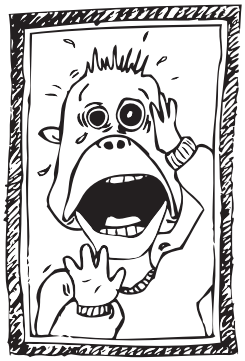
uneasy
nervous
cautious
unsettled
ill at ease
a little shy



startled
concerned
worried
fretful
apprehensive
bothered
shy

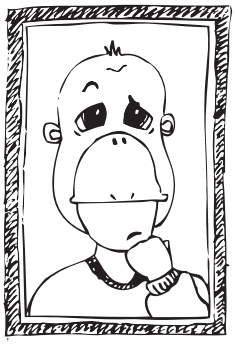


alarmed
anxious
frightened
fearful
scared
spooked
intimidated

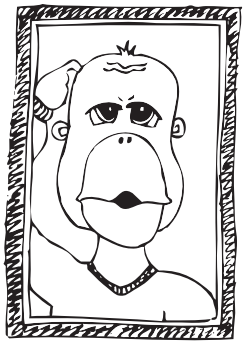


terrified
aghast
petrified
quaking
dreading
horror-stricken

Confused



unclear
undecided
ambivalent
hesitant

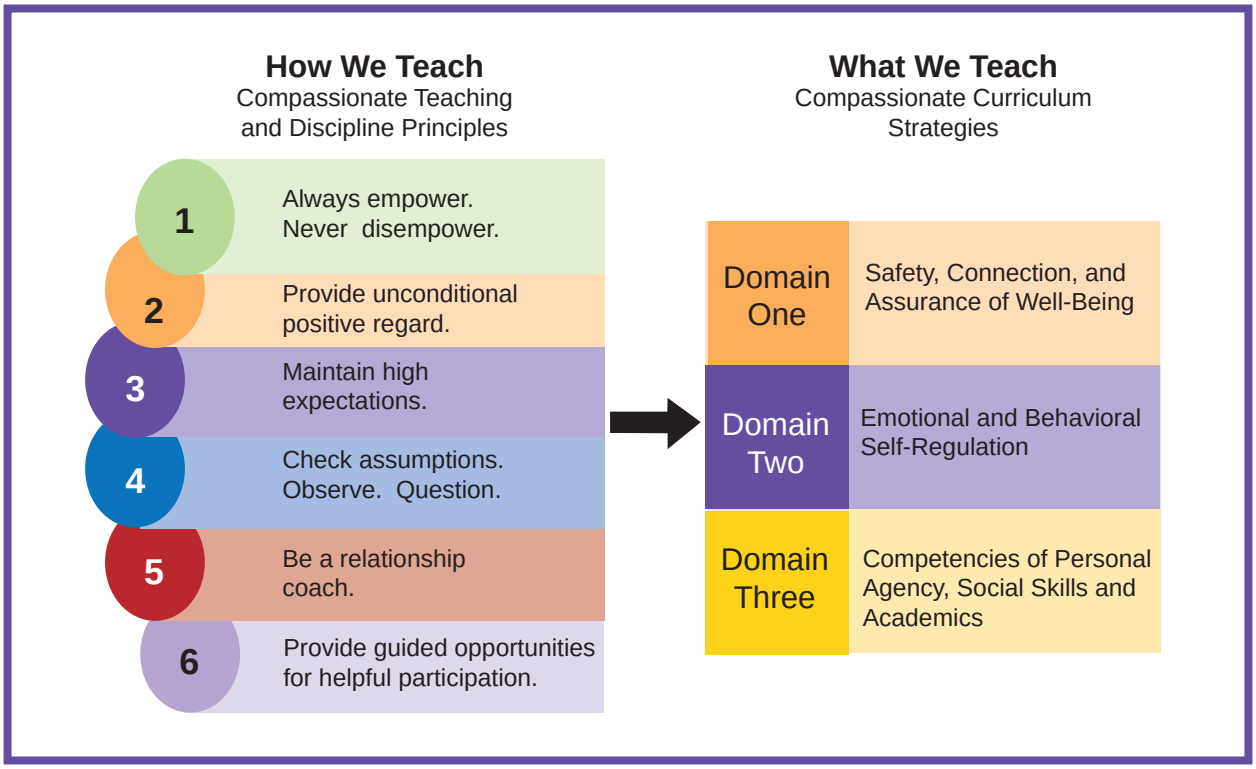


unsure
puzzled
uncertain
in doubt
suspicious

mixed up
stumped
mystified
vexed
perplexed
frustrated
flustered
muddled
befuddled

overwhelmed
baffled
bewildered
snowed under
dazed
confounded

In the first curricular domain, we suggested what children can learn in order to feel safe, connected, and assured of their well-being. In the second curricular domain, we described what could be learned to help students better self-regulate their emotions and behavior. In the third domain, we will suggest activities that can help students improve their personal agency, social skills and academic skills. As we do so, we endeavor to infuse the Six Principles into the content and activities of the Three Domains.



Domain Three: Competencies of Personal Agency, Social Skills, and Academic Skills

Domain Defined

Living through traumatic events disrupts the normal development of children. The overall objective of this domain is to build (or rebuild) the normal competencies that trauma has derailed. These include personal agency, social skills and academics. The development of executive functions is essential to these competencies.

Personal agency is the term used to describe the belief that one can make things happen. A child with personal agency believes that she or he can originate and direct actions. They believe they can influence others in order to accomplish goals. Children affected by traumatic events rarely develop a sense of personal agency. By definition, traumatic events overpower their victims. In order to survive, children learn to be either overly passive or overly aggressive. Therefore the key to thriving in the classroom will be to help the student learn to be assertive.

Social skills are needed for students to interact with others in acceptable ways. The social skills that enabled a student to survive in an abusive home are most often not the same social skills needed to thrive in a classroom. When children have mastered the content and skills of this domain they know how to join in small group work, get the attention of an adult in an appropriate way, or argue constructively with a peer.

Academic skills are defined here as cognitive skills needed for school success. We know that childhood trauma can interfere with the normal development of the skills needed to succeed in school. These include skills necessary to read, write, listen, speak, compute, and solve problems. In homes and communities where complex traumatic events are present, behavior is often extremely illogical and disorganized. This is distracting, of course, and over time there are consequences to children's brain development. But there is more. When cause and effect are not demonstrated in children's homes, where are they to get the "internal maps" needed to guide their thinking (Van der Kolk, 2005, 403)? Where are they to get the schemata of sequential logic required to make sense of text? Consequently, children affected by traumatic events can have trouble analyzing ideas, organizing narrative material, or seeing cause-and-effect relationships.

Executive functions are those skills that enable a person to behave in goal-directed ways. These include the ability to set goals, anticipate consequences, make decisions, evaluate outcomes, and generate alternatives. They are the "captain of the cognitive ship." Children who experience chronic trauma lag behind their peers in development of age-appropriate executive function skills (Kinniburgh & Blaustein, 2005, p. C1-1).

Goals for Instruction

- Students will be able to demonstrate the assertiveness skills needed to originate and direct their behavior towards goals they have chosen.
- Students will demonstrate improved abilities to interact with others in socially acceptable ways.
- Through the use of explicit learning strategies, students will demonstrate the ability to use cognitive skills to succeed in academic learning.
- Students will demonstrate the use of executive functions (e.g., anticipate consequences, make decisions and evaluate results) in daily classroom work.

Recognizing the Need

Students who will benefit from instruction in the domain often appear "spacey" or withdrawn. They rarely raise their hands. When they want the teacher's attention, they tend to get it in a disruptive fashion. Rarely can they stay in their assigned seats or focused on their assignments. When asked why they haven't been doing their work they may have multiple excuses, or say that they "don't give a damn." When pushed too hard, these students burst into volatile language and/or behave erratically. In class, they often engage in the teasing of others. (They often fit the description of "mean girls.")

When walking down the hall, these students often make inappropriate comments to others or touch others in ways that make them uncomfortable. When challenged about their behavior, they often claim it was not their fault. Often, they truly don't understand why others are angry or frustrated with them. They appear to lack problem solving skills, choosing instead to assert that they "had no choice."

One-on-one overtures of tutoring or support are often greeted with an "I can't do it" attitude. Indeed, their low academic skills are matched with low self-esteem. They seem to have difficulty extracting key ideas in lengthy narratives. Their work is disorganized, or rigidly organized.

Applying the Six Principles

Compassionate teachers practice the Six Principles outlined at the beginning of this chapter. They provide unconditional positive regard, never singling out a student for criticism. Sarcasm as a means to lighten stress is avoided. We recognize that when some students act out or withdraw, they may be doing so unwittingly. We remember that children acting this way may be reliving traumatic events in their minds. Teachers who want to empower their students don't take student behavior personally.

Compassionate teachers keep in mind that students who have not yet learned to use the skills necessary for the personal agency to succeed socially and academically are deserving of our compassion as well as our high expectations. High expectations are maintained by avoiding excuses when planning for or speaking of students (e.g, “This student is going through traumatic times, so there is no way she can reach this goal”). Instead, we teachers identify our assumptions about the student, observe the student and make notes of behavior patterns. We ask questions in non-threatening ways. We do our best to discern what the student is thinking or what trigger is preventing thinking. After we ask a question, we listen intently and respectfully to the student’s response.

Many students will need guided opportunities to be helpful participants in small and large group activities. As relationship coaches, we will need to be vigilant in preventing ridicule or humiliation by peers. As teachers, we will need to model appropriate interactions with all students nurturing newfound opportunities for friendship and support.

Content and Strategies

Assertiveness Skills

Assertiveness is standing up for your rights, needs and desires in ways that are respectful of yourself and others. Basically, it is asking for and advocating for oneself in a civil manner. Assertiveness can lead to feelings of confidence, higher self-esteem, and personal agency. Sounds pretty simple, doesn’t it? Not if you put yourself in the shoes of students struggling with histories of traumatic experiences. Their lives include stories of how their basic rights, needs and desires have been neglected, or worse yet, violently abused.

For example, take the behavior of a family with a history of domestic violence. When stress accumulates, one parent may act violently towards other family members in order to get his or her needs met. The aggressive behavior usually starts with manipulation, threats, bullying, and ends with verbal or physical abuse. These behaviors are justified by the offending adult who claims to “have a right” to do so. Despite its justification, this behavior comes with feelings of anger, loss of control and guilt. In the face of such aggressive behavior, other family members may ignore, hide or deny their own needs. This passive or submissive behavior has been described by some as acting like a doormat. A doormat gets stepped on and is only worthy when serving the needs of others. Where can children raised in such families learn how to be assertive? Where can they learn the middle ground between aggressiveness and passivity? Where can children practice using assertiveness skills to get their needs met?

We believe that students can and should learn assertiveness skills and have the opportunity to practice those skills in compassionate classrooms. Don’t get us wrong, we are not suggesting educators can or should fix the problems

that children are having at home. And we are not suggesting that teachers can or should play the role of therapists. What we are suggesting is that teachers are role models. As role models educators can demonstrate assertiveness skills in their work with students in the classroom. Two techniques for teaching assertive talk, Giraffe Talk and DEAR MAN, follow. Both techniques have been used effectively with upper elementary, middle and high school students.

Some early elementary teachers may decide that their students are too young to learn to use the strategies. Similarly, secondary teachers may decide that time cannot be taken away from content teaching to achieve this purpose. Nonetheless, both elementary and secondary teachers can model the use of assertiveness talk in their own interactions with students. Doing so achieves two objectives. One, for children whose trauma triggers are associated with aggressive behavior, the classroom environment becomes a safer place. Two, all children will benefit from having modeled, by their teacher, assertive responses to stress. Doing so also models how assertive behavior can lead to increased confidence, self-respect and improved relationships.

Lessons in these techniques are usually prefaced with an explanation of the difference between assertiveness, aggressiveness and passivity. As in all teaching, students will need to have these concepts contextualized. This can be done by creating scenarios from your classroom. For example, you may choose to tell the story of some classroom event as it might be handled by three hypothetical students. (e.g., a student is falsely accused by a teacher of stealing something. She may respond: aggressively by yelling at the teacher and having a temper tantrum; passively by accepting, without defense, the unjust punishment and pouting; or, assertively by using Giraffe Talk to respectfully tell the teacher what she observed, how it made feel, the thinking behind it, and then a concrete request for a fair remedy.)

A Real Life Example:

Finding that Inner Dog Voice

Teaching Personal Safety skills to elementary students requires walking the thin line of helping children believe that scary (or “icky”) situations can happen while also maintaining their fundamental sense of security. My goal is to empower the children to assertively stand up for themselves, and then seek adult assistance when necessary. A child who feels entitled to stand up for themselves is more likely to disclose to an adult when they feel unsafe.

Several years ago when I was teaching assertiveness to a 2nd grade class, I asked the students to identify situations in which they might need to say “NO.” I was pleased to see a very quiet little girl volunteer her answer. In her little tiny voice, Lucille said “A big dog!” Just the look on her face communicated how scary that was

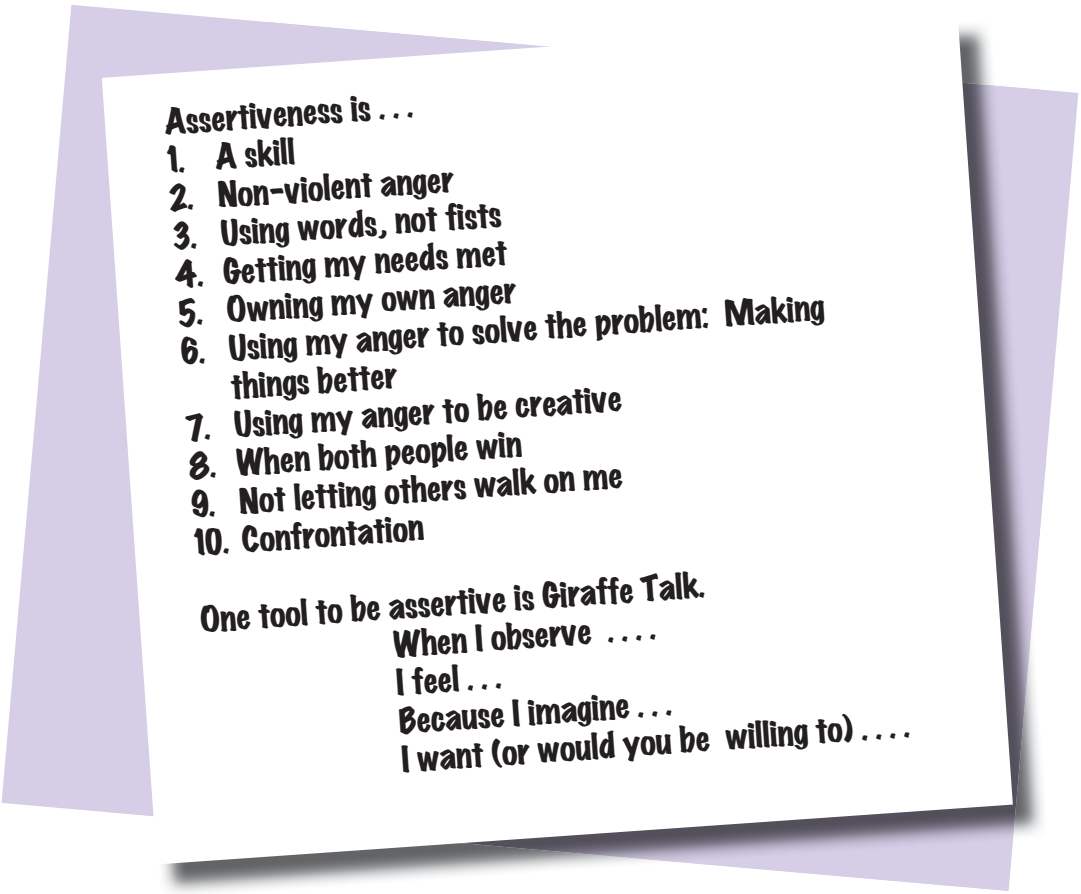
for her, and her peers' nods verified that was pretty much a universal concern. They could identify. In their world, big dogs meant bad business.

So from then on when I teach assertiveness lessons, I help the children identify their "Dog Voice." We picture what would happen if a big, slobbery, goofy looking dog came lumbering toward us ready to jump and lick. "NO!" "Stop it!" "Cut that out!" are spontaneous responses—all with perfect diaphragm strength and lowered tone. Kids naturally know what they would do. They love to practice using their dog voices, and the skill naturally transfers to response to bullying or another person doing anything that makes them feel unsafe or uncomfortable.

As time goes by and I get to talk with students in later years, it has been remarkable to me how many of them tell me about times when they've used that dog voice. It's a little drop in the bucket of empowerment that I'm glad to have contributed.

Ann Pulkkinen, MSW, School Social Worker
Tahoma School District, Maple Valley, Washington

What is Assertiveness? This poster, developed by Dr. Ken Fox at of Mount Vernon High School, may be used to illustrate the meaning of the concept of assertiveness.



Giraffe Talk: Non-Violent Communication

One tool to teach assertiveness skills at the secondary level is "Giraffe Talk." Developed by Marshall Rosenberg (1990), this strategy earned its name because asserting ourselves non-violently requires us to stick our necks out. Others like to point out that the giraffe has the largest heart of land-animals.

There are four parts to a GiraffeTalk request:

■ *When I observe. . .*
Describe events without using evaluative judgments, blaming, labeling, or name calling. Note that only "I" statements are used. For example, never say "You accused me of stealing that pencil." Instead say "When I observed you saying that I had stolen something . . ."

■ *I feel . . .*
Name the feelings that were stirred up within you. (The language of feeling chart in the first domain may be helpful here.) Was it fear, sadness, anger, hurt, excitement... Once again, no blaming. You may say "I felt angry and hurt." Don't say "You made me feel angry and disrespected." (When we say that someone "makes" us feel angry we are blaming them. Disrespected is not a feeling. It is a judgment.)

■ *Because I imagine. . .*
A statement of what I think the other person may be thinking (or believe) about me. For example, "Because I imagine that you don't trust me, and you think I am a thief."

■ *I want . . . (or) Would you please . . .*
A request for a concrete, specific action that the other person can do to help you meet your needs. This request needs to be positively framed and should not be a demand, threat, or guilt-shaming manipulation. The listener to your giraffe talk has the right to say "no." If you don't get your needs met, move on. For example, "Would you be willing to get my side of the story by talking to me privately?"

The following are examples of violent (aggressive) talk, in the left column, paired with contrasting examples of giraffe talk in the right column.

When I observe. . .

Violent Talk

- You “dissed” me.
- You flunked me.

Giraffe Talk

- When I observed you saying that I was the one who broke the science lab rule. . .
- When I saw that I received a “O” on my test for using pen instead of pencil.

I feel….

Violent Talk

- You must hate my guts!
- You made me feel “pissed-off.”

Giraffe Talk

- I feel hurt and ashamed.
- I felt sad and angry.

Because I imagine…

Violent Talk

- You are so mean to me!
- You keep doing things like that over and over again.

Giraffe Talk

- Because I imagine that you haven’t noticed how hard I have been trying to improve.
- Because I imagine that you must think that I am not very bright and I don’t study.

Would you….

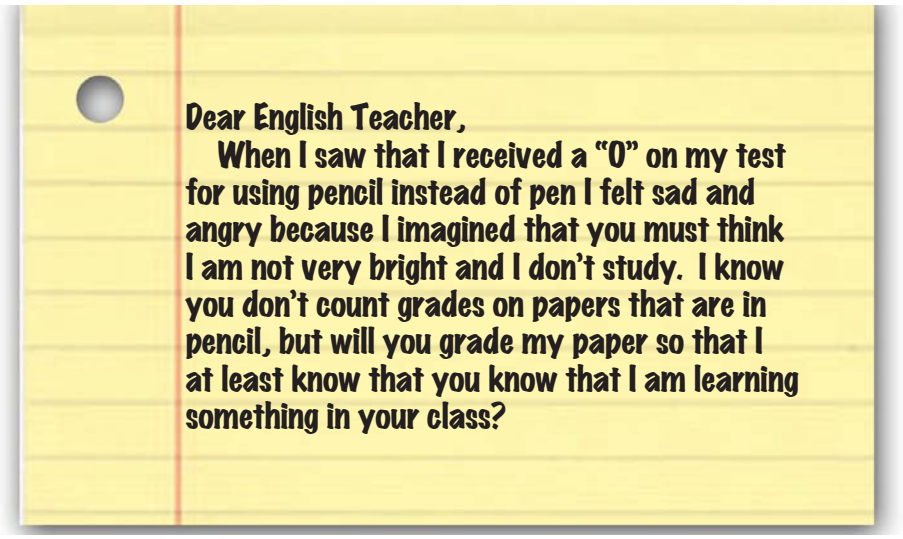
Violent Talk

- Stop yelling at me or I’ll do something we will both regret!
- I guess I’m just going to have to flunk this class. It won’t be the first time I failed English.

Giraffe Talk

- When you see me doing something you think I shouldn’t, would you talk to me about it privately and in a softer tone of voice?
- Would you grade my paper so that I at least know that you know that I am learning something in your class?

Once violent talk has been changed to assertive “giraffe talk,” students can be encouraged to write a note to the person involved (Wolpow & Askov, 2001). Here is an example of one note:



A Real Life Example:

Teachers can be role models in the use of giraffe talk. For example, at a teacher-candidate training, the following intervention was offered. The trainer was a high school senior, well-versed in use of giraffe talk.

Scenario: A high school student stands during the middle of a class, shouts some profanity, throws his binder on the floor, and storms out of the room. At a subsequent encounter the teacher might say:

When you throw your binder on the floor, swear, and storm out of the room:
I feel worried, upset and concerned for both you and myself.
Because I fear that you and I haven’t created a learning environment that can help you succeed.
I want you to know that I care and am willing to help you. Would you be willing to talk with me about ways that we can make sure this doesn’t happen again?

In the subsequent question-and-answer period the student went on to explain:
Using Giraffe Talk as a teacher can be an incredibly powerful tool because by showing the student that their actions do in fact have an affect on their teacher’s emotions, the teacher has given the likely neglected student a position of power. How the student decides to handle that power will determine whether or not constructive intervention by the teacher will be successful or necessary. Regardless of how the student decides to respond, the teacher has done what he or she can. Most important, by using giraffe talk the teacher has left the door open for further communication.

DEAR MAN: Interpersonal Effectiveness (Linehan, 1993, pp. 79-81)

DEAR MAN is an acronym for Describe, Express, Assert, Reinforce, stay Mindful, Appear confident, Negotiate. This technique does not require that each of the steps be followed. Sometimes a step is not necessary. (Linehan, 1993, pp. 79-81)

DEAR MAN may be used when:

- Asking for things, making requests, initiating discussions.
- Saying "no," resisting pressure, maintaining a position or point of view.

D*escribe the situation.* Tell the person exactly what you are reacting to. No judgmental statements. Stick to the facts. (e.g., I keep hearing you ask me for stuff. Last week I heard you ask for my pen and after you finished with it I didn't get it back. This week you asked to copy my homework.)

E*xpress* your feelings or opinions. Describe how you feel or what you believe about the situation. Don't expect the other person to read your mind to know how you feel. (e.g., I like being helpful because I like you. However, I can't keep giving away my stuff. Besides, I could get in trouble for letting you copy my homework.)

A*ssert wishes*. Ask for what you want. Don't expect people to know what you want without telling them. If the answer is "no" say so. Be direct. Don't "beat around the bush." (e.g., I will lend you a pen but I want you to return it at the end of the class. And no, you cannot copy my homework.)

R*einforce* or reward the person ahead of time by telling them the positive consequences. (e.g., I sure will feel better about lending you things when you return my pen. And thank you for understanding why I won't let you copy my homework.)

(stay) **M***indful:* Maintain your position. Don't be distracted. Play a broken record - Keep asking for what you need, or saying no, over and over again. (If the other person keeps asking to copy your homework repeat what you have said: "I will lend you a pen but I want you to return it at the end of the class. And no, you cannot copy my homework.") If the other person tries to change the subject keep repeating. If they threaten or attack ask a teacher for help.

A*ppear confident:* If you want the other to believe that you are serious you must maintain a tone of voice that is convincing. Make eye contact when you say "no."

N*egotiate:* Turn the table and ask the other what they would suggest you do. Your answer can still be no, but you can offer an alternative solution. (e.g., "I like you. But I want my pen back and I don't want to let you copy my homework. How about I help you do tomorrow's homework during study hall this afternoon. That way you will get the work done and you will have more reason to remember to return my pen."

Fair Fighting

Being assertive requires confrontation. Children raised in homes and communities where trauma pervades may not know how to confront others in non-violent ways. Then again, there are very few of us who wouldn't benefit from a review of what constitutes "fairness" when fighting for something that is important to us. What follows is another poster devised by Mount Vernon High School teacher, Ken Fox. It may be used as a reference device or for role playing exercises.

Fair Fighting

1. The objective is to disagree respectfully and to maintain friendship. Winning is not an issue here! Resolution is!
2. State your feelings, problems, and needs clearly. (Giraffe Talk)
3. Avoid generalizations like "always" and "never."
4. Intimidation, name-calling, and emotional blackmail are not fair.
5. Respect the need for a pause or a "time-out" in the fight.
6. Agree on ground rules and keep them: for example, "no threats, put-downs, or violence." "One voice at a time, please."
7. Although you may not respect the other's argument, show that you do respect the other person. Listen, listen, listen!
8. Be clear about the differences between facts, feelings and opinions.
9. Admit it when you are wrong and accept corrective criticism.
10. Use feedback skills: for example, avoid assumptions and checkout feeling with the use of paraphrasing.
11. Share the time equally and avoid assuming a superior role.
12. Stay focused on the present conflict: don't dredge up old wounds.
13. Avoid stamp collecting. Offer positive alternatives.
14. Avoid attempts to read the other's mind.

Power of Poetry (Cinquains, Biopoems and Diamante Poems)

When students are struggling with the effects of trauma, they can have trouble with writing assignments. Putting words to paper about something they are reading can be a challenge for any child. They may be unaware of their own thoughts and feelings. Poetry can be an answer. Structured poetry assignments can help students to organize their thinking. Poems also enable students to express complex ideas with few words. The space between the lines can be very much like the space between the trauma they have experienced, and the words they seek to express it. The strategies that follow should be done in small groups of two to four students.

Cinquains as Summaries

Cinquains (Vaughan and Estes, 1986) are five-line poems with specific limitations:

Line 1	One-word title
Line 2	Two-word description of topic
Line 3	Three words expressing action
Line 4	Four words showing feeling for a topic
Line 5	One-word synonym, restating the essence of the topic

This strategy provides students with a powerful tool to synthesize the "gist" of what they have read. Here are two examples:

Trauma,
Debilitating Pain
Erupting from Within
Powerless, Frustrated, Self-defeating, Hopeless
Entrapment

Resiliency
Flexibly Consistent
Listening, Caring, Responding
Courage, Energy, Compassion, Hope
Success

Biopoems

A *biopoem* (Gere, 1985) allows students to reflect and synthesize large amounts of material within a poetic form. In English, social studies, or science, a biopoem might be about a person or character, fictional or real life. Here is a biopoem format (feel free to modify).

Line 1:	Name
Line 2:	Four traits that describe the character or entity
Line 3:	Country, Time Period, and/or Related to
Line 4:	Enjoys (list three things or people)
Line 5:	Who/Which Feels (list three emotions)
Line 6:	Who/Which Needs (list three)
Line 7:	Who/Which Fears (list three)
Line 8:	Who/Which Gives or Acts (list three)
Line 9:	Resides in
Line 10:	Synonym, describing person or entity as a whole (e.g. historian, amphibian, classic, etc..)

Here is an example of a biopoem. It is based upon Maya Angelou's *I Know Why the Caged Bird Sings.*

Why the Caged Bird Sings

1. Marguerite
2. Quiet, Intelligent , Curious, Innocent,
3. Feels out of place in racist Stamps, Arkansas with Momma and Uncle Willie, St Louis with Mother Dear and Mr. Freeman
4. Enjoys playing with brother best friend Bailey, reading Langston Hughes, Shakespeare,
5. Sexual abused by Mr. Freeman, feels confused, to blame, scared, numb, alone
6. She needs to be listened to, but she is told not to speak
7. She fears for Bailey's safety, and her own, caged bird
8. Tells mom, tells jury,
9. Learns the Power of Language and Escapes
10. Caged Bird Who Sings

Here is a second biopoem, based on the life of Janusz Korczak, a hero during the Holocaust:

Janusz Korczak,
A devoted physician and doctor who ran an orphanage.
Lived in Warsaw, Poland, during the Holocaust
Loved children, especially orphans, and telling stories
He felt compassion, responsibility, understanding and hope.
His children needed nurturing, support, and guidance.
He feared for their health, for their safety, for their lives.
When given the chance to escape he said, "You don't leave a sick child home alone, and you don't leave children at a time like this."
He and his children died at the concentration camp at Treblinka
He was a hero.

Diamante Poems: (International Reading Association/National Council of Teachers of English, 2009)

Expressing emotional experience is often about communicating feelings to others. Other times self-expression can be equally important. Poetry provides opportunities for self-expression.

Similar in concept and purpose to cinquains and biopoems, students who write diamante poems get to reflect their understanding of how two opposite ideas are part of a larger concept. A diamante poem begins with one subject at the top of its diamond shape and ends with an opposite subject at the bottom. It has seven lines and does not rhyme.

Lines 1 and 7 name the opposites.
Lines 2 and 6 describe the opposite subjects.
Lines 3 and 5 list action words about each opposite.
The first half of line 4 lists nouns related to the first subject, the second half lists nouns related to the second.

For example:

Victim	Hopeless
Helpless, Enraged	Isolated, Afraid
Blaming, Drowning, Drifting	Rejecting, Hurting, Neglect
Abuse, Disconnect, Connected, Affection	Abuse, Trauma, Awareness, Healing
Understanding, Progressing, Believing	Befriending, Supporting, Relating
Empowered, Anchored	Confidence, Possibility
Survivor	Hope

Journal Writing (Personal, Worry Lock-Box, Dialogue and Double Entry)

Journal writing may take many forms. Herein we will discuss four: personal journals, dialogue journals, the worry lock-box, and double-entry journals.

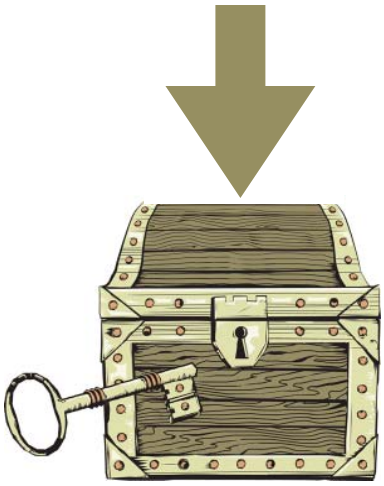
Personal Journals (Tompkins, 2000): All sorts of people--explorers, artists, biologists, dancers, mathematicians, musicians, and athletes have kept journals to record the everyday events of their lives and the issues that concern them. Many young people become acquainted with personal journals by reading the poetic journal entries of Black rapper Tupac Shakur (1999), Holocaust victim Anne Frank (1953) or Sarajevo child- survivor Zlata Filipovic (1994). In order to better make the reading/writing connection, students can be encouraged to keep personal journals, or diaries, in which they recount the events in their lives.

As one can see by the name, personal journals are personal, hence most times private. Nonetheless, personal journals may be used in the academic setting. When teachers will be collecting and/or reading student journals, they should let them know so that they can exclude information or thoughts they wish to be kept private. Entries about illegal or safety issues such as child abuse, sexual activity, or drug use will require follow-up. Teachers need to work closely with counselors and school administrators.

Worry Lock-Box: Gretchen Robertson, a WorkFirst instructor at Skagit Valley Community College, devised this clever journaling system to cut down on worry. She came up with the idea one evening when she had far too many things to worry about. She decided to do this journaling so she would be able to get to sleep that night. It worked well enough that she shared her system with colleagues and students.

1. In the left column describe the event(s) about which you are worried. Go into as much detail as you can. Don't be afraid to fill the box.
2. In the middle column write down the feelings you experience when you reflect on that event. Do you feel threatened, insecure, confused, etc. The language of feelings activity from earlier in this chapter might be helpful here.
3. In the right column write down anything you might be able to do about this tomorrow.
4. Place your journal in a box. Lock it. Don't unlock it until the next morning. (The imaginary box provided next may be used in lieu of a real box.)

Event(s)	Feeling(s)	What Can Be Done Tomorrow



Dialogue Journals: A dialogue is a conversation between two or more people. Dialogue journals were used originally to respond to literature. However, over the last decade, applications to other content readings have grown exponentially. Dialogue journals provide students and their teachers with opportunities to write back and forth in a journal format. Nancy Atwell (1987), a pioneer in this technique, asked her middle school students to talk about what they had read, telling what they thought and felt and why. She asked them what they liked and what they didn't and why. She asked them to write about what their books said and meant to them and in their writing to share their feelings, ideas, experiences, and questions.

Atwell collected these, and then wrote back to her students. Her responses were neither judgmental nor critical. Instead she used these exchanges to connect personally with her students, encouraging them to voice their opinions and thus expand on the meaning of the text. Dialogue journals are most effective when teachers accentuate the positive of what was written, responding with sincerity, while taking care to protect the feelings of their students (Nistler, 1998).

Teacher responses need not be lengthy; a sentence or two is often enough. When responding, teachers should write less than the students making sure not to ask too many questions. Instead, teachers should encourage students to ask questions of them.

Double Entry Journals: As the name implies, double entry journals (Calkins, 1986) require students to divide their journal pages in half designating one side for taking notes (copying verbatim) quotations, definitions, or other information directly from the text, and the other for making notes (written reflection) in the form of thoughts, questions or comments. This format encourages students to have a written conversation with themselves about the meaning of what they have noted in their first column.

This technique is ripe for modification as needed in the content areas. For example, Tobias (1989) encourages math teachers to have their students use double entry journals to solve word problems. In one of the columns students show their work by writing their solution to a problem, but as they do so, they write about what they are doing and why they are doing it in the other column. Students whose teachers want them to focus on the comprehension skill of prediction can use the left column to write down predictions of what they think will happen on the next page or chapter, and then the right column to document what really happened (Macon, Bewell, & Vogt., 1991).

Journal writing, in any form, can provide students with opportunities to develop skills in the third domain. However, for students struggling with trauma, journal writing can be "risky writing."

Risky Writing

In his book *Risky Writing*, Jeffrey Berman (2001) documents the healing power of writing about depression, divorce, alcoholism and sexual abuse. Using sample essays written by his university students, he makes a case for learning to write about personal trauma so as to overcome barriers to intellectual development. In "Strong in the Broken Places," Wolpow and Askov (1998) document how a high school teacher working with a student dealing with the trauma of physical and sexual abuse uses newly acquired writing skills to confront her abuser. In like fashion, Mark Salzman (2003) poignantly transcribes the redemptive power of writing among inmates at Los Angeles' Central Juvenile Hall. In the writing of these adolescent inmates we readers can witness how writing helps these troubled adolescents come to terms with their crime-ridden pasts while searching for reasons to believe in their future selves. For example, one adolescent wrote:

> …I can lie in my bed knowing I may never be physically free again, but the Lord allows me to be at peace and have that sense of freedom. Writing also helps me be free. I can create anything with my imagination, pencil and paper, and before I know it I've created something that was in me the whole time, my pencil and paper just helped me let it out freely (p. 98).

Most readers will consider the examples listed above as beyond the purview of how most teachers might use writing in their classrooms, and understandably so. What is more, these examples are from older students. Younger students are less likely to write about "bad" things happening at home. This may be because they are afraid that what they write may reveal something that will get them in trouble. Worse yet, it could get their parents in trouble. Nonetheless, from time to time a student (younger or older) may trust a teacher enough to use an assignment to write about the trauma in their lives. The teacher who is trusted enough by a student to receive such an essay can act with compassion. If you are that teacher, find someone you can trust to share your concerns about what was written. Stay within the confines of the law and school regulations. Report what you need to report, and get help and support for the student.

RAFT: Role, Audience, Form and Topic

Children struggling with traumatic events often lack the self-awareness needed to make connections between what they are reading and their own experience. This writing strategy may be used to help students personalize the concepts they are reading. When using the RAFT acronym students are encouraged to brainstorm. (Buehl, 2001; Santa, 1988)

Role: Is the author a thing, a concept or a person or an animal? What do I already know about this role? What do I need to know?

Audience: To whom are you writing? What do I already know about this audience? What do I need to know?

Format: What form do you want your writing to take? (See examples in table below)

Topic: With regards to topic, what do you want to write about?

For example:

Role	Audience	Format	Topic
Seismologist	A concerned group of citizens	A newspaper article	The dangers of living on the San Andreas Fault
Propagandist	Unwitting citizenry	Information Pamphlet	The powers under a dictatorship
Repeating Decimal	Set of rational numbers	Petition	Prove you belong to this set.
Huck Finn	Jim	Letter	What I learned on my trip.
News Reporter	TV audience	Script	The process of amending the constitution
Salmon	Self	Diary	Spawning
Carrot	Other Carrots	Travel Guide	Journey through the digestive system.
Author	Children	Historical Fiction	An account of surviving the Titanic.
Debater	Debater Mathematicians	Persuasive Essay	Should “0” be considered a number?

Here is an example of a raft entry. It is an abbreviated version of an entry written by a future science teacher Kevin O'Toole. The unit is on endangered species. Kevin chose to write in the role of a salmon. The audience is the fish himself. The format is a personal journal. The topic is a salmon's struggle to survive. For students struggling with trauma, the RAFT format may allow them to connect to their own feelings and develop empathy.

Spring: Smolt

Today I leave my river home. I had to leave the creek where I was born and now I've found my way to a larger river. It's dirtier and it stinks. Everywhere I turn I see trash. I think I have a film of gasoline on my scales. Animals keep trying to get me. There are herons, otters, and eagles. They look hungry. I can't wait to get to the ocean. There I will be safe. I'll get to clean myself up.

Summer: Adult

Man was I ever wrong. When I left the river I thought the open ocean was going to be a place without care. I didn't know I would have to dodge huge fishing nets. I didn't know I would be chased by huge whales. At least the water is cleaner here than in the river. I saw some birds with plastic necklaces. These don't look very comfortable. I think it is time to go back to the river.

Fall: Returning Home

It sure is great to be back home. The smell of gasoline in the water brings back memories. Just as I was entering the mouth of the river I was hooked by a fisherman. I wasn't particularly hungry. But that shiny object was bothering me. So I bit it. Lucky for me I was able to get away from that fisherman. He couldn't handle a fish as big as me. I yanked that turkey right out of his tin boat and into the oily river. My fellow fish laughed for hours. Wish I could get rid of this large piece of metal stuck in mouth. Oh well, maybe the lady fish will think it looks cool.

Alphabet Books

Many young students have few models of how to organize their thoughts. Oftentimes, when presented with a great number of items to organize, showcase, or demonstrate, adults place these items in alphabetical order--hence the idea of an alphabet book.

Cutting pictures from magazines, or drawing illustrations of their own, students, working individually or in small groups, can construct an alphabet book about almost anything. When the gym in not available, health and fitness teachers can have students construct alphabet books about sports, their teams and heroes. The science teacher can have students create alphabet books about plants, animals, arthropods, insects and combinations of these. An alphabet book can provide an organizational framework for students whose struggles with trauma make it difficult for them to organize their thoughts thereby enabling them to better master content.

Additional Curricular Resources

Sheltered Instructional Observation Protocol (SIOP)

In response to the growing number of English language learners in our nation's schools, the Sheltered Instruction Observation Protocol (SIOP) was created in 1996 as a national research project under the auspices of the Center for Research on Education, Diversity & Excellence (CAL SIOP, 2009a). Its methods and strategies are detailed by Echevarria, Vogt, and Short (2004) in their book *Making Content Comprehensible for English Learners*. This model addresses both academic and language issues. It uses differentiated instruction to address the needs of students across a wide spectrum of English language proficiency. SIOP encourages teachers to observe, plan, provide feedback on lessons, and reflect on their own teaching and learning. The model places an emphasis on building background, providing comprehensible input, using strategies such as scaffolding and questioning, and providing practice. It includes indicators for assessment. Advantages from SIOP-based teaching for all students have been reported (CAL SIOP, 2009b). Their book does not address trauma directly. However, it parallels nicely many of the instructional and curricular aspects of compassionate learning and teaching. A thoughtful teacher, well-versed in the Six Principles and Three Domains, might consider adapting its methods to meet the needs of Second Language Learners struggling with trauma.

Dealing with the Stress of Military Deployment

A great deal of trauma is generated by war. In times like ours, it is not unusual for students and their families to bring topics related to the U.S. war effort into the classroom. These topics become parts of lessons on current events, history and geography lessons. They can surface in journal writing and personal student essays. A significant curricular resource of strategies for those working with children and families affected by trauma has been created in cooperation with the United States military.

Many families in our state include children whose parents serve our country in the military. When parents are "mobilized" their children's lives are literally turned upside down. Compassionate educators realize that these children need and deserve special support to cope with the stresses of having family members in harm's way. When these family members (parents, siblings, or others) return these children also need and deserve compassionate support. They may show signs of vicarious trauma from imagining their parents' suffering or from dealing with symptoms of PTSD that their parents exhibit. Other times, students will experience the trauma of the death of a family member.

To help sustain those who help these children, OSPI, in collaboration with the U.S. Army Child, Youth and School Service, supports Washington Operation: Military Kids. The OSPI website contains multiple resources and links for interested educators. (http://www.k12.wa.us/OperationMilitaryKids/Resources.aspx)

Among the links on this web page is the "Tough Topics Series."

Tough Topic Series

- Issue 1: Supporting Military Kids During Deployment
- Issue 2: Helping Kids Cope with Stress
- Issue 3: Impact of Grief and Loss
- Issue 4: Fostering Resilience in Kids
- Issue 5: Military Kids, Homecoming & Reunion
- Issue 6: Talking to Kids about Violence, Terrorism, and War
- Issue 7: Dealing with Death

Although designed for work with children of military families, the information and wisdom below can be useful to educators working with children struggling with the effects of trauma.

For example:

- Tackling Tough Topics: An Educator's Guide to Working with Military Kids
- Caring for Kids After Trauma and Death
- Best Practices: Building Blocks for Enhancing School Environment
- Helping Children Deal With Change
- Operation: Military Kids: Ready, Set, Go!
- My Goodbye Book Ages 3-5
- Separations Are Hard Ages 6-8
- I Can Do That Ages 9-12
- Separations Are Hard Ages 13-16

Review of resources from the OSPI website can help educators to understand how children respond differently to traumatic stress at different ages. This is due, in large part, to developmental differences that come with age. As children develop from infants to adults there are differences in how they view and respond to their world. For example, note the developmental differences in response to stress shown on the chart from Issue 2 of the Tough Topic Series:

Signs of Stress

	Behaviors	Reactions	Communications	Interactions
Infants to 5 Years	Fussiness; uncharacteristic crying; neediness; generalized fear; heightened arousal and confusion	Helplessness; passivity; avoidance of stress related reminders; exaggerated startle response; regressive symptoms; somatic symptoms; sleep disturbances; nightmares.	Cognitive confusion; difficulty talking about stressors, lack of verbalization; trouble indentifying feelings; unable to understand events; anxieties about change/loss.	Clinging; separation fears; grief related to abandonment by caregivers.
6-11 Years	Spacey; distracted; changes in behavior, moody, personality; regressive behavior; aggressive behavior; angry outbursts.	Reminders trigger disturbing feelings; responsibility; guilt; safety concerns; preoccupation; obvious anxiety; general fearfulness; somatic symptoms; sleep disturbances; nightmares.	Confusion and inadequate understanding of events; magical explanations to fill in gaps of understanding; withdrawn; quiet.	Worry and concern for others; separation anxiety; repetitious traumatic play and retelling of events; loss of ability to concentrate; school avoidance, loss of interest in activities.
12-18 Years	Self-conscious; sadness; depression; stress driven risk-taking and acting out; recklessness; substance use/ abuse.	Efforts to distance from feelings; wish for revenge and action-oriented responses; life threatening re-enactment; decline in school performance; sleep and eating disturbances.	Increased self-focus; social withdrawal; avoidance.	Flight into driven activity/Involvement with others OR retreat in order to manage inner turmoil; rebellion at home and school; abrupt shift in relationships.

OSPI Tough Topics Series: Helping Kids Cope with Stress by Mona M. Johnson

Summary

We use an Instruction and Curriculum Model to introduce our compassionate learning and teaching approach. The major components of our model are illustrated at the beginning of this chapter in Figure 3.1. The Six Principles of Instruction and Discipline describe the "how" of the compassionate teaching approach. The Three Domains describe the content and strategies—the "what" that we teach. Multiple examples from Washington's classrooms exemplify the specific strategies.

Instructional Principles are described first because how we teach provides the environment and structure needed to assure the learning of what we teach. The Six Principles, adapted from the research on resiliency, are: 1) Always Empower, Never Disempower; 2) Provide Unconditional Positive Regard; 3) Maintain High Expectations; 4) Check Assumptions, Observe and Question; 5) Be a Relationship Coach; and, 6) Provide Guided Opportunities for Helpful Participation. The Six Principles overlap and should be infused into the teaching of the curriculum. They have universal benefit. Nearly all students, whether struggling with trauma or simply having a difficult day, can benefit from their application. Ways to incorporate these principles into daily practice are suggested. Examples from Washington's classrooms illustrate their application.

The Three Domain Curriculum, based on current research and current best practice, provides a framework for the content and strategies we suggest be taught. The Three Domains are: 1) Safety, Connection and Assurance; 2) Emotional and Behavioral Self-Regulation; and, 3) Competencies (Personal Agency, Social Skills, and Academics). For each domain readers are provided with a definition, goals for instruction, guidelines for recognizing need for instruction, suggestions as to how to apply the Six Principles within that domain, and, a compilation of seven or more strategies. Once again, examples from Washington's classrooms illustrate applications. This curriculum is designed to supplement a school's core curriculum and, like the Six Principles, has universal benefit. Additional curricular resources that may be adapted for use in the compassionate school are also provided.

Summary

Chapter Three References

Atwell, N. (1987) In the middle. Portsmouth, NH: Boynton/Cook.

Benard, B. (2004). Resiliency: What we have learned. San Francisco: WestEd Regional Educational Laboratory.

Buehl, D. (2001). Classroom strategies for interactive learning (2nd ed.). Newark, DE: International Reading Association.

Calkins, L. (1986). The art of teaching writing. Portsmouth, NH: Heinemann Educational Books.

CAL- SIOP: (2009a). Foundational research on the SIOP Model. Retrieved June 8, 2009 from http://www.cal.org/siop/researchhistory.htm.

CAL-SIOP: (2009b). What is the SIOP Model? http://www.cal.org/siop/about/index.html. Accessed June 23, 2009.

Canter, L., & Canter M. (1976). Assertive discipline: A take charge approach for today's educator. Seal Beach, CA: Lee Canter and Associates. The second and third editions of the book, published in 1992 and 2001, are entitled Assertive discipline: Positive behavior management for today's classroom.

Cole, S.F., O'Brien, J.G., Gadd, M. G., Ristuccia, J., Wallace, D. L., and Gregory, M. (2005). *Helping traumatized children learn: Supportive school environments.* Boston: Massachusetts Advocates for Children.

Craig, S. E. (2008). Reaching and teaching children who hurt: Strategies for your classroom. Baltimore: Brookes Publishing Co..

Cuban, L. (1996). Curriculum stability and change. In P.W. Jackson (Ed.), Handbook of research on curriculum (pp. 216-247). New York: Macmillan.

Echevarria, J. Vogt, M. & Short, D. (2004). Making content comprehensible for English learners: The S.I.O.P. model. Boston: Pearson Education.

Framingham Public Schools (2008, June) Teachers' strategies for working with children exposed to trauma-3rd edition, Framingham, MA: Author.

Filipovic, Z. (1974). Zlata's diary. New York: Penguin Books.

Frank, A. (1953). The diary of a young girl. New York: Pocket Books.

Gere, A. (1985). Roots in sawdust: Writing to learn across the curriculum. Urbana, IL: National Council of Teachers of English.

Ginott, H. (1971). Teacher and child. New York: Macmillan.

Herman, J. (1992). Trauma and recovery. New York: Basic Books.

International Reading Association/National Council of Teachers of English (1996). Standards for the English language arts. Urbana, IL: Authors.

International Reading Association/National Council of Teachers of English (2009). Diamante poems. Retrieved June 24, 2009, from Read.Write.Think web site http://www.readwritethink.org/student_mat/student_material.asp?id=53

Jacobson, E. (1938). Progressive relaxation. Chicago: University of Chicago Press.

Kinniburgh, K.J., Blausstein, M. (2005) Attachment, self-regulation, & competency: A comprehensive framework for intervention with complexly traumatized youth. Brookline, Massachusetts: The Trauma Center at JRI.

Kinniburgh, K.J., Blausstein, M., Spinazzola, J. & van der Kolk, B.A. (2005). Attachment, self-regulation, and competency: A comprehensive intervention framework for children with complex trauma. Psychiatric annals, 35(5), 424-430.

Kohn, A. (2001). Beyond discipline: From compliance to community. Upper Saddle River, NJ: Merrill/ Prentice Hall.

Krathwohl, D., Bloom, B., & Masia, B. (1964). Taxonomy of educational objectives: Handbook II. New York: David McCay.

Linehan, M. M. (1993). Skills training manual for treating borderline personality disorder. New York: Guilford Press.

Macon, J. Bewell, D., & Vogt. M.E. (1991). Responses to literature, grades K-8. Newark, DE: International Reading Association.

Nistler R. (1998). Preservice teachers, sixth graders and instructors use dialogue journals to extend their classroom communities. Reading Horizons, 39, 203-216.

Rosenberg, M. (2003). Nonviolent communication: A language of compassion. Chicago, IL: Puddledancer Press.

Salzman, M. (2003). True notebooks: A writer's year at juvenile hall. New York: Vintage Books.

Santa, C. (1988). Content reading including study systems. Dubuque, IA: Kendall/Hunt.

Shakur, T. (1999). The rose that grew from concrete. New York: MTV/Pocketbooks.

Tobias, S. (1989). Writing to learn science and mathematics. In P. Connolly & t. Vilardi (Eds.) Writing to learn mathematics and science (pp. 246-280). New York: Longman.

Tompkins, G. (2000). Teaching writing: Balancing process and product. Upper Saddle River, N.J. : Prentice Hall.

van der Kolk, B.A. (2005) Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. Psychiatric annals, 35(5), 401-408.

Vaughn, J. & Estes, T. (1986). Reading and reasoning beyond the primary grades. Newton, MA: Allyn and Bacon.

Wolpow, R. & Askov, E. (2001). School violence and trauma demand widened frameworks and practice: From bibliotherapy to the literacy of testimony and witness. Journal of Adolescent and Adult Literacy 44(7), 606-609.

Wolpow, R., & Askov, E. (1998). Strong in the broken places: Literacy instruction for survivors of pervasive trauma. Journal of Adolescent and Adult Literacy, 34, 50-57.

Wolpow, R. & Tonjes, M. (2005). Integrated content literacy. Dubuq.

Chapter 4

Chapter 4

Building Compassionate School-Community Partnerships That Work

Our inability to see the potentials that lie before us is often rooted in the fact that we feel as though we must bear the challenges we face on our own. Our ability to see and affect a solution is directly proportionate to the number of eyes and hands on the problem.

-- Ron Hertel

Contents:

The Language of This Chapter

Schools in Partnership

Connecting Education and Community-Based Resources
Mental Wellness Coordination
Diversity and Strengths-Based Problem Solving

Mental Health Terminology

School-Community Partnerships That Work
Readiness to Learn
Dropout Prevention/Reduction Program
Even Start
Before and After School Programs
Prevention and Intervention Services Program
School Safety Center
Coordinated School Health
Homeless Education
Institutional Education
School Health Services and School Nurses
Compassionate Schools Initiative

Forming a School-Community Partnership
Strength-Based Problem Solving and Asset Maps
The Case for Needs Assessment
Strategic Planning
Defining School and Community Roles
Managing the Growth of Community Partnerships
Quick Strategies for Building Collaborations

Summary

The Language of This Chapter

Asset Mapping

A formal process for listing the resources of a community. This includes names of associations and businesses. The asset map lists parks, hospitals, schools, colleges and universities. Natural resources such as lakes, rivers, and forests are highlighted. An asset map also includes the gifts and abilities of individuals who live or work in the community. In other words, the asset map provides a picture of the strengths of a community.

Community

A community is a specific area. It includes individuals and families who live in the area. It also includes businesses, schools, associations, and agencies. There is a common interest in the well-being and safety of those who live in the area.

Compassionate School

A school where staff and students learn to be aware of the challenges faced by others. They respond to the physical, social, and emotional challenges faced by students and families by offering support and guidance to remove barriers to learning. They do not judge the situations or responses of others.

Compassionate Schools Coordinator (CSC)

A person who is responsible for oversight and of a school partnership. This person holds the vision that was created by partnership. The coordinator has the experience and skills needed to network with a wide array of stakeholders.

Needs Assessment

A formal process for determining the needs of a community.

OSPI

The Office of the Superintendent of Public Instruction is the Washington State Education Agency (SEA). "In collaboration with educators, students, families, local communities, business, labor, and government, the Office of Superintendent of Public Instruction leads, supports, and oversees K-12 education, ensuring the success of all learners."

School-Community Partnership

A relationship between the school and the community to achieve the goal of helping families find resources. The partnership is based on cooperation and responsibility to achieve this goal. A compassionate schools coordinator is responsible for the work of the partnership

Strengths-Based Problem Solving

A model that uses strengths to compensate for limitations. Strengths include assets, talents and resources. Limitations are needs. To be most successful, this type of problem solving requires a formal or informal assessment of both strengths and limitations.

Schools in Partnership

School employees see students in the classroom, the lunchroom, the playground, and sometimes on field trips. They mostly see students at school or at school activities. Every student is involved in other systems outside the school as well. These other organizations affect the ability of the student to function at school. All students live in the context of an adult world. They learn different sets of behavior for each system. For example, a student may have different sets of behavior for school, home, sports, and social activities.

Community members outside the school have a different view of children. We define a **community** as the individuals, families, businesses, schools, associations, and agencies within a specific area. They observe the same children mostly when they are outside the school and with their families. When these two viewpoints are combined, there is more information for understanding how children and families contribute to their communities. When a school partners with the community, the needs of children and their families are more likely to be met and they are better able to focus on learning.

Children come from and return to families that are different from each other. Some live with their parents, extended families, or grandparents. Others live with foster families. Some come from and return to loving, nurturing learning environments where their safety and growth is of primary focus. Others come from and return to homes with problems such as mental or physical illness, addiction, violence, or poverty. Some children sing in church choirs. Some compete in bowling leagues. Some children spend hours playing video games, and others read books. Some do homework. Others do not. Some play with siblings or neighbors, and others retreat to bedrooms to spend hours in isolation. Some join gangs in order to find some sense of belonging. There is no way to see these aspects of children's lives from inside the school's walls. The events in a child's life outside the school affect the ability of the child to function within the school.

There are two purposes in writing this chapter. First, we simply want to share some thoughts about children and their families in contexts other than the school system. Second, we want to explore the benefits of school-community partnerships to children, their families, and school employees. Children must live in the world adults create for them. Adults can be intentional in creating an interdependent community that nurtures well being, fosters resiliency, and integrates school experiences with the other contexts of a student's life. Compassionate schools allow adults in the community to work with adults in the schools to do just that.

Every child must deal with the educational system in the larger context of his or her unique life circumstances. Just outside the walls of the school is a community that provides supports for the same children who attend the school. The community sees to the needs of its members, including children, families, and the school itself. A school partnership with the community uses the circular nature of systems to identify children with needs, connect with their families, and use resources in the community to meet those needs. The school is nested within other systems. Compassionate schools can only survive in compassionate communities. At the same time, compassionate communities will be the result of compassionate schools. In this chapter we will discuss (a) connections between education and community resources, (b) school-community partnerships that work, and (c) ideas for forming school-community partnerships.

Connecting Education and Community-Based Resources

Compassionate schools endeavor to address many needs of children and families. These needs are complicated and involve multiple factors. In this section, we will address mental wellness coordination, cultural recognition, integration, social justice, and ways to coordinate partnership activity.

Mental Wellness Coordination

Nearly every student behaves inappropriately at one time or another. This may be the result of many factors. It could be stress in their day or the desire to get attention. This behavior may be the result of a perceived threat or because of fatigue. Other times misbehavior may be the result of a lack of awareness of expectations. Then again, at times it is appropriate for young people to act against authority.

Most students can control their behavior when they decide to do so. However, there are a few who have a great deal of difficulty in doing so. Their behavior may be due to organically based processing difficulties, compromised cerebral functioning from chemical imbalances, congenital brain differences, or brain injuries. Some may be diagnosed with what is referred to as mental illness, personality disorders or developmental disabilities. These issues can result in impaired learning and behavior that includes: hyperactivity, impulsivity, emotionality, anxiety, inconsistent emotional responses, unpredictable intense mood swings, withdrawal, and episodes of rage.

Compassionate schools emphasize promoting mental-wellness but sometimes students are described as having mental health issues. These issues may be divided into mental health diagnoses and developmental disabilities.

Helping students self-regulate their behavior and seeing them as individuals, free of labels and capable of learning, is vital to positive teaching. Nonetheless, educators should be familiar with the labels used by mental health professionals to classify student behavior. The Mental Health Terminology chart on page 140 was designed to help educators sort through the alphabet soup of mental health terminology.

We strongly caution against labeling students with any diagnosis or using this chart to create a suspected diagnosis for a student. Obviously, that is work to be done by mental health professionals. Use the chart instead as an introduction to the language of the mental health profession. Use it as a pathway for further study.

Labeled or not, compassionate schools are concerned with the mental wellness of children and families. When many speak of mental illness, that focus on what is wrong with someone. When we think of mental wellness, we do our best to focus on ways to bring out the best in someone. When we work for the mental wellness of children, we are preparing them to be successful members of society.

Mental wellness needs are significant across the school community, yet treatment resources continue to dwindle. Often, these children are overlooked because school staff lack specific training or have increasing responsibilities for more demanding curricula and assessments of student learning. Twenty-one percent of children experience a severe emotional disturbance every year. Less than 20% of them receive service aimed toward social and emotional development (Kutash 2006).

Coordination of mental health services are hindered by the complex rules that govern the agencies that provide these services. Questions that we all need answered include: What makes a student who cannot afford private mental health services eligible for public mental heath services? How do you empower families to partake in services that require transportation when schedules for services do not align with the work schedule of parents? What can schools do, specifically, to address the mental health needs of their students?

Some schools have created dedicated space for public mental health agencies. These agencies are becoming more creative in applying public funding rules. In so doing, this benefits more students. In a few instances, through a more holistic vision, schools have formed partnerships with local health providers called School Based Health Centers. They have realized the value of mental wellness for students as a part of bolstering their ability to learn. As such, they have included mental wellness in their cadre of available services to any student who needs it regardless of their eligibility for public mental health services.

Some of the benefits to students, families and schools include:

- Create an economy of scale for mental health providers by having clientele assembled in a localized area.
- Increase the opportunity for social/emotional interventions because the school community is often one of the most significant social settings for children.
- Provide a safe place for students to deal with family issues.
- Provide school staff with convenient referral sources for assessment of mental health issues.
- Allow school staff to continue focus on the classroom.
- Allow an opportunity for peer groups that are often the best model for children and teens to increase understanding of their own behavior.
- Provide direct training to teachers and school staff involved in the lives of students.
- Use existing facilities for multiple purposes, reducing the tax burden.

Further information about mental health/school coordination can be found in a manual produced with funding from the Washington State Mental Health Transformation Grant. "Publicly Funded Mental Health and School Coordination Resource Manual for Washington State" is available at http://www.k12.wa.us/MentalHealthandSchools/pubdocs/MHResourceManual-2008.pdf.

Diversity and Strengths-Based Problem Solving

Every community has diverse members, and community partnership use that diversity in strengths-based problem solving. **Strengths-Based Problem Solving** is a model that uses strengths to compensate for the limitations. Strengths include assets, talents, and resources. Limitations include unmet needs. To be most successful, this type of problem solving requires a formal or informal assessment of both strengths and limitations. Once the assets and needs of an individual or group have been determined, it is a simple process to draw from the strengths to meet the needs.

According to the U.S. Census Bureau (2009), the population of the United States is diverse in several ways:

- 33% are people of color .
- 7% are under 5 years of age.
- 13% are 65 or older.
- 18% are school age (5 – 18).
- 15% (over age 5) are reported as having a disability.

Other types of diversity exist, too. Individuals experience differences in education, occupation, hobbies, and talents. People have differences of culture, gender, sexual orientation, spirituality, and social class. All of these differences can be viewed as strengths of a community and resources for a community partnership. Children are served by the school system, which exists, in part, because of taxes. Families own homes and businesses within the community. They rent houses, shop for clothing, and eat in restaurants, all of which contribute to the local economy. Families have an investment in the community and the school, and they are often willing to contribute their strengths to build a successful school-community partnership.

The diversity within a community provides a rich texture for school and community events. In addition to drawing from the strengths of that diversity, the partnership can consider issues from different viewpoints. It also teaches the children of a community how to build a stronger community through collaboration. The poet, Kahlil Gibran, said, "The strength of the columns is in that they stand apart." If a school-community partnership is strengths-based, that is, solving problems and meeting needs from the strengths within the community, it cannot overlook the strengths of a diverse community population. It is the differences, the standing apart, that support the community.

Mental Health Terminology

Anxiety Disorder:

Has an excessive, irrational dread of everyday situations that has become disabling. Has overwhelming anxiety and feelings of extreme self-consciousness in everyday social situations. Shows intense fear of being watched or judged by others.

Possible Challenges in the Classroom:

Distracted by things beyond the classroom – e.g. excess worry about family, friends, health, etc. Inability to focus. Often times preoccupied and may need to have information repeated. In severe cases, student may exhibit signs of panic for unknown or unperceived reasons. May even result in physical symptoms such as pounding heart, weakness, sweatiness, or dizziness.

Classroom Strategies:

- Talk with the student during times of distress.
- Present calmly to student.
- Use low volume tones.
- Listen and encourage the student to see the school counselor, if warranted.
- Do not force student to talk during class by calling on him or her.
- Foster an environment of respect so student may slowly gain comfort interacting with peers.

Attention Deficit Hyperactivity Disorder (ADHD):

Hyperactive Symptoms include constant motion, fidgeting, difficulty with quiet tasks, and trouble sitting still. Impulsive Symptoms include interrupting conversations, blurting out answers, acting without regard for consequences, and impatience. Inattention. Easily bored, confused and distracted. Appear to daydream. Forgetfulness. Slow moving.

Possible Challenges in the Classroom:

Difficulty paying attention during class. Disruptive behavior. Often distracts other students. Inability to self-regulate. Easily sidetracked. Frequently daydreaming. Certain events, situations, or health conditions may cause temporary behaviors that seem like ADHD.

Classroom Strategies:

- Structure, structure, structure.
- Early intervention before behavior escalates.
- Stand in close proximity to student if they are having trouble focusing.
- Medication monitoring by school nurse.
- Short lessons to encourage focus on work.
- Provide family support and social and emotional learning.

Autism Spectrum Disorders (ASD), including Asperger's:

Has difficulty communicating with others. May exhibit repetitious behaviors, such as rocking back and forth, head banging, or touching or twirling objects. Has a limited range of interests and activities. May become upset by a small change in the environment or daily routine. Severe and pervasive impairment in thinking, feeling, language, and the ability to relate to others. Has difficulty reading people and situations.

Possible Challenges in the Classroom:

Social etiquette is often inappropriate. Social etiquette skills include how to comfortably join and exit a group of peers; good sportsmanship; good host behavior during get-togethers; changing bad reputations and owning up to a previously bad reputation; and handling teasing, bullying and arguments. May be a target for bullying or other harassment. Challenges with any kind of intimacy and relationship development.

Classroom Strategies:

- Often receiving specially designed instruction through an IEP.
- Dietary interventions.
- Teaching of social interaction skills. May also need greater one-on-one attention and help from a teacher.
- Provide personal space for student.
- Little routine change and a structured class.
- Break assignments into small steps.

Bipolar Disorder (Manic Depression):

Changes in mood from being extremely irritable or sad to overly silly and elated.
Manic Symptoms include distractibility, increase in talking, great increase in energy, repeated high-risk behavior, severe mood changes, unrealistic highs, and not allowing interruptions.
Depressive symptoms include persistent sadness, decreased interest in activities, frequent complaints of physical illness, irritability, and low energy levels. Shifts in not only mood, but also energy level and ability to function.

Possible Challenges in the Classroom:

Disruptive behavior or anger towards others for what seems to be no reason and with no provocation. Teachers may have trouble gauging when mood swings may occur and have little chance of dispelling them. Medication frequently prescribed if diagnosed.

Classroom Strategies:

- Allow student to work on a creative or interesting assignment.
- Have an aide work one-on-one with the child.
- Allow the child to work in a study carrel.
- IEP to address accommodations to emphasize strengths, assets of student.
- Possible medication monitoring by school nurse.

Borderline Personality Disorder (BPD):

A serious personality disorder characterized by pervasive instability in moods, interpersonal relationships, self-image, and behavior. Extremes of mood occur. Attention seeking and often dramatic.

Possible Challenges in the Classroom:

This disorder disrupts individuals' sense of self-identity. Bouts of aggression may lead to issues with other students and teachers. Potential substance abuse. Poor boundaries. Issues of other students often become their own. Intense bouts of anger, depression, and anxiety that circulate through their daily lives. Often seeks to create a reaction in other students.

Classroom Strategies:

- Watch for signs that warn for something greater than a mere temper tantrum or bad day – over a prolonged period of time.
- Be very consistent and stable, not reacting to the student's provocation.
- Know who they are even when they are struggling with their own identity.
- Pay attention to signs of substance abuse and notify counselor if that is the case.

Depression:

Difficulty with relationships. Frequent complaints of physical illness. Frequent sadness or crying. Low energy, Low self-esteem. Persistent boredom. Poor concentration. Thoughts of suicide. Loss of interest in activities that were once enjoyable.

Possible Challenges in the Classroom:

Unwilling to participate in class activities or even pay attention. 'Empty' feeling may lead to students disregard for anything and lead to disassociation with what is happening in the classroom.

Classroom Strategies:

- Offer support.
- Be there for students to talk to if they need to.
- Make sure counselors know that there is something going on with the student so they can best help.

Eating Disorders:

Severe disturbances in eating behavior, such as extreme reduction of food intake (Anorexia Nervosa) or purging (Bulimia) accompanied by feelings of extreme distress or concern about body weight or shape. Frequent trips to the restroom.

Possible Challenges in the Classroom:

Preoccupied with food intake. May refuse snacks or overindulge. Obsessive about body image. May exhibit excessive weight loss or gain. Often quiet and depressed. Changes in weight are not always apparent (especially with Bulimia).

Classroom Strategies:

- Careful observation.
- Refer to school counselor for appropriate follow up. Do not expect the student to "admit" to the problem. Behavior is often very secretive.

Fetal Alcohol Syndrome:

Difficult to diagnose. Some symptoms are physical such as low birth weight; small size; small eyes; flat cheeks and nose; thin upper lip; shaking and tremors; sight and hearing problems; heart defects; joint defects, and a small, abnormally formed brain. Other symptoms include eating and sleeping difficulties; delayed speech; ADHD; an undeveloped conscience; lower IQ; poor coordination; behavior problems; impulsivity; and difficulty getting along with other students. May develop drug or alcohol dependency, anxiety disorders, and trouble controlling explosive anger.

Possible Challenges in the Classroom:

Disruptive, out of control, inciting negative behavior in other students. Very short-term memory for instructions. Talking in the classroom. May appear as if they are simply disinterested in the material and are choosing to disengage. Difficulty in retaining what is learned.

Classroom Strategies:

- Assess the student's needs by reviewing the student's academic history through report cards and by speaking with the parents.
- Record the adaptations and/or modifications that will be used to support the student.
- Observe students' skills and productivity in the classroom.
- Extra patience, attention and help.
- Lessons need to be shorter in duration and actively seek to gain the attention and interest of the students.
- Use nonverbal cues.
- Prioritize the student's needs from most to least important.

Obsessive Compulsive Disorder (OCD):

Recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions).

Possible Challenges in the Classroom:

Student may be plagued by persistent, unwelcome thoughts or images or by the urgent need to engage in certain rituals. May be obsessed with germs, dirt, and washing their hands. They may be filled with doubt and feel the need to check things repeatedly.

Classroom Strategies:

- Interact with student one-to-one.
- Do not draw attention to behaviors.
- Refer to school counselor for potential referral for mental health services.
- Listen and encourage.
- Be aware of how much the student can comfortably handle.

Oppositional Defiant Disorder (ODD):

Throwing repeated temper tantrums. Excessively arguing with adults. Actively refusing to comply with requests and rules. Deliberately trying to annoy or upset others, or being easily annoyed by others. Blaming others for their mistakes. Frequent outbursts of anger and resentment. Seeking revenge. Swearing or using obscene language. Many children with ODD are moody, easily frustrated and have low self-esteem.

Possible Challenges in the Classroom:

Anger towards the teacher for what may appear to be no rational explanation. Leads to student focusing on those feelings rather than the schoolwork and may disregard anything the teacher has to say relevant to the schoolwork itself.

Classroom Strategies:

- Students do respond to praise and should be given some flexibility; they also need limits and consequences.
- Consequences should be appropriate and meaningful, something they want to avoid. Choose consequences wisely.
- Separate actions from students and understand that their hostility is not personalized toward you.
- Family support.
- Social and emotional learning.

Post-Traumatic Stress Disorder (PTSD):

An anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened.

Possible Challenges in the Classroom:

May appear distracted or daydreaming in the classroom. Expresses fear and may speak of memories of the event in the class. Student may appear detached and be easily startled.

Classroom Strategies:

- Maintain a calm environment.
- Listen if the student chooses to talk about the event, being careful to terminate conversation if any anxiety begins to develop.
- Refer to a counselor for community mental health treatment.

Substance Abuse:

Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile). Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct). Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with friends and family about consequences of intoxication, physical fights).

Possible Challenges in the Classroom:

Repeat absences. Poor work performance. Substance-abuse related suspensions or expulsions.

Classroom Strategies:

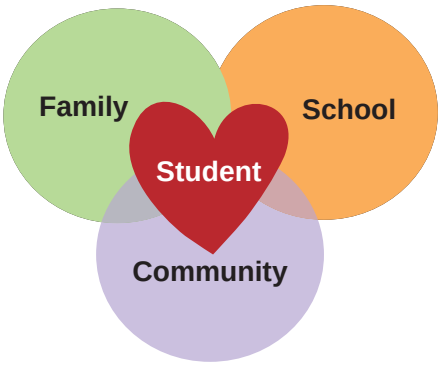
- Refer to a Student Assistance Specialist or other personnel for a substance abuse screening and potential referral for substance abuse treatment.

Information in this chart comes primarily from The National Institute of Mental Health http://www.nimh.nih.gov/health/topics/index.shtml and The American Academy of Pediatrics http://www.aap.org/healthtopics/behavmenthlth.cfm.

School-Community Partnerships That Work

A **school-community partnership** is organized to meet the needs of children and families. When needs are not met, they create barriers to learning. The partnership assists families in locating services and resources within the boundaries of the community. Regardless of household income, families need health care, basic needs, after school care, recreation, mental health services, and counseling of various types. People access services in different ways. For example, some people have insurance, and others must rely on services provided by public funding or non-profit agencies.

There are three parties to the partnership: the school, the families, and the community services. This is represented in the diagram below. Note that the student is at the heart of this group.

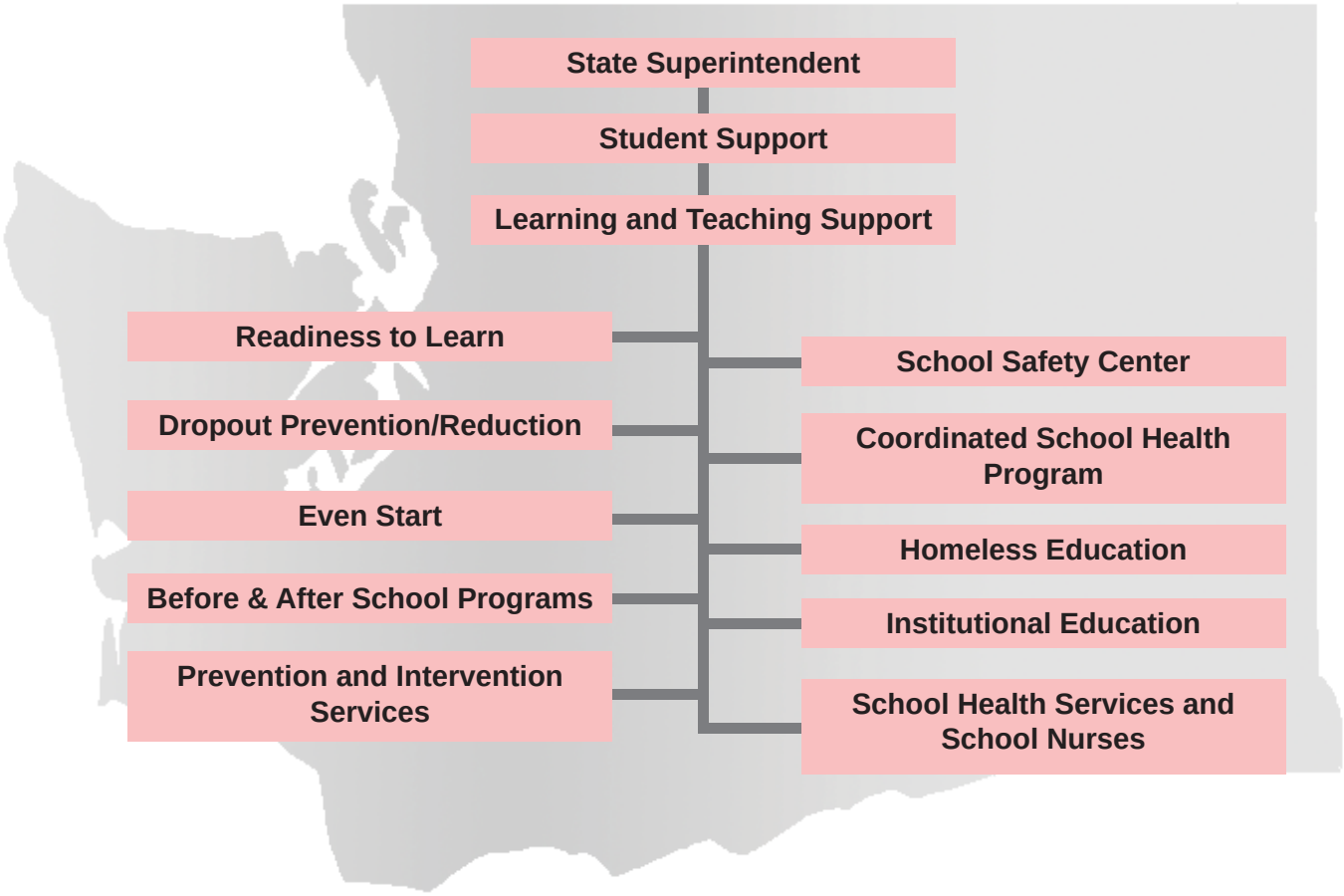


Someone must coordinate these three parties to ensure a stable partnership. In many school/community partnerships, that person is the **Compassionate Schools Coordinator (CSC)**. The CSC assists students and families in finding the support and resources they need. The role of the CSC is different from that of a school counselor, school psychologist, or other school employee. The CSC acts to connect students and their families with a network of resources. The resources include natural supports and networks of community members as well as formal supports from agencies.

When a CSC is located at the school, teachers and school counselors can better focus their energies on the roles for which they were hired. In addition, schools with CSCs report that connecting families with support and services they need helps reduce at-risk behaviors. Schools and communities are discovering value in saving resources in the long-term through prevention and early intervention activities.

One person especially well-trained to perform the work of a CSC is a Human Services Professional (HSP). A HSP is a person with a college degree who has learned to deliver, coordinate, and administrate human services. An HSP can determine the needs of clients, locate resources, refer clients, and keep client information confidential. They also know how to advocate for clients, groups, and communities within larger systems. In addition, HSPs have the skills needed for community organizing and development.

Whenever school-community partnerships are developed, there needs to be a person who is responsible for holding the vision of the partnership and building the connections that form the partnership. Within a compassionate school, that is a CSC. There are several programs that are currently operating that use school-community partnerships as the cornerstone of their operation to varying degrees. The following are a few examples of programming under the **Washington State Office of the Superintendent of Public Instruction (OSPI)** where school and community partnership play a vital role. OSPI is the Washington State Education Agency (SEA). "In collaboration with educators, students, families, local communities, business, labor, and government, the Office of Superintendent of Public Instruction leads, supports, and oversees K-12 education, ensuring the success of all learners." The organizational chart shows how those supports are aligned at OSPI.



Readiness to Learn (RTL)

The Readiness to Learn (RTL) program began in 1993. It is a state-funded grant program that creates and utilizes partnerships between schools and community members to support families that are challenged and their children who are academically at risk. The intent is to reduce non-academic barriers to learning, bolster student engagement, and ensure that all children are ready to learn when they come to school. Each program utilizes an RTL Coordinator to build these partnerships. RTL functions as an early intervention dropout reduction program.

Supports include:

- Intensive outreach for families.
- Tutoring and mentoring services.
- Mental health and substance abuse services.
- Case management.
- Parent support and education.
- Transportation and financial support.
- Health services.
- Food, clothing, housing, and employment assistance.
- Individual, group, and community activities and services.
- Gang diversion.
- Extended learning, enrichment, and recreational activities.

A Real Life Example:

During the fall of 2008 while working as a Readiness to Learn Coordinator out of a rural Mason County school district, I met a young mother of two small children. The oldest child, who had just started kindergarten, was often dirty, under dressed and attended school on an irregular basis. I made a home visit with the public health nurse.

We found a dark, cold home and a scared young mother. The baby was asleep on a sofa that was pushed up next to a wood stove, their only source of heat. There was little food in the house and the parent had no transportation to get to the store or the means to purchase it. Clothing that had been hand washed was hanging around the house. The furniture consisted of one bed they all shared, a table without chairs and a sofa.

The family had been abandoned by the father of the children following repeated instances of domestic violence. The mother, who had previously lived in homeless shelters with her children, was desperate. She had lost her job because she had no transportation or daycare for her children. Her extended family was unwilling to help as they believed “what does not kill you will make you stronger.”

RTL authorized payment of the outstanding power bill to the electric company using community grant funds designed for that purpose. Beds, blankets, clothing and food were delivered that same evening.

(continued on next page)

The local Kiwanis Club purchased the family a used car, grant funds were used to obtain housing and a Temporary Assistance for Needy Families grant was applied for and received. With local volunteers, the family was moved into a new rental. Furniture, clothing and household items were donated and car insurance was purchased by utilizing funds from the TANF grant. Mom and the children have also received long overdue medical and dental care.

The kindergartner was re-enrolled in an elementary school close to their new home and attends school regularly. Both children have been enrolled in daycare. Mom is beginning to feel a sense of a "can do" attitude and will eventually be able to better tend to the needs of her family.

Bonnie Miller, RTL Coordinator
North Mason County, Washington

A Real Life Example:

The Quileute Tribal School held their 2nd annual Welcome the Whales ceremony on March 26, 2008. The principal of the Tribal School invited the Forks public school district students to join them and invited the RTL program to help coordinate a field trip for 37 of the district's native and non-native students.

While the ceremony was taking place, Gray Whales were rolling in the surf. As the Quileute tribal members ended the ceremony with a "Calling to the Whales" song, four killer whales – two adults and two juveniles – appeared at the mouth of the Quileute River and swam out behind James Island! The tribal members say they are rare visitors and usually only seen out to sea. The power of the song welcomed them also.

Photo by Chris Cook - Forks Forum

After the ceremony, young students joined the tribal dancers. One young American Indian student who has grown up in a foster placement with non-native foster parents was very hesitant to join the dancers. When one of the partner dances started I took him out and taught him the dance. By the end of the song, he had a huge smile on his face! As we were boarding the bus to go home, he told me that was his first "Indian dance." It was a great experience and the children loved being a part of that cultural ceremony.

Sandra Heinrich, RTL Coordinator
Forks, Washington

RTL uses many strategies to provide outreach to families. Some staff have found that having a place where families can gather, come to receive support, volunteer their services, engage with other families, and have their questions answered has been valuable. The best example of that has been through a Family Resource Center (FRC) model which is present in several of the RTL consortiums as the "hub" of activity.

Both FRCs and the Parent Engagement and Leadership Programs play a vital role in RTL programming. The following two sections provide more detail on these programs.

Family Resource Centers

An FRC is either located in the school or is easily accessed by students and their families. FRCs create a respectful, safe, relaxed, and comfortable place for families to explore advocacy, parent support, and community resources. They connect parents with training, case management, a resource lending library, and onsite technology. They focus on providing programs when no other resource exists.

Principles of Family Support		
Staff and families work together with equality and respect	Staff enhances families' capacity	Families are resources
Programs affirm and strengthen cultural, racial & linguistic identities	Programs contribute to community building	Programs advocate with families for services and systems
Mobilize formal and informal services	Programs are flexible and continually responsive	Principles of family support modeled in all programs

Families are recognized as the first teachers of their children. FRCs offer support to parents and other family and community members who assist children in learning. This support provides a foundation for schools to help reduce the effects of trauma and struggles faced by students and families. FRCs strengthen families and allow schools to harness the synergy that becomes available when family members are advocates, and supporters of the education system. Parents are a child's first teacher.

Benefits of Family Resource Centers include:

- Welcoming environments.
- Stigma-free services.
- Strength-based practices.
- Network of services.
- Reduction in service duplication.
- Students who arrive ready to learn.
- Opportunities to give back.
- Family voice.
- Sharing of personal stories.
- Interaction with the school board.

Parent Engagement and Leadership Programs

Parents, like their children, have experiences outside the walls of the school. They have jobs, friends, and extended families. They have knowledge and skills used in their jobs, families, faiths, and hobbies. Many work long hours and have long commutes. Still, many (if not most) of them are willing to be involved in schools if they believe their presence makes a contribution. When we think of family involvement, we should think of adults beyond the walls of the student's home. There is the potential for involvement by grandparents, aunts, uncles and adults who either do not have children or whose children are adults.

There are many ways for families to be engaged and involved in the life of their children. Joyce Epstein of Johns Hopkins University has defined six different types of parent involvement. Those six types are 1) Parenting, 2) Communicating, 3) Volunteering, 4) Learning at home, 5) Decision Making, 6) Collaborating with the community. Further information on her work can be found on the Web at http://parent.sdsu.edu/aboutpi.htm. The website lists sample practices and activities to describe the involvement more fully. Her work also describes the challenges inherent in fostering each type of parent involvement as well as the expected results of implementing them for students, parents, and teachers.

Families are at the core of family-school partnerships. For children to succeed, families must succeed. Those families must be treated with respect, their strengths and abilities should be recognized. When developing a life plan for a family in chaos, it is important that the family has a central role in its design. That sense of ownership of the plan helps them become more successful. It is important to plan *with* families, not *for* them. What is more, family involvement in all aspects of programming is vital. Families are capable of contributing even though they may be experiencing difficulties, just as teachers are capable of teaching when they experience difficulties. Every parent, regardless of circumstance, has the ability to advocate for his or her child. The following list of practices place high value on recognizing the central role that families have in raising successful students.

- Utilizing practices that are responsive to diverse linguistic, cultural, ethnic values, and morals.
- Involving diverse adults in the classroom and school.
- Assuring equal ease of access to support.
- Helping families and students understand and navigate systems needed to move toward self-sufficiency. These systems include education, social services, health, career training/retraining, and local government.
- Guaranteeing parent and student voice/leadership in all aspects of programming.

Unfortunately, many school staffs receive little or no formal training in working with families. Therefore, schools often struggle with finding effective strategies to engage families. Community potlucks and gatherings are a good start. However, it is essential that events provide family members with a sense of ownership, purpose, and vitality in the work they are asked to do. They must be allowed to make a contribution that is meaningful to the children, the school, and themselves.

Across Washington State, there are several programs that not only involve parents as advocates for their own children but also as leaders to advocate for other struggling parents. These programs are considered best practices and are highly valuable to the communities that have fostered their development. Superintendents, principals, and teachers who have increased their understanding of struggling families have found this resource invaluable to their school communities, including staff, bus drivers, lunchroom staff, and paraprofessionals. The benefit is clear for both the mentor parent as well as the parent being mentored. Teaching skills that one has learned only reinforces their affect. There is a sense of ownership that begets goodwill throughout the school and community.

Schools that invite family involvement and engagement create an opportunity for capable families to act as mentors and role models for other struggling families. Many families bring leadership skills to their volunteer work, providing an excellent opportunity for other family members to also develop skills. It is often easier for a struggling family to accept guidance from a family with similar struggles that has been successful in the school system and other resources to meet their needs. This is especially true when language and culture are barriers to understanding these systems.

One example of a parent mentorship program is found in the North Shore School District where families are recognized as strong resources. In that district, the Washington Alliance for Better Schools developed and implemented the Natural Leaders Program to develop parent mentors. This program works particularly well with English language learners. Parents from many cultures are trained as helpers and supports for other families that are challenged by the system. They often need support to navigate the complex school system. In that model, the parents have a strong voice in shaping and actually running the program. Further information about the Natural Leaders Program can be found on the RTL website:
http://www.k12.wa.us/ReadinessToLearn/Resources.aspx.

What qualities would you look for in a parent to become a mentor? It is important to consider risk and fit within your community when recruiting parents as leaders. An inclusive group is stronger than an exclusive group for many reasons. If nothing else, it allows families in chaos exposure to healthy models of functioning. You do not learn to tie your shoes from someone who does not know how, and you do not learn good parenting if you are never around parents who have good parenting skills. Creating a partnership provides a platform for parents to feel valued through meeting other parents, creating opportunities to give back, sharing personal stories, developing strength-based views of themselves, and creating a vital network of services.

Dropout Prevention/Reduction Program

Building Bridges is a state funded grant program for school-community partnerships to build a comprehensive dropout prevention, intervention and retrieval system. These grants serve at-risk middle and high school students. Targeted student populations to be identified include youth in foster care, the juvenile justice system, special education and youth who have dropped out of school.

Building Bridges Partnerships provide all of the following programs and activities:

- A system that identifies students at risk of dropping out from middle through high school and that offers timely interventions.
- Coaches or mentors for students.
- Staff that coordinates the partners.
- Retrieval or reentry activities.
- Alternative educational programming.

In addition to the legislative requirements, programs also utilize a positive youth development approach, family supports, youth leadership, and community service opportunities.

A Real Life Example:

A young high school dropout named David was in the final stages of completing his paperwork to join Job Corps. He came to our school to get copies of his transcripts and was halted at the reception desk, but permitted to call his last school for attendance. He was told if he wanted the transcripts, he would need to come to come to the school campus. He did not have time. I could see his frustration; not anger. He asked if I could assist him.

He was in a dilemma, as he was scheduled to meet his supervisor, obtain his transcript, complete his paperwork, and leave for the Job Corps training camp, all by 2:00. To him, his future depended upon getting the transcripts. I asked if his mom could help. He looked at me as if I had used profanity. Finally, he said, “She can’t help me. She can hardly help herself. I ain’t in no gangs, I don’t use drugs, and I haven’t been to jail. I just want to get out of here.”

I called and emailed the principal from his former school, asking if he could have the transcripts faxed to me. The principal moved quickly to assist. The transcripts arrived but with a note that said I could not send the transcript to anyone due to unpaid fines. I called the Job Corps office and explained the dilemma. The gentleman said, don’t send them, but let me know what grade he completed. I shared that information, and David was permitted to enter Job Corps.

I was invested in this young man for a number of reasons and most of all because it was the right thing to do in the face of what could happen to him. This points out the importance of one significant adult taking the time to listen and following up with the offer of assistance before it was too late.

Jeanette Bullock, Building Bridges Administrator
Federal Way School District, Washington

Even Start

Even Start offers promise for helping to break the intergenerational cycle of poverty and low literacy in the nation by combining early childhood education, adult literacy (adult basic and secondary-level education and/or instruction for English language learners), parenting education, and interactive parent and child literacy activities into a unified family literacy program. Even Start supports integrated family literacy services for parents and children, primarily from birth through age 7, and has three interrelated goals:

- To help parents improve their literacy or basic educational skills.
- To help parents become full partners in educating their children.
- To assist children in reaching their full potential as learners.

The term "family literacy services" is defined in section 9101(20) of the Elementary and Secondary Education Act (ESEA) as services provided to participants on a voluntary basis that are of sufficient intensity in terms of hours, and of sufficient duration, to make sustainable changes in a family, and that integrate all of the following components:

- Interactive literacy activities between parents and their children.
- Training for parents regarding how to be the primary teacher for their children and full partners in the education of their children.
- Parent literacy training that leads to economic self-sufficiency.
- An age-appropriate education to prepare children for success in school and life experiences.

Even Start projects must provide participating families with an integrated program of early childhood education, adult literacy (adult basic and secondary-level education and/or instruction for English language learners), parenting education, and interactive parent and child literacy activities. The program's design is based on the premise that these components build on each other and that families need to receive all four services—not just one or two—in order to bring lasting change and improve children's school success.

Even Start

In this story, one senior from Longview High School reflects on how getting pregnant her junior year made all the difference.

A Real Life Example:

"I had to straighten my act out because I had to and because I wanted to, for this person I was creating." She gave birth Dec. 12 to a daughter. "I didn't want it (the pregnancy) to happen, but now I'm glad it happened, because it totally changed my life for the better."

Her first two years of high school were rough. Her friends used drugs and didn't go to school, she said. Her classmates teased her about her weight and for being on the school's bowling team. She didn't fully understand her schoolwork due to a reading and writing disability. She was uncooperative with teachers and thinking about dropping out.

"Not that many people liked me. I really didn't want to be there, and I didn't do anything to prove I wanted to be there."

At the end of her sophomore year, she talked about her problems with her academic strategies teacher.

"I had to be straight with her," said the teacher, who teaches kids how to study and take charge of their education.

He talked to the student about his "seven ingredients of success," one of which is, if things aren't working, you must make a change. Another is the importance of connecting with the larger community by getting involved, he said.

"She sat there and I said, 'Here's what you gotta do.' ... And a little bit of a light bulb came on, and when she came back her junior year, she started those things."

A few months later, the student learned she was pregnant.

She decided to keep the baby, but her old reputation for being a slacker caught up with her. "I was like, everyone keeps telling me I can't succeed. I'm gonna prove them wrong. And I have so far," she said.

The student found a program for teen mothers called "Even Start." The program offers free day care while the moms work toward graduating and take parenting classes.

She enrolled in the program, applied herself to her school work and brought her grades up. She began hanging out with a new crowd, one that wasn't constantly in trouble. She made plans with her fiancé to move to Idaho after graduation.

After the baby was born, the new mom saw the importance of family time. It pleases her to feel like she has control over her and her daughter's life. Now, people finally must take her seriously, she said.

"My emotions have changed from being just a kid to being a mother and having to take care of someone other than just myself," she said.

Breanne Odden, Even Start Program Coordinator
Longview High School, Washington

Before and After School Programs

The 21st Century Community Learning Centers (21st CCLC) program is a grant based program administered by the Office of Superintendent of Public Instruction. The purpose is to establish or expand community learning centers that provide students with academic enrichment opportunities along with activities designed to complement the students' regular academic program before school, after school, or during the summer. The grant's specific purposes are to:

1. Provide opportunities for academic enrichment, including providing tutoring services to help students (particularly students in high-poverty areas and those who attend low-performing schools) meet state and local student performance standards in core academic subjects such as reading and mathematics;
2. Offer students a broad array of additional services, programs, and activities, such as youth development activities, drug and violence prevention programs, counseling programs, art, music, and recreational programs, technology education programs, and character education programs, that are designed to reinforce and complement the regular academic program of participating students; and
3. Offer families of students served by community learning centers opportunities for literacy and related educational development.

A Real Life Example:

Twenty first century has been good for me. I started the program in the 4th grade. I wasn't at grade level and was having a hard time with math and reading. The teacher who taught my class worked with me on my homework. My mom asked the teacher if she could help by giving us extra work to do at home that would help out. Ug…more work! My mom thanked the teacher and spoke about my improvement once before. When I asked her what she said this is what she told me, "The teacher you had took the time to give you tools that would benefit you and your learning process. She said 'every child learns differently and you need hands on and visual'. Then she showed us ways to use the tools to do my work. My parents were pleased. I improved on my scores. While not yet where I needed to be, I also didn't fall behind. The next year I attended again, only with a different teacher. The paraprofessional that worked with me also gave up some of her time to give me some extra help. She actually monitored my work and showed me different ways to solve problems and get the work right. To this day I do things differently but succeed. I have completed 6th grade and with much work have improved in my test scores and am working at grade level on my classroom math. I have more work to do but I am grateful for what the program did for me.

Lindsay Oswalt (submitted by one of her students)
Granger School District, Washington

Prevention and Intervention Services Program

The Student Assistance Prevention Intervention Services Program (SAPISP) is a state grant program administered by the Office of Superintendent of Public Instruction. The program is a comprehensive, research-base program that places Student Assistance Specialists (SASs) in schools to address the problems of youth who have experienced barriers to learning because of substance use/abuse. The program is aligned with the nine components of a comprehensive student assistance program in accord with the National Student Assistance Association, including: School Board Policy; Staff Development; Program Awareness; Internal Referral Process; Student Assistance Team; Program Evaluation; Educational Support Groups; Cooperation and Collaboration; and, Integration.

The goals of the program are to: 1) reduce substance use; 2) increase knowledge of the risks associated with substance use; and 3) increase bonding to school.

The SAPISP provides supports for grades K through 12, and provides the following services:

- Screening to determine levels of substance abuse and mental health concerns.
- Individual and family counseling and other services specific to student substance use.
- Peer support groups to address student and/or family substance abuse issues.
- Coordinate and make referrals to treatment and other social service providers.
- School-wide prevention activities that provide healthy messages and decrease substance use.

A Real Life Example:

Joe, a junior, turned his life around from his involvement in drugs and alcohol. He was from a chemically affected family, and was on a fatal path just two years ago. Joe was facing the burden of drug-related legal charges that would have ruined his life. He was referred to the Student Assistance Specialists (SAS) in his high school, and after screening was referred onto chemical dependency treatment. The SAS monitored his progress in treatment and was able to provide transition back to school once he completed his inpatient treatment. Upon his return to school, he attended a weekly recovery support group facilitated by the SAS. After a great deal of work, Joe was experiencing successes socially, emotionally and academically. Joe was just 2 weeks shy of a year without any drugs or alcohol and was carrying close to a 3.5 GPA while taking double classes needed to catch up when he had a "slip" with marijuana at school and was facing expulsion. Instead of giving up, Joe told the assistant principal that he wanted to talk with the SAS. From his inpatient and outpatient experiences, he knew this was a critical step to avoid losing it all. The SAS worked with Joe and school administrators to develop a plan to get Joe back on track towards graduation and college. He now feels that this was supposed to happen so that he could learn from it. As Joe shares his story in freshman health classes, his charisma and authenticity often astounds the students who hear the difficult journey he has taken - and is still taking. Joe's personal and academic success has also allowed other students to evaluate their own destructive decisions. This speaks loudly to the power peers have to create norms in which others form new insights about themselves.

Gary Frost, Student Assistance Specialist
North Central High School, Spokane, Washington

Throughout the remainder of his junior and senior years, Joe continued to work his program. He "walked" at graduation with his peers this June, found a good paying transitional summer job, purchased his first "newer late model" car, and will be attending community college this coming September.

Another story highlighting the importance of the SAPISP comes in the form of a letter from a 15-year-old who had a sibling and parent with substance abuse problems attending a Children of Affected Others support group facilitated by an SAS.

December 20, 2007

Dear Mr. Steve,

Thank you for helping me through everything! I can really tell you care and I appreciate it more than you can imagine! I feel everyone in group and you have really helped me. I always look forward to group and discussing whatever.

At first it was really awkward and weird, but now I feel really comfortable. You've helped me discover a lot about myself and have given me new wisdom every time I see you. Thank you, thank you, thank you!!

This world is so cold, and with group and you, it doesn't seem so bad. By hearing tips and advice you give to people you have even helped me too. I haven't hurt myself in 8 months! I haven't touched a drink in 2 months, too! I feel much happier and healthier!

Thank you for everything.

P.S. Have a great Winter Vacation!

School Safety Center

The Safe and Drug Free Schools (SDFS) State Grants program is one of the federal government's primary vehicles for reducing drug abuse and violence in schools. SDFS initiatives are designed to prevent violence in and around schools, strengthen programs that prevent the illegal use of alcohol and other drugs, and support the healthy development of youth.

Efforts include improving the quality and availability of data related to drug use and violence. Safe and Drug Free Schools dollars support the following reports:

Healthy Youth Survey	Truancy	Behavior	Weapons

Safe and Drug Free School activities support the 'prevention-mitigation' piece of a comprehensive school safety plan (Prevention-Mitigation, Preparedness, Response, and Recovery) and contribute to positive school cultures and climates that prevent violence and substance abuse.

In Washington, SDFS dollars support 295 school districts who will each write individual prevention plans that highlight local needs for prevention programs.

One story that illustrates the work of this program is from Charisa Moore, a health teacher at Bainbridge High School in Bainbridge, WA. Charisa describes the suicide prevention curriculum HELP, which was developed in partnership with DOH and the Youth Suicide Prevention Program. The lessons students have learned there have helped them in difficult situations with their own friends, as in the case of the youth in this story:

A Real Life Example:

One student's story that stands out was a boy's phone call from his female friend. She was depressed and self-medicating for months. When he got the phone call, he quickly recalled his lesson from the HELP curriculum. As he was on his cell phone, he continued to talk to her and didn't allow her to be alone. At the same time, he called 911 from his home phone and got help on the way. Talking to the girl now, she would have taken her life that night if he hadn't called 911. The medics got there in time to save her life.

Charisa Moore, Health Teacher
Bainbridge High School, Bainbridge, Washington

Coordinated School Health

The Coordinated School Health (CSH) program provides improved coordination, planning, and access to school health information and resources for local school communities. Washington receives federal funding for the project. The funding supports the work of a small interagency staff team at the state education agency (OSPI) and the state health agency (DOH) to provide information, training, and technical assistance.

Schools that use a coordinated school health approach share the perspectives of educators, staff, families, health care workers, the media, religious organizations, and community organizations that serve youth, as well as the of youth themselves, in order to coordinate school health activities across the following components:

- **Health Education:** A planned, sequential K-12 curriculum that addresses physical, mental, and emotional and social dimensions of health
- **Physical Education:** A planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas
- **Health Services:** Services provided for students to appraise, protect, and promote health
- **Nutrition Services:** Access to a variety of nutritious and appealing meals that accommodate the health and nutritional needs of all students
- **Counseling and Psychological Services:** Services provided to improve students' mental, emotional, and social health
- **Healthy School Environment:** The physical and aesthetic surroundings and the psychosocial climate and culture of the school
- **Health Promotion for Staff:** Opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities
- **Family/Community Involvement:** An integrated school, parent, and community approach for enhancing the health and well-being of students

Coordinated School Health

A Real Life Example:

At one southwest Washington high school, the change started with students who held a school-wide referendum on issues they saw as important. When one of the three winning ideas was making improvements to the food options available at the school, the students got to work and invited adults to join in.

The school team includes a social studies teacher, an English Language Learning instructor, an art teacher, a physical education teacher, a family and consumer sciences teacher, two science teachers, and many students from the different student organizations (informal and formal) that are active in the school -- all of whom are reaching out to nutrition staff and administrators with the school and district.

So far, students and staff have explored ideas related to improved nutrition, increased physical activity, staff wellness, school sustainability, waste reduction, increased recycling, composting, exploring partnerships with local farmers, and helping the nursing staff address the problem of student over-use of high-energy drinks… all of this in three meetings. They are off to a great start!

Greg Williamson, Supervisor of the Coordinated School Health Program
Office of Superintendent of Public Instruction

Homeless Education

Children who are homeless are among our nation's most at-risk citizens. A lack of stable housing combined with frequent school moves can lead homeless students to fall behind academically as well as experience added social and emotional hardship. The federal McKinney-Vento Act ensures that students experiencing homelessness are provided the same opportunity to enroll, attend, and succeed in school as their housed peers. Further, public schools are required by the Act to provide special supports for homeless students to ensure school stability, even if students change residences multiple times during a school year. Key provisions of the McKinney-Vento Act include continued enrollment in the school of origin, school district transportation, categorical eligibility for free meals, access to all school activities, and immediate enrollment, even when a student lacks the necessary records. Additionally, the McKinney-Vento Act requires school districts to appoint a liaison to ensure that homeless students are appropriately identified and served according to the law. A district liaison works closely with homeless students and their families, serving as an important bridge between school and community resources. Additional information about the McKinney-Vento Act can be found at the National Center for Homeless Education (NCHE) website at www.serve.org/nche/.

A Real Life Example:

When I first met this family they were living in a tent - mom, dad, 10th grader, 2nd grader and 1st grader. After talking with mom on the phone, I drove to meet them at a local grocery store and spent an hour walking up and down the aisles getting to know them and letting them get to know me. I listened to mom tearfully relay her less than desirable experience of trying to get the younger students enrolled in school the day earlier. I went with dad to fill up the gas tank of their car and learned about what brought them to Spokane. I took the family to McDonald's for lunch.

While at McDonald's, I made a phone call to the Homeless Outreach caseworker at SNAP (Spokane Neighborhood Action Program). SNAP immediately started the process of getting the family out of the tent and into a motel. This motel was in the attendance area of another elementary school in our district. I called the school to find out if they had room at 1st and 2nd grade. They did, so I presented the option to follow me to the school after lunch, and get the younger kids enrolled that afternoon. Mom and dad were relieved and grateful to have the 1st and 2nd grader enrolled and starting school the next day. They felt listened to, supported and valued, unlike their previous experience.

Leslie Camdengoold, McKinney Vento Coordinator
Central Valley School District, Washington

Institutional Education

Another program for students in transition is for children who have been incarcerated or institutionalized and are transitioning to living in the community. This program is under the title Institutional Education. Across the state, over 35 school districts and four Education Service Districts provide a wide range of quality K-12 education services to incarcerated and previously incarcerated juveniles inside state-operated institutions and group homes, county-operated juvenile detention centers, residential habilitation centers, adult correctional facilities and community schools. These education services promote successful learning in alternative learning environments. It is the purpose of the Institution Education program to provide technical assistance and support to both the service providers and the institution administrators.

Other federal funds are also available to provide incarcerated juveniles with services needed to make a successful transition from institutions to further schooling, training or employment, to prevent at-risk youth from dropping out of school and to provide them with a support system to ensure their continued education.

A Real Life Example:

Marcy has been incarcerated at the Echo Glen for several months and has been participating in the Canine Connections program – a program that brings unwanted dogs and incarcerated kids together. The dog, Spiker, is a mix of German Shorthaired Pointer and Labrador Retriever. He's one year old and was abandoned by his owners.

Spiker is changing Marcy's life and Marcy is changing his. That is the nature of the program. Marcy has lived in Echo Glen for the past nine months.

Animal therapy is increasingly being used as a way to help youth connect to the outside world. Often times they are cut off from society because of attitudes or for the simple fact that they may be isolated. The residents of Echo Glen (boys ages 10 to 16; girls, 10 to 21) have committed serious, often violent, crimes, including robbery and murder. Most have a history of drug abuse, and 70% have been diagnosed with depression or other mental illnesses. Depression and other mental health issues often are present in youth who take part in delinquent activities. So, many of the youth who are in detention will benefit from having the unconditional love of a dog to bring them out of their shell. Many times, these are their first encounters with an animal and it opens up new doors of opportunity.

Marcy never knew her father; her mother died of a drug overdose when Marcy was 8. After that, she began shuttling from one foster home to another-more than 50 in all. Unable to get along with any of her host families, she ended up on the streets selling crack. She was regularly in trouble with the law and with juvenile court until a judge ordered her to spend a year at Echo Glen.

Though most of the offenders who reside at Echo Glen are serious offenders, the Canine Connection program has proven successful with the most hardened inmates.

Kathleen Sande, Program Supervisor, Learning and Teaching Support
Office of Superintendent of Public Instruction

School Health Services and School Nurses

The School Nurse Corps (SNC) program directs registered nursing services to meet student health care needs in the school building. The SNC works in partnership with schools, families and communities, and helps students to achieve academic success by improving school health services and health outcomes.

Students in all public school districts have access to basic Registered Nurse (R.N.) services.

- All students in Class II districts identified with potentially life threatening and/or chronic health conditions have emergency care plans/ individual health plans (ECPs/IHPs) developed and implemented with staff training and supervision by an R.N.
- All students in Class II districts receive medication and/or medical treatment in compliance with current laws and accepted standards and with staff training and supervision provided by an R.N.
- All Class II districts provide mandated screening programs and comply with immunization laws.
- School districts have policies and procedures for school health services based on current laws and accepted standards.
- All districts have access to consultation, education, and resources regarding school health services.

A Real Life Example:

Recently, in a district served by the SNC, an elementary student was experiencing behavior issues, poor nutrition, frequent absenteeism, and issues with medication compliance. The school nurse intervened and collaborated with staff, a doctor, the parents, and the student. The nurse's efforts resulted in an Individualized Health Plan for the student. According to the outcome reported by the family and school staff, the student's:

- attendance became almost perfect.
- behavior became much less aggressive.
- academics improved.
- weight increased to the recommended amount.
- medication difficulties subsided at school.

Outcomes for this student clearly demonstrate the important link between health and learning.

Christy Conner R.N., Program Supervisor, Learning and Teaching Support
Office of Superintendent of Public Instruction

Compassionate Schools: The Heart of Learning and Teaching

Compassionate Schools Initiative

In July of 2007, Pierce County sponsored a summit called Hurt to Hope. Those attending the summit examined two documents. One was *Helping Traumatized Children Learn* authored by the Massachusetts Advocates for Children. The other was called *Adverse Childhood Experiences Study* completed by the Center for Disease Control and Kaiser-Permanente. These two documents were created independently yet reached similar conclusions. After studying and discussing these documents, those attending the summit left with a clearer understanding of how trauma affects adult health and childhood learning and development. In April of 2008, Spokane County held a similar conference also titled Hurt to Hope. Approximately 1,000 people from across Washington State attended these two events.

After the Hurt to Hope summits in these two counties, OSPI began working with the Mental Health Transformation Grant to begin a Compassionate Schools Initiative. Because of their own local initiatives, Spokane and Pierce counties were chosen as pilot sites to develop Compassionate Schools into a working practice. The focus was to provide training to teachers and other school staff toward understanding how trauma affects learning. Much discussion ensued between schools and community members and trauma informed practices were put in place in 11 school buildings between the two sites. The goal of the project was to better understand the implementation, growth, and sustainability of Compassionate Schools and to distill a set of Lessons Learned as a final project outcome. The complete Compassionate Schools Pilot Sites Report can be found at http://www.k12.wa.us/CompassionateSchools/Resources.aspx.

In August 2008, a third statewide summit was held in Yakima. Participants as teams from various schools and communities across the state took an in-depth look at the Compassionate Schools framework. Several other schools have since also recognized trauma as a barrier to learning and have requested information to further examine principles that may help bolster student achievement. The following chart portrays some of the learning that has occurred. It is important to remember that Compassionate Schools is not a program, it is a process designed to uniquely fit each school and community it benefits. The learning continues.

Compassionate Schools Initiative

Developing a Compassionate School Infrastructure

What	Who	How
Engaging school leadership	It is vital to engage school leaders (superintendents, principals, counselors, health care staff, school board) who have responsibility for professional development and establishing the Supportive Learning Environment within the school.	Provide data to school leaders that show the correlation between physical, social and emotional health and learning. Invite them to key trainings regarding data and implementation.
Assessment	All school personnel who interact with students, community agency representatives, key public agency representatives (mental health and social services), business representatives, students, parents and parent organization leaders.	Look at available school and community data including academic environment, community demographics, culture, and poverty levels. Assess available assets. Provide a gap analysis. Determine training needs. Reassess after training.
Training School-Community	Build a solid foundation based on training in specific areas that address building healthy school-community partnerships. Core trainings might include: Adverse Childhood Experiences study, Social/Emotional Learning, Response to Intervention/Positive Behavioral Interventions and Supports, Community Engagement/partnership strategies, Parent engagement/leadership strategies, mental health, domestic violence awareness, substance abuse awareness, self care for those who care, creative classroom strategies for working with challenging students.	Use assessment information to determine training needs. Hold training at accessible times and places. Provide outreach to let potential attendees know of available trainings. Use a mix of "home grown" and professional training opportunities. Take time to know your trainers and if their materials/methods are appropriate for your community. Use the Internet to determine other potential relevant topics.
Review of similar models	Allow an open forum/think tank of opportunities for looking at other "compassionate" models including other agencies, health care facilities, communities of faith, colleges, etc.	Provide an opportunity for looking at creative programs. Use the Internet, conduct site visits, have conversations about "lessons learned" from other serving agencies that have developed a compassionate environment.
Review of school policies and procedures	School policies should be reviewed by all members of the school and community and there should be an open forum for questions and answers. School leadership should take the opportunity to use feedback for aligning policies with a compassionate school environment.	Policies should be regularly reviewed and revised. The Compassionate School is an evolutionary process that requires flexibility and adaptability. Policies should support the well-being of students, parents, staff and the community.

Partnerships	Develop a core partnership of consistent participants who can make an ongoing commitment to this effort. Invite ancillary partners and those who are interested. Make all meetings public and provide broad-based community invitations. Use current members to “recruit” other members.	Establish clear roles. Provide equal voice for all partners. Develop a way to garner input from a variety of sources – open invitation.
Action plan with short- and long-term goals	All partners identified in the above section. Utilize small committees of people to implement individual strategies – reviewed by other committees for potential fidelity.	Develop a written implementation plan – short term and long term. Implement in small steps – one strategy or small group of closely related strategies at a time. One classroom or one school building at a time. Take time to “test” the strategy for fidelity in your particular setting. Conduct regular reviews for quality improvement and ongoing sustainability for each development phase and then for all pieces together once several steps have been implemented. Dedicate specific resources to the project. Align with other programs, policies and initiatives. Share learnings from one school building to another. Be sure to address staff wellness.
Reassessment and evaluation	Community wide invitation - Include all partners, parents, students and other stakeholders who have been active in the partnership.	It is vital to provide a continuous quality improvement (CQI) process within the partnership – a system of checks and balances – to ensure that all areas that need to be addressed are addressed and that all students that are at risk are being supported by the right provider, at the right time and in the right amount. CQI promotes accountability, flexibility, efficiency and effectiveness throughout the life of the partnership.

After the project was completed, there were statements collected from staff at both project locales that encapsulated the values they thought were important in establishing a Compassionate School.

Comments from pilot site staff included:

- "Our frequent discussions have helped us to reflect on the possible reasons for some students' behavior."
- "I believe we are looking at our students through different eyes—realizing there might be a reason for their 'outbursts.' "
- "Thinking differently about kids' behavior, teaching skills rather than punishing when kids misbehave."
- "Looking at how we view kids and how we treat them individually. Starting to show more understanding of what might be happening to them."

Key lessons learned from pilot sites included:

- Principals and other school leaders must see the need, understand, and embrace the process and see its value.
- Work must be supported by firm foundations. Programs must not move forward with assumptions. All participants should develop a shared vision together.
- Programs must, from the beginning, be intentional and thoughtful about how to sustain the work over time.
- Teachers need practical solutions to help their students now. Current ideas are well-grounded in research, but will take time to develop fully.
- Schools must be flexible. Programs should be individualized and tailored for each school building and community based on well-planned development. School staff need tools to adapt to changing realities; not a "one size fits all" solution.
- Staff must be supported so that they are able to maintain good boundaries and self care.
- Programs must invite broad participation and ideas from all levels in the school including janitors, lunch staff, bus drivers, para-educators, as well as teachers, counselors, social workers and school administrative staff.
- This is a step by step development effort. All involved should embrace it and savor its development. They should remember to be patient, letting go of pressures to move too fast.

Forming a School-Community Partnership

School-community partnerships have provided guidance for mapping the resources of a community and performing a needs assessment. All communities and all individuals have combinations of both strengths and limitations. The proverbial cup of human ability is not *either* half-full *or* half-empty. It is *both* at the same time. Everyone you will ever meet compensates for limitations by using strengths. It is the same with communities. The combined strengths of the individuals within a community compensate for the limitations of individuals in the community. In other words, a strong partnership will use the strengths of the individuals and community to solve the problems experienced by the community. It is a matching process of finding available resources to meet the needs of within the community?

If placed within the school, a CSC can be responsible for initiating and sustaining the community-school partnership through formal and informal relationships with associations and agencies, facilitating meetings, and providing continuity. The CSC can also coordinate both asset mapping and a needs assessment.

Strength-Based Problem Solving and Asset Maps

An **asset map** (Kretzman & McKnight, 1995) provides a picture of the resources and strengths found within a community. The main resources of the community are its individual members and the collective characteristics and resources of all members within the community. It also includes natural and other resources that may not have been developed, have been abandoned, or have not been used to further the interests of the community.

In general, the center of the map includes the gifts of individuals. It is suggested that those students and families that are experiencing hardship also be included. These individuals often have time to volunteer, and the opportunity to interact with others pulls them into the natural supports of the community and allows them to make a meaningful and important contribution. Such groups would include the elderly, those with disabilities or chronic mental illnesses, immigrants, and cultural or ethnic groups, family members, and youth. Youth have a unique view of the world. They are at “eye level” in terms of seeing what’s available and what’s needed. Youth are very capable of taking responsibility, have a lot of energy, and are often seeking opportunities to complete tasks vital to their communities. Other

individuals that should be included are artists of all types and those with sufficient incomes to provide monetary resources. Every individual within a community should be considered a resource of the community.

Another group of resources that should be mapped are citizen's associations. Citizen's associations include cultural groups, block clubs, churches, groups like the Kiwanis or Lions Clubs, Rotary Clubs, book clubs, and many others. These associations are already organized around work the members consider important. A network with associations compounds the energy expanded because contact with the leadership extends to contact with the group membership. Many of these groups are already concerned about their community and involved with various aspects of community well-being. Most of them already recognize and utilize the gifts of individual members.

Lastly, the institutions within a community may be viewed as resources. Among them are hospitals, public schools, community colleges and universities, parks and other publicly owned spaces, businesses, and public and nonprofit human services agencies. Most business owners want to be viewed as supporting the well-being of the community that houses them. Most have employees that live in the community. Business people understand that a local economy must be as strong as possible to support their presence. They want to be supportive of education and children and they want their support to be visible. In addition, institutions such as universities can often provide assistance with grant writing, fund raising, program planning and evaluation, and research.

Any resource paid for with tax money can be viewed as belonging to the public, not a board of directors (Kretzman & McKnight, 1995). This is a key concept in school-community partnerships because allowing the use of school facilities by individuals, associations, and institutions within the community allows a visible sign of partnership. Inviting the community into the school demonstrates a give-and-take relationship.

As mentioned above, the asset map provides a picture of the resources within the community. The resources can be matched to the results of a needs assessment. Completing an asset map before a needs assessment allows the community to bring out strengths that may not be required to fill a need. Focusing on the strengths builds community cohesion and resiliency. It is only when the needs of the community cannot be met from the resources within the community that an attempt to bring in outside or to develop new resources is invoked.

The Case for Needs Assessment

Understanding the local issues through available data is vital to establish a partnership that meets the needs of students and families affected by trauma. It is also important to understand that setting up such partnerships will benefit all students, whether or not they are affected by trauma, providing a school-wide benefit. Thus, a multidisciplinary assessment group comprised of school personnel, local public and private agency representatives, hospitals, business leaders, faith communities, parents, and students would provide a clear and accurate picture of the need. A CSC can coordinate both the needs assessment and an asset map. The same people are involved in producing both.

A **needs assessment** can begin by looking at the demographics of the school/community:

- Age, gender, race/ethnicity
- Poverty and wealth
- Student turnover
- Substance abuse and mental health
- Community geo-demographic indicators

Sources for such information may include but are not limited to:

- WSIPC (Washington School Information Processing Cooperative), or other school-based data collection systems
- School surveys
- Surveys and evaluations done by partners, e.g. public and private agencies, communities of faith, etc.
- Community archival data—county profiles
- Healthy Youth Survey

The perceptions of the participants are important elements in constructing the assessment of both the school and the community needs. The goal is one combined assessment that will drive the priorities of the school/community partnership. The needs assessment should be an ongoing tool to keep the partnership relevant to the changing needs of both the community and the school. This is another role that can be coordinated by a CSC.

Strategic Planning

Once an asset map and a needs assessment have been completed, the school-community partnership should form a strategic plan and or logic model. A CSC can facilitate this process to ensure the partnership has a clear vision and mission and that priorities are set accordingly. It is important that the partnership is focused on *power-with*, not *power-over*. *Power-with* means a balanced group where all members have equal voice, ownership, and "power" in the operation of the partnership. A strategic plan or logic model must be flexible and continually evaluated in terms of outcomes.

Defining School and Community Roles

Schools must take initiative for outreach to community members, inviting them to become active, involved, and engaged in creating an educational environment that benefits all students. They also must find creative ways to make the school building available after hours. This outreach will encourage people to participate in making decisions about programming, expressing their opinions, and contributing their talents. Doing so bolsters the engagement of community members who assist in meeting the needs of students through active partnerships. The educational community is rooted in the school but extends into the community, providing safe harbors for children to expand their interests and have a better understanding and a sense of belonging in the community where they live.

Historically, schools have seen their role as educators as delivering a curriculum and assessing student learning. The movement to recognize the profound affect that trauma can have on learning has been outlined in previous chapters of this book. If students are to find relevance in learning, schools must take a more holistic view of their students. A child that has been immersed in domestic violence will not be able to "be present" in the classroom until someone acknowledges the situation and assists the child in beginning to deal with the emotional impact of the event. These events often go unnoticed or unrecognized. The student with trauma may be the one who picks a fight or the one who sits quietly in the corner, trying to become invisible, sometimes successfully. Someone in the community who has expertise in domestic violence may be identified to provide training and support to school staff and/or direct support and guidance to the student and family. In a school/community partnership, the CSC knows who is available and how to work with them.

Communities have historically struggled in finding appropriate ways to be involved with schools. Some see students as future citizens and worth great investment. They provide developmental support in the right place, at the right time, and in the right amount to impact these future citizens. In a larger sense, they have a role in shaping the future of their community. It is important to have clear goals for building community resources and to communicate those goals to the public. The availability of resources can be made available around the community at places including local grocery stores, communities of faith, public service agencies, and local media. It is also important to look at opportunities for students to give back to their communities through service learning opportunities as well as AmeriCorps opportunities for learning. AmeriCorps is a federal government program partnering with non-profit organizations, public agencies, and faith-based organizations to provide focused services to communities.

Managing the Growth of Community Partnerships

Helping partnerships grow fast enough to meet the challenges they were created to solve is tricky business. The energy and time available to think outside the box is limited. We are immersed in the specific rules and regulations that govern our work. Most often, we are not aware of the capacity of allied agencies to assist in meeting the needs of our students. Trust, turf, confidentiality requirements, funding streams, and a host of other barriers keep agencies from working together. However, agencies that are able to work together for families have found efficiencies, expertise, and support in their combined efforts. In many ways, it becomes a second order change in that it would be almost impossible to return to old ways of doing business in silos.

Partnerships thrive when they have clear direction and goals, assigned leadership, and a strategic plan with specific outcomes. Expect partnerships to be a little awkward at the beginning. They take time and consistency to mature. Regular meetings with clear goals and assigned responsibilities can develop a core membership that will work to achieve the outcomes. Brainstorming exercises can lead to additional resources and support. A CSC with appropriate education and/or experience can provide assistance with group dynamics and facilitate processes for developing group roles, setting group norms, resolving conflict, and monitoring group performance.

When all members of the partnership feel a sense of ownership, there is more success for the partnership. The more members of a community are involved in activities of the school/community partnership, the more likely they are to become involved in the actual work of the partnership. Often times, partnerships come together around specific activities that can include community meals, topical groups, lectures, and community fairs.

Quick Strategies for Building Collaborations

- Lead with vision and integrity.
- Regulate ethically and fairly, and provide support for improvement.
- Cultivate the team and be willing to ask for help. Be inclusive.
- Value the relationships. It's not just about funding. Build relationships with mutual respect, values, and beliefs.
- Cooperate. Look for strengths in others.
- Determine what strategies you would use to invite/entice people/agencies to participate. What adds value for them? Develop a marketing plan.
- Create synergy by paying attention to volunteer development.
- Combine state and federal programs with common goals to meet the identified needs.
- Diversify the funding base.
- Continually learn from effective practice and create forums to share learning.

Strategies

Summary

Communities consist of interdependent systems that are made up of individuals, families, associations, health and human services providers, businesses, and government, communities of faith, law enforcement, and schools. The community has a collective purpose of living together within specified boundaries. Within that collective purpose are varying needs of the members and subsystems of the community. Too often, they view themselves as independent rather than interdependent. In their independence, they forget they need each other. A school/community partnership can benefit all parties within a community by building on the strengths of its members.

When trauma occurs in the life of a student or their family, it is seldom in isolation. It often ripples through the community. A School/Community partnership can build a stronger community, match assets with needs, and utilize the strength and diversity residing within the community. It can reinforce the local economy, maximize well-being for community members, and model healthy relationships for children and those struggling with academic achievement. Asset mapping, needs assessment, and community organizing and development and other resources come together to create a more holistic system of support. Placement of a well-informed CSC dedicated to the school provides a pivotal position for bringing the students, families, resources, associations, and institutions together in a vital partnership that promotes well-being within the school and community. While there is a salary cost, the benefits to the whole community including the school, especially in the long-term, greatly exceed the monetary cost.

Sometimes, questions are more important than their answers. Have we asked the right questions? Who is in the community? What are the traits of healthy communities? What is the role of the school within the community? What is the role of the community within the school? Whose responsibility is it to recognize and address trauma? What is reasonable to expect from school personnel? From the community? How involved should they get in the personal lives of students? What is the role of education in the developmental processes of children? Is the role of education to prepare children for business and work or is it to prepare children for citizenship, contributing to a healthy family and community? Neither? Both? Who benefits from partnerships between schools and communities?

Each community must therefore make its own determinations as each community has its own strengths, limitations, and unique set of issues to deal with that are very different from other communities. It is up to each community to individualize and tailor their partnerships to meet those needs and to keep up with the changing dynamics. It is our hope that this chapter has helped to guide you in that process.

Summary

Chapter Four References

Adelman, H. and Taylor, L. (2006). The school leader's guide to student learning supports. Los Angeles: Corwin Press.

American Academy of Child and Adolescent Psychiatry. (2009). The depressed child. Retrieved May 2009 from http://www.aacap.org/cs/root/facts_for_families/the_depressed_child.

American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: Author.

Anda, R., and Felitti, V. (2007). Adverse childhood experiences study. Retrieved June 2009 from http://www.acestudy.org.

Bernard, B. (2004). Resiliency: What we have learned. San Francisco: WestEd.

Center on School, Family, and Community Partnerships, Johns Hopkins University. (1996-2009). Publications and products. National network of partnership schools. Retrieved May 2009 from http://www.csos.jhu.edu/p2000/publications.htm.

Centers for Disease Control and Prevention. (2006). Fetal alcohol spectrum disorders. Retrieved May 2009 from http://www.cdc.gov/ncbddd/FAS/fasask.htm.

Dryfoos, J.G. and Maguire, S. (2002). Inside full-service community schools. Thousand Oaks, CA: Corwin.

Dryfoos, J.G., Quinn, J. and Barkin, C. (1995). Community schools in action: Lessons from a decade of practice. New York: Oxford.

Family works. (2009) Family support principles. Retrieved July 2009 from http://www.familyworksseattle.org/resource-center/family-support-principles

Epstein, J. (2009). School, family, and community partnerships: Your handbook for action (3rd edition). Corwin Press: Thousand Oaks, Calif.

Henderson, A., Mapp, K. (2002). A new wave of evidence: The impact of school, family, and community connections on student achievement. Retrieved June 2009 from http://sedl.org/connections/resources/evidence.pdf.

Kretzman, J. P. & McKnight, J. L. (1993). Building communities from the inside out: A path toward finding and mobilizing a community's assets. Chicago: ACTA.

Kutash, K. (2007). The role of mental health services in promoting safe and secure schools. Tampa:The Hamilton Fish Institute on School and Community Violence & Northwest Regional Educational Laboratory.

Martinez, Virginia. (2002). On solid ground workbook: Family support and sustainable community economic development. Chicago: Family Support America.

Massachusetts Advocates for Children. (2005). Helping Traumatized Children Learn. Boston: Author.

National Institute of Mental Health. (2009). Mental health topics. Retrieved May 2009 from http://www.nimh.nih.gov/health/topics/index.shtml.

Oshry, B. (2007). Seeing systems: Unlocking the mysteries of organizational life (2nd ed.). San Francisco: Berrett-Koehler.

United States Government Census Bureau. (2009). State and country quick facts: USA. Retrieved May 5, 2009 from http://quickfacts.census.gov/qfd/states/00000.html.

Washington Alliance for Better Schools. (2003). Achieving family friendly schools. Retrieved August 2008 from http://www.k12.wa.us/ReadinessToLearn/Resources.aspx.

Chapter 5

Chapter 5

Examples of Compassion, Resiliency, and Academic Success Direct From the Field

"History, despite its wrenching pain, cannot be unlived, but if faced with courage, need not be lived again."

-- Maya Angelou

Contents:

Introduction

Three Student Voices
Open Your Eyes
All Youth Have Something an Adult will Never Have . . . At Least Not Again
A Safe Place to Learn

Two Case Studies
Zach
Chucho

Six Vignettes From the Field
Andy, the Resilient Kid
Ric and Doug
"I Just Want to Give Him a Hug and Tell Him What a Wonderful Boy He Is"
That's My American Dream
Compassion Fatigue: Implications for School Nurses
Trauma-Sensitive Learning and Teaching at an Alternative High School

References From This Chapter

Introduction

Introduction

In chapters 1 and 2 we provided background on trauma, resiliency, and the self-care needed to prevent compassion fatigue. In chapters 3 and 4 we provided specific strategies for instruction as well as examples of how to build compassionate school-community partnerships. All four chapters included vignettes from the field that exemplify how schools can meet student, family and community needs with compassion. Most of these stories are short. This is because we wanted to keep the amount of information and examples balanced.

Our call for essays illustrating the compassionate approach to learning and teaching was well received. Dozens of stories of courage, resilience, and inspiration were sent our way. Unfortunately, there are far too many stories to include them all. We have chosen a few to representative the many.

Eleven essays have been grouped into three sections. All 11 essays may be especially valuable to individuals and small study groups wishing to consider application of the content and strategies discussed in earlier chapters. The first section contains three essays written by students who have developed extraordinary resiliency. The second section contains two case studies authored by educators well-schooled in the compassionate approach. The third section contains 6 vignettes from the field. They have been chosen because they illustrate a heart-centered attitude. May these 11 essays do more than inspire us. May they inform how we learn and teach.

Notably absent from the preceding chapters are the voices of students themselves. We would love to have written a book filled with them. Student stories are sometimes hard to read. Student perspectives are invaluable to those who wish to provide compassionate support. The three student essays that follow speak directly to the issues that many students have to face. We appreciate the courage of their authors and their willingness to share them with us.

Three Student Voices

Open Your Eyes,
Submitted by Rachel P. (a pseudonym)

I suppose you could start my story with “once upon a time.” Maybe that would make its telling go smoother or make it easier to live again on paper. Truth is, it would not. I’m 16 years old and it feels like I have lived a full life. I’ve take care of myself basically from the age of 5 to now. I’ve raised children that weren’t mine. I can cook, clean, work you name it; I’ve done it all.

I’m the girl who sits in the back and doesn’t do her work because part of me asks – why? After all that has happened, moving every couple of years, I guess I gave up. Never being able to stay awake in class, I was always worrying about what would happen when I went home. I cried constantly but never in front of anyone. Though everyone knew, I was a scarlet letter that everyone banished and ignored because they never knew what to do. Teachers didn’t want to get their hands dirty. So I never told the secret of my abusive homes. For six years I was sexually raped and molested, mentally manipulated and enslaved by my brother-in-law.

Let me put this in perspective for you. Even though I’m out of that situation now, the effects are always with me. They linger. For example, I could be sitting in class and anything could trigger a memory, from a tone of voice to a certain word, and I flash back to the place where my own personal monster told me not to scream, held his hand over my mouth and whispered, “Don’t cry.” He told me I would ruin the family if I told. He said if I exposed the monster that he was I would never see my parents again. Being as my sister and my brother-in-law took me away from my drug addict parents, ironically, they were the better caregivers. I live with this every second of every day. I’ve been to therapy, doctors, and specialists. You don’t forget. The best you can do is forgive and if the chance comes to help someone with my story, I will endure my nightmare again.

My advice to all who would want to help kids like me who have experienced “trauma” is: practice what you preach and don’t make promises you can’t keep. Don’t dare turn your cheek when you see the following signs. Kids who don’t do their homework, lie about little things, kids who are craving affection from you, do drugs. Question the quiet. Be their friend. Talk to them. Chances are they just need someone to listen.

You can try to understand what we have gone through, but you will not begin to comprehend the pain we feel every day. There are always going to be kids who cut themselves, or do drugs, and have sex because they want to know how love feels. You just flash a smile and say hello every day. You must dig deep if you want to help. If still, after all this, you still don’t know what to do, I sincerely plead with you to open your eyes.

All Youth Have Something an Adult will Never Have . . . at Least Not Again
Submitted by Jemila Lee-Booker

No matter what, it is important, when talking about life directions, to get the (youth) student's voice… especially IF IT HAS TO DO WITH THEM. Youth do not claim to know it all but, in general, have not been provided with acknowledgment and opportunity for what they do know. Through student panels, committees, advisory boards, and just asking and answering questions (sometimes tough ones) students around the world have been able to provide expertise and voice for the first time ever about what really works for them, in the present. This is ground breaking. To have adults and the younger generation work side by side as equals with no one higher than the other, to figure out how to best teach and encourage one another in life, and obtain a better understanding of each other and the traumas each person faces provides a new platform for partnerships. All youth have something that no adult can have – the sensation and feeling of what it's like to be going through life as a youth, here and now, in that moment, in school, at that age. It's about going home to face a drug addicted father and taking care of siblings while trying to do homework and trying to let the teacher and the other adults know, "I am not a screw up. I just have other things going on right now." Some adults went through moving from foster home to foster home and losing educational gains in that process when they were younger. But as the weather changes every day, sometimes every hour, so does the way things are remembered. And with each student comes a new view and different perspective. With the old knowledge it is powerful in starting change but to make it meaningful to life, new knowledge is needed and this can be gained through listening and valuing the contributions of listening to the student's voice. "Knowledge speaks, but wisdom listens"-Jimi Hendrix

A Safe Place to Learn
Submitted by: Kyle Rapinan

One experience I had where a teacher did not provide a safe place to learn was when I was in 10th grade. It was government class and he asked what movies we should watch. I thought for a moment, and then said “Legally Blonde” out loud which has a strong-willed female lead. The comedy is about the law and relationships. Then this guy behind me said “of course you would want to watch that, ‘cause you’re a flamer.”

Shocked, I then said “excuse me, this is a safe zone (a zone where teachers commit to intervening with homophobia), you’re not allowed to say that here.” He then said “well, you’re a flaming faggot so I can say it.” He then proceeded to threaten me saying he wanted to hurt me and how I didn’t deserve to go to school. I looked at the teacher as the 30 plus kids in the room were silent. He looked at me and shrugged and said “what do you want me to do about it.” I explained while crying, “um….protect me?” When I reported it to the police officer he told me “I should be expecting to get threatened because of what I do to people with being gay.” That day was a turning point in my life and destroyed my feelings of apathy.

The student who heckled me was suspended for two days and I was right back in class with him. I dropped the course and took the class online because I did not feel safe returning.

I wish my teacher would have intervened. Just because a teacher is busy or whatnot doesn’t mean they can just ignore what’s being said and someone is being hurt. When they ignore it they send a message to the other kids, and most likely a young person who is gay is left with the impression that being gay is wrong and equal to meaningless stupidity. Teachers have an obligation to provide a safe place for students to learn regardless of their personal views on sexual orientation and gender identity and expression. Teachers should not make any student feel unwelcome and unwanted.

Case Studies

The two case studies that follow were chosen because they:

1. illustrate real life learning and teaching challenges; and
2. provide readers with the chance to reflect upon, analyze and discuss applications of the compassionate curriculum and instruction model detailed in chapter 3.

Zach
Submitted by: David Billings, Special Education Teacher, RISE Program, Mount Vernon High School, Mount Vernon, Washington

In chapter 3 we read about Zach and his teacher's use of compassionate instructional principles and curricular strategies in his work with him. Realizing that Zach was "fighting for power because he felt powerless" and "being hostile and belligerent because he expected [his teacher] to be hostile and belligerent back," Billings [the teacher] redoubled his efforts to act with tolerance and compassion. Knowing that Zach lacked skills in picking up social cues and using the language for feelings, Billings limited his use of irony and sarcasm. Zach learned that the behavior that had triggered him was Billings' attempt to be a "wise guy."

In this longer passage Billings continues to check his own assumptions, while providing Zach with unconditional positive regard and the expectation of academic and social skill growth. If you are in a study group you may want to read to discern how Billings worked with Zach to help him learn to self-regulate and modulate his emotions while developing personal agency, executive functions, and academic skills.

I teach reading in my self-contained classroom for students with emotional and behavioral disabilities, but words on a page have little meaning for children who are too preoccupied with reading the moods and decoding the signals of unpredictable adults to focus on learning from a book. My goals for instruction have expanded from the basics of reading comprehension and writing organization to include an emphasis on the vocabulary of feelings and how to express them in constructive ways.

When I ask Zach (a pseudonym) to explain what's going on in his head during his episodes of defiance and aggression, all he can tell me is "I'm having a bad day." As we both learn to identify and articulate the triggers that hinder his progress, I have to keep reminding myself that my first job is to let him know he's safe. When his defensive guard is up, his ability to process and reflect is down. If I can get him to describe his positive emotions first, we can work up to confronting the negative ones, and then decide how to manage them before they take on a life of their own.

For starters, Zach and I created a graphic organizer - a Richter Scale of Emotions. Zach understands how the Richter scale is used to measure the intensity of earthquakes, and the connection of earthquakes to emotions has proven to have practical as well as metaphoric value. One day he erupted over a math assignment, saying it was too hard and too confusing. I modified the assignment and asked him if he would tackle one concept, exponents, and complete a worksheet to demonstrate his progress. He grudgingly agreed. Then he protested again, saying "you told me I only had to do one worksheet and now you've given me a whole packet." He was right. I had assigned him a single page, but having a thick packet in front of him was intimidating and suspect. Instead of repeating my instruction and having him prolong his resistance, I said "well, we'll fix that," and with dramatic flair ripped the page out of the packet. He took his page and went to work.

Zach frequently wants to alter his assignments. He always has a different idea for what he should be doing and the longer he can get me to negotiate about it, the less time there is for any actual productivity. After engaging in several garden-variety power struggles with Zach, where I became inflexible and he got mad, I learned to have at least three assignment options available to him for any particular class period. It's important to him to be involved in the decision-making process, and it increases his sense of safety and connection when he can maintain some control over his environment.

Developing an ability to self-regulate will make all the difference in the world for Zach, if he is to achieve his goal of transitioning into the mainstream high school environment. I have introduced him to the concept of an internal locus of control, for the purpose of encouraging him to recognize how externalized his current locus appears to be. A parallel strategy is to demonstrate and apply the relationship between cause and effect, to help Zach overcome the cognitive and social deficits that leave him disconnected from his emotions and without any sense of control over his destiny. Right now, whether his destiny involves earning desired rewards or avoiding unpleasant consequences, Zach accepts little or no responsibility for what happens to him, because he feels powerless to affect the outcome. The concept of cause and effect, so inherent and taken for granted by those of us without a history of trauma to damage our development, is profoundly baffling to Zach.

We have designed a worksheet with two columns of boxes, labeled "IF" and "THEN." I ask Zach to record an action or behavior, such as "completing all assignments" or "refusing to work" in the "IF" column. Then I ask him to record all possible outcomes that he can think of, positive and negative, in the "THEN" column. Eventually, when Zach gets the hang of linking his behaviors to their positive and negative results, we can explore using the same format to attach feelings to thoughts ("IF I feel mad, THEN I will think the teacher is telling me what to do") and thoughts to actions ("IF I think the teacher is telling what to do, THEN I am going to refuse to do it.") Each IF… THEN sequence leads to another, and with enough practice, Zach has the potential to make important connections where he currently perceives only isolated events.

Promoting Zach's sense of control over the relationships and events of his life means, first of all, convincing him of his own competence. I would like to incorporate the seemingly effective strategy of identifying an area where Zach shows capability and supporting it. Unfortunately, it has been hard to get Zach to reveal any school-appropriate activity that he enjoys participating in, and he claims to have no interests that would be broadly defined as healthy. There is no school subject that he likes; what he likes to do is watch TV until he falls asleep. I am still searching for components of competence within Zach that I can encourage and expand.

One promising avenue has been introducing Zach to PowerPoint software. He had never designed a PowerPoint presentation before coming into my class, but he has since had extended periods of engagement with his creations. He has even worked through some earned periods of free time in order to continue with a project when his ideas were flowing. Although Zach keeps me scrambling to find the right mix of subject matter and assignment criteria that will challenge him without provoking his resistance, it is worth every minute and every failed attempt, when he betrays a moment of pride in his efforts.

Zach and I are not living happily ever after. I still do things that don't work, and he still does things that seem designed to be oppositional and defiant just for the fun of it. But our relationship continues to improve as his trust in me grows, and I spend less time and wasted energy plotting ways to get rid of him. We may end up helping each other more than seemed possible in the beginning, when I mistakenly viewed him as a willful wrecking ball instead of a wounded trauma survivor.

Chucho
Submitted by: Kenneth G. Fox, Ph.D., Coping Skills Teacher, Mount Vernon High School, Mount Vernon, Washington

More than 20 years ago, aware of the growing numbers of students who returned to the high school after involvement with Juvenile Court, Child Protective Services, in-patient drug and alcohol centers, and other community agencies serving the needs of fractured families, the Mount Vernon School District instituted the Coping Skills Program at its high school. Its curriculum meets Washington State standards in reading, writing, communication, health, and social studies. Ken Fox, who designed the curriculum and has taught its classes since its inception, is a certified secondary teacher and qualified drug and alcohol counselor. His doctoral dissertation (1995), a longitudinal qualitative case-study of students enrolled in Coping Skills, revealed significant decreases in substance abuse, arrests, and pregnancies, with concurrent increases in school attendance, academic performance, family resolutions, and healthy peer relationships. More than 40% of students who enroll in this class graduate from high school.

In this case study, Ken Fox first shows us Chucho as he might be viewed through the eyes of mainstream and special education teachers. He then asks readers to consider how we might apply compassionate instructional principles and curricular strategies to meet Chucho's needs. Finally, Fox provides insights into the factors that led to the academic success of this very special young man.

Chucho (a pseudonym) presents himself as a shy, slight-of-build, passive-resistant teenager. He reportedly comes to school from a dark world and a dim hearth. One teacher suggests that since 7th grade he has consistently come to school dressed in black: black t-shirt, black jeans, shoulder-length black hair, and a chrome chain (thick enough to secure a motorcycle) running from his belt to his wallet. Chucho wears spiked wrist bands and finger rings. Disciplined his first year on the high school campus for listening to ICP (the rock group Insane Clown Posse) he proudly articulated lyrics that advocated recreational violence against women. Oddly enough, he continued to have no record of physical violence in or out of school.

During class assignments teachers have noted that Chucho's writing is laborious, usually illegible, and overall a painful experience. Apparently he entered high school three years ago with these same low skill levels, and from the looks of his academic file, he has made little progress since entering high school. Records indicate that he does not read, write or do math beyond a 2nd or 3rd grade level. He has an IEP and his special ed teacher has reported Chucho is "severely learning disabled." This young man does not appear to have the cognitive abstract reasoning and higher level thinking skills needed to succeed in core academic classes. Some teachers have reported Chucho is immature. They explained he is rarely on task, talks out of turn, and spaces out frequently.

From discussions with the school counselor we can learn that the situation at home is also shrouded in black. Chucho lives mostly on his own. His father spends most of his time in Mexico. His mother is frequently out of the house. The male members (uncles and brothers) of his family are members of the "blue gang." For some reason Chucho has chosen to wear black rather than blue.

Those teachers who "know him best" report that Chucho has a passion for art, especially pencil and ink drawings. His mother reports that he is the only person in his family with artistic skills. His artwork has earned him a great deal of recognition, especially among some peers who think he would make an excellent tattoo artist. His talents are expressed in Gothic form, some violent (e.g., battling dragons, blood tipped swords, gravestones) some peaceful (i.e. ponds filled with coy, a Buddha under a tree, an intricate red rose.) One teacher reports that one morning he was particularly "checked out." Asked what was bothering him he asked if he could draw a picture rather than use his words. The picture he drew was of a face in a rose with a blood-red tear. Later we learned that the previous night his father and two brothers were arrested and charged with murder.

I ask you to put on your "trauma-sensitive lenses." Based on these observations, what questions do you have to ask to discern a compassionate approach to working with Chucho? What questions need you ask yourself to avoid stereotypic assumptions? How might you work with Chucho to ensure that he feels safe in your classroom? What do you need to know to help him self-regulate his emotions and behavior? What competencies will be most important if he is to succeed in school over the next few weeks? After you've generated a list of assumptions, thoughts and questions, read on to learn more about Chucho's success story.

The observation that Chucho chooses to wear black when the rest of the male members of his family choose to wear blue could lead to a number of questions. Teachers might ask themselves what basic needs were being met by the use of his image. Despite his music and garb (that prejudiced some teachers against him) he remained passive, resistant at times, but fundamentally docile. Could his means of dress be his primary mode of identification? Is his choice of "black" a means to identify himself as distinct from the violence of the "blue" siblings?

What about Chucho's penchant for violent music? Does the music accurately reflect the violent context of his neighborhood? Could it be a reflection of his family life? We may never get the answers to these questions. In fact, it may not be appropriate to even ask them of Chucho. However, once these questions are part of our consciousness, we can respect Chucho for the choices he makes and provide him with invitations to engage in purposeful learning with his teachers and peers.

What can we, as teachers, ask of ourselves so that we will reinforce his desire to stay in school? Despite all the reasons that Chucho might have had to drop out, he chooses to remain. The morning after he learned his father and brothers were arrested for murder, he came to school! Why? Which of the six principles of teaching and discipline were his teachers practicing that enabled Chucho to do so? What domains of the compassionate curriculum addressed his needs to learn that day?

We know from two of his teachers that Chucho had a deep-seated goal to be the first male member of his family to graduate high school. His teachers held him to this expectation. One teacher, observing his love of art and low reading scores, brought him Gothic comic books, including *Spiegelman's Maus*. One day, several weeks later, Chucho proudly announced that he had completed his first book from cover to cover. Yes, it was a comic book, and yes it was an achievement. Chucho asked for more.

As Chucho began to enjoy reading comic books his participation in other school activities improved. He began to feel safer in classrooms because he could succeed. Success resulted in more difficult work. With the encouragement of peers and teachers, he learned he could master it as well. This resulted in improved attendance. His self-identification as a successful student warranted, in his mind, a change in image—which included a change in how he dressed for school (his work and social environment.) For the first time in his life he was on track to graduate. With the encouragement of his art teacher, he entered several art competitions and won often enough to merit a scholarship to a local art institute. After graduation he went up to his "turn-around" teacher and gave him a hug. With tears in both of their eyes, Chucho said, "I wish my dad could have been here."

Six Vignettes From the Field

These six essays were chosen from among many to represent the important work that education professionals are doing in here in Washington. They illustrate a compassionate, heart-centered approach, fueled by hope and cognizant of despair, that leads to academic success.

Andy, the Resilient Kid
Submitted by: Joenne Harrhy, Family Services Unit Manager, Offender Treatment and Reentry Programs Division, Washington State Department of Corrections

"As you may be aware," writes Joenne Harrhy, "a 2006 survey conducted by Pacific Lutheran University in Washington indicated that we have over 28,000 children in the state of Washington under the age of 18 that have a parent incarcerated in prison. So many children are affected by incarceration, yet the awareness, though growing, is low. Teachers don't ask 'who got to visit their parent in prison' when children return to school from a break, and were they to ask, children wouldn't be inclined to tell...though many children do have the experience of engaging with the criminal justice system at a very young age.

This story is a snapshot of just one particular young man - a remarkable kid who will grow into a fine young adult and who has the support of a loving, incarcerated father, and many others in his community."

I'd like you to meet one of my "heroes," Andy. Andy is 16 years old, but was elevated to "hero" in my book just a few years ago. I first met him in 2003 when he was 11 at a Christmas event held at a local prison. His bright red hair, infectious smile, and sparkling eyes caught my attention. So did his manners – so polite and respectful for a young boy.

Andy was thankful; that's what caught my attention right off the bat. He was happy to have the opportunity to hang with his Dad and siblings for even a short time; happy to forget, for a short while, that they were celebrating Christmas with Dad behind barbed wires and under observation towers. He was happy to exchange gifts, whether they were the right model, the right size, or the right color. Andy was just glad to be there.

I watched him interact with his younger brother – so kind and compassionate, mixed in with just a little bit of annoyance. It was a joy to watch…until the end of this happy celebration. It was time to go, and the children and their parents said goodbye one more time. Lots of tears, lots of sadness at leaving one parent behind. But there was Andy, diverting his tearful brother and mother from another parting with Dad, only to square his shoulders and move quietly from the Chapel space where the celebration was held.

In 2007, Andy moved nine times during the school year and switched schools three times, once back and forth to the same school. It was embarrassing and inconvenient. The fourth time his Mom said they had to go, he refused, and stayed with her ex-husband to finish out the school year.

Andy stayed thankful. He maintained a respectable grade point average despite his circumstances. He recognized that perhaps for now, his parents couldn't provide the structure and consistency that he needed. But he still loved them, and he never, ever stopped trying to do well in school.

Andy was not unrealistic about his situation or his parents. He often volunteered to go with me to talk with teachers, school counselors, and other school district staff when I presented workshops concerning the impacts of incarceration. He would only go when it wouldn't impact his school work; he already missed too much, he said. He spoke candidly about life before his dad's incarceration, when they never knew if he was safe, or doing drugs. He didn't whine or complain about his circumstances; he spoke about the opportunities that the prison programs presented to his family and his father. He also talked about how hard it was to visit his dad there.

Andy had an extra blessing come into his life in 2006, a sister long ago adopted out, 22 years old, married with a child. She eventually offered him a place in their home, a promise that he wouldn't have to change school again until high school was over, and a shot at stability. For the first time in his life, Andy got to join a baseball team, and attend classes at the same school for the whole school year. He didn't need to fear moving at the last minute. Eventually, he even got a job.

I met with Andy again after he'd been with his sister and her family for nine months. Andy stood taller than I, and still had the same bright red hair, engaging smile and sparkling eyes. I asked, "Andy, I co-chair a legislative committee that looks at challenges facing children and families of incarcerated parents. What does that committee need to know about children of incarcerated parents? What would help you?" He gave exactly the answer I needed for the committee, the reminder that children thrive when given stability: "Gee, Joenne, I don't know. Life is so normal now. I can't remember what it was like before."

Andy still sees his dad, visits his mom, and lives with his sister. They have experienced additional challenges in their lives, and Andy – so incredibly thankful – continues to flourish because of the consistent presence of caring, involved adults.

What can we do for kids like Andy? Honor the gift that they are, the gifts that they bring. Hope for the best, and guide opportunity their way. Continue trying, and resist presuming that they are only as capable as the circumstances in their life present. Continue to acknowledge and empower these resourceful, intelligent children.

Ric and Doug
Submitted by: Sue Martin, LICSW, C-SSWS, Site Coordinator, Boise State University, North Idaho Site/LCSC Campus, Lewiston, ID

Judith Herman (1992) writes, "Traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love and community" (p. 51). When we provide students with opportunities to make meaningful contributions to the welfare of others we can strengthen the resiliency of all concerned. Why is that? Perhaps the sense of belonging that comes with helping another ends the isolation that worsens the symptoms of trauma. Or perhaps helping another provides insight to one's own struggles. Or perhaps each authentic demonstration of resilience provides meaning to an otherwise tragic remembrance. Whatever the reason, providing guided opportunities for helpful participation is an important component of compassionate learning and teaching. Sometimes those opportunities develop into lifelong friendships, as demonstrated in Ric and Doug's stories. Sue Martin is a retired School Social Worker and it was in that capacity that she got to know these two young men.

Developing resources for students has always been a challenge here in rural eastern Washington. In the fall of 1987 I worked with an 18-year-old young man, Ric, who was struggling with the recent death of an older sibling. I also worked with an 8-year-old young man, Doug, who was struggling to understand his parents' recent divorce. Both of these young people were struggling to successfully participate in school while dealing with the effects of significant loss.

I provided them with meaningful opportunities to help each other, using the Big Brother model. With a bit of guidance they developed a mutual support system that lasted. At the end of the school year, Ric graduated from high school and moved away to college. He sent Doug a graduation announcement and a picture. According to the Doug's mother, the picture was lovingly kept on Doug's bedroom wall for years.

Twenty years later I was reading the local paper and noticed a wedding announcement. Doug was getting married. The article listed the Best Man as his "childhood friend" Ric.

Back in 1987 these two were able to salvage productive and rewarding school years by providing each other with meaningful support, a support system still going strong, after more than 20 years.

"I Just Want to Give Him a Hug and Tell Him What a Wonderful Boy He Is." Submitted by Mary Wilson, Principal, Manitou Park Elementary, Tacoma, Washington

In chapter 3 we read about the "calming curriculum" that was a part of regular instruction at Manitou Park Elementary, in Tacoma. In chapter 4 we read about the compassionate school initiative and how, with funding from a Mental Health Transformation Grant, OSPI helped fund training in 11 schools in Pierce and Spokane Counties. Manitou was one of those schools. In the following story the principal of this urban school explains how an understanding of how trauma affected the lives of both children and staff, and the specific training in compassionate school curricula, that were instrumental in handling a very challenging situation.

At 3:15, I made my way out for my usual bus duty, but today was different. Just a few hours earlier our school had been in partial lock-down due to a reported armored car robbery at a nearby store. An armed Loomis guard had been shot. I noticed a black SUV with spinning hubcaps pull into the bus zone. The driver appeared in a hurry. He jumped out of his illegally parked vehicle. I recognized Mr. W. and called out to him, "You will need to move your car. You are in the bus zone." He angrily responded "Then you go get my daughter." I suggested he just park in the front. Mr. W. appeared unusually nervous and distracted so I radioed ahead to our assistant principal in the office. Later I learned that events earlier in the day had set the stage for this encounter, which could have turned tragic.

That evening, as I watched the news, I learned the guard had died. On the screen I watched video of the store's parking lot during the robbery. I was struck by what I saw. There was Mr. W. The next day I learned that Mr. W. and his girlfriend were deeply involved. The end result, a mother and father in jail for robbery and first degree murder and two of our students, 2nd and 4th grade, placed in foster care.

In our emergency staff meeting, I shared what had transpired. Our staff reacted in a caring and concerned manner. Their reactions could have easily been anger or disdain, but instead they overwhelmingly focused on the needs of the children. They wanted to make sure the children knew we still loved them. They asked if there was any way we could get in touch with them to tell them so.

The teacher of the 2nd grader cradled both of my hands and with tears in her eyes said, "I just want to give him a hug and tell him what a wonderful boy he is." The 4th grade teacher said, "I really want go see her to tell her how much I care and if she needs me to give me a call. I really hope she knows this is not about her."

I reminded the staff to take care of themselves and not to allow compassion fatigue take its toll. I advised them to talk to a loved one or a friend about their feelings. I would make myself available if anyone wanted to talk. That week I found many standing outside my door just wanting to talk.

Shortly thereafter, we received word that the children may be returning. Our counselor and teachers moved into action. They talked with classmates about how to be a good friend. They asked, "Do you think they want to talk about what their mother and father did?" As the school year came to a close we discovered the children would not be returning. Teachers and staff prepared their classmate friends for their loss.

We are a Washington Compassionate School. Thank goodness for our training in recognizing trauma, building community resiliency, and the importance of self-care. We know the work is not over because these tragic events will continue to have an adverse effect on all.

Compassionate Schools: The Heart of Learning and Teaching

That's My American Dream
Submitted by: Gabriele Ross, MS, Case Manager for Students in Transition, Intervention Specialist, Legacy Alternative High School, Vancouver, Washington

The Sixth Concept of Instruction in chapter 3 calls upon school professionals to provide guided opportunities for helpful participation. In this essay Gabriele Ross describes work with homeless teenagers and the benefit to be found in helping others.

I work with homeless children in a school district. The majority have experienced trauma in many forms, including violence, displacement and abandonment. Research on changes to brain structure changes caused by trauma is intriguing, as is information about the generational effects of poverty, but we need to be mindful of what path this knowledge sets us on. These children are not evil and they aren't behaving as they are with the sole purpose of driving their teachers mad. Rather, students' behavior is grounded in horrific experiences and attempts to cope with them. We should be careful not to label, as doing so can color our expectations and send defeating messages to our students.

It is crucial to not convey a message that children are forever damaged and doomed. Young people can relate to and are interested in information about resiliency and assets. We can play a vital role in helping them explore their strengths and the resources they do have, rather than confirming their "victimhood." Positive youth development can mean giving young people the opportunity to get involved in something bigger than themselves, apply the wisdom they gained from experiencing hardship to help others, discover their ability to have a voice, to make a difference and to establish a sense of purpose. All of these experiences build resiliency.

In practice young people need opportunities for self-expression. They can share their experiences artistically, through plays, music, art or writing. I helped a group of teens impacted by substance abuse publish their writing, but I first requested that they reflect on what the purpose of such a publication would be. They decided that they wanted to inform and guide others in similar situations. One of the students, whose parent's incarceration had led to him becoming unaccompanied and homeless, wrote:

> I thank God for what I have gone through, it has shown me how to treat people. I try to instill these values into my sisters. I believe that what I went through is no excuse for dropping out of school. There are so many programs to help kids like us. I know that everything is going to be okay though, because I strive to reach my American dream. Through all this I have managed to get all my credits and I have never had a grade below C. I try every day to accomplish the life I never had, that's my American dream. For all the things I have gone through, I do believe if my teachers weren't there and they didn't care, it would have been harder. They will go out of their way to help you. I want to be a teacher, I want to give back caring for children the way my teachers cared for me. So what's your American dream? It can be anything in the world. If you put your mind to it, I know, you know, your teachers know you can accomplish it. It might take a while but you will get there if you work at it!

This student supports himself with a job in a fast-food restaurant and lives on his own. He will graduate this year and has been awarded enough scholarships to start college. He had mentors and teachers to support and encourage him; he was an intern for a congresswoman and has done many speaking engagements about homeless children in public schools. Through service he discovered that he was not the only child who had experienced trauma and that he had valuable insights to offer to others.

A youth employment training organization in Portland, Oregon, has teens, including many refugees from East Africa, grow vegetables in an urban farm. The teens then supply low-income families with free organic food and sell some of their harvest at a weekly farmer's market. It is very likely that the opportunities for healing gained in this and other "outside of the box" experiences are more significant and lasting than they could be in a "talk therapy" approach. We need to ask youth what they think and what kind of activities could be helpful to them and then allow them to have input and ownership in running their programs.

Compassion Fatigue: Implications for School Nurses

Submitted by: Lorali Gray, RN, BSN, MEd, NCSN, School Nurse Corps Administrator, Northwest Educational Service District, Anacortes, Washington

What do school nurses do? From among the many possible responses here are but a few: School nurses take a leadership role in promoting health in their schools; they provide school-wide screening and referral for health conditions; and they serve as liaisons between school personnel, family, community, and health care providers. While performing these roles school nurses are often the professionals who must gather painful information about trauma from students and families. Like their other school colleagues, they are vulnerable to compassion fatigue. In this short essay, Gray advises her colleagues about the cost of caring and the need to plan and act on self-care strategies as described in chapter 2.

As school nurses, we often find ourselves responding to a “crisis” or “trauma”. Whether a crisis of spirit or body, we invest our own compassion when we care for our students. However, according to Figley (2002), there may be a cost to that caring; compassion fatigue.

Compassion fatigue is defined as a physical, emotional or spiritual fatigue that can result from unconsciously absorbing and internalizing the traumatic suffering of those we counsel. It is a concept first used by Joinson (1992), who described nurses working in hospital emergency rooms. However, it often affects anyone who is in a caregiving profession, school nurses included.

Compassion fatigue is a process that can eventually disrupt our ability to enjoy life, as well as cause poor work performance. It can cause a chronic inability to feel or care for others, mimicking symptoms of post-traumatic stress syndrome (Joslyn, 2002).

Therefore, it is important to engage in prevention strategies such as establishing support systems, debriefing and looking out for our needs. Nevertheless, if you find yourself experiencing compassion fatigue, try coping strategies you have found to be effective. Furthermore, allow yourself to cry, exercise, eat healthy, get enough sleep, engage in activities you enjoy, talk about your feelings and if needed, consider getting outside help.

Caring does not come without a cost or without implications for school nurses. Take the time to invest in your own care before you experience compassion fatigue.

Trauma-Sensitive Learning and Teaching at an Alternative High School

Submitted by: Carrie Lipe, MSW, and Brian Dunlap, Assistant Principal, CBE Alternative High School, West Valley School District, Spokane, Washington

Alternative education offers innovative, non-traditional approaches to learning and teaching. Across Washington State, alternative schools, programs and classrooms are serving students who are not succeeding in traditional educational settings. Often students in these settings are under-performing academically, appear to possess learning disabilities, display emotional or behavioral issues, or are at high risk for potential expulsion, suspension, or dropping out of school. And as you will see from the work of our colleagues at CBE Alternative High School, many can benefit from the compassionate school approach.

In its second decade of operation, CBE Alternative High, run by the West Valley School District in Spokane Valley, is one of the largest alternative programs in Washington State, serving over 400 high-risk teens from a dozen school districts across the county. Teens find CBE through word of mouth, counselors, court referral, truancy board, parole officers and others. We enroll students whenever space is available (we have a waiting list) and at any stage in their high school journey, whether they arrive with no high school credit or are only a few credits shy of graduation. During their initial interview with CBE's principal Cleve Penberthy, students begin telling their story in response to Cleve's curiosity about why they left their previous school and why they think CBE might be a better fit. Students talk about being suspended or expelled for non-attendance, fighting or drug use, escaping school conflict and bullying, or about not getting along with school staff. Some mention the need for a more flexible schedule in order to hold down a job, take care of a sick or addicted parent, younger siblings, or their own young child. Some talk about struggling with an addiction themselves, or a mental illness or medical condition that has stood in the way of consistent school attendance. Some reveal disrupted relationships, multiple moves, family conflict or placement in foster care due to abuse or neglect in their family of origin. Some speak about running away, dropping out, couch surfing or living on the streets. Each student's story differs in detail, but a common thread running many of our student's experiences is ongoing STRESS.

The CBE faculty intuitively understood that their students are stressed, and that they need something different than what they've experienced in other, more traditional, schools. For nearly two decades, CBE teachers have buttressed flexible, individualized instruction with a caring teacher/student relationship. Over the past three years, however, our intuition has been validated and further informed by research from the

emerging field of trauma sensitive schooling. We now understand that many of our students have experienced (and still experience) not only stress, but trauma in their personal lives – levels of stress that at times have overwhelmed their coping skills and have impinged on their ability to regulate emotions, handle the social demands of school and marshal enough available energy for successful school engagement and learning. Thanks to the principal's undying commitment to figuring out how to successfully serve high risk teens, and to funding from OSPI for Navigation 101 and Building Bridges, we have consciously experimented with developing a trauma sensitive high school learning environment at CBE.

What does this mean, exactly? In a nutshell (which is all we have here), it means we've retained CBE's core relationship-driven approach and begun to overhaul our processes and expectations to reflect our understanding of the cognitive, emotional, social and behavioral challenges often arising as a consequence of past or ongoing trauma in our student population. Structurally, we've enhanced our student/adult relationship core by assigning each student a "go to adult" – an advisor that the student meets with briefly every day, either individually or in their small advisory group. We've also enhanced our new student intake process to earlier identify and support students at risk of dropping out of CBE. This three-tiered risk/protective factor assessment includes an initial intake interview, a risk/protective factor questionnaire, and a "staffing" for higher risk students by our "Psych Team."

We've also developed a range of courses that straddle the line between group therapy and academics. The foundation is laid in "Psych 101," a class that all new students are required to take. Psych 101 is a discussion-based class offering social/emotional skill building and topics relevant to coping with the consequences of interpersonal stress, including recognizing emotional triggers, regulating emotions, managing stress and increasing the capacity for self reflection. By student request, additional elective classes have been added to the program, including Bio-Psychology (the biology of attachment, addiction, anxiety, anger, etc.) and Advanced Emotion Regulation. With grant support from our local ESD, we will begin this fall to work with bio-feedback to increase awareness of and responses to stress. We've extended this kind of learning to our staff as well, in an attempt to develop a common language around basic emotion regulation principles, such as "triggering" and "self-management." Through trainings and staff-development, we are trying to improve our own skills in topics like assuming a non-judgmental stance, reading student "problem behavior" more deeply, and controlling our own defensive reactions triggered by student behavior.

Vignettes

Other structural changes include hiring a “retention specialist” – a social worker who sets strengths-based success goals with our higher risk students and in many cases also hits the road in search of students who disappear without a way to contact them (phones disconnected, sudden change of address, etc.). Over the last two years, we’ve also enhanced our partnership with various community agencies in order to increase our ability to provide support services to our students without significantly adding staffing costs.

Among other early indicators of success, we have seen retention rates (the number of students staying enrolled through the end of the year) more than triple over three years, and the number of students earning a year’s worth of credit (regardless how long they were enrolled) increase by a factor of ten compared to the year before. Graduation rates are slowly climbing, but most important; the students genuinely look forward to coming to school.

Chapter Five References

Figley, C.R. (2002). Treating compassion fatigue. New York: Routledge.

Fox, G. K. & Serlin, I.A. (1996). High-risk youth and the transition to adulthood. The Humanistic Psychologist, 24(3), 349-363.

Fox, G.K. (1995). A multiple case study of a coping skills group for high-risk, high school students. Unpublished doctoral dissertation, Saybrook Institute, San Francisco.

Herman, J. (1992). Trauma and recovery. New York: Basic Books.

Joinson, C. (1992). Coping with compassion fatigue. Nursing, 22(4), 116-122.

Joslyn, H. (2002). Defeating compassion fatigue. Chronicle of Philanthropy, 12,(14)37-40.

References

Chapter 6

Chapter 6

Resources

There are multitudes of resources available to those who wish to learn more about trauma, compassion, resiliency, and self-care, as well as strategies to improve instruction and build school-community partnerships. Resources used to write each section of the handbook are included at the end of each chapter. However, in this chapter we list several that are worthy of being repeated, and several others that have been brought to our attention by colleagues.

Chapter 6 is divided into four sections.

1. Printed Matter: Books and Journal Articles
2. Books and Journal Articles Online
3. Websites
4. OSPI Resources

Entries within each section are listed in alphabetical order. For each resource we provide a short description.

This chapter is not meant to provide readers with a comprehensive list of resources. Rather, it is meant to be a beginning.

Printed Matter: Books and Journal Articles

Atchison, B.J. (2007). Sensory modulation disorders among children with a history of trauma: A frame of reference for speech-language pathologists. *Language, Speech, and Hearing Services in Schools*, 38, 109-116.

Provides definitions and concepts about sensory modulation, illustrates behavioral aspects of sensory modulations disorders and describes a framework for assessment and intervention. Presents emerging data gathered on children served by the Southwest Michigan Children's Assessment Center of the prevalence of sensory modulations disorders among children with a history of trauma alone, and those with both trauma and fetal alcohol spectrum disorder.

Benard, B. (2004). *Resiliency: What we have learned*. San Francisco: WestEd Regional Educational Laboratory.

Details environmental, family, school and community protective factors that foster resiliency. Appendices include valuable matrices and checklists of protective factors.

Boss, P. (2006). *Loss, trauma, and resilience: Therapeutic work with ambiguous loss*. New York: W.W. Norton and Company.

Readers are introduced to the concept of ambiguous loss and shown how such losses relate to concepts of the family definitions of trauma, and capacities for resilience as well as target points for those suffering ambiguous loss. The author provides the therapeutic insight that may aid mental health professionals in not "going for closure" but rather building strength and acceptance of ambiguity.

Cole, S.F., O'Brien, J.G., Gadd, M.G., Ristuccia, J. Wallace, D.L. & Gregory, M. (2005). *Helping traumatized children learn: Supportive school environments for children traumatized by family violence*. Boston: Massachusetts Advocates for Children.

A pioneering work written for all educators, the "Purple Book" as it is known with affection, contains three chapters helpful to those needing an introduction to the "trauma-sensitive" educational methods: The Impact of Trauma on Learning, The Flexible Framework for Making School Environments Trauma-sensitive, and Policy Recommendations. Download at no cost from: http://www.massadvocates.org/helping_traumatized_children_learn

Craig, S. E. (2008). *Reaching and teaching children who hurt: Strategies for your classroom*. Baltimore: Brookes Publishing Co.

A hands-on book for the classroom practitioner, the text includes chapters on family violence and how it changes how children learn, trauma, language and memory, violence and relationships, violence and self-regulation, and ways to support reading and writing skills for those dealing with trauma. There are also chapters on teacher self-care, creating trauma-sensitive schools and professional development.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P, & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245-258.

This Center for Disease Control sponsored study examined the responses of 17,421 adult members of a large HMO to a series of surveys. Findings revealed that 44% of respondents (75% of which were college graduates) reported sexual, physical, or psychological abuse as children, and 12.5% reported having a mother who had been treated violently. This study established a causal link between the breadth of exposure to "adverse childhood experiences" and multiple health risk factors including depression, chronic obstructive pulmonary disease and ischemic heart disease.

Framingham Public Schools (2008, June) Teachers' strategies for working with children exposed to trauma-3rd edition, Framingham, MA: Author.

Framingham School District's teacher handbook for working with children who have been victims of chronic and/or acute traumatic stress. Contains valuable background information, vignettes for group study, and dozens of practical classroom applications. Authored by the teachers themselves. May be purchased by contacting Laurie Burnett lburnett@framingham.k12.ma.us or Rosangela Ferreira rferreira@framingham.k12.ma.us 454 Water Street. Framingham, MA 01710.

Gibbs, J. (2006). *Reaching all by creating tribes learning communities-3rd edition*. Windsor California: CenterSource Systems, LLC.

A favorite among some of Washington's pilot compassionate schools. Blends the fields of group process and cooperative learning, prevention and resiliency, learning theory and school change. It contains hundreds of pages of practical activities and lesson plans.

Henderson, N. & Milstein, M.M. (2003). *Resiliency in schools: Making it happen for students and educators*. Thousand Oaks, California: Corwin Press.

The authors provide reviews of research into how schools may foster resiliency as well as concrete suggestions for application. The final chapter (Tools to Facilitate Change) provides practical surveys and checklists.

Hill, M. H. & Van Horn, L. (1995). Book club goes to jail: Can book clubs replace gangs? *Journal of Adolescent & Adult Literacy*, 39(3), 180.

Students in a juvenile detention center became deeply involved in reading through Book Club, which offered them identity, established an environment for peer approval and recognition, and gave them a chance to excel. The success of the program is discussed.

Hollander, S. K. (1989). Coping with child sexual abuse through children's books. *Elementary School Guidance & Counseling*, 23(3), 183-193.
Discusses the school's role in dealing with child sexual abuse. Provides 12 guidelines for counselors to use when integrating child sexual abuse information into school programs. Includes an annotated bibliography of read-together and children's books.

Magro, K. (2006). Overcoming the Trauma of War: Literacy Challenges of Adult Learners. *Education Canada*, 47, 70-74.
Examines the experiences and challenges of eight adult learners from countries affected by war and the challenges faced by 10 literacy educators who work with youth and adults from these countries. Findings revealed that loss, suffering, learning amid adversity, and apprehension about the future were key themes expressed by the adult English as a Second Language learners; that participants most frequently had problems with developing English language proficiency, loss of close family members through death or separation, loss of professional standing, financial hardship, worrying about the future, and balancing parenting, work, and academic responsibilities; and that participating teachers reinforced the idea that language and literacy learning should integrate settlement issues with skills needed to function effectively in a range of social, vocational, and educational contexts.

Medina, J., (2008). *Brain rules*. Seattle: Pear Press.
The author is a developmental molecular biologist, an affiliate professor of bioengineering at the University of Washington School of Medicine and the director of the Brain Center for Applied Learning Research at Seattle Pacific University. *Brain Rules* addresses the questions of how we learn, what sleep and stress do to our brains, why multi-tasking may be a myth, and why is it so easy to forget.

Morrow, G. (1987). *The compassionate school: A practical guide to educating abused and traumatized children*. Englewood Cliffs, N.J.: Prentice Hall.
School psychologist Morrow's book is a classic and although much of it has become dated, there is a great deal of wisdom within its pages.

Steward, C. A. (1993). Providing grief counseling for inner city elementary children whose relatives were murdered because of gang violence. Unpublished doctoral dissertation, Nova University. *ERIC Thesis Database*, 64, ED371286.
This practicum addressed the problem that many inner city elementary students dealt with on a daily basis. The objectives were to increase the students' ability to express their grief, concentrate on class work, and to decrease their wanting to hurt others because they felt angry or hurt. The writer administered a questionnaire to teachers and parents, consulted with teachers and parents, and developed and supervised a grief counseling program for students. The overall results of the practicum were positive with 91% of the elementary students being able to express their feelings about grief to a very high level. Further analysis indicated that 90% of the parents increased the overall time they spent with their children, so the students expressed their grief more often with their parents. Also, 70% of the teachers reported an overall decrease in students' initiating fights with their peers when they felt angry about a relative's death. The grief counseling experiences were positive for all of the students, parents, and participating teachers. The initial, individual consultations with teachers set the stage for a cooperative partnership between the teachers, students, and writer.

Szente, J., Hoot, J., & Taylor, D. (2006). Responding to the special needs of refugee children: Practical ideas for teachers. *Early Childhood Education Journal*, 34(1), 15-20.
Increasing numbers of refugee children are entering our public schools. In addition to carrying with them memories of untold trauma, they bring with them many special needs. This article explores these needs and ideas for assisting teachers in making our classrooms more responsive to our refugee children.

van Dernoot Lipsky, L. & Burke, C. (2009). *Trauma stewardship: An everyday guide to caring for self while caring for others*. San Francisco: Berret-Koehler Publishers, Inc.
The authors refer to this book as an empathetic survey of the often unrecognized toll taken on those working to make the world a better place including feelings of being tired, cynical, or numb. Readers in this book are called to meet these challenges in an intentional way – to keep from becoming overwhelmed by developing a quality of mindful presence.

Way, I., Yelsma, P, Van Meter, A.M. & Black-Pond, C. (2007). Understanding alexithymia and language skills in children: Implications for assessment and intervention. *Language, Speech, and Hearing Services in Schools* 38, 128-139.
A review of the construct of alexithymia and its relationship to language impairment. Alexithymia was defined by Krystal to be one of the major consequences of trauma and may be defined as difficulty identifying, understanding and expressing feelings. Alexithymia is thought to result from brain changes following trauma. This article reviews measurement tools used to assess alexithymia and offers a framework for intervention that speech-language pathologists may use to enhance the expressive capacity of children with alexithymia. Literacy specialists may find the recommendations of value to their own practice.

Williams, R. & Taylor, J. Y. (2004). Narrative art and incarcerated abused women. *Art Education*, 57(2), 46-52.
Almost half the women in the nation's jails and prisons were physically or sexually abused before their imprisonment. The mental needs of these women are high, yet few intervention programs have been offered and evaluated for this population. The arts and narrative intervention program used visual art, storytelling, music, journaling, and support groups with incarcerated abused women to address several questions.

Books and Journal Articles Online

Websites may change over time. We therefore cite the most recent date we retrieved them.

The Impact of School, Family and Community Connections on Student Achievement
Retrieved September 4, 2009 from http://www.sedl.org/connections/resources/evidence.pdf

The Southwest Educational Development Laboratory (SEDL) provides research synthesis authored by Anne T. Henderson and Karen L. Mapp. Published in 2004, this book outlines programs and interventions that engage families in supporting their children's learning at home which is linked to improved student achievement. Evidence is provided of how families of all cultural backgrounds, education, and income levels can provide a positive influence on their children's learning.

Promoting Resilience in Children: What Parents Can Do
Retrieved August 25, 2009 from http://cecp.air.org/familybriefs/docs/Resiliency1.pdf

Center for Effective Collaboration and Practice website. This article includes family protective factors (see Table 2) and a list of specific activities parents can do (see Table 3) to increase or enhance resilience in children. Good resource for tools to offer support to families. Only six pages long. A quick and easy read with lots of practical information.

Toward an Ecological Understanding of Resilience in Trauma Survivors: Implications for Theory, Research, and Practice
Retrieved August 25, 2009 from
http://www.cha.harvard.edu/vov/publications/Towards_an_ecological_understanding_of_resilience_in_trauma_survivors.pdf (Note: Download this paper from http://www.cha.harvard.edu/vov/publications.shtml)

Mary Harvey, Ph.D., is the founde r of the Victims of Violence Program at Cambridge Health Alliance and an Associate Clinical Professor of Psychology at Harvard Medical School. This scholarly article includes excellent summaries of the contributions of community psychology and several case studies. It discusses "five premises of an ecological understanding of resilience in trauma survivors." The article is 32 pages in length (only about 20 without references) and is well worth reading for an understanding of trauma in the context of communities and society. Allow about 90 minutes to read.

Trauma, Grief, and Resilience
Retrieved August 25, 2009 from
http://www.psychologymatters.org/trauma.html

Sponsored by the American Psychological Association in its Psychology Matters, APA Online series, this website summarizes a great deal of information in a relatively succinct manner. The site is divided into four sections: (1) The Effects of Trauma Do Not Have to Last a Lifetime, (2) Open Up! Writing About Trauma Reduces Stress, Aids Immunity, (3) The Role of Psychology in End-of-Life Decisions and Quality of Care, and (4) Turning Lemons into Lemonade: Hardiness Helps People Turn Stressful Circumstances into Opportunities. This site has compiled a great deal of information. Spend 20 minutes or unlimited hours!

The Trauma Resiliency Model
Retrieved August 25, 2009 from
http://www.traumaresourceinstitute.com/TRM.html

This model can be learned quickly and used in a brief amount of time. It is designed to trigger the parasympathetic arm of the autonomic nervous system to calm the person experiencing trauma. The model refocuses the person on survival and well-being rather than retelling the traumatic event. t can be useful in situations where too much probing seems harmful. The website includes stories of use in severe traumatic events such as tsunamis and floods, but the techniques are simple to use and may be applied in less dramatic settings. Website takes approximately one hour to review.

Websites

Websites may change over time. We therefore cite the last date we retrieved them.

The Adverse Childhood Experiences (ACE) Study
Retrieved July 30, 2009 from
http://www.acestudy.org/ and http://www.cdc.gov/nccdphp/ACE/

This Center for Disease Control-sponsored study examined the responses of 17,421 adult members of a large HMO to a series of surveys. Findings revealed that 44% of respondents (75% of which were college graduates) reported sexual, physical, or psychological abuse as children, and 12.5% reported having a mother who had been treated violently. This study established a causal link between the breadth of exposure to “adverse childhood experiences” and multiple health risk factors including depression, chronic obstructive pulmonary disease and ischemic heart disease.

The Campaign for Love & Forgiveness
Retrieved July 30, 2009 from
http://www.fetzer-new.org/loveandforgive/

The Campaign for Love & Forgiveness, a project of the Fetzer Institute, is a community engagement initiative that encourages people to bring love and forgiveness into the heart of individual and community life. Through facilitated conversations in six cities and their website, they offer activities and a variety of curricula. The resources on the site are available for anyone’s use.

The Compassionate Friends
Retrieved September 4, 2009 from
http://www.compassionatefriends.org/

With text available in both English and Spanish, this website provides resources for families needing support after the death of a child. Includes a directory of local chapters.

The Feelings Chart, The Healthy Place
Retrieved September 4, 2009 from
http://www.healthyplace.com/abuse/hollis-triumph-over-tragedy/the-feelings-chart/menu-id-1890/

Looking for a list of categories of feelings with words to describe their intensity? If so, check out this website.

Institute for Rural Health, Idaho State University
Retrieved September 4, 2009 from
http://www.isu.edu/irh/resources/proqol.shtml

In chapter 2 we send readers to this site to access the ProQOL (Professional Quality of Life Scale), a 30-question survey to self-assess the affect that trauma may be having on our professional lives. At this same site one can gather invaluable handouts on secondary/ vicarious trauma and compassion fatigue.

The National Child Traumatic Stress Network
Retrieved July 30, 2009 from
http://www.nctsnet.org/nccts/nav.do?pid=hom_main

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education. Includes resources (in English and Spanish) for parents and caregivers, military children and families, and educators.

The National Trauma Center
Retrieved September 4, 2009 from
http://www.traumacenter.org/about/about_TC.php
http://www.nctsnet.org/nctsn_assets/pdfs/js.pdf

This website and PowerPoint presentation provides information from the Trauma Center. This includes the work of Joseph Spinazzola, Ph.D., and medical director and founder Bessel van der Kolk, M.D. Each are internationally recognized leaders in the field of psychological trauma. Also provided is information on training and education programs, including attachment, regulation and competency (ARC).

Safe Harbor Crisis Nursery, Kennewick, Washington
Retrieved September 4, 2009 from
http://www.crisis-nursery.org/

In a “Real Life Example” provided in chapter 3, Susan Delucchi describes the use of safe zones at Safe Harbor Crisis Nursery, which is licensed by the State of Washington as an emergency respite center and a group receiving center. Safe Harbor is committed to prevention of child abuse and neglect by providing a safe nurturing environment for children ages birth though 12 years when there are no other alternatives. Safe Harbor Crisis Nursery also provides outreach, support, and training to assist families in establishing a safe and stable environment. Valuable newsletter and listing of resources.

Office of Superintendent of Public Instruction (OSPI) Resources

Learning and Teaching Support
http://www.k12.wa.us/LearningTeachingSupport/default.aspx

Learning and Teaching Support assists school district, family, and community partners in creating and sustaining quality learning environments that increase the opportunity for achievement and success of all children and youth. There are 18 primary focus areas and each of the areas can be accessed on the Internet for further information. Learning and Teaching Support accomplishes its work through the:

- Administration of federal grants and state funded programs.
- Provision of technical assistance to schools, educational service districts, and communities regarding a wide array of nonacademic barriers to learning.
- Collaboration with state agencies including the Department of Social and Health Services, the Department of Health, the Office of Community, Trade, and Economic Development, and the Department of Corrections to develop and maintain a community infrastructure that assists schools in ensuring a learning environment that supports the success of all students.

Compassionate School Initiative
http://www.k12.wa.us/CompassionateSchools/default.aspx

The Compassionate Schools Initiative under Learning and Teaching Support provides guidance, referral, and technical assistance to schools interested in creating compassionate classrooms in the school and compassionate attitudes of their educational staff. This is a growing Initiative and the book, *The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success* represents a compilation of the current understanding of what compassion in a school setting and community can mean.

The Center for the Improvement of Student Learning (CISL)
http://www.k12.wa.us/CISL

CISL is a program within OSPI that provides focus on involving families and communities in the work that schools do and provides specific leadership in applying principles that address the achievement gap. The vision of CISL is, “The success of all students is supported by families, schools and communities working together in true partnerships.”

Operation: Military Kids
http://www.k12.wa.us/OperationMilitaryKids/default.aspx

Washington State: Operation: Military Kids is a partnership established in April 2004 between the Office of Superintendent of Public Instruction, Washington State University Extension 4-H Programs, the Washington State National Guard and U.S. Army Reserve. Under grant funds provided through the 4-H/Army Youth Development Project, our mission is to create replicable and sustainable support networks for geographically dispersed military youth in schools and communities before, during, and after the deployment of a parent or loved one.

Navigation 101
http://www.k12.wa.us/navigation101/default.aspx

Navigation 101 is a life skills and planning program for students in grades 6 through 12. It aims to help students make clear, careful, and creative plans for life beyond high school, and:

- Equalize opportunities;
- Encourage student engagement;
- Enhance student achievement;
- Involve parents and guardians; and
- Strengthen community.

Child Nutrition
http://www.k12.wa.us/ChildNutrition/default.aspx

Child Nutrition assists school districts and other program sponsors in providing quality nutrition programs that promote life-long healthful living while providing nutritious meals each day that prepare children for learning.

School Safety Center
http://www.k12.wa.us/Safetycenter/default.aspx

The Washington State School Safety Center provides guidance, technical assistance, and resources relative to keeping students and staff safe in our schools. We help schools develop comprehensive safety plans that address the four stages of safety planning: prevention/ intervention, mitigation, response, and recovery. We also assist schools and parents with questions about student discipline, truancy, and bullying or harassment.

Response to Intervention (RTI)
http://www.k12.wa.us/RTI/

RTI is about adopting best practices and doing what is best for ALL students. RTI is a well integrated system of instruction and intervention based upon data, which allows for resources to be used effectively and efficiently, and to provide students with assistance earlier. It is a research-based intervention process which assists and supports struggling students, as soon as a need for help is identified.

Migrant and Bilingual Education

http://www.k12.wa.us/MigrantBilingual/default.aspx

Title I Migrant Education Program (MEP), in partnership with schools, communities, and families, supports the unique educational and health needs of migrant students by enhancing their opportunities for personal success and advocating for quality services that promote responsible and productive individuals. The Transitional Bilingual Instructional Program (TBIP), with the involvement of parents, educators, and community, is committed to address the unique needs of students from linguistically and culturally diverse backgrounds and to help them achieve the high content and performance standards expected of all students in Washington State.

Title I

http://www.k12.wa.us/TitleI/default.aspx

Improving the Academic Achievement of the Disadvantaged - The purpose of this program is to ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education and reach, at a minimum, proficiency on challenging state academic achievement standards and state academic assessments.

ESEA

http://www.k12.wa.us/ESEA/ParentInvolvement.aspx

http://www.k12.wa.us/TitleI/NCLB.aspx

The Elementary and Secondary Education Act (ESEA) provides specific information about parent involvement in their child's education. These two links provide resources for parents.

About the Authors

Ray Wolpow, Ph.D., is a professor of secondary education at Western Washington University where he also serves as director of the Northwest Center for Holocaust, Genocide and Ethnocide Education. Prior to coming to W.W.U., Ray spent 20 years teaching classes in reading, special education, social studies, music and English in public and private K-12 schools in New York, Arizona, California and Washington State. His 1995 doctoral dissertation was a study of the role that teachers can play in meeting the needs of students and families struggling with trauma. Ray completed his Bachelor of Arts with elementary education certification from Wagner College, his M.A. in special education from Teachers College, Columbia University and his Ph.D. in curriculum and instruction from Pennsylvania State University. He is a recipient of the Christa McAuliffe Award for Excellence in Education, the Western Washington University Award for Excellence in Teaching, and certificates of recognition from Washington State's Association for Supervision and Curriculum Development and the Tribal Council of the Lummi Nation.

Mona M. Johnson, M.A., CPP, CDP, is Director of Learning and Teaching Support at the Washington State Office of Superintendent of Public Instruction and oversees multiple state and federal programs centered on student physical, social, and emotional prevention and intervention services, supportive learning environments, and Operation: Military Kids. She also works as a private consultant at the local, state, and national levels in the areas of professional wellness, resilience, childhood trauma, substance abuse and violence prevention. Mona is a graduate of Pacific Lutheran University, Tacoma, Washington with a bachelor's degree in social work and master's degree in social sciences. She is a chemical dependency professional and certified prevention professional. Her 1995 master's thesis focused on the topics of childhood trauma, resilience and emotional healing. In February 2009, Mona received the National Advocate of the Year Award from the Community Anti-Drug Coalitions of America.

Ron Hertel, B.S., is the Program Supervisor for Readiness to Learn (an early intervention dropout prevention program) at the Office of Superintendent of Public Instruction. He received his Bachelor of Science in education in 1974 and did part-time teaching in middle school, post graduate studies, and inpatient psychiatric work with adolescents prior to beginning a career in social work in Colorado in 1980. In that position he worked with schools and other public agencies providing support for abused and neglected children and their families. In 1989, Ron moved to Washington State to continue his work in child welfare and in 1994 moved to the Washington State Department of Social and Health Services Division of Mental Health as the Administrator of Children's Mental Health Services. In 2000 he moved to the Washington State Office of Superintendent of Public Instruction. As Program Supervisor for Readiness to Learn, he has had the opportunity to shepherd a program that provides support to students and families affected by adversities and trauma and has been a key player in developing The Compassionate Schools Initiative in Washington State. Ron feels very fortunate to have a career that aligns with his personal values.

Susan Kincaid, Ph.D., is an assistant professor in human services at Western Washington University where she served as director of an off-campus degree program for 13 years. Susan teaches courses in basic counseling skills, case management, diversity and social justice dynamics, and organizational, community, and global systems. She has received three student-nominated awards, two from the Teaching and Learning Academy and one as a Veteran Friendly Professor. Professionally, Dr. Kincaid has provided youth and family counseling as well as services to homeless teens, families of homicide victims, and felons including sex offenders. She uses narrative techniques to assist clients in reframing events to process trauma. Dr. Kincaid researches the connections between human services and social justice. She received her doctorate in human services from Walden University and her master's in education from Western Washington University.

Acknowledgements

This handbook is a reflection of the work of hundreds of people throughout Washington State and beyond. It would be difficult to name them all; harder still to acknowledge adequately all the ways these compassionate education professionals have inspired and contributed to this book. We acknowledge, with gratitude, those we've listed below as well as the many we may have missed.

The names with an asterisk [*] have contributed text to this book. The pages they have written appear in parenthesis.

Dr. Jonelle Adams, Washington Alliance for Better Schools, Shoreline.

David Anderson, Principal, Mount Vernon High School, Mount Vernon School District.

David Billings*, Special Education Teacher, Mount Vernon High School, Mount Vernon School District (pages 98, 183-185).

Annie Blackledge, Program Supervisor, Building Bridges Prevention Intervention and Retrieval, Office of Superintendent of Public Instruction, Olympia.

Dr. Christopher Blodgett, Area Health Education Center of Eastern Washington, Washington State University, Spokane.

Jemila Booker*, Foster Care Alumni, Office of Superintendent of Public Instruction, Olympia (page 181).

Lori Buher, La Conner Middle School, La Conner School District.

Linda Bull, Web Developer/Graphic Designer, Information Technology Services, Office of Superintendent of Public Instruction, Olympia.

Jeannette Bullock*, Building Bridges Coordinator, Federal Way School District (page 152).

Leslie Camdengoold*, McKinney Vento Coordinator, Central Valley School District (page 161).

Janice Condrin, Principal, Emerson High School, Mount Vernon.

Christy Conner*, R.N., Health Services and School Nurse Corps, Learning and Teaching Support, Office of Superintendent of Public Instruction, Olympia (page 163).

Sue Delucchi*, Executive Director, Safe Harbor Crisis Nursery, Kennewick (page 90).

Randy Dorn*, State Superintendent, Office of Superintendent of Public Instruction, Olympia. (page xi)

Brian Dunlap, Assistant Principal, CBE Alternative High School, West Valley School District, Spokane (pages 196-198).

Melinda Dyer, Program Supervisor, Homeless Education, Learning and Teaching Support, Office of Superintendent of Public Instruction, Olympia.

Beth Ensley, Re-entry Teacher, Mount Vernon High School, Mount Vernon School District.

Dr. Kenneth Fox*, Coping Skills Teacher, Mount Vernon High School,
Mount Vernon School District (pages 19, 112, 117, 186-188).

Liz Frausto, Director, School, Family and Community Partnerships, Puget Sound Educational Service District.

Gary Frost*, Student Assistance Specialist, North Central High School, Spokane School District (page 157).

Krista Goldstine-Cole, Family Policy Council Associate, Olympia.

Jan Gravley*, Harbor High School, Aberdeen School District (page 77).

Julie Gravstadt, Tacoma Urban Network, Tacoma.

Lorali Gray*, R.N., M.Ed., School Nurse Corps Administrator, Northwest Educational Service District (page 195).

Dixie Grunenfelder, Program Supervisor, Student Assistance Prevention and Intervention Services Program, Learning and Teaching Support, Office of Superintendent of Public Instruction, Olympia.

Barbara Gurley, Washington Alliance for Better Schools, Shoreline.

Annette Hansen, E.S.L. Teacher, Mount Vernon High School, Mount Vernon School District.

Marsha Hanson*, Principal, La Conner High School, La Conner School District (page 55).

Joenne Harrhy*, Family Services Unit Manager, Offender Treatment and Recovery Programs Division, Washington State Department of Corrections (page 189-190).

Roy Harrington, Area Health Education Center of Eastern Washington, Washington State University, Spokane.

Sandra Heinrich*, Readiness to Learn Coordinator, Forks (page 148).

Debbie Hill, 1st Grade Teacher, East Valley School District, Spokane.

Edie Hope*, Special Education Teacher, Mount Vernon High School, Mount Vernon School District (page 86).

Carrie Lipe*, M.S.W., CBE Alternative High School, West Valley School District, Spokane (pages 196-198).

Evan Jones, Special Education Teacher, Mount Vernon High School, Mount Vernon School District.

Niquette Kelcher, Web Manager, Communications and Community Outreach, Office of Superintendent of Public Instruction, Olympia.

Ricky Knue*, Physical Education and Agricultural Education Teacher, Mount Vernon High School, Mount Vernon School District (pages 21, 101).

Gail LaVassar, RTL Coordinator, South Whidbey School District.

Diane Leigh*, 5th-6th Grade Teacher, Acme Elementary School, Mount Baker School District (pages 75-76).

Sue Martin*, LICSW, C-SSWS, Boise State University, Lewiston, ID. (page 191).

Conner Mathis*, Student, Peninsula High School, Gig Harbor (page 41).

The staff of the Mental Health Transformation Grant, Office of the Governor, Olympia.

Bonnie Miller*, RTL Coordinator, North Mason County (pages 147-8).

M.I.T. Candidates in Spring 2009 section of Sec 534: Management, Motivation and Discipline: Lucy Castro, Chanin Elias, Joseph Hebert, Jeanne Koetje, Brook Landers, Kyle Maddex, Donna McIntyre, Pepper Olson, Jeremy Pearce, Gretchen Robertson, Marilyn Schumacher, Jessica Von Wendel, and Philip Zarelli, Western Washington University.

Mitzi McMillan Moore*, English Teacher, Ferndale High School, Ferndale School District (page 53).

Charisa Moore*, Health Teacher, Bainbridge High School, Bainbridge Island School District (page 158).

Martin Mueller, Assistant Superintendent, Student Support, Office of Superintendent of Public Instruction, Olympia.

Pam O'Brien, Program Supervisor, 21 Century Program Supervisor, Learning and Teaching Support, Office of Superintendent of Public Instruction, Olympia.

Breanne Odden*, Even Start Program Coordinator, Longview High School, Longview School District (page 154).

Lyndsay Oswalt*, 21st Century Program Coordinator, Granger School District (page 155).

Kevin O'Toole*, M.I.T. Candidate, Western Washington University (page 125).

Ann Pulkkinen*, M.S.W., School Social Worker, Tahoma School District (pages 111-12).

Kyle Rapinan*, Former Student, Seattle (page 182).

Michael Richter*, Social Studies Teacher, Mount Vernon High School, Mount Vernon School District (page 13).

Gretchen Robertson*, Workplace Essentials Instructor, Skagit Valley College, (pages 121-122).

Joan Robertson-Landi, Math Teacher, Mount Vernon High School, Mount Vernon School District.

Gabriele Ross*, M.S., Case Manager for Students in Transition, Legacy Alternative High School, Vancouver (pages 193-194).

Armando Ruiz, Migrant Education Advisor, Mount Vernon High School, Mount Vernon School District.

Dr. Stephanie Salzman, Dean, Woodring College of Education, Western Washington University.

Kathleen Sande*, Program Supervisor, Institutional Education, Learning and Teaching Support, Office of Superintendent of Public Instruction, Olympia (page 162).

Jeff Sanders*, Spanish Teacher, Mount Vernon High School, Mount Vernon School District (page 48).

Dr. Christine Schaefer, Department of Secondary Education, Western Washington University, Everett.

Shelley Schoenberger, World Language Teacher, Mount Vernon High School, Mount Vernon School District.

Brigid Slinger, Teacher Certification Candidate, Western Washington University.

Travis Smith, Program Supervisor, 21 Century Program Supervisor, Learning and Teaching Support, Office of Superintendent of Public Instruction, Olympia.

Peggy Sturm-Vanderpol, R.N., Maywood Hills Elementary, Northshore School District.

John Thibault, M.S.W., Elementary School Support Specialist, Bellingham School District.

Sandra Tracy, R.N., Health Services Supervisor, Northshore School District.

Gayle Thronson, Program Supervisor, Health Services and School Nurse Corps, Learning and Teaching Support, Office of Superintendent of Public Instruction, Olympia.

Dr, Joseph E. Trimble, Distinguished University Professor, Department of Psychology, Western Washington University.

Natalie Turner, Area Health Education Center of Eastern Washington, Washington State University, Spokane.

Shegay Vanderpool, Guidance Counselor, La Conner High School, La Conner School District.

Debra Williams-Appleton, Program Supervisor, 21st Century Community Learning Centers, Learning and Teaching Support, Office of Superintendent of Public Instruction, Olympia.

Greg Williamson*, Program Supervisor, Coordinated School Health, Learning and Teaching Support, Office of Superintendent of Public Instruction Olympia (page 160).

Mary Wilson*, Principal, Manitou Park Elementary, Tacoma School District (pages 101,192-193).

We wish, also, to acknowledge and express our gratitude to our colleagues from Massachusetts who so generously shared their expertise in establishing and implementing trauma-sensitive educational programs.

Brett Bishop, Principal, East Street Elementary School, Ludlow Public Schools.

Laurie Burnett, McKinney-Vento and Safe & Supportive Learning Environments Grant Program Coordinator, Framingham Public Schools.

Jenny Caldwell-Curtis, Coordinator, Alternative Education and Trauma-Sensitive Schools, Massachusetts Department of Education, Malden.

Christine Casella, 1st Grade Teacher, East Street Elementary School, Ludlow Public Schools.

Deb Choquette, Health Teacher, West Boylston Middle School, West Boylston Public Schools.

Susan Cole*, J.D., M.Ed., Massachusetts Advocates for Children and Trauma and Learning Policy Initiative, Boston. (page xiii).

Dr. Mary Beth Curtis, Director, Center for Special Education, Lesley University, Cambridge.

Donna Goodwill, L.I.C.S.W., Wheaton College, Norton.

Michael Gregory, J.D., M.Ed., Massachusetts Advocates for Children and Trauma and Learning Policy Initiative, Boston.

Dr. Jessica P. Greenwald O'Brien, Trauma Consultant, Framingham Public Schools.

Paula Kweder, Family & Consumer Science Teacher, Framingham Public Schools.

Esta Montano, Director, Equity and Achievement, Framingham Public Schools.

Virginia Magnani, Family & Consumer Science Teacher, Framingham Public Schools.

Dr. Patricia Niemec, Clinical Associate Professor of Rehabilitation Counseling, Boston University, Boston.

Joel Ristuccia, Ed.M., Massachusetts Advocates for Children and Trauma and Learning Policy Initiative, Boston.

Carolyn Romano, J.D. Trauma Consultant, Ludlow Public Schools.

Anne Sullivan, M.Ed., Literacy Specialist, Charlotte A. Dunning Elementary School, Framingham.

Dr. Maxine Weinreb, Child Witness to Violence Project, Boston Medical Center, Boston.

The Heart of Learning and Teaching

Compassionate Schools:
The Heart of Learning and Teaching

WESTERN WASHINGTON UNIVERSITY

SUPERINTENDENT OF PUBLIC INSTRUCTION WASHINGTON

Washington's
Mental Health Transformation Project
Partnerships for Recovery & Resiliency

http://www.k12.wa.us/CompassionateSchools/Resources.aspx