

Anti-Oppressive Trauma-Informed Pedagogy



Teaching for Whole Brains,
Whole Students, and Whole Communities



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2018-2020

Anti-Oppressive Trauma-Informed Pedagogy

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Teaching for Whole Brains, Whole Students, and Whole Communities

Partners

University of Utah

University Neighborhood Partners

Julianne Rabb, Clinical Director

Paul Kuttner, Associate Director

Sarah Munro, Director (2018-2019 cohort)

Jennifer Meyer-Glenn, Director (2019-2020 cohort)

College of Education - Urban Institute for Teacher Education

Mary Burbank, Director

College of Social Work

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College of Science - Center for Science and Math Education

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National Ability Center

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Guest Experts

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Rebecca Chavez-Houk, Utah House of Representatives 2008-18

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Jarred Martinez, UNP Education Partnership Manager

Gilberto 'Juan' Rejón Magana, HC4YF Executive Director

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Participating Educators

Maria Ashkin - 2018-19
Kody Colvin (Administrator's Cohort) - 2019-20
Ulrike Dannhauer - 2018-19, 2019-20
Lisa Defrance - 2019-20
Sean Edwards (Administrator's Cohort) - 2019-20
Jenn Gilpatrick - 2019-20
Rebecca Hodgkinson - 2019-20
Danielle Johnson - 2018-19
Tiya Karaus - 2018-19
Jaeleigh Mecham - 2019-20
Molly Michaels - 2018-19, 2019-20
Nicole Palmer (Administrator's Cohort) -
2019-20 Maria Plancarte - 2019-20
Megan Robinson - 2019-20
Margarita Ruiz Hernandez - 2019-20
Maria Lourdes Sanchez - 2019-20
Jess Schroeder - 2019-20
Leona Schulz - 2018-19
Christina Shrum - 2018-19
Stephen Therrien - 2018-19
Tillie Uribe - 2019-20
Brandy Valdez - - 2018-19, 2019-20
Philippe Vanier - 2019-20
Robert Violano - 2018-19, 2019-20
Anonymous - 2018-19

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Program Introduction

Schools are important - and intense - places. Close up, schools house the classrooms and playgrounds in which our children figure out how to interact with each other. As we 'zoom out,' we see schools' historical and current role as battlegrounds for broad-scale political and ideological conflict. Public schools are one of the few places where students from all kinds of experiential, socioeconomic, ethnic and racial, linguistic, and politically informed backgrounds come together, usually to spend days that look remarkably similar from one to the other, and in groups where acceptable behavior is narrowly defined. Teachers know the intensity of schools, as teachers bear daily witness to schools as both crucibles and consequence of dominant culture.

The intensity of classroom experience impacts all teachers differently. Some discover how neighborhood segregation leads to wild variability from one school to another and choose schools with more resources. Some commit to working in poor communities and communities of color (which predictably overlap in the USA). For those who in underserved communities, the opportunity to over-work is constant, as an individual can always do more against structural oppression. Teachers deal with this intensity in one of three ways: figure out how to be fully alive in their work anyway, stick with the job via numb disconnection, or by leaving the classroom.

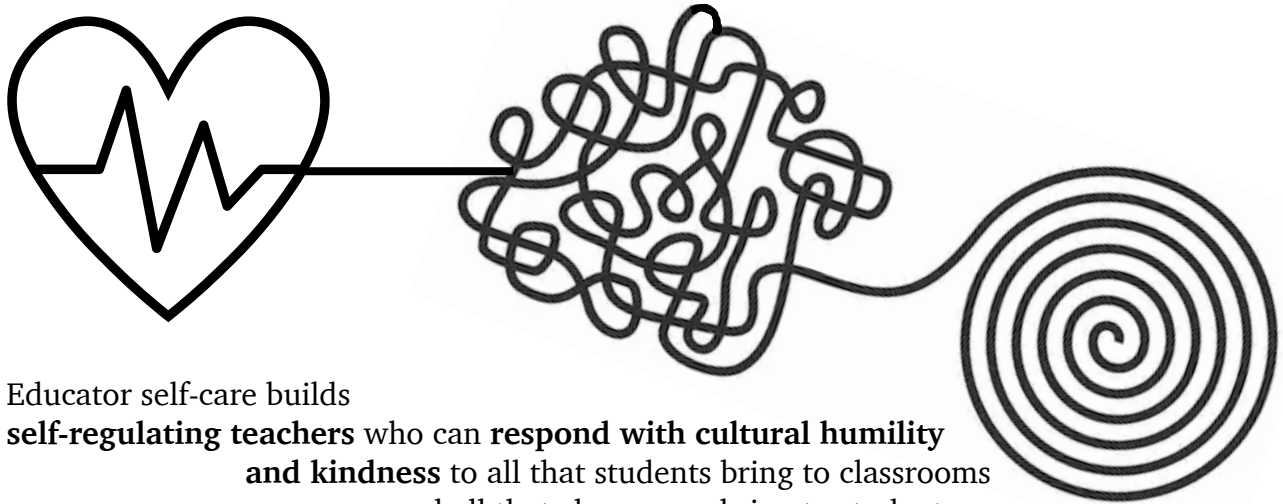
I left the classroom. After 10 years of teaching in Title I, III, and IV classrooms, I was unable to sleep through the night without a school-related anxiety dream. My relationships in my personal life suffered. My body stopped making the stress hormone Cortisol - I had run out. On leaving the classroom, I pursued a Master's in Social Work, in part to understand what happened to me - and how to prevent it.

The Trauma Informed Pedagogy program described in the following pages was inspired by the "Blessing the Paradigm" trauma-informed domestic violence training at the Urban Indian Center in 2018; here, 100% of Native panelists mentioned public school as a source of trauma. This struck me; my teaching practice hurt me, but I truly thought I had served students. Did my practice actually harm students? Understanding how "helping" practitioners cause harm pushed me to explore trauma neurophysiology, how harmful dominant culture disguises as 'Trauma Informed' ideas, and how to combine these ideas with liberation pedagogy for classrooms that heal instead of harm.

This is not a "standard" report, because this is not a "standard" course. Participating educators invested time, invested in relationships with colleagues and communities, and invested in their own powerful, sometimes painful, reflections. They were willing to take risks; from working with horses to master whole-body self-regulation to regularly hosting community-based guest experts for candid, challenging conversations. We discovered that well-meaning teachers can be tricked into acting in the service of destructive dominant culture values. Then we centered our values and relationships with students from a neurobiology-centric frame, which forced us to start taking care of ourselves. We moved from saving to serving to working in partnership with students and communities. And it made us want to stay in our classrooms: fully present, fully alive, and fully responsive to the deserving humans in our charge.

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Guiding Framework



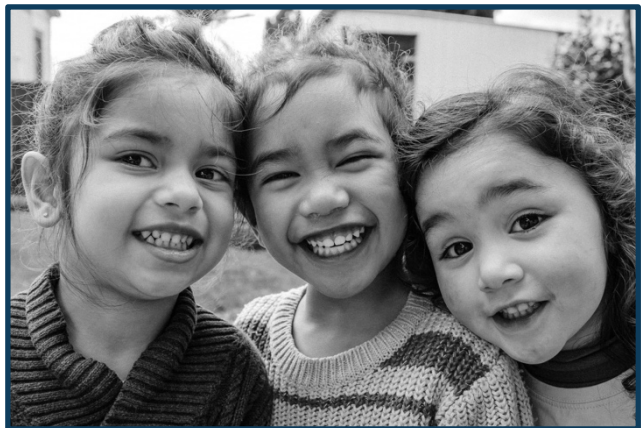
Educator self-care builds **self-regulating teachers** who can **respond with cultural humility and kindness** to all that students bring to classrooms and all that classrooms bring to students **for enduring whole-brain, whole-student learning.**

Program Structure

- 2 Cohorts (2018-19 & 2019-20)
- 25 educators from 12 Salt Lake City area K-12 schools
 - 100% of schools = high need, Title I, III, and/or IV
- Monthly in-person class
- Weekly online reflection/Discussion

Our Most Important Discovery

- 100% = Educators initially enrolled "to help students deal with the trauma in their home lives."
- 100% = Educators who came to understand that, because school is influenced by dominant culture, **school is often a primary source of trauma in students' lives.**



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Curriculum Overview

Curriculum varied slightly between years. What follows represents key themes, ideas, and activities in one or both course iterations.

Session	Topic	Guests/Activities
Sept.	Social Animals: The brain stem and midbrain in learning and social interaction	Equine Assisted Learning with the National Ability Center
Oct.	Self-Regulation: Intentional, targeted self-care as an educator's primary responsibility	
Nov.	Values and Boundaries: What values brought you to your work? How do you protect your time and energy to work in the service of those values?	
Dec.	Indigenous v. Western Values: The Master's Tools? Or Tool?	Damon Polk, Cultural Director, Red Circle Lodge
Jan.	Trauma, Time, and Culture: Everything is Present-Tense	Aliah Hall, LCSW
Feb.	What is School For? <i>And what about when school <u>causes</u> trauma?</i> Parent/Community Leader Panel: Abdulkhaliq Barbaar, UNP Partnership Director Jarred Martinez, UNP Education Partnership Manager Farrah Ali, UNP New American Academic Network Coordinator Gilberto 'Juan' Rejón Magana, HC4YF Executive Director Beam Idowu Deji-Olatund, UNP Advisory Board	
Mar.	Teacher Leadership: What is your relationship to power? How can you use your power to align your instructional setting with your values?	Rebecca Chavez-Houk, UT Rep. Elizabeth Garbe, UWSL Erin Jemison, YWCA
Apr.	Embodying Your Work: Real-time self-regulation practice	Equine Assisted Learning with the National Ability Center

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Educator Perspectives

Values Statements

Educators reflected on the values that idealized their teaching practice as a first step in aligning their values with actions in their instructional contexts.

'The three values that define my ideal teaching practice at the moment are **hope, ethical responsibility,** and a **desire for growth.**'

'The 3 values that define my ideal teaching practice are **acceptance, honesty,** and **improvement.**'

'The 3 values that define my ideal teaching practice at this moment are **exploration, compassion,** and **challenge.**'

Embodying Trauma-Informed Self-Regulation

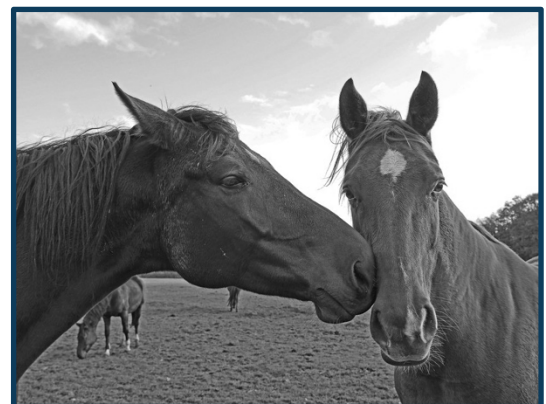
Equine Assisted Learning utilizes horses, free to move in a corral with participants, to serve as a mirror for the internal state of practitioners, which helped educators to understand the role that their own stress and self-regulation plays in shaping classroom dynamics.

'For the first time, **I was able to see and feel my anxiety and how that impacts my teaching and my students.** I am asking kids to be in their bodies so that they can learn, but how hypocritical is that if I live outside of my body for hours, days, months, and sometimes, years?...

It felt so good to be in my body and to feel the horses respond positively. **It was also so incredible for me to be afraid, fearful, stressed, but still ok.**'

“During the second session with the horses I sensed so much more confidence from myself and from my colleagues. It was clear that we were all much better at self-regulation. **Even colleagues that were uncomfortable in the corral were calm and present.**

This time I was less invested in the outcome and more curious about whether the horses would interact with the obstacle course. We still had difficulty leading the horses through the obstacle course, **but I in no way internalized this as a personal failing.**”



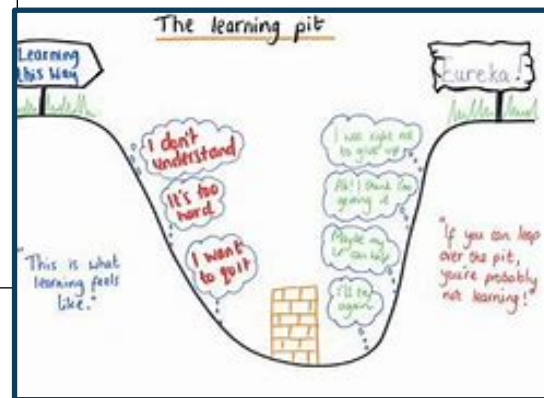
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Educator Perspectives

Expanding Professional Learning Communities into Teacher Leadership

This course was designed around the assumption that educators are each other's best resources, and actively encouraged sharing of perspectives, creative solutions, and resources. This exchange motivated an organic emergence of teacher-leader qualities in the first cohort, and inspired the second cohort to focus on teacher leadership as an idea, opportunity, and practice.

'I love this! Thank you for sharing it!
I think I'm going to present this to my team.
I might also try to find a way to adapt it for one of my students who is a perfectionist. He has meltdowns if he feels like he encounters struggles with his work and cannot do things perfectly right off the bat. This is a great approach!'



Empowering Educators to Find Balance and Keep Teaching

Excerpts from final reflections:

'I originally enrolled in [the class] thinking that it would help me better understand my students and the school community that I work in. I thought that if I could **become better trained to work with students who have experienced trauma, I could be a better teacher.**

I stuck with it because every single time that we met, **I felt big changes in my own life.** I was mostly impressed with how much [the class] related to my own life experience.'

'Admittedly, I've had some rough years in the field. . . I was actually on the verge of complete teacher burn out and was **actively looking for a way to quit my job** and leave the profession.

It made me sad because I truly do love my students!

Teaching the way I was was just taking a toll on my health and hurting my overall happiness. But, then I walked into this class and realized that **empowering students is the key to sticking with my career.'**

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Background Information

What is Trauma?

Trauma, the human experience of a loss of control in a situation that feels life-threatening, has been identified and accepted by western mental health practitioners for over 100 years. The phenomenon's original moniker, 'shell shock,' emerged to explain symptomology expressed in WWI veterans, and morphed into post-Viet Nam's Post-Traumatic Stress Disorder (Jones, E, Fear, N and Wessely, 2007). Only in the last 30 years, however, have medical and mental health professionals understood that traumatic experience is not reserved for deployed armed service members, but rather, that traumatic experience is common, and predicts individual behaviors and health and well-being outcomes (Felliti et al., 1998). Our current understanding of trauma as a subjective, adaptive response imbued with evolutionary utility to assist an individual in managing a situation of extreme threat and minimal control motivates an emerging interpretation of the impacts and symptoms of trauma as spectral, predictable, and, when intentionally treated, healable (Wilson, Pence and Conradi, 2013).

The term 'trauma-informed care' first emerged in the fields of law enforcement and health care and can be summarized by the principle that person cannot be denied services due to behaviors that can be interpreted as symptomatic of a brain either previously traumatized or in a present-tense trauma process (Harris and Falot, 2006; Muskett, 2014). For example, best practice for a nurse witnessing uncharacteristic laughter and an otherwise incongruous affect in a patient reporting sexual trauma as likely symptoms of a person whose brain is attempting to cope with a sense of threat-without-control, rather than assuming the patient's claim of assault as dishonest.

Trauma and Learning

As trauma impacts the brain, so, too, can it impact learning "in ways that can be seen and unseen in the classroom" (Morton, 2018; Zilberstein, 2014). At its most visible, students impacted by trauma may demonstrate behaviors ranging from detached disengagement to violent disruption. Internally, the neurobiological impacts of trauma can physiologically predispose a student's brain to be less able to focus, access previous learning, and accept and integrate new information (Gunnar & Quevedo, 2007; Watts-English, Fortson, Gibler, Hooper, & De Bellis, 2006; Perry, 2006; NCTSN 2012).

Trauma and Structural Oppression

Felitti et. al's ACEs study, whose participants were educated European-Americans, illustrated that childhood traumatic experiences are prevalent even among communities of privilege. As we learn more about the traumatic role of structural oppression, Trauma-Informed practitioners must acknowledge the significant additional role of historical trauma, intergenerational trauma, and chronic disempowerment in underserved communities and populations (Linklater, 2014; Bryant-Davis & Ocampo, 2005; Tigert, 2009). Students in Title 1 schools are more likely to experience higher Adverse Childhood Experience scores and are therefore more likely to exhibit challenging behaviors and experience both mental and behavioral barriers to learning than their wealthy, white counterparts (Giovanelli, et al. 2015; Alisic, 2012).

Teacher Training - Missing a Trauma-Informed Approach

Our understanding of societal trauma's role in disproportionately influencing the brain development of students of color and poor students has emerged during an era of unprecedented emphasis on a teacher's role as facilitator of a student's academic success. This success is measured by both national and state-level imposition of high-stakes standardized tests ushered in by 2001 'No Child Left Behind' legislation, and is continued by components of the 2015 Every Child Succeeds Act (Husband and Hunt, 2015). Teacher training, consequently, has focused on equity via academic success, and emphasizes eliminating the 'achievement gap' through programs that focus on the academic areas most evaluated by high-stakes testing (Dee and Jacobs, 2010). NCLB's legacy has solidified Title 1 schools' 'underperforming' roles, and has had predictable impacts on teachers across the nation in:

- (a) increased tension between teachers,
- (b) highly rigid teaching environments, and
- (c) diminished teacher professional autonomy (Husband & Hunt, 2015).

For at least the last 20 years, across the nation, the students most situated to benefit from trauma-informed educative practices are taught by the teachers least trained and least empowered to provide such complex, nuanced learning support.

The impact of ACEs on students' ability to learn illuminates the need for a community of caregivers to enact trauma-informed programming. Teachers' pre-service training, however, continues to emphasize predominantly academic considerations, and so in-service educators find themselves being asked, either explicitly or implicitly, to act as trauma-informed caregivers without having received any training (Alisic, 2012). There have been attempts to implement components of trauma-informed care on large scales in k-12 settings, but individual "[e]ducators often have to struggle to implement holistic approaches to learning in a system that has been fragmented by individual legal responses to academics, anti-bullying, social skill development, positive discipline, truancy and dropout prevention, and more" (Cole, 2014).

'Failing' Schools Don't Have Time for 'Extra'

For teachers who can tolerate adding additional a la carte components to their classroom practice, there are several curricula available. These curricula are offered at a classroom, district, or state scale, and include programs like Trauma Sensitive Schools, Trauma Aware Schools, The Trauma Informed Project, and others. A 2016 review of many of the existing programs revealed themes, essential components of trauma-informed training for k-12 educators, and recommendations for implementation and further study (Chafouleas et al., 2016). The main theoretical frameworks that emerge from this review are the trauma-informed methodologies Trauma-Focused Cognitive-Behavioral Therapy, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), the Grief and Trauma Intervention (GTI) for Children, and Multimodal Trauma Treatment (MMTT) aka Trauma-Focused Coping in Schools (Chafouleas et al., 2016). Cognitive Behavioral Intervention for Trauma in Schools is a commonly referenced approach to trauma-informed teacher training (Chafouleas et al., 2016; Baweja, 2016). Baweja et al.'s 2016 series of semi-structured qualitative interviews with 40 teachers from 3 geographic regions of the US found four themes emerge regarding teacher buy-in; “Support for CBITS was related to teachers’ perceived need for a trauma program on campus; teachers struggled with the competing priorities of balancing students’ social-emotional needs with their missing class to attend CBITS; teachers desired more direct communication with clinicians; and teachers felt they needed more trauma education” (Baweja, et al., 2016).

Teachers Are Not Mental Health Clinicians

Baweja, et al.'s 2016 paper explores how Trauma-informed programming is implemented in schools. It highlights the difficulty in implementing Trauma-Informed perspectives for teachers, as all of the schools studied had an on-site mental health professional engaging in the teacher training. This study did not take into account schools whose teachers were attempting to train themselves, or who were being trained by someone not certified in mental health care, and so the study underrepresents the vast majority of situations in which trauma-informed care is likely to be implemented. The paucity of data in the literature for this situation demonstrates a significant research need; how, when, and how well are trauma-informed principles being learned and applied in front-line populations, like teachers, who are not otherwise trained in mental health? And what of Title 1 schools in ‘Turnaround’ with mandated scripted curriculum? There is simply no time in the instructional minutes to fit in anything ‘extra.’ What’s worse, minimally trained teachers may excuse students as they enact what Jesse Jackson termed ‘the soft bigotry of low expectations;’ claiming that, because a student is demonstrating signs of learning-prohibitive stress, that that student is somehow permanently incapable of learning.

Teachers Are At Risk of Secondary Trauma

Recognition of secondary trauma as a key component in classroom teachers' experiences, and, by extension, teachers as social, emotionally responsive classroom influencers, is requisite for building effective trauma-informed schools. Teachers who have been asked to participate in implementing trauma-informed practices express frustration, and exhibit symptoms of secondary trauma themselves (Alisic, 2012). Unlike mental health care professionals, teachers are not offered regular supervision to support their own healthy processing of the experiences they may expose themselves to as they naively open their classroom to acknowledging the realities and potential impacts of trauma in their students' lives.

Trauma-Informed Pedagogy - A Conceptual Framework

A classroom setting can support students who are negotiating trauma-affected brains to build enduring learning if the teacher actively cultivates three competencies: self-care (including work in cultural humility), self-regulation, and neurophysiology-informed instructional planning and decision-making. These three areas are offered here as competencies, rather than skills, as each requires skill (learned behavior), in addition to knowledge (acquired via external input) and ability (inherent capacity). In selecting the name these features 'competencies,' including the component of inherent capacity implicit in that choice, is the supposition that not all practitioners will be equally able to implement a trauma-informed classroom.

The three components of a trauma-informed teachers' practice are interrelated. Intentional, directed, regimented self-care increases capacity for teacher self-regulation. A teacher more capable of self-regulation is more capable of interacting with students exhibiting trauma-influenced behaviors with equanimity. This less emotionally reactive demeanor allows a practitioner to implement student-centric neurophysiology-informed instructional strategies. In combination, a practitioner can utilize these three components to create a predictable, nonreactive, humanely responsive learning environment which can lower the adrenal responses of students, making their pre-frontal cortexes available for enduring learning.

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*There's no such thing as neutral education.
Education either functions as an instrument
to bring about conformity or freedom.*

- Paulo Freire