

Brooke O'Drobinak · Beth Kelley  
Foreword by Diane Sweeney

Grades 6-12

# TEACHING, LEARNING, + TRAUMA

Responsive Practices  
for Holding Steady in  
Turbulent Times

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Please enjoy this complimentary excerpt from  
*Teaching, Learning, and Trauma, Grades 6-12*, by  
Brooke O'Drobinak and Beth Kelley.

**LEARN MORE** about this title, including Features,  
Table of Contents and Reviews.

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# Introduction

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This book is about creating schools that neutralize chronic stress on teachers and students so that learning and achievement become possible. A fundamental belief of a school model that integrates effective practices in teaching, learning, and mental health is that strong and healthy relationships between students and adults in a school result in safe, joyful, and effective learning environments. The integrated student learning model blends effective practices in both teaching and learning with mental health practices, focusing on the impact of trauma in education. The combination of the two critical areas fosters an environment where teachers and students experience results in academic and interpersonal arenas—contributing to a healthy school culture.

This book is our contribution to the conversation about the impact of chronic stress and trauma in secondary education. It is meant not to be prescriptive, but as a comprehensive guide to designing healthier schools. *Teaching, Learning, and Trauma* is timely, especially given the turbulent nature of modern, everyday life.

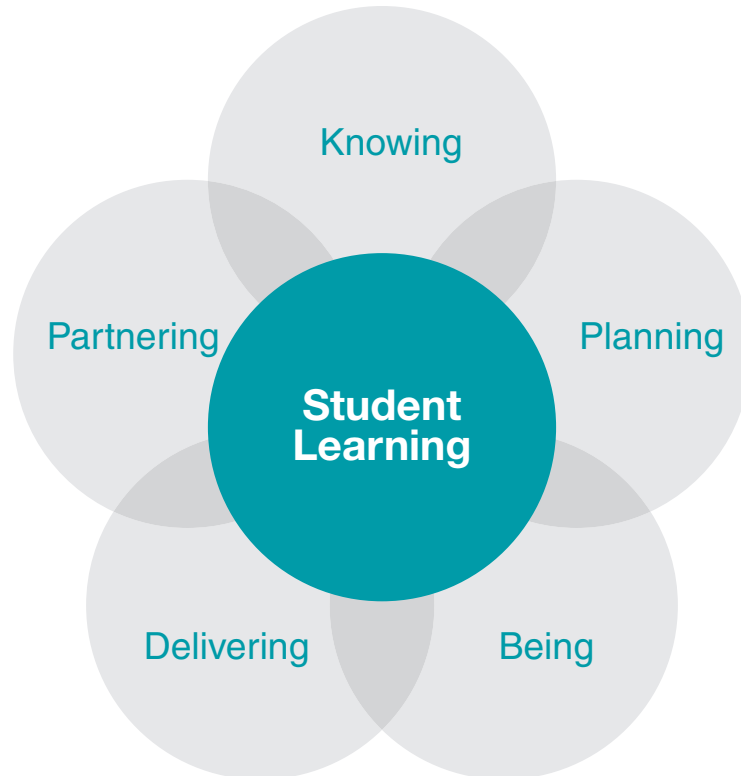
## The Intersection of Teaching, Learning, and Mental Health

This book blends best practices of teaching and learning with trauma-informed perspectives. This integrated approach seeks to mitigate disruptions—such as performance demands, competition, illness, family stress, financial distress, social pressure, natural disasters, political climate, chronic stress, and even the various combined and pervasive disruptions caused by a pandemic—that destabilize a healthy school environment.

We will examine this model through student, teacher, and leadership viewpoints, fortifying the connections that are essential for success from each vantage point. We will provide tools to promote practices that assist practitioners in creating a blended model that can easily adapt to any school design.

## The Integrated Approach: Using the Five Lenses

Conceptually, this integrated model can be constructed using five lenses through which teaching, learning, and mental health practices come together: *knowing, planning, being, delivering, and partnering*. Together, they provide a comprehensive approach to impact student learning, which will be thoroughly outlined in Chapter 7, “Blending It All Together,” where each lens is brought into focus through a teacher-student

**Figure 0.1** The Integrated Model

*Source:* Figure layout by Bill Grimmer.

interaction. An important premise of the integrated model is that all aspects of a school work together to support the whole student.

## Intended Audience and Outcome

This book is intended to support those individuals who are seeking to teach adolescents and foster mental wellness in order to create integrated schools to combat chronic stress and trauma. This includes teachers, counselors, instructional coaches, principals, and district leadership. We are all in this together. We like to say, “No one has it all figured out.” Our hope is to provide our combined experience and propose ideas to help educators understand students with trauma more deeply, so that they can be effective and cultivate joy in their work.

## Organizational Features of This Book

We have identified chapter topics that we and our colleagues have wrestled with over the years. Each chapter provides several glimpses into the everyday world of secondary education through stories of students and

adults. You will find that each chapter offers insight into the **student** and **adult experience** that result from these interactions. Next, regarding each chapter topic, we aim to answer: “**Why Is It Important?**” Following, we outline the psychosocial “**Foundations for Effective Practice**” in order to build a rationale for the practices outlined in “**What Works in the Classroom.**” Subsequently, we offer school leaders considerations for “**Taking It School-Wide**” in order to build capacity and sustainability. Next, as a means for you to ponder your experience with these ideas, and begin to implement them, we provide **Reflections** and a “**Toolkit for Tomorrow.**” Finally, we offer some encouraging words to fellow practitioners through the last section, entitled “**In the End, Be Loving.**”

## Why This Book, and Why Now?

There are real struggles facing kids, parents, and teachers that seep into and sometimes flood our schools. Chronic stress and trauma exist in all strata of our society, and their impact is overwhelming. The good news is that systems are starting to shift. There is a willingness in school communities to create awareness and implement trauma-informed practices to help mitigate the effects of these stressors.

As we take a look at the ever-increasing contributors to chronic stress and trauma that make things so complicated for teachers and students today, we see the real-world impact on students’ physical, emotional, and spiritual well-being: Students can’t seem to control their bodies, moods, and emotions. They show up unable to focus, anxious, and depressed. They share stories of abuse and neglect. Ultimately, these factors impact student learning. We are not saying that chronic stress is the root of all the issues that teachers face; however, if you are willing to look at the data with an open mind, we think you’ll begin to shift the lens through which you see your students, and then change will be possible.

Yes, things are hard—yet there is hope, and real changes are happening. In order to be a part of the change you wish to see, you have to take an honest look at what is happening for students and educators in your school. You can’t address what you haven’t named—so, although you may find this content hard to read (because it is sad and disheartening), you need to face the reality of it in order to reshape the present and future.

## Essential Background Knowledge: ACEs

As you read this book, it will be helpful to understand adverse childhood experiences (ACEs) and the role they play in schools.

The basis of most literature related to chronic stress and trauma in children includes the CDC–Kaiser Permanente (ACEs) Study, one of the largest investigations of the effects of childhood abuse and neglect on later-life health and well-being. The original ACEs Study was conducted

at Kaiser Permanente from 1995 to 1997; it included 17,300 participants and shows a correlation between adverse childhood experiences and an increase of social, emotional, and health problems as an adult (CDC, 1997).

Below is a list of the top 10 ACEs (from Sporleder & Forbes, 2016) that correlate to an increase of behavior and health issues later in life.

### Top 10 List of Adverse Childhood Experiences

1. **Sexual abuse:** any act of sexual nature that uses the child for sexual gratification of the adult, including rape, molestation, prostitution, pornography, or other forms of sexual exploitation of children
2. **Physical abuse:** generally defined as any non-accidental physical injury to the child, including striking, kicking, burning, or biting the child, or any action that results in a physical impairment or harms the child's health and welfare
3. **Emotional abuse:** emotional or psychological injury to the child as evidenced by a substantial change in behavior, emotional response or anxiety, depression, withdrawal, or aggressive behavior
4. **Physical neglect:** the failure of a parent or caregiver to provide food, clothing, shelter, education, medical care, or supervision such that the child's health, safety, and well-being are threatened with harm
5. **Emotional neglect:** the failure of a parent to provide needed emotional attention, support, recognition, love, and empathetic response such that the child's emotional health and development are threatened with harm
6. **Loss of a parent:** discontinuation of contact with a parent due to death, divorce, or abandonment
7. **Witnessing family violence:** being a witness to violence creates significant emotional and psychological damage due to the high stress experienced by the child
8. **Incarceration of a family member:** the experience of having any family member in jail can create substantial emotional issues, such as grief and loss, stigmatization, anxiety, and depression
9. **Having a mentally ill, depressed, or suicidal family member:** growing up in a family dealing with mental health issues can cause confusion, fear, anxiety, stress, and lack of attention and concern regarding the child's own emotional health
10. **Living with a drug-addicted or alcoholic family member:** drug and alcohol addiction of parents can negatively impact a child's sense of safety, predictability, stability, normalcy, connectedness, and attachment

**ACEs Score:** \_\_\_\_\_

*Source:* Sporleder and Forbes, *The Trauma-Informed School: A Step-by-Step Implementation Guide for Administrators and School Personnel*. Beyond Consequences Institute, LLC, 2016.

If you want to test yourself, simply give yourself one point for each of the ACEs that you experienced from birth to 18 years of age. Add them up and you have your ACEs score.

In the absence of caring adult intervention, an ACEs score of 6 or greater can have a negative impact on your overall life expectancy and general well-being. Taking an assessment like this, or reading this book for that matter, might prove upsetting to some readers. If taking inventory of your own ACEs upsets you, please seek some support for yourself, or take care of yourself in a way that honors what you need. You deserve it.

The ACEs Study has uncovered how ACEs are strongly related to development of risk factors for disease and reduced well-being throughout the lifespan. A person with a higher number of adverse childhood experiences goes through life in a more vulnerable and less secure way than someone with a lower number. Imagine how this difference plays out for children in a classroom or school environment. We will be referring to these definitions throughout the course of this book to explain and explore the places where trauma, teaching, and learning connect.

## The Impact of ACEs on Learning

Chronic stress and ACEs impact learning in a number of ways. You can imagine the biological, emotional, and spiritual impact from trauma on the developing child. Trauma shows up in a classroom in a multitude of ways. Students who have been traumatized most likely get overwhelmed and confused easily, are slower to process information, and have poor problem-solving skills. For a full list of impacts of ACEs on learning, see *The Trauma-Informed School* by Jim Sporleder and Heather Forbes (2016).

You will experience real change when you join the quest to create a school that integrates teaching, learning, and mental health. Combating chronic stress and trauma is not easy. It will take a shift in your perception, your mindset, and your practices. And by focusing on the what, the why, and the how, you will surely be able to connect or reconnect with the joys of teaching. Maintaining healthy relationships and being an effective teacher in today's stressful times requires a reimagining of what is possible for students and for you.