Childhood Trauma in Today’s Urban Classroom

Moving Beyond the Therapist’s Office

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Abstract

Childhood trauma leaves its marks on the brain (Sandi, 2013) with unseen scars as evident in brain research. Addressing childhood trauma in today’s urban classrooms is no small feat. According to the 2011—12 National Survey of Children’s Health, nearly 35 million children in the United States are living with emotional and psychological trauma. Providing today’s educators with Trauma Informed Practices is essential. Trauma Informed Practices (TIPs) are specific interventions that fortify one’s ability to learn strategies for living with trauma. Schools as learning environments should be on the frontline as advocates for the use of TIPs. This writing highlights insights from teacher candidates, seeking licenses with a pedagogy grounded in urban education, in classroom sessions with an experienced therapist grounded in trauma interventions through the lens of sandplay. They learned first-hand about the impact of TIPs on the educational experiences of urban students. Discussions centered on the benefits to urban students when teachers and therapists collaborated and used TIPs as a critical first step.
Introduction

What is the role between therapists working with school age children in urban settings and classroom teachers? What do professional development activities need to ensure they know in order to use strategies related to Trauma Informed Practices (TIPs)? How can schools collaborate with mental health professionals in ways that bring needed services to students facing trauma? These questions and their underlying impact are a direct outgrowth of discussions in a college classroom between teacher-candidates and a certified sandplay therapist with experience in urban schools working with students exposed to trauma. The intent of the engagement was to offer teacher candidates an opportunity to have an in-depth connection with a practitioner specifically trained in trauma, while being engaged in urban field placements. This article uses responses gathered from the teacher candidates after several engagements with the therapist. Teacher candidates had a unique chance to share their current experiences while in field placements and learn about strategies and opportunities that could benefit students, as well as hear and share about the relevance on what a collaborative relationship between a therapist and a teacher could mean in the lives of urban students experiencing trauma. These rich and informed discussions grew out of encounters between the therapist and teacher candidates over the course of several semesters.

Initially, when asked about what trauma may look like in the school setting, especially classrooms, many teacher candidates were perplexed about the term, as well as how to see what may be behind “behaviors” they saw as bad in students. Teacher candidates acquired a clear definition of the essential components of Trauma Informed Practices. They learned such practices to be strategies that involved interconnections that allowed practitioners to infuse trauma awareness, knowledge, and skills into their work with children and families. They work collaboratively, using the best available science, to screen and treat children and help them develop resiliency (SCAN, 2013).

The conversations around questions guided by research on Adverse Childhood Experiences (ACE) proved to be an informed foundation for starting to increase awareness in teacher candidates about childhood trauma and signs of such that may appear in educational settings. The work done with the guest therapist coming to the college classroom revealed a keen interest from many teacher candidates, as several were already working in urban schools. Their interests indicated that they wanted more information about trauma informed practices. The opportunity to have a therapist in the learning experiences allowed teacher
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candidates to express their concerns about working in environments with urban students facing trauma. In the follow-up feedback about the benefits of having a therapist come to the college classroom to discuss the impact of trauma in urban schools, several teacher candidates expressed that they felt free to ask questions without fear of judgment (e.g., appearing racist or biased regarding poverty or parents struggling with addiction). Such comments related to how some felt or even had fears about having students with such intense needs as part of their future classrooms, and even working with the parents of the students.

The Tension of Opposites: Learning with a Therapist as Discovery

Teachers are on the frontline when it comes to seeing the impact of trauma and the needs of children in a variety of arena. Children enter school with a range of needs, such as educational, health, physical, and social/emotional. With this in mind, it appeared only appropriate to invite a trained specialist from the field of mental health into the college setting for teacher candidates to learn first-hand about TIPs. The initial decision to bring in a therapist started around the question of “who else would be better informed in the area of trauma than a licensed social worker trained as a Jungian sandplay clinician, and who has been the bridge between home, school and the therapist’s office in the advocacy of students facing trauma for over 30 years?”

The initial encounter with the therapist, who is also a licensed social worker coming into the college setting revealed discoveries about how some teaching professionals may feel about therapists in general. This discovery revealed a tension of opposites (Winter, 2002), meaning that some teachers might see a limited relationship between the work that occurs in the classroom and the work that occurs in a therapist’s office. Yet, as conversations deepened, many could acknowledge the value of mental health services integrated with school relationships. The teacher candidates’ comments revealed that this tension stemmed from their own views or experiences with therapists. Often teachers do not have the opportunity to know or even have a conversation with a therapist working with a student in need. It was expressed that some teachers felt excluded due to rules of confidentiality or fear regarding their lack of knowledge on the subject of trauma. During classroom discussions with the therapist teacher candidates addressed their perceptions and learned about what avenues were available to change actual relationships between the school, the teacher, and the therapist, in order to more effectively help students facing trauma. The connecting factor in these conversations centered on the importance for both professionals,
meaning teacher and therapists, as well as to collaborate. In discussions with the visiting therapist, teacher candidates learned how a foundation of collaboration could build a common bridge for at best seeing and moving beyond the therapist office regarding TIPs. Teacher candidates started to see why a practice where teachers collaborated could build stronger relationships between two professionals with insights that brought needed interventions directly on behalf of students in urban setting experiencing trauma. This observation has been seen in other fields that work on behalf of students facing trauma, such as the court system (McInerney & McKlindon, 2015).

By the end of the college classroom engagements on trauma, teacher candidates started to indicate new insight into seeing the benefits that could come to students exposed to trauma when their therapist and teacher worked collaboratively using TIPs to support their needs. Initially, some teacher candidates expressed that they perceived the two professional groups to be in separate categories with very different skillsets. By the end of the semester they were able to see how teachers working with therapists, built resiliency in urban students over a longer period of time. Teacher candidates also started to see how TIPs could help move students beyond the therapist’s office and into the day-to-day of school life.

Relevance, Resiliency and the New Face of Trauma

The new face of trauma is often invisible in today’s classroom because traditionally childhood trauma is often seen as a domain for social workers or clinical psychologists. At best, general education has relegated students in need due to traumatic life experiences to the Emotional Behavioral Disorder (EBD) realm of education. Therefore, general education schoolteachers and staff members are often unaware of best practices for dealing with students impacted by childhood trauma.

This article seeks to reveal the impact teachers can have by using TIPs and many of the conceptual roots of sandplay to build meaningful relationships with children often unable to access such support in a timely manner. The authors believe, and the research confirms, that teachers can learn the needed strategies that build resiliency in urban students when the work is intentional (Sagor, 1996). The relevance of TIPs in the classroom to build resiliency in students facing trauma is essential in the design of an effective educational platform. In the fight to reduce the impact of trauma on the life of school-aged children early exposure in the training of teachers and future teachers, as well as, other professionals in the Trauma Informed Practices (TIPs) model lays the groundwork for addressing what some see as the new face of trauma as it relates to urban settings (Gotham, Blum, & Campanella, 2014).
Exposure Matters: Early Interventions with Teachers and Trauma Informed Practices

The role of a school social worker with experience with urban students living with trauma, who has skills in specific TIPs, is an essential resource for teachers in addressing the effects of modern day trauma. Exposing teachers to what the new face of trauma may look like in the life of urban students and how it can manifest in school settings cannot be understated in its importance in changing the lens by which an untrained eye learns to see what is important. Exposure to TIPs is key to the learning platform of urban schools if outcomes are to change.

Bringing a sandplay therapist into the college learning environment allowed teacher candidates to learn how to consult on best practices for successful classroom management of traumatized students. Discussing and modeling strategies that teachers can use could carry over into how best to work with urban students and families who cannot access the needed referral process outside the school. Teacher candidates learned the methodology of engagement in order to ask the right questions, how to advocate, which agencies could help and how to avoid adversely reinforcing the negative impact of trauma on students in the classroom by just seeing the child as “bad.” Learning these insights laid the foundation for how future teachers could prepare to improve their day-to-day relationships with students functioning in complex life situations. Specific questions proved to be worthwhile, when the questions related to “How can we continue to have a positive impact in the success of school students once they are no longer in our classroom?” were a part of various touchpoints with the therapist. This engagement helped future teachers to see the importance of how working with a therapist, who may have a longer-term relationship with a student [read: client] could effectively tap into powerful resources that could continue as TIPs in helping students cope with traumatic life experiences as they move through various schools and other locations over the course of their academic career. Research indicates that urban/inner city school age children can fall into the category of what is termed “highly mobile” (Walls, 2003). Guiding and connecting urban students in ways that support them learning how to navigate school systems in the face of trauma is one key to their long-term academic success.

One outcome from the work done with the more than sixty teacher candidates is the support around knowing that the more exposure teachers and teacher candidates have to TIPs and trained professionals using the practice the more effective they will become in using and seeking out such partnerships on behalf of students. Research is clear that TIPs
as an intervention strategy, helps teachers work more effectively with all students, not just those coming to school with a greater capacity to be successful (Oehlberg, 2017).

**Research Supports the Benefits of Trauma Informed Practices**

The National Child Traumatic Stress Network 2010 report outlined one study that indicated more than half (52.5%) of children aged 2-5 had experienced severe stressors in their lifetimes. According to the National Survey of Children's Health, nearly 35 million children in the United States are living with emotional and psychological trauma. We understand that 20% to 25% of people have suffered some form of trauma (in the general population). Such data reveals that we can expect that some portion of the teaching profession have individuals entering with exposure to trauma prior to starting their career. This data is especially important as teachers need to be aware of their own feelings, reactions, triggers and the possibility of developing “compassion fatigue” or secondary traumatic stress as they prepare to support students with trauma in the classroom (Simpson & Starkey, 2006).

As teachers grow in their awareness about trauma, not only in the lives of their students, but possibly in their own lives systemic changes should occur in the learning environment. The hope here is to reduce having teachers respond through their socialized trauma, as clearly revealed by the research that a percent of teachers start their careers with latent responses to their own triggers tied to possible childhood trauma. Such information should inform teachers’ interactions with urban students in ways that are positive. Meaning, informed practices should have a positive impact on referral of students to programs identified as EBD, hence, reducing the over-representation of African American males referred to such program (Zorigian & Job, 2014). One teacher candidate captured the benefit of such work in a statement to the visiting therapist, “This is my life—this explains so much!” Lynne Ehlers, (2015) supports this type of exhortation from professionals as it is clear that when they heal their own trauma they are able to “heal and return,” and this personal awareness benefits those they work with who are living with trauma.

The above outlined presents us with further urgency to engage in ways that support curriculum in teacher preparation program that will infuse TIPs into the college training experience. This appears especially relevant in benefiting those entering the vocation of teaching seeking a specific niche to prepare as urban teachers. One clue would be the frequency in which teacher candidates selecting college education programs with an urban focus indicate they did so “because I can identify
with these students.” This may be an area for future research as their motivation appears interconnected due to similar life experiences. The better that teachers are prepared in how best to understand the powerful impact of trauma—the more successful educational outcomes will be in the learning environment.

**A Touch of Sandplay in Urban Classrooms:**
Sharing What We Learned

Modeling for teacher candidates during their preparation program how the use of various expressions gives children the opportunity to demonstrate what they are possibly wanting, thinking, feeling or needing to share. This could help reduce the over-referral of students of color to special education. In appropriately designed TIPs classrooms providing students with opportunities to touch, select, and build objects, students are given multiple means to demonstrate their learning and feelings (UDL). We know that Carl Jung “played himself back to health” after the break from Freud. He said, “Often the hands know how to solve a riddle with which the intellect has wrestled in vain.” Jung, C.G. (1969/1985). One might conclude from Jung’s work that appropriate play would also be helpful in the classroom for all children, especially those exposed to trauma.

A combined review of data outlined by Levine (2010) and Sandi (2013) informs us that “much of early childhood trauma never reaches the prefrontal cortex of the brain, the portion of the brain used in speech,” meaning there is a correlation between “trauma in childhood and early life stressors, with implications and lasting impact.” Levine’s (2010) work tells us that not only does one not wish to talk about a traumatic experience, but also often it is not possible to talk about such early experiences. The benefits of TIPs combined with the work of Levine and Sandi provide good indicators for teachers learning about and collaborating with therapists in order to help students facing trauma.

What does this mean for the classroom experience of young students facing trauma? It means that teachers cannot rely on the children’s verbal abilities to self-express. If early trauma is to be successfully addressed it must be processed through more physical means, such as movement, drawing/forms of art work, dramatic play and other such choices for expression; hence sandplay. Trauma can impair an individual on many levels. A review of what happens in reactions to trauma (e.g., one may freeze, the body becomes still, the breath slows, the heart rate slows appears to be in a trance state, fear occurs or even explode into action) could help teachers express more specifically what a child does in the classroom setting when they are working collaboratively with
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therapists. One possible outcome from such a collaboration might be that the child's interactions with the therapist help develop strategic outcomes designed around classroom experiences (Levine, 2010).

What difference can teachers make in the life of urban children today by providing a space that helps to build positive relationships? Essentially, when non-verbal strategies are encouraged to relieve stress in the academic setting students exposed to trauma are more likely to exhibit less explosive behaviors as a response to stress (Levine, 2010). Such options can help reduce referrals to EBD school placements for urban school age children responding to traumatic life experiences.

The following are reoccurring themes from teacher candidates engaging for the first time with the concept of “Sandplay and Urban Trauma.”

Relevance and the need for a relationship between teacher/therapist:

“I see myself in this work…I think I have experienced trauma…”

We need to know about trauma and what to do!”

“Why do poor kids have to be left out [therapy]…the school could help”

Application to the Classroom:

“Be open minded and watch for signs [of] trauma”

“…decrease black boys being put into those special ed. Programs”

“…could close the achievement gap for urban youth…”

Reflecting on specific reactions during the class experience and gathering feedback at the end of each session it was noted that the experiences with the therapist were positive and many of the teacher candidates wanted to know more about Trauma Informed Practices (TIPs).

By combining the training of TIPs with the introduction of the work done in urban settings under the heading of Adverse Childhood Experience (ACE) the learning process for teachers will improve. Again, most of the teacher candidates indicated wanting to learn about “trauma informed practices” for working with urban students. Many were surprised to know that much of trauma, especially repeated trauma is stored in the body and that the body must be engaged to help process the event. Meaning, as future teachers this is an area of self-reflection that needs to happen, especially if teachers are working in educational settings with disproportionate exposure to trauma. The work done with teacher candidates during the semester led to the comments based on self-reflection about stress and the impact of trauma management,
<table>
<thead>
<tr>
<th>What would be the purpose of this work?</th>
<th>Recommendations from the learning you gained?</th>
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<tbody>
<tr>
<td>“…it can be useful for both early and elementary [students]”</td>
<td>“Giving students sustainability—different perspectives.”</td>
</tr>
<tr>
<td>“Help parents get help for their children.”</td>
<td>What resources did you add to your teaching toolkit [from this experience]?</td>
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<tr>
<td>Best learning experience as a tool in the urban classroom:</td>
<td>“…using the rocks…always ask, give shake off (movement) breaks…”</td>
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<tr>
<td>“Work together as a team…”</td>
<td>“Join a gym program—the fee would be worth it.”</td>
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<tr>
<td>“…unseen/unknown trauma could be the root of [student’s] problem…”</td>
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The above comments are good guides for how future teachers and current teachers could start to think about play/movement/manipulation and other methods of engagement in the classroom as an outgrowth of understanding some key concepts found in sandplay therapy. This appears an appropriate foundation as again, teachers incorporate learning from other fields of study that work with students in different ways to help them cope with processing the impact of trauma. Movement helps process tension, tightness, fear, and anger that get stored from trauma or the memory of a traumatic event in the past.

It is reasonable to expect that in a classroom setting students should be able to even do something as simple as standing up, moving around, walking or running in place, or even shaking parts of the body to help release the pressure built up, in lieu of labeling and referring them out as being unable to contribute in a positive manner to the learning environment. Simply put “movement helps in the face of trauma experiences.”

Teacher candidates in their feedback, agreed with the research that such activities if done in a timely manner should help reduce the explosive stage of acting out. Many were hopeful and expressed that teachers needed to be sensitive to recognizing triggers to trauma in the classroom with early interventions strategies; meaning they did not express that it was someone else’s job, but theirs to help urban students facing trauma.

**The Hope**

Working with the teacher candidates and the sandplay therapist over a period proved to be worthwhile and informative for what steps teacher preparation programs could do to add TIPs awareness to the curriculum prior to graduation. The feedback rested solidly that the
teacher candidates gained and benefited from the in class work with the experienced sandplay therapist and learned direct intervention strategies for supporting students who had suffered from trauma. Therapists can be allies in the work to train urban teachers about the nature of early childhood trauma. Starting with the development of strategies in teacher preparation programs is a good first step towards collaboration with a therapist. We can help teach future teachers to better understand how to work more effectively with trauma situations and how to recognize those situations through collaboration. We believe that this work will lead to the reduction of specific populations of student being over-referred to special education program such as EBD. In addition to working directly in schools we believe that we increase reaching many future teachers by working directly in their college classrooms to give them a head start on how best to use strategies designed for traumatized students; and as indicated in some cases, help them better understand their own traumatic experiences. Essential questions can help guide the way, for example: “How might we effectively mobilize the resources of the sandplay community?” Will other sandplay therapists step up to help train teachers and teacher candidates to maximize their ability to reach all students effectively? If, using feedback from teacher candidates in an urban teacher preparation program is any indication of the impact from such training, educational outcomes should improve for urban students when their teacher works with their therapist.

If we rely on the unexpected and unsolicited, as well as, the solicited feedback gained from the teacher candidates in this classroom experience and use the comments directly, it should be interpreted that promoting such training for teacher candidates (as well as teachers in general) is positive in the right direction. Noting, as well, that such TIPs training for future teachers reduces some underlying fears about working in urban settings with possible students coming from homes that have experienced trauma, such as (returning veterans as parents, child abuse, school conferences, etc.). The basic recommendation here from this work is drawn from a simple teacher candidate’s feedback and it was simply stated well: “We need to know about trauma and what to do!” If sandplay therapists find ways to work in urban education programs the impact could be significant on the lives of urban students. As stated previously in this writing the collaboration between teachers and therapists could move TIPs beyond the office of clinicians and into the classrooms of teachers. Such partnerships could help teacher candidates understand some of the triggers of trauma and some of the behaviors likely to relate to those trauma triggers. Teacher candidates could learn early ways to understand and reduce the negative impact of trauma induced behavior in the classroom, thereby, increasing students’ academic success. As a practice, resources that support such
collaboration benefit both the profession of teachers and therapists as the interventions reach far beyond either's threshold.

**Conclusion**

The essential work ahead is to take steps that will make building relationships between classroom teachers and therapists a common practice. One way to possibly start this relationship is to provide a common language and understanding about what trauma informed practices represent and strategies for engagement. The work and resources offered by the National Child Trauma Stress Network (NCTSN) outlines a good starting place with core concepts for effectively working children facing trauma. NCTSN offers:

- 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families
- The Core Curriculum on Childhood Trauma (CCCT), a tool developed by the National Child Traumatic Stress Network to promote a trauma-informed mental health workforce.
- The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families form the theoretical foundation and act as guiding principles for the CCCT. The main objective for these concepts is to provide practitioners with a shared vocabulary for conceptualizing and talking about traumatic events. This course contains interactive online lessons that lead you through each of the 12 Core Concepts.

Starting with similar resources as those outlined above would give both teacher and therapist a common starting place for collaborating and working to support urban students living with the impact of trauma. The outcomes before each practitioner have overlapping themes related to increasing urban students' success through collaborative efforts. We know from the work of many scholars that student success is tied to multiple arenas: social, emotional, health, as well as academic developmental skills (Weissberg, 2011), and success in all arenas is the combination that fosters resiliency in students' experiences in and out of the classroom.

As outlined at the onset, the intent of this writing was to bring forth the voices of more than sixty teacher candidates who shared their experiences with a trained Jungian therapist regarding learning TIPS to prepare well to work with urban learners. The therapist’s thirty years of advocacy in public schools on behalf of urban school age children facing trauma, aligned with what research says about trauma informed practices and collaboration between professionals being a possible solution for improving students’ success, and the teacher candidates agreed.
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Such outcomes point to the benefits that can be gained successfully though collaborative efforts that bring support to schools where students facing trauma come daily. Schools and mental health professionals can help students facing trauma by crossing beyond the doors of not only the therapist’s office, but also beyond the classroom teacher’s door.

References
