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Special Edition

**Topic: Resilience building for children
with chronic trauma: Promising work
by educators**

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Dejan Marolov
Managing Editor

Introduction to Special Edition

The focus for this special edition is on building resilience for children who experience chronic trauma in their lives while they also engage in that ever important journey of education – and what we as educators are doing to enhance the development of this resilience in spite of the chronic trauma. As I framed this focus, I thought back to my own experiences as an educator and a person with the focus of articles shared in this edition.

Even though the percent of chronic poverty globally has diminished over the last century, multiple resources continue to indicate that 10 percent of the world's population still experiences the trauma of daily life in poverty. I live and work in the part of the United States where many of my students have had this daily lifestyle. It molds who and what they are. In many cases, educators had key roles in helping students to build resilience toward life success anyway.

Most locations in our world have some type of natural disaster experience. My locations have dealt with tornadoes and hurricanes. These have the impact of the event itself, but also have lasting impact of victims for many years after the event. Educators have helped students to realize that life now had a new normal and to build resilience in moving forward in that new normal.

War has impact of great magnitude on students who may live in a country experiencing war or students who have family members, neighbors, or others in their communities deployed in a war zone somewhere. The experience of violence is not limited to official war. For many students, life includes chronic trauma from violence on individual students such as the aggression from bullying or sexual assault. There is also violence against groups such as shootings in a school, church, or shopping center. These experiences of violence impact the victims, families, of the victims, and members of the school community.

As students enter their schools, they bring their lives into the classroom with them. Chronic poverty may send a child to school to learn on an empty stomach or tattered clothing. A school shooting may create a fear so great in the minds of students that attention to learning shuts down. Educators play a key role in facilitation of resilience for their students to not only survive the impact of the trauma event and its ongoing aftermath, but to also thrive toward greater life success as they build resilience out of the pain of the trauma. Educators also play a key role in development of resilience as a preventive measure toward any future life impact from trauma. Educators do this through a helpful role as a person and through purposeful resilience building activities and interventions.

The articles in this special edition offer insight into not only the impact of chronic trauma on students and their school communities, but also examples of ways that educators have and can continue to help students to survive and thrive in the midst of chronic trauma.

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Childhood Grief and Loss

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Abstract

Children experience grief and loss from death, divorce, parental incarceration, and similar situations of being placed in foster care or adoption. These youths may be challenged in recovery due to lacking the necessary life experience and coping skills. They may also lack the appropriate support networks to work through their grief as their remaining parent or family members may be too grieved to be of assistance. Peers, can even distance themselves out of inability to understand the experience. Children are at risk for developing psychological difficulties that can manifest into psychiatric disorders when lacking coping skills. Therefore, it is critical for parents, teachers, pastors, and other influential adults to recognize the risk factors associated with complicated or unresolved grief. It is also important to remember the child's developmental age and stage when considering how to help. Some therapy techniques have been found helpful such as motivational interviewing, therapy that also includes a parent or guardian, group therapy, and grief support groups. It is necessary for adults to develop open and honest lines of communication with the child, ensuring that he feels safe expressing how he feels. Lastly, helping in grief and loss can cause secondary trauma. Self-care is vital for anyone helping work the grieving process.

Keywords: Childhood, grief, loss, trauma.

Introduction:

The Social Security Administration reported “2.5 million children under the age of 18 [that] have experienced the death of a parent in the United States” (Koblenz, 2015, p. 203). Additionally, 700,000 children were in foster care in 2010, with 70,000 awaiting adoption (Fineran, 2012, p. 370). Currently over 2.7 million children have at least one parent who is incarcerated in America (youth.gov, 2016).

Children experiencing loss without the necessary skills or supports are more prone to develop psychological issues of grief and loss. School functioning is impaired due to the struggle to focus or concentrate, leading to

the feelings of failure. They may begin to withdraw from social interactions with their peers, become anxious or preoccupied with death and loss (SAMHSA, 2014). This paper will examine losses by death, incarceration, fostering and adoption; the effects on children and adolescents; ways that parents, teachers, counselors, and other helping professionals can most effectively help them; and the ethical and legal considerations.

Background

Death

The death of a loved one can be devastating at any age. Adults are more adept to handling loss than children due to life experiences and higher order thinking. Research suggests that more severe psychological difficulties are experienced by children who loses a parent before age three. Children through adolescence may experience increased difficulties in processing the loss for several reasons. Dependency on the remaining parent or caregiver, less peer support, and undeveloped cognitive verbal skills to express thoughts or feelings are a few (Cerniglia, Cimino, Ballarotto, & Monniello, 2014). Older adolescents experiencing grief and loss may find it challenging to “fit in” with peers if they are the only ones experiencing parental loss. Feeling shunned or isolated because peers lack understanding or are uncomfortable talking about death may happen (LaFreniere & Cain, 2015).

Sibling loss can be more detrimental. Usually the sibling relationship is the longest relationship in one’s life. Siblings help one another develop interpersonal skills, self-regulation, and kinship. Same-sex siblings are usually closer and are more affected by sibling loss, especially if both are female. This may be because female siblings develop a closer, more intimate bond than male siblings (Fletcher, Mailick, Song, & Wolfe, 2013). The surviving children must re-evaluate and adjust to their new roles in the family. Because their parents are also grieving the loss of the child, they may feel as if they must grieve on their own or that their grief is overlooked. Their parents may become overly protective and restrictive because of their feelings of failure in protecting the child that died (Machajewsk & Kronk, 2013).

Cause of death and the child’s perception of death are important aspects to consider in childhood grief and loss. According to Kaplow, Howell, and Layne (2014), deaths that are sudden, such as homicide, suicide, or an accidental death, are related to prolonged or complicated grief. Violent deaths are associated with increased levels of anxiety, depression, and maladaptive grief. If the child witnesses the event, memories can be triggered throughout his lifetime, resulting in traumatic grief or posttraumatic stress disorder (PTSD) (SAMHSA, 2014). In the case of a prolonged illness or anticipated death, children over the age of seven may experience “significantly higher levels of maladaptive grief and PTSS [posttraumatic stress syndrome] than

children bereaved by a sudden, natural death” (Kaplou, Howell, & Layne, 2014, p. 47), which may be due to witnessing the illness or the suffering of their loved ones.

Foster Care and Adoption

Nonfinite losses are “losses that slowly occur over time and have an anticipatory nature...is continuous in form, existing in the past, present and future” (Fineran, 2012, p. 370). Children who are in the foster care system are often in a state of limbo with anticipatory grief, due to the unexpectedness of the foster care system. Many hope to be reunited with their family and are repeatedly disappointed by their parent’s instability and inability to care of them. Foster care workers concurrently plan to re-establish the family while simultaneously look for permanent adoption, during which time the children are bounced from home to home. These children suffer multiple repeated losses including: loss of birthparents and birth family; loss of status; loss of ethnic, racial, and genealogical belonging or connectedness; loss of stability within a family dynamic; and a loss of personal identity (Fineran, 2012).

Incarceration and Mental Instability

Children who have one or both parents incarcerated experience similar losses as children of dead parents or those in the foster care system. Similarly, “children whose parent is mentally unstable, particularly a depressed mother, is a solid risk factor for possible psychopathological development” (Trumbo, 2019). Additionally, they contend with the stigma of having a parent in prison or who is mentally ill. These children may have fears or increased feelings of shame, with grief, as a result of being told they will turn out to be “just like their parent” (youth.gov, 2016).

Regardless of the type of loss, these children’s lives are disrupted with interference in developmental progresses and the ability to adapt to the new normal. Problematic grief, mental health problems, exposure to negative events, and negative self-esteem are experienced (Ayers, et al., 2014). This hinders their abilities to develop and maintain intimate relationships, to cope with other stressful life events, or to fulfill developmental tasks. Failure to maintain focus in learning causes falling behind in schooling while increasing risk of dropout (Fletcher, Mailick, Song, & Wolfe, 2013).

Age at the time of loss is significant as stated by Cerniglia, Cimino, Ballarotto, and Monniello (2014), “the earlier the loss occurs, the more likely it is that the psychopathological symptoms will persist over time... [and] may bring about a fivefold risk of developing psychiatric disorders in later life” (p. 6). These children often vacillate between managing their own needs and desire and those of the other family members (Muselman & Wiggins, 2012). Lacking supports and guidance, childhood grief and loss can lead to

“dysphoria, depression, generalized anxiety, separation anxiety, PTSD, behavioral problems, and other generalized symptoms” (Machajewsk & Kronk, 2013, p. 445).

Special Considerations

Caregivers and other adult helping professionals must know the developmental stage of the child and their perceptions concerning death and loss. Resilience factors such as peers, parental relationships, verbal skills, and metacognitions are stronger for older adolescents than for younger children (Cerniglia, Cimino, Ballarotto, & Monniello, 2014). Social and cultural concerns are important to consider as well. During the adolescent stage, children develop their role identities, which may need to be redefined due to a significant loss (Muselman & Wiggins, 2012).

Age and Stage

Even in infancy, babies can sense when their caregivers are grieving. They may become more irritable, change eating or sleeping patterns, or cry more. If they do not feel safe and assured, they may become withdrawn (Machajewsk & Kronk, 2013). Babies benefit from being in familiar surroundings and feeling secure.

Toddlers and preschoolers, who function egocentrically, may believe that they are the cause of the loss and feel guilty. It is also not unusual for a child to regress developmentally, become clingy, or throw tantrums. To better understand their thoughts and feelings, caregivers should watch them play (or play with them), as “play demonstrates the child’s understanding of his or her world” (Machajewsk & Kronk, 2013, p. 445). If the child asks questions, honest and age appropriate answers will help with the grieving process.

It is not uncommon for developmental regression to also occur for school-age children. They may also develop somatic symptoms and become angry or aggressive. They could begin to isolate, their school performance may decline, or they may engage in risky behaviors such as drug or alcohol use (SAMHSA, n.d.). Suicide is a major concern for this age group. It is helpful to talk to them about the person they lost, to sustain the memories. Teen support groups may provide an outlet for them to express their grief. Even though some of their peers may shy away from them, a teen’s peers remain critical to his support system. Adolescents who are grieving often look to their peers for support and to feel “normal”. Their peers serve as a refuge while the family is enshrouded with grief (LaFreniere & Cain, 2015).

Many of these children have extra responsibilities, especially if the loss creates a single parent household. Older children may need to help care for younger siblings or find jobs to contribute financially. They may feel they must protect the family and be reluctant to talk about their home life. In the

cases of foster care and incarceration, the children are allowed minimal contact, if any, with their parent, yet they still love them and desire to have a relationship with them. Shame and fear of judgement may prevent these children from being open (SAMHSA, n.d.).

Social and Cultural Factors

Death is an uncomfortable topic for most Americans. Grieving youth may find that their friends treat them differently or avoid them because of this fact. In a study based on interviews of adults who experienced parental loss as children, one of the most common experiences was that “sympathy expires before grieving does”, they felt as if they were expected to “get over it and move on” (Koblenz, 2015, p. 216). One of the most helpful resources are other youths who have similar experiences and can relate to one another.

Spirituality is helpful for the grieving process. When life does not make sense, spiritual belief provides hope where there may seem to be none. Spiritual concepts related to death and the afterlife provide a basis on which to comprehend that eventually everyone will die, and it is not reversible; however, there is hope and peace in what comes after (Pond, 2013). Religious communities such as churches provide reliable support by having a care ministry or staff who are trained to provide grief support to children, adolescents, and their families.

What is considered normal grief reaction to one may be considered abnormal by another depending on one’s cultural upbringing. This is another factor to consider when determining a course of action to assist a youth who is grieving a loss. Helping professionals may need to seek consultation for the best ways to assist children from other cultures (SAMHSA, 2014).

Red Flags

Children experiencing traumatic grief may have nightmares or intrusive thoughts about the incident. They may have excessive guilt, believing that they if they would have done something differently, the incident would not have happened (SAMHSA, 2014). Grieving children tend to be more anxious, withdrawn, depressed, have more difficulties in school, and their school performance declines (Ayers, et al., 2014). Some children have short, acute grief responses, others may have prolonged grief, and some may show no visible signs of grief at all. Anniversary reactions are also common (Koblenz, 2015). Caregivers and other helping professionals need to be sensitive to how the child responds and provide the emotional support necessary to help avoid complicated grief.

Effective Interventions

The grieving process “is not linear, but cyclic, reappearing at different life events, developmental stages, or as the result of memory triggers” (Pond, 2013, p. 116). Part of the process is moving from the pain to focusing on living. While there are many counseling techniques and steps to processing grief, it is important to allow a child to help determine the course of their own grief therapy (Koblenz, 2015). Grief is a lifelong process and children need to learn how to adapt to life without their loved one. Part of the responsibility of caregivers and helping professionals is that of helping these children process their feelings of loss, remembering the one who has been lost, and embracing the opportunities ahead.

Individual and group therapies have been found effective for grieving adolescents. Therapy that focuses on social skills training and relaxation aid in reducing depressive symptoms. Motivational interviewing (MI) can be used to help an adolescent accept the reality of the loss and begin adapting to the changes in his identity and home-life because of the loss. When using MI, the counselor is empathic to the child’s feelings and “rolls with the resistance” by reflecting feeling, validating his thoughts and concerns (Fineran, 2012, p. 372).

Creative or expressive therapy such as art, music, drama, and writing help a child express that which is difficult to say. Exercises such as unfinished sentences or writing a letter to the deceased/absent loved one help with closure and recognizing how life has changed. These techniques also help connect feelings, thoughts, and behaviors (Fineran, 2012). Scrapbooking, memory boxes, and other spiritual rituals help with maintaining memories. Counselors can foster an atmosphere of openness and understanding, while teaching healthy ways of expressing negative emotions. It is important to explain that feelings are neither good nor bad, but some responses to those feelings are unacceptable. Group therapy provides a safe place to express these emotions and feel a sense of normalcy through the universality of their experiences (Ayers, et al., 2014). Some children, and even some adults, find it difficult to pinpoint what they are feeling. Feeling faces can be used to help them learn about their own emotions and be able to better understand what others are feeling as well (SAMHSA, 2014).

Psychoeducation and Cognitive Behavioral Therapy (CBT) are useful for teaching coping skills, managing stress reactions, recognizing internal strengths, and identifying outside sources of support. Cognitive reframing and cognitive affect regulation are techniques that are useful for changing negative automatic thoughts and feelings. Asking questions pertaining to the event such as, “Could you have done anything to prevent it?” or “What do you think life will be like in the future?” to help identify any distorted thinking (SAMHSA, 2014, p. 37). Having the child talk about the loss facilitates the mourning

process, allows for “addressing ambivalent feelings” about the person, and “preserves positive memories” (SAMHSA, 2014, pp. 42-43).

During adolescence, children are forming their identities and seeking independence. Death and loss hinders these processes, often making them feel as if they have lost any control. Psychoeducational groups help them to redefine who they are in the aftermath of the loss, and to become empowered (Fineran, 2012). Oftentimes adolescents will take on more responsibility than they can or should have to after a loss. This is in part due to having a caregiver who is also grieving. Part of empowering them is helping to recognize what is within their realm of control and what is not (Ayers, et al., 2014).

Sensitivity to cultural and spiritual background is imperative. Adolescents may experience a crisis of faith or spiritual growth, depending on how their loss is perceived. Counselors can be instrumental in the grief process by “creating a safe space for adolescents to make meaning out of loss and by drawing upon their spiritual worldviews... finding solace in the midst of their grief” (Muselman & Wiggins, 2012, p. 5).

Grieving children need to be able to identify the triggers for their grief and depression. Caregivers can help prepare them for anniversary reactions or other loss reminders. Counselors can provide techniques that are helpful during these challenging times so that they are easier to manage. Finally, these children and their families need to understand that their experiences during these times are to be expected and are normal, and that it is acceptable to feel as they do (SAMHSA, 2014).

Working with Caregivers, Teachers, Clinicians, or Other Helping Professionals

Caregivers, teachers, clinicians, and other helping professionals play a significant role in helping a child through a time of grief. Collaboration is the key to being able to best help these children to successfully navigate their bereavement (SAMHSA, n.d.). Parents may need to attend counseling, grief support groups, and/or parenting classes to best learn to manage their own grief while helping their children.

Children need help learning how to cope with these several types of loss, and their caregivers have the most influence over how they manage their grief. However, oftentimes a child’s caregiver is struggling to process his/her own grief. For this reason, some of the most effective interventions involve both the child and the caregiver.

It is important for caregivers to recognize that their grief may be very unlike that of the child’s. Their relationship with the deceased/absent was different, their reaction to the loss is different, their ability to process the event is different. Children cannot be expected to grieve like the adults around them. Caregivers who are fostering or adopting need to recognize and adapt to any

cultural or spiritual differences (SAMHSA, 2014). Counselors and other helping professionals can help this process by teaching parents and caregivers how to recognize grief response in their children and about the children's cultural or spiritual background.

It is essential that parents/caregivers spend one-on-one time with their children, especially following the loss. Children who are given the time to spend with their caregivers in which they could talk openly about their feelings tend to have more positive outcomes than those who are not afforded this time (Koblentz, 2015). This reciprocal relationship is also beneficial to the caregiver's mental health (Ayers, et al., 2014). Counselors can help foster effective listening and communication skills between the children and their caregivers.

Caregivers are often the role models for how children express their grief. It is important that parents are honest with the youths. Studies reveal that in the case of suicide, children who were lied to about the circumstances of a death are at a greater risk of developing psychiatric symptoms (Kaplow, Howell, & Layne, 2014). Children will ask questions; they should be answered as honestly and at an age appropriate level. If their loss involves the loss of their parents, they should be informed as to whom will be caring for them.

Teachers, clinicians, and other helping professionals can aid caregivers in identifying needs and behaviors that may be of concern. They should be aware of the developmental stage of the child (Machajewsk & Kronk, 2013). Attending continuing educational classes ensures that the stay apprised of the best therapeutic techniques for childhood grief and attending to their families. Factors that foster the therapeutic process are the child's understanding of the need for help, the willingness to attend, the therapeutic alliance, and flexibility in therapy (Koblentz, 2015). They should have knowledge of community resources that would be beneficial for referrals. These professionals are also obligated to look for signs of abuse and report any suspected abuse to the proper authorities.

Resources for Teachers and Other Educators

Because schools are a crucial source of support for children, it is imperative that teachers have the skills and tools necessary to help develop or increase the resiliency of their students. Teachers who can recognize the signs of a student who is struggling to make sense of their loss are able to help reduce the effects of the traumatic experience and aid in their ability to develop a healthier response (Texas Education Agency, 2019). Several training programs have been developed to help educators understand how to intervene and foster resiliency in their students who have experienced trauma or grief.

The Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) is a curriculum designed to help children who have experienced severe traumas, including abuse, natural disasters, and significant losses. It also focuses on the ethnic or cultural diversity of the student. UCLA Trauma-Grief curriculum provides psychoeducation, emotional awareness, identification of trauma or grief symptoms, coping skills development, and provides information for sources of support. The National Child Traumatic Stress Network has resources for educators, such as the Child Trauma Toolkit for Educators, designed to help them when working with these children and their families. These, along with many other resources, will help school staff and educators better understand the experience of grief and loss of their students. It will give them the ability mitigate the risk of developing an unhealthy response to their grief, which could result in further psychological diagnoses such as major depression, anxiety, or prolonged grief (Texas Education Agency, 2019).

All professionals should also be aware of secondary trauma and ensure that they take care of themselves to be able to care for these children and their families. Self-care is vital, especially when working with grief and loss. In the case of countertransference, helping professionals should either consult with colleagues or seek counseling for themselves (Fineran, 2012).

Ethics and Legal Issues

Teachers, clinicians, and the other helping professionals must be aware of the proven interventions, but also know the ethical and legal concerns of working with parents and children. This section will explore some of the areas that must be considered when working with this population. Every helping professional must be aware of the specific codes of ethics for their profession and laws that govern them.

Informed Consent

Informed consent provides the client with information concerning the types of service, goals, risks, limitations of services, the professional's credentials, and in counseling, the therapeutic approach. For those who are unable to consent, this information is still provided; however, a parent or legal guardian must give written consent for treatment. Furthermore, the information is to be "developmentally and culturally appropriate" (ACA Counseling Association, 2014, §A.2.c.).

Professionals must consider who is authorized to consent to any medical or psychological treatment of a child. These persons may include parents, grandparents, adult siblings, adult aunts or uncles, a court, a peace officer, or an adult who is "responsible for the actual care, control, and possession of a child under the jurisdiction of a juvenile court or committed

by a juvenile court to the care of an agency of the state or country” (Texas State Legislature, 2013, Title 2, Subtitle A, Chapter 32, Subchapter A, Section 32.001). There are some things the child may consent to themselves without an adult. For example, in Texas a child may consent to counseling for suicide prevention, chemical addiction or dependency, or for sexual, physical or emotional abuse (Texas State Legislature, 2013). In these instances, it is imperative for professionals to know when it is appropriate and legal to break confidentiality and advise the child’s guardian of the treatment. Sometimes obtaining other legal documents, such as guardianship or divorce decrees, which designate to whom a child’s information may be shared, is also necessary.

Informed consent may include the necessity to obtain written permission to share information with other professionals. It is beneficial to the child and his family when helping professionals work together. School counselors are responsible for addressing multiple concerns for their students, including their academic progress, career potentials, and their various emotional needs. While they do not provide a diagnosis to the students, they must be aware of how any emotional disturbances will affect their academic success. For the best results, they coordinate with the entire education team to provide students with the necessary support services (American School Counselor Association, 2016, § A.1).

Confidentiality and Other Considerations

Confidentiality of the child and his family is also important. Helping professionals, such as school counselors, are required to ensure their students understand the limits of confidentiality. When it is not possible to obtain informed consent from the student, the counselor may act on behalf of the student in the best interest of the student. According to the National Education Association (NEA), teachers are expected to make a “reasonable effort to protect the student from conditions harmful to learning or to health and safety” (2018, p. 437). School counselors must maintain the student’s confidentiality unless otherwise legally required or if there is enough reason to believe the student is at risk of “serious and foreseeable harm”. (American School Counselor Association, 2016). In these instances, the counselor may break confidentiality and advise the child’s guardian of the treatment.

Parents or guardians should be aware of the types of treatment and the associated charges incurred. This should be provided in their native language and in a way that is easily understood. When a child is being treated as part of a court order or custody agreement, the counselor must have a current copy of the agreement or court order as part of the client’s record. Counselors are required to report all instances of abuse or neglect of minors (Texas DSHS, 2015).

Conclusion:

Millions of children experience grief and loss each year. Grief, when not managed in a healthy manner, can become complicated and prolonged. Caregivers are often affected by grief at the same time, so it may be necessary for these children and their families to seek outside sources for assistance in adjusting to life after loss. Counselors and other helping professionals must stay apprised of effective therapeutic techniques, community resources, and the ethical and legal considerations for treating minors and their caregivers. Teachers, once aware of a grief/loss incident, are responsible for attending to and fostering the well-being of their students to the best of their ability. This includes paying attention to the signs and symptoms of grief and loss, making the necessary accommodations to their learning, conferences with the child's caregivers, and helping to ensure that the child's experience in the classroom is as normal as possible and a safe place for him.

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Fostering Resilience: The Child's Home Boarding School as Seen by its Graduates from a Distant Perspective

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Abstract

The article relates to the therapeutic and educational impacts of The Child Home boarding school, from the perspective of its graduates some 65 years ago. The research aim is to examine the processes and experiences undergone in the school, and to study its unique therapeutic and educational attributes. The research method is qualitative, based on semi-structured interviews with 25 graduates. They perceive the physical and emotional care administered as well as the processes and experiences undergone as beneficial and optimal. They regard the school in its inherent format as being a sound substitute for a dysfunctional home and a model for the ideal boarding school - one that could serve as a source of inspiration for boarding schools operating today.

Keywords: Resilience; children's boarding school; positive total institution; attachment; educational staff.

Introduction

In the 1950s, at a time when immigration to Israel was soaring, in particular from countries in the eastern hemisphere, a need was felt to find a suitable framework for child care and education. This was especially acute in the case of parents who were unable to provide for their children due to difficult living conditions, as well as for children who had been separated from their parents or were orphaned, perhaps after their parents perished in the Holocaust, leaving them with no one to sponsor them or provide them with proper care. Such cases were generally identified by the welfare authorities and were referred to educational and care frameworks. Children were

transferred to educational institutions operating on the lines of boarding schools.

One of the first boarding schools for children, opened in the 1940s, in Israel, was Child's Home. In 1950 a Holocaust survivor from Hungary was appointed principal of the school, a position he was to hold for the next 35 years. Immediately on assuming his position he opened a first grade class, followed by an additional class each year thereafter, up to fourth grade. Graduates of the fourth grade were sent to other boarding schools. The most significant common denominator among the children who were sent to Child's Home in the 1950s was educational and economic hardships.

The educators, headed by the principal and his wife, as well as the institution's matron and caregivers, provided the children with kind and loving care. They had not been formally trained in child care and learned the ropes only through self-instruction on the job.

Despite the separation from the parents and residence in the boarding school – not the ideal place to raise children (Dozier et al., 2014) – the Child's Home graduates we located grew up in most cases to be competent, learned adults holding respectable positions and raising stable families.

The present research study examines the processes and experiences undergone by children in Child's Home, while scrutinizing the caregiving and educational characteristics that were unique to the boarding school. The aim is to see if they can serve as an inspiration for boarding schools operating today, perhaps as an operational paradigm that could be adapted to the realities of life in the 21st century. The study is based on descriptions and perceptions of the period spent in the boarding school, as seen by the graduates from a 65-year perspective – a period that apparently made a decisive contribution to their lives as adults.

Theoretical Background

Boarding Schools for Children and youths

Assignment of children to boarding schools (or out-of-home placement of children, in modern terminology) generally stems from the prevalence of difficult living conditions at home, such as physical and emotional neglect, and social and academic deprivation, preventing optimal development (Zaira, Attar-Schwartz & Benbenishty, 2012).

The transfer of a child from the home to a boarding school challenges the child's adaptive resources. The period of transition to the boarding school is one fraught with additional stress, over and above that which was inherent in the situation prior to the intervention of welfare authorities. It is a period characterized by uncertainty around the issue of leaving home, as well as the question of the boarding school itself and the future that awaits the child there.

On arriving at the boarding school the child feels an outsider and must get used to a new place, new friends and new staff (Shechory & Sommerfeld, 2007).

Findings in Israel regarding adaptation to boarding schools point to differences in the level and type of adaptation. Some of the differences stem from the personal and familial attributes brought by the youngsters to the boarding schools, while others may be ascribed to the complex experiences the youngsters undergo in the boarding school framework itself (Schiff & Benbenishty, 2003; Schiff & Kosher, 2005). Shechory & Sommerfeld (2007) found that children who were sent from home at a young age (before 7) experienced fewer difficulties in adaptation: they suffered less from social problems, depression and anxiety as compared to children who left home at an older age. The researchers explained that the duration and intensity of the injuries suffered at home could serve as indicators regarding the severity of the clinical picture. Bidding farewell to the home at an early age shortens the duration of the damaging period, with its destructive consequences.

A research study conducted by Pinchover & Attar-Schwartz (2012) on a sample of 1,314 students in care- and rehabilitation-oriented boarding schools found that the climate in the school and relations with peer groups and staff members were highly significant factors contributing to the students' welfare and performance. Another study on a sample of 93 youths in out-of-home placement found many positive changes in their lives. Over time they change their behaviour, learn to distinguish between good and bad, understand the boundaries of acceptable conduct, and in addition receive a supportive environment which they begin to esteem (Davidson-Arad, 2005). This process helps them once their stay in the boarding school comes to an end and they begin to apply the things they learned there (Benbenishty, 2009; Broad, 1999).

Research has been carried out in the past on the impact that boarding schools have had on the later lives of the inmates there, many of which pointed to their negative aspects – see the review by Hamilton-Giachritsis and Garcia Quiroga, 2014, which is in line with the United Nations recommendation to close these schools, based on the belief that they were an unsuitable framework in which to raise children (Dozier et al., 2014; United Nations, Guidelines for the Alternative Care of Children, 2009).

Despite this recommendation, and in view of the fact that there are still vast numbers of children who are in need of an alternative framework to home (neglected waifs who roam the streets, children who have lost their parents, and others), boarding schools continue to offer a reasonable solution. It is therefore essential that the boarding school environment be distinctly better than the one in which the child has grown up. Research efforts are required in order to determine ways in which the boarding school environment can be the best possible one for the child's development. Despite the negative effect that time spent in such an institution can have on children (Johnson et al., 2006), it

appears that this experience can also have a positive impact on children's lives (Garcia Quiroga & Hamilton-Giachrisis, 2016; Whetten et al., 2009). Indeed, graduates of boarding schools have been known to give this verbal expression; for example, Israeli researchers who interviewed graduates of boarding schools on the period they spent there found feelings of satisfaction and references to the period as being good, characterized by mental, social and physical well-being (Benbenishty & Zaira, 2008).

Many factors can make a favourable contribution to life in the boarding school in offering a suitable alternative to home. Alongside a study of these factors, an investigation should be conducted into the possibility of boarding schools helping to develop resilience in its inmates.

Resilience as a Defence Mechanism

For many years researchers focused on the risk factors that create emotional and behavioural problems in children and the adverse effects they have later on in life as adults (Werner, 2005). This focus created the impression that exposure in childhood to traumas such as abandonment, removal from the home, sickness of the parent, alcoholism or other family problems, would inevitably lead to negative developmental outcomes. Among other things, this impression stemmed from the fact that the researchers examined the lives of "victims" rather than the lives of those who had survived despite the difficulties.

From the early 1980s a change began to be evident in the approach. Long-range research that monitored individuals from childhood to adulthood consistently showed that only a small number of children who had been exposed to risk factors actually developed emotional disorders or behavioural problems (Werner & Smith, 1992). These findings constituted the basis for examining the phenomenon of resilience, a dynamic process that leads to positive adaptation despite adversity – an ability to bounce back. Researchers suggest that psychological resilience is related to personal and environmental attributes that allow a person to stand firm in the face of traumatizing situations, to grow in spite of hardships, and return to a level of robustness after coping with obstacles and challenges (Bonanno, 2004).

Defence or risk factors have been identified that reduce or raise the probability of resilience. The environmental defence factors that were found to mitigate the impact of traumatic events and contribute to the development of resilience include, among other things, support, closeness with attachment figures (McFarlane & Van Hoof, 2009), reliance on adults in the community (emotional support, advice), a preferred figure who serves as a source of emulation, youth counsellors, church members, supervision by and contact between community members (Theron, Theron & Malindi, 2012), and a religious environment that gives meaning to life (Werner & Smith, 1992).

Exposure to traumatic events often prepares the person for better adaptation in the future, an outcome of which is development of a consolidated identity (Werner, 2005). A number of long-range research studies examined the phenomenon from childhood to adulthood. Such a study, conducted in Hawaii, examined development from birth to middle age (age 40) (Werner & Smith, 1992), focusing on the effect of a number of biological and psychosocial risk factors, stressful life events and defence factors in a group of 698 children who were born in 1955 on the island of Kauai. The researchers who tracked the children found that in adulthood the vast majority of them had succeeded in maintaining marriages, family frameworks and steady jobs, challenging the myth according to which a child who grows up in a "risk group" is destined to be a life loser. It was found that defence factors have a greater impact than risk factors on the lives of people who succeeded despite difficulties and against all odds.

Attachment Figures as a Protective Element

Children coming into the world have a primal need to form an emotional attachment to those caring for them, in particular the mother, who is with them from the moment of birth. This attachment is essential for sound emotional and social development (Bowlby, 1982). In the first years of his life every child develops his own mode of attachment that is the outcome of the attitude of significant people around him. The commonest form of attachment – the secure attachment – forms the basis for sound emotional and social development (Ainsworth, 1967). Healthy youths who are happy and sure of themselves generally come from families in which both the parents give extensively of their time and attention (Bowlby, 1988). The first years are those which determine if the child will develop a secure attachment or one that is characterized by anxiety or avoidance. According to Bowlby (1969) and Ainsworth et al. (1978) the process of consolidating the attachment could continue up to age 4, when the child forms a special attachment to specific people.

Bowlby and many of his successors also recognize the possibility of changes in the nature of the attachment due to meaningful experiences over the years. Research studies attest to the fact that it is possible to shift from, say, an insecure or anxious attachment, to one that is secure as a result of contact with stable caregivers who in practice are there in lieu of the parents, providing the children with kindness and love (Waters et al., 2000). The very presence of a steady external figure who attends to the needs of the child over a period of time, helps him and supports him, could create in the child a sense of security and alter the anxious pattern of attachment that characterized him in the past (Garcia Quiroga & Hamilton-Giachritsis, 2016; Gur, 2006; Pace & Zavattini, 2010). The greater the trust the child places in the staff and the

firmer his perception of their representing a secure anchor, the less will he display depression, anger and behavioural problems (Pinchover & Attar-Schwartz, 2012). He could also improve his relations with his parents and his perspective regarding them (Gur, 2006).

Presence of Siblings as an Element of Protection

Numerous research studies have focused on the special attachment that exists between siblings, especially during the childhood years (Cicirelli, 2006; Gass et al., 2013). Researchers agree that especially close relations exist between siblings and that these relations could mitigate responses to situations that are fraught with tension, thus improving adaptation to new frameworks (ibid). Special importance is attached to the connection between siblings in cases where they suffer from social isolation, and in this context such a connection is more important than one with members of the peer group (Cicirelli, 2013).

Cicirelli (2013) offers three possible explanations for sibling support: 1) Attachment Theory, according to which in parallel with attachment to the mother there is also attachment to a big brother, and the wiser and stronger he is, the more he is able to offer security and help in stressful situations; b) Normative Commitment Theory, according to which most bigger brothers have been educated by their parents to help their younger brothers and they feel a commitment to act in accordance with these norms (Rittenour et al., 2007); 3) Exchange Theory: in reality commitment to others is contingent on mutual help. A brother is committed to help his brother if in the past his brother helped him, but even when such mutuality does not exist, e.g. where the big brother has not received help from his younger brother, he will in many cases tend to help him based on previous mutual help received, and not necessarily from the brother in question (Brody, Masatche & Noberini, 1983).

Positive Total Institution

The total institution, with its negative characteristics, exacts a toll from those confined to it – in the way of loss of identity, hostility between staff and dependents, and reliance of the dependents on the staff – and this is perceived as a hindrance to effecting a change in the residents (Goffman, 1961). Following criticism over these attributes, changes and improvements have been incorporated in a large number of such institutions, eliminating to a great extent the coercion and suppression that were practised there (Scott, 2010). Mauselis (1971) claimed that these charges are nullified when entry into the institution is voluntary or when it operates humanely, nurtures, and treats its dependents with respect.

A child who is forced to leave home and join a boarding school will therefore be expected to describe his initial stay in the institution in negative

terms. However, in the course of time, after experiencing kindness and care from the professional staff and management, and exposure to physical aspects that impart a warm, non-alienating ambience, his impression will give way to one that is more positive. White (2004) states that narrowing the gap that separates caregivers from dependents and incorporating a certain degree of autonomy in the dependents could mitigate the negative experiences and turn the place into a positive one with potential for growth and change. It should be noted that neither the totalitarian system itself in all such institutions nor its impacts are identical. Their adverse influence also depends on the importance that society attaches to spending time in them (Benbenishty, 2009).

Aim of the Research

The aim of the present research is to understand and examine the processes and experiences that children underwent in Child's Home. The research is also aimed at studying the therapeutic and educational characteristics of the boarding school while determining whether it could serve as an inspiration for boarding schools operating today, even if only to a partial extent, after adapting it to the realities of the 21st century.

The above is based on the descriptions and perspective of graduates who spent their childhood years there some 65 years ago. According to their testimonies, their stay there made a decidedly beneficial contribution to their lives as adults. To date only a few qualitative research studies have been conducted on the perceptions of boarding school graduates regarding their stay in institutions of this kind.

Method

Participants

A total of 25 graduates of Child's Home took part in the research, which also happens to be the total number of children who attended the boarding school in any given year during the 1950s. The participants, currently in their seventies on average, comprise 16 men and nine women, most of them married and parents (Table 1).

Table 1: Characteristics of the Participants in the Research

Name	Age	Marital status + number of children	Education/ profession	Years in the school (age)	Siblings	Family background
1. Emmie	68	Widow + 3	Kindergarten teacher	9–11	One brother	Young mother, widow in dire financial straits
2. Sam	66	Married + 4	Teacher	2–8		Abusive parents
3. George	70	Married + 4	Teacher holding a	10–12		Dysfunctional family due to

			senior managerial position in the Ministry of Education			the father's imprisonment
4. Josef	68	Married + 4	Teacher	4.5–10.5		Dysfunctional family and abusive mother
5. Benny	69	Married + 4	Economist, bank employee	6–11	One brother	New immigrants with financial problems
6. Nelly	68	Married + 2	Quality controller	7–11	One brother	Widowed mother, financial problems
7. Gerry	71	Married + 3	Accountant	6–8		Widowed father, financial problems
8. Alex	64	Married + 3	Economist in a high tech firm	6–12		Widowed father, financial problems
9. Sofi	68	Married + 3	Librarian	6–7		Dysfunctional family, financial problems
10. Anna	69	Married + 4	Printing press owner	4–10		Orphaned, under grandmother's difficult care
11. Rachel	70	Married + 2	Lecturer with Ph.D. in education	3.5–7		Widowed father struggling to raise the family
12. Chris	72	Married + 3	Captain in the merchant navy	6–9	One sister	Widowed father, financial problems
13. Kim	72	Single	Actress, high school education	3.5–9.5		Orphaned, under grandmother's difficult care
14. Amber	71	Married + 3	High school education	3.5–8.5	One sister	Immigrated without parents, relations raising her with difficulty
15. Rose	71	Divorced + 2	Owner of a boutique, high	9–12		Widowed mother,

			school education			financial problems
16. James	70	Married + 2	Owner of a bakery, high school education	6–10		Parents abandoned him and returned to Germany
17. Liam	72	Married + 4	Teacher	6–11		Immigrated without parents, relations with financial problems
18. Jacob	70	Divorced + 3	Mechanical engineer, industrial plant manager	6–10		Divorced parents, financial problems
19. Beth	69	Divorced + 2	Kindergarten teacher	6–10		Deceased father, violent stepfather
20. Nick	66	Married + 3	Judge	8.5–10	Two brothers	Violent, alcoholic father, ailing mother
21. Lilly	69	Married + 1	Kindergarten teacher	6–9	One sister	Immigrated without parents, under grandmother's difficult care
22. Steve	72	Married + 3	Economist, managing director of steel firm	4–9		Immigrated without parents, relations with financial problems
23. Roger	70	Married + 3	Lecturer with Ph.D. in education	9-11		Widowed mother, financial problems
24. Robert	70	Married + 3	Construction technical engineer	9-12	One brother	Widowed father, financial problems
25. Taylor	71	Married + 3	Doctor	6–10	One brother	Mentally ill mother, blind father, raising children with difficulty

* Not their real names.

Table 1 shows that the age of the graduates ranges from 64 to 72 (M=69.75). Of the graduates, 20 are married, three are divorced, one is single and one is widowed. All (with the exception of one) have children. Most of them (n=19) have academic degrees. The graduates have a variety of professions: teaching (n=7), accountancy/economics (n=4), lecturing (n=2), engineering (n=2), and private businesses (n=3). There is also a sea captain, a judge, an actress, a librarian and a quality controller. The participants stayed in the boarding school for an average of 3.8 years, at ages ranging from 2 to 12. Nine of the 25 graduates had brothers who were with them in the boarding school. Most of them belonged to families which for various reasons found it difficult to raise their children (see details in Theme 1 below).

Research Tool

The research tool was the semi-structured interview, based on the Interview Guide. This kind of interview consists of face-to-face interaction between the interviewer and interviewee on the subject of the research. We chose this tool since it allows the interviewer to gain in-depth insight into the interviewee's perspective while clarifying issues that were raised by the interviewee but do not appear in the Interview Guide (Ritchie & Lewis, 2003; Shkedi, 2003). The Interview Guide included principally questions on the period spent in Child's Home and its impacts on the interviewee. The Interview Guide also included short informative questions on personal, familial and occupational background.

Procedure

The 25 research participants, who stayed in Child's Home in the period 1950 to 1960, were located by the researchers and agreed to be interviewed. The current institution's management provided the researchers with a list of 40 graduates, of whom the researchers succeeded in locating 25 (some had passed away, some were abroad, and the others could not be traced).

The participants were assured that they would remain anonymous and that no identifying details about them would be published. In all the interviews only the interviewee and interviewer were present. The interviews lasted about one hour on average. Statements were recorded verbatim after the interviewees were requested to adjust their speech to the speed at which the interviewers were able to record everything. The number of participants (25) represented to a large extent the saturation point: by and large, the last interviewees repeated statements that had been heard from the previous interviewees and added little new information.

Data Analysis

Analysis of the data in the research was carried out in four stages: primary analysis, mapping analysis, focused analysis, and theoretical analysis (see Shhkedi, 2003; Strauss & Corbin, 1990). The primary analysis stage included initial classification of attitudes and perceptions with a view to identifying themes and performing a careful examination of the data. Mapping analysis in the second stage was intended for classifying the themes found and for distinguishing between them. Focused analysis included concentration on central themes that were added to the focused, rich and significant description based on the two previous stages. Theoretical analysis was intended to present conceptual explanations for the phenomena being investigated, based on the data found and the research and theoretical literature in the field.

Determination of reliability and validity in the present research was done by open and transparent presentation of the perceptions and views that emerged from the research from the start of the process to its end. Such transparency allows the impartial reader to relate to the research and examine it according to its unique conceptual context. The present research is accompanied by quotations from the participants' statements, facilitating identification of the themes and subsequent establishment of the discussion on factual ground. Identification of each of the themes was based on the statements of at least five interviewees.

Findings

From the statements made by the interviewees, a total of eight themes stood out which referred to the background from which they came, adaptation and life in the boarding school, the totalitarian framework, the resilience they developed, and their present life as adults.

Theme 1: The Children Came from Broken Homes

The 25 participants in the research came to Child's Home from homes that are defined in the literature as broken, where the families were not able for various reasons to raise their children (Wells & Rankin, 1991).

Five of the participants were sent to Child's Home after arriving in Israel without their parents, and after no relatives were found who would take them in. Two of them, sisters, were smuggled from Iraq with the help of relatives in Iran. Another two left their parents behind in their country of origin. One, who was 6 years old, came from Iran together with his 4-year-old brother with the help of the welfare authorities. A girl arrived through the same help together with four sisters and a brother when their ailing mother was no longer able to look after them.

Three participants were brought to Child's Home by the welfare authorities after removing them from their homes because of a violent or

abusive parent. Josef states: "I remember my mother abusing me physically all the time. The abuse reached such proportions that I lost an eye. I was taken away from home ... from there I was transferred to the kindergarten in Child's Home. The Child's Home principal knew of the abuse I had received at home and did not allow my father to take me home [in days off]."

Fourteen participants came from dysfunctional families that found it difficult to raise their children, whether it was because of the death of one of the parents or their absence, dire economic conditions, or a want of mental resources to cope with their situation. Jacob relates: "My parents were Holocaust survivors. We had financial difficulties. My parents divorced, I ran away from home and they couldn't find me for three days. I don't know how I survived. At the age of four and a half my mother ... cleaned hallways in buildings for a living, with me trailing her. People from a Christian mission saw me and suggested I be taken to a Christian boarding school ... there I was beaten badly. They wanted to convert me. I was hospitalized, and was taken away from there by the welfare authorities ... six months later I ended up in Child's Home."

One of the participants was abandoned by his parents when they got divorced and left separately for Germany. Another was transferred to Child's Home after his father was sent to prison. Taylor, an additional participant, was taken away from his parents by court order, against their wishes, and against his own wishes because of his mother's mental illness and his father's blindness. He says: "My parents were able to bring me into the world after a long period of trying, during which they suffered greatly. My father was already 42 years old. After several years the welfare agency decided that my parents were not fit to raise me and my younger brothers because of my mother's schizophrenia and the blindness that had afflicted my father. The authorities felt they knew better than my parents as to what was best for me and simply severed us from them in an indescribably cruel way. So at the age of 5 I began my debilitating journey, in the course of which I arrived at Child's Home."

The 25 participants experienced crises of one kind or another before they were transferred to Child's Home. Some of the parents did not have basic parental abilities or skills. Some were apparently not fit to develop proper communication in their children (Maccoby, 1992), engage them in close interaction through which to develop pro-social behaviour (Paterson, 1992), develop a positive self-image in them, and provide them with a model of positive, effective and mature behaviour (Sroufe & Fleener, 1986). To all appearances, had they not been transferred to a boarding school, most of them might have suffered additional injuries and crises, possibly affecting their chances of growing up in human conditions, and developing normative, healthy and mature personalities.

Theme 2: Adaptation and Religious Holidays as a Time of Crisis

The period of entry into the boarding school was hard. It was a stage of transition between severance from the home and gradual adaptation to a new framework that provided care and education. Generally relationships began to be formed with the staff and the peer group within a short time, although there were children whose integration was more difficult and prolonged.

Some participants described this difficult period. George: "The first night [in the boarding school] I felt the zap. You are suddenly alone in the world. I am alone at night ... one of the children volunteered to give me the upper bunk. I had a headache, and they wanted to be nice to my mother [who brought me to Child's Home]. This was a huge sacrifice since the person who does not have an upper bunk has nowhere to sit. After my mother left I found myself with five children furious at me for having taken the upper bunk from Rom (not his real name), and one boy stood behind me and said, 'You took Rom's bed.' I turned around and smacked him. Suddenly there was silence and each one went to his bed. I cried all night. I then realized that I would have to deal with the new life."

The initial period in the boarding school was also characterized by a number of attempts on the part of the children to run away. In Taylor's words, "After we were brought to Child's Home I and my younger brother, who was then in kindergarten, made repeated attempts to run away from there. It was only after two months that I resigned myself to my destiny and my brother's, and stopped my attempts at returning home."

During moments of crisis, when the daily routine was disturbed, several children would be seized with severe homesickness for their parents. This was manifested in attempts at escaping Child's Home to return home, in bedwetting, and in bitter tears, mainly at night. Moments of crisis occurred especially during the holidays, when parents and other relatives would arrive to take the children home to spend the day there. Many children feared that none of their relatives would come to take them. Roger has the following story about one of the holidays: "Those visiting days were difficult for both the caregivers and the children. The pain I felt when no one came to visit me was as intense as the pain I felt on my first day in Child's Home." A number of participants relate that they remained in the boarding school during the religious holidays since there was nobody to take them. They were extremely envious of children who left the place during the holidays to be with their families. Their sense of abandonment during these periods is a recurrent theme in the statements of a number of participants.

Theme 3: Traumas

Children who have been taken away from their parents to live in a boarding school are exposed to stresses that could be traumatic. The start of intervention in their condition, followed by separation from the home and arrival at the boarding school can traumatize children due to their sudden severance from their parents (their first figures of attachment) or from others who cared for them, and their need to adapt to the place, to friends and to a new caregiving staff (Shechory & Sommerfeld, 2007). The very stay in the boarding school could also be traumatic. Children in boarding schools could suffer from social isolation, from taunts and even from sexual abuse from staff members or other children (e.g. Grier, 2013).

An examination of the content of the memories evoked during the interviews with some of the participants revealed severe and traumatic experiences. To begin with, there is content that relates to the suffering endured at home and the sudden severance from the home on being sent to Child's Home. According to Emmie: "I hardly remember anything about the boarding school, I suppressed everything. Perhaps I shouldn't have suppressed my mother's dire situation, for which she had to send me and my brother to the boarding school ... the only experience I remember is going home on our own steam for the holiday. Nobody opened the door to us. We knocked on the door but nobody opened it, we sat on the steps and wept and finally went back to the boarding school." Benny refers to the harshness of the sudden cut-off from home: "How did my mother have the heart to send two small children, ask her, not me, I feel the terrible pain I felt then." Roger, who put memories to paper in a book he authored, "Country of Lost Children," explains: "Life in Child's Home dulled feelings, and children learned from experience how to grow up without the love of a mother or father. Although Child's Home gave us kindness and love, this was apparently no substitute for a father and mother."

Three participants mentioned extremely negative experiences during their stay at Child's Home, both in terms of emotional and physical abuse from the counsellors (two participants) and an attempt at sexual assault by an older youth in the school, an act that was prevented by the immediate intervention of the school coordinator (see below). Taylor says: "My brother [who was with me in Child's Home] wet his bed to a late age and every day was a battle for him. I would come every morning to help him change the bed linens. Once a counsellor embarrassed him in front of all the children in the group. She said, 'Look who's here. Hello little pisser.' He began to sob. He had a huge load to bear and this was the last thing he needed. I stood up, dropped her to the floor and began punching her, screaming all the while, 'Today I am going to kill you.' I poured all my brother's pain into the blows I rained on her, till the children pulled us apart." James describes abuse on the part of a counsellor: "I carry around a trauma from those years, I remember being abused by a

counsellor who had it in for me and beat me at times. Till today I carry around the horror of the encounters with him. I felt like a punching bag." Jacob describes the sexual abuse he experienced from a counsellor: "In Child's Home I had a serious trauma. There was a boy who was three years older than me who used to assault me sexually. He tried to rape me. I screamed and the school coordinator rushed up to me and took me in her arms, stroked me. I felt good there, apart from the trauma of the older boy who tried to abuse me sexually."

A number of interviewees described feelings of isolation. George, for example: "A child needs a home. [In a boarding school] he has no one to talk to. When you are sick there is no one at your side." He adds: "I was not for a second angry at my parents. I shared nothing during my difficult times, they thought I was okay. I told them everything was fine because I didn't want to upset them. So now I have a scoop: I had it bad ... it took me years to mend my self-confidence. The institution caused me to lack confidence in myself. There is nothing like the warmth of a home. In the final analysis, in an institution you are alone."

With most of the graduates who were interviewed, their stay in Child's Home is perceived and described principally as a positive, trauma-free experience, possibly based on the fact that they were the recipients of dedicated and loving care. Most of them apparently did not suffer from social isolation, taunts or sexual abuse. For example, Sam claimed: "I do not remember abuse because I felt very good there. My childhood was good, good experiences ... relative to the standards of the time, Child's Home was a wonderful place to grow up in. We were treated well, the care was good, it was a positive place however you look at it." Conspicuous in the statements made by many interviewees was the use of positive superlatives regarding their stay in the school, such as: "My childhood was spent fabulously ... the memories of my childhood in Child's Home are like those in a magical fairy tale" (Gerry). "I remember my childhood particularly in Child's Home as a wonderful one that gave me a warm home" (Amber). Chris sums it up: "I felt good there ... Child's Home was the best substitute for home."

There are those who even describe the boarding school as one that saved them from traumas. Josef describes it thus: "I know today that I was subjected to abuse at home, I remember my mother constantly abusing me, but the abuse stopped when I got to Child's Home ... I remember Child's Home as a place that saved me." In more general terms, Beth states: "Child's Home saved me from a childhood of misery."

Theme 4: Proper Physical and Emotional Care

According to most of the participants, they received proper care and were treated with affection by the staff, the principal, the counsellors and the

teachers, who served with great success as substitutes for their parents and relatives. Indeed, firm relationships were formed with the professional, top quality caregivers in Child's Home, individuals who contributed greatly to effective intercommunication, and sound emotional and social functioning on the part of the children. Nick: "In Child's Home they [the counsellors and teachers] were superb. They not only gave us warmth and love but also moulded us in the best way possible –knowledge, teaching us to aspire to progress and inculcating in us an understanding of our identity ... they were terrific."

Alex explains: "If I had remained at home with my father [after my mother died] I don't know what would have become of me. I received warmth in Child's Home, something our father did not have." Anna declares: "I have fond memories of Child's Home, the principal, the matron, the counsellors. They raised me. I did not feel alone because I was always cared for by the counsellors."

Almost all the participants mention the names of figures in Child's Home who were significant in their eyes even after the passage of some 65 years. Nelly states: "I remember the principal, Ruth (not her real name) the amazing teacher. I also remember the matron, also an amazing woman." A special place is reserved for the principal in the participants' recollections. Alex states: "I remember the principal, a good person who would host children in his home on Saturdays and religious holidays. We were his guests on several occasions."

In addition to the principal the school matron is also mentioned repeatedly by the participants. According to the descriptions she was a relatively older woman, resolute and pedantic. She would nevertheless invite the children to her apartment and let them listen to plays on the radio. The participants also assert that the kind treatment they received from the caregivers in the school was reciprocated by the children. Sam, who was in Child's Home from the age of 2 to 10, says: "We loved the counsellors and teachers. Two years ago we were invited to a reunion. I was extremely moved. We met Jane [not her real name] there, who was in charge of the stores. I remember her as a cuddly person."

Child's Home is ranked high in the view of some of the interviewees relative to other boarding schools that were attended by a few of them at some stage during their childhood. Benny, for example, states: "The attention we received from the principal and his wife in Child's Home was by far the best compared to the other places." Nelly concludes his statements in the interview with an assessment of the quality of life in the boarding school: "I don't agree with research studies on children growing up in boarding schools [which conclude that it is better for a child to grow up in the framework of his family than in an institution]. We were without parents, but our childhood was a good

one. It all depends on the treatment given by the principal and counsellors. We were treated well."

Theme 5 – Siblings in Child's Home as an Element of Support

Nine of the 25 interviewees had siblings in Child's Home during their stay there. As part of the need to find solutions for children from broken homes, the boarding school sought the absorption of siblings, while attempting to avoid discriminating between them and the single children. The rationale was twofold: 1) A desire to alleviate to some extent the trauma of separation from the parents and the home, and to maintain a connection with the family through the siblings; and 2) A desire to use the older sibling in helping the younger one in the crisis caused by the transfer to the school. Chris, who was admitted to Child's Home with his sister, says: "It was easy for me to acclimatize myself to Child's Home ... also because my bigger sister was there with me." On mobilization of the older brother to support his younger brothers, Taylor states: "It turned out that from the age of five I acted as a father image for my younger brothers during the period when we drifted from one institution to another ... I protected them and supported them ... and naturally this called for considerable mental resources, apart from the personal pain I bore."

As evident also from the statements of interviewees who were the older siblings, they served as substitute parents. Emmie, for example, states: "The only thing I remember about my brother is that he used to run away and was very mischievous, and I had to protect him ... I had to take care of him all the time." This responsibility is also manifested in the fact that older siblings often serve as models for emulation by those younger than them (Cicirelli, 2013). Robert, who was sent to Child's Home together with his brother who was three years younger than he, asserts: "My younger brother was stuck to me all day. He would latch on to my leg wherever I went. From time to time we would run away together." The importance of support from the older brother in the reality of a boarding school may be seen in Roger's story of five-year-old Betty: "Betty adopted Nathan as a big brother without consulting him about it ... she realized the change that had occurred in her life [on entering Child's Home] with no mother or father, but with a caregiver and with Nathan. So Nathan became the big brother under whose wing she sought refuge, and at times she too was a comfort to him."

In summation, it may be stated that the fact that some of the interviewees had siblings in Child's Home who supported them or who were supported by them made their absorption easier, contributed to their mental vigour and social integration, and reduced their chances of suffering hurt.

Theme 6 – Child's Home as a Positive Total Institution

Child's Home apparently had many attributes of a total institution, according to the description by Goffman (1961): an institution that is perceived as a negative, arbitrary framework that coerces its occupants to change according to its perspectives and aims (Walins & Wazner, 1982).

A careful examination of these attributes in Child's Home points to the fact that mainly positive characteristics were cultivated there, those that were needed to rehabilitate the children from the traumas they had experienced, improve their self-image, and impart education and values. The children in Child's Home were relatively detached from their parents, their other family members, and the external social environment in order to protect them from further harm.

All aspects of life were conducted within the framework of the boarding school – eating, studying, playing and sleeping. Kim says: "There were activities throughout the day. Those who studied well continued to do so, and those who did not study well were helped." The children's lives were supervised for years by a relatively small group of educators and caregivers, including the principal and his wife, the school matron, the teachers and the counsellors. The interviewees describe the children receiving the best care according to their age, In Nelly's words: "We were treated well. We were not humiliated. We were a lot of times at the homes of David [the principal] and the matron, so that we did not feel homeless." The absorption of the children in Child's Home, the care they were given and the activities that were carried out around them were geared, as stated, to one all-important purpose – to give the children from broken homes a nurturing therapeutic, educational and social framework that would rehabilitate them from the damage to which they had been subjected and provide them with an education that was oriented to values and education. Nick states: "There were children from one hundred and twenty seven diaspora communities, some from broken homes in Oriental countries, from Europe, some who were born in Israel. A heterogeneous group that became one highly successful dough kneaded by the management staff of the institution as well as the counsellors."

Conspicuous in the vast majority of the interviews was the assessment of the interviewees that the framework indeed succeeded in achieving its aims. For example, Sofi points out: "... this strengthened me [the years in Child's Home], gave me a lot of confidence, which inured me to a great extent for the bad years that were to follow." Unlike the total institution typified by Goffman, there was no deliberate separation between the staff and the children. The caregivers would frequently hug and kiss the children, the children were invited to the homes of the principal and the matron for various activities and for spending time there during holidays. According to Anna: "I was always looked after by the counsellors, I will always remember with

fondness the kind-heartedness of the principal and the caregivers, and in general that of all those who raised me and gave me so much warmth and love, something I did not get from my parents or relatives."

Unlike Goffman's total institution, the children were not subjected to hazing on their entry into the boarding school. On the contrary, they were warmly welcomed by the staff. Gerry states: "I remember how David, the principal, used to announce with great joy every Friday the names of new children who had joined Child's Home."

One of the shortcomings of the traditional total institution is the development of a dependency on the institution and its representatives (Scott, 2010). However, the interviewees pointed out a different reality, one in which manifestations of independence and originality were encouraged. As described by Emmie: "The boarding school taught me to do things on my own." She sums it up thus: "At Child's Home we were encouraged to act with independence, initiative."

Typical of Child's Home was its nurturing family atmosphere, coupled with its location in an idyllic natural setting surrounded by trees and orchards, suited to children's games. Gerry provided a brief description of the atmosphere in the place: "The orchards surrounding us, the kindness we were shown, the absence of economic worries, it was all magical." George provides his own, more detailed description of the landscape: "The place was a paradise on earth. Surrounded by orchards, a huge area ... a delightful nook in every way ... we would climb trees, there were birds, hoopoes and ordinary song birds ... it looked like a convalescence home." Three interviewees mentioned the excursions they made in the area beyond Child's Home.

In summation, it appears that despite the fact that Child's Home was a total institution it was experienced more as a nurturing and protective framework and less as one that was emasculating.

Theme 7: Resilience

Psychological resilience, as stated earlier, is associated with personal and environmental characteristics that allow a person to stand firm in the face of traumatic events, grow despite distress, and return to a high level of robustness after coping with obstacles and challenges (Bonanno, 2004; Connor & Davidson, 2003).

Many of the interviewees referred in their statements to the resilience they acquired during their stay in the boarding school. Emmie notes the empathic capacity she developed, manifested in a desire to support those weaker than her. "The school gave me an approach to the underdogs, the desire to help the weak, these are probably the qualities I acquired because of being a boarding school girl myself, and this inured me ... my childhood moulded me such as to stand up to and do everything on my own." Josef refers to the

development of a capacity to deal with difficulties by himself: "In such places, far from one's parents, one learns to live on one's own and to manage with what there is, inuring one to life. Thanks to Child's Home I am independent, I know how to look after myself ... and stand on my principles." Gerry talks about the way his personality has been shaped: "From the time of Child's Home and on, my personality has been consolidated and this has undeniably given me the strength to cope with any difficulty and succeed." Two of the interviewees compared themselves to their sisters and brothers who were not in Child's Home. Kim relates: "When I returned home I was in a state of shock. That was the difference. I was not sent [to school] in the transit camp [and my brothers were], and the result was a lack of learning, taking its toll on an absence of responsibility, no independence and deficient education. Something that did not happen to me in Child's Home. There we were encouraged to be independent and to have initiative."

Theme 8 – Succeeding Against All Odds

Objectively, most of the participants have succeeded professionally and financially, as well as in terms of family. Most of the graduates indeed view their lives as being successful. Samples of statements from the interviewees include: "We have a flourishing print shop. We live in a spacious villa. All our children own their homes and all of them are well established economically" (Anna). "I have a doctoral degree in education. I have worked as a lecturer. My husband is now a lawyer and we have two sons, both of whom are doctors" (Rachel). "I have been successful in my job. At one stage I was consultant to the prime minister. I am now the proprietor of a consulting firm" (Chris). "We are currently living in a prestigious neighbourhood and our financial situation is great" (Lilly).

Some have attributed their success in life to their childhood, to their stay in Child's Home, and the influence of the staff in the boarding school who believed in them and cultivated them. According to George: "There was a counsellor by the name of Rubbie who influenced me greatly, he was only 17 ... but with a lot of sway. I still write the way he taught me to." Chris adds: "The counsellor was very significant in our eyes, she herself had no idea to what extent she was influencing our lives and our success. I had an amazing teacher by the name of Sue, who told me 'You will make it to university'. It's not usual to tell a child in third grade that he will make it to university. This affected me greatly." Nick sums up: "The boarding school not only gave us warmth and love but moulded us in the best way possible ... [to want] to aspire and advance, it instilled in us insights with respect to our identity ... they gave us unique baggage that has no equal. They were great ... it produced only a very few failures ... they gave us tools to strive to excellence ... our

personalities were formed by ingesting the material, by learning and by creating the right foundation."

Discussion

The present research focuses on the recollections of 25 interviewees with respect to the boarding school they attended some 65 years earlier. Hundreds of children were sent to Child's Home in the years following establishment of the State of Israel – children who for various reasons could not remain in their regular family framework. The principal of the school, the matron, the caregivers and the other staff members transformed it into a substitute for the homes that had been taken away from the children. The school's location in quiet pastoral surroundings, relatively far away from the children's communities, enabled the children to turn a new page by cutting them off, both mentally and physically, from their previous lives.

For most of the interviewees the boarding school created a new reality, which from many points of view was far better than the reality they had lived in prior to joining the school.

Entry into a boarding school is often accompanied by a severe crisis due to the separation from family members, as well as the disorientation and loss of control experienced in a new and unfamiliar framework (Fisher, 1984). The crisis generally abates as the child adapts to the new setup and social environment (Harris & Lipian, 1991).

A number of research studies have found that settling in to the new boarding school framework depends on the child's expectations (Mason, 1997). According to studies (Anderson, 2007), a harsh family background and precarious mental condition, in parallel with a warm welcome and the satisfaction of emotional and physical needs, result in relatively easy integration into the school. In contrast, children who come from a functional family that is perceived as loving and protective could on leaving home suffer from a loss of their primary connections, experience traumas as a result of taunts and harassment, develop insecure attachments, and resort to defensive isolation (Schaverien, 2011). This was the case with two brothers in Child's Home who had been separated from their parents against their will, and who continued to maintain close contact with their parents even after joining the school. The older brother expressed harsh criticism of Child's Home. His descriptions of violent occurrences and hurtful behaviour on the part of the staff as well as other children differed from those of the other children. His point of departure with respect to his attitude to Child's Home was negative, preventing him from establishing secure attachments to the caregivers there, leading in turn to a refusal to accept the new reality in which he now lived.

The most acute crises experienced by the children in the boarding school occurred in the initial weeks after joining it and generally during the

religious holidays, periods in which the children went home to their parents or other relatives, or returned from these visits (Hadwen, 2015). Numerous research studies that focused on the homesickness felt by children in boarding schools found that some three-quarters of all children reported missing home (Fisher et al., 1986; Van Tilburg et al., 1996).

Most of the interviewees were competent and successful in objective terms, and indeed, this was how they viewed themselves. They feel appreciation for their stay in Child's Home as one that was positive and trauma-free. Nevertheless, there is no denying the possibility that the stay in the boarding school and the severance from the home did in certain cases exact a mental toll, defined in the literature as the "boarding school syndrome" (Schaverien, 2011). This syndrome typifies a fair number of boarding school graduates who had suffered traumas on starting school from the loss of their primary connections with their parents, as well as from social isolation, taunts or even sexual assault (Grier, 2013). It is in the nature of traumas to be suppressed, although it can be brought to the surface with psychotherapy (Schaverien, 2011). Thus there could be graduates of boarding schools who are suffering from the boarding school syndrome but who are not aware of it.

There were a few interviews in which traumas experienced during the stay in the boarding school surfaced – traumas which could have served as fertile ground for development of the boarding school syndrome. The presence or absence of traumatic experiences in the context of separation from home and stay in a boarding school is a subject that must be approached with caution during interviews. The possibility of touching on painful content depends on the interviewer and on the interviewee's recourse to defence mechanisms such as suppression and denial, and since the interview does not include psychotherapy, it is difficult to expose this content (Lobbestael et al., 2009).

In actual fact, there was only very little evidence of the boarding school syndrome in the interviews conducted. As regards the possible consequences of the stay in a boarding school on coupled relationships, only three of the 25 interviewees describe domestic problems that ended in divorce, in two of the cases after 20 years of marriage. All the interviewees studied or were trained for a profession and continued working for many years. All of them reported enjoying a high economic status and feeling good in general.

One explanation for the fact that most of the interviewees did not appear to suffer from the boarding school syndrome is the development of resilience, a quality that enables a person to stand firm in the face of traumatizing situations, to grow despite hardships, and to bounce back after coping with hurdles and challenges (Bonanno, 2004; Connor & Davidson, 2003). Resilience is a personality trait, acquired partly from the environment, among other things, through contact with positive figures.

The fact that the children came to the boarding school from families that could be defined as broken, where they experienced severe traumas of various kinds, obliged Child's Home to meet their special needs, first and foremost of which were human kindness, personal and social acceptance, and long-term stability. Evident in the participants' statements was the fact that they received dedicated and loving care. The concern for their physical and mental welfare – such as the provision of food, housing, clothing and medical attention – during a period that was known for its economic deprivation, and the emphatic and nurturing treatment they received in parallel, generally resulted in relatively speedy adaptation to the boarding school environment by the children and in positive functionality within it. The caregiving and educational activities on the part of the staff members and the close daily contacts with them had a highly positive, protective impact on the children's lives, one that stands out in the stories told by the interviewees. Practically all the interviewees mentioned the names of staff members who treated them on a personal level, encouraged them, showed them kindness, and saw to their mental and physical welfare in the school. This impact is referred to in many studies as being of prime importance (Anglin, 2004; Gur, 2005).

Nine of the 25 interviewees had younger siblings in Child's Home. The presence of siblings can ease the crisis of separation from the family, and the older sibling can help the younger one in the process of absorption in the school (Whelan, 2003). A special relationship exists between siblings: they can be mutually supportive, contribute to the development of resilience, and perhaps enable more secure attachments. The older sibling has a more dominant role to play and he often regards himself as acting in place of the parents (Buhrmester & Furman, 1990; Cicrelli, 2013).

A number of interviewees stated that they looked after their younger siblings, protected them, served as a behavioural model and, from their viewpoint at least, filled the role of the parents. This role helped in developing a sense of responsibility and maturity. As regards the younger siblings, the support they received from their older siblings eased their process of absorption, contributed to their social integration, and perhaps reduced the probability of their developing the boarding school syndrome. Witness to the importance of the reciprocal benefits inherent in the presence of siblings is the fact that a five-year-old girl in Child's Home adopted a boy of nine to be her big brother, to take notice of her, nurture her and protect her. In doing so, it may be reasonably assumed that she not only benefited herself but also helped to boost the boy's personal and social self-image.

Child's Home can be regarded as a positive total institution which used the positive aspects of such a framework to rebuild with sensitivity and kindness the world of children who were sent there. According to Nissenholtz (1989), the staff in a total institution, backed by professional management of

the place, has the power to neutralize the negative attributes that could be part and parcel of the stay there.

Reference can be found in the literature to the physical characteristics of the total institution, which can create a homelike ambience that is non-alienating, nullify the negative experiences that go hand-in-hand with residence there, and transform it into a positive place with potential for growth and change (Wolins & Wozner, 1982).

The closed total institution has come under fire in the years following publication of Goffman's article (Davies, 1989). This has led to changes and improvements in many institutions of this kind, which began to curb their coercive and suppressive leanings to a great extent (Bullock, 1999; Scott, 2010). Some of them even take in residents who arrive of their own volition in search of change and improvement.

Many such institutions are typically laxer regarding the separation between caregivers and inmates, while also allowing a certain degree of autonomy alongside an understanding that some measure of surveillance would still be exercised (White, 2004). Some institutions are also investing resources in landscaping, with a view to providing a homelike, non-threatening atmosphere. In this and other ways, Child's Home was decades ahead of other institutions.

For most of the interviewees the boarding school created a new reality which was far better in many ways than the reality in which they had lived earlier, and which almost certainly led to most of them forming secure attachments, albeit gradually (Bowlby, 1982). As stated earlier, research studies testify to the fact that it is possible to change the nature of the attachment from insecure or anxious, for example, to one that is secure as a result of exposure to stable caregiving figures acting as substitute parents (e.g. Waters et al., 2000). The very presence of stable adult figures who paid attention to the children's needs over time helped to instil in them a sense of security in their attachments in place of those that were characterized by anxiety or avoidance (Garcia Quiroga & Hamilton-Giachritsis, 2016; Gur, 2006). The greater the trust the children placed in the staff, regarding them as a firm anchor, the less they displayed feelings of depression and anger and the less problematic was their behaviour (Pinchover & Attar-Schwartz, 2012).

The interviewees spoke about their residence in Child's Home during the period 1950 to 1960 from the perspective of some 65 years. This can be viewed as a limitation in the research and the question can be asked, To what extent do the graduates' memories reflect the Child's Home reality? Except that this question is not of real importance for our purposes: it is not the objective facts that are important but rather the perspective of the people who experienced the place and the impact it had on them (Berger & Luckmann,

1991). To quote Nietzsche: "There are no facts, only interpretations" (Kaufmann, 1954).

The present qualitative research presents the attitudes and experiences of 25 Child's Home graduates who we had succeeded in locating. It should be borne in mind that the ability to generalize the findings of qualitative research is relatively limited, and it is possible that the sample exhibits a favourable skew, namely, by presenting those graduates who survived the experience, developed a resilience and succeeded in life.

In conclusion, from a 65-year perspective, the physical and emotional care that was shown to the children, and the processes and experiences they underwent in Child's Home under the dedicated management of the staff, the caregivers, the counsellors and the teachers (whose work was mainly based on a sense of national duty to save the children), is perceived by the graduates we interviewed as a worthy substitute for a dysfunctional home and a model of a positive boarding school that apparently strengthened the majority of them, and allowed them to grow and succeed against all odds.

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A WHOLE NEW WORLD: Measuring Teacher Candidate Dispositions through Cultural Immersion and Service Learning

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Abstract

When teachers believe in their own ability to teach, they are more likely to provide better instruction for their students. It is not uncommon for new teachers to doubt themselves in the classroom. Not only do teachers have to show a level of confidence, they must also display particular dispositions in their work. “Dispositions” is a term that is often juxtaposed with knowledge and skills (Choi, Benson, & Shadak, 2016). NCATE (2008) defines dispositions as “professional attitudes, values, and beliefs demonstrated through both verbal and nonverbal behaviors as educators interact with students, families, colleagues, and communities” (p. 89). One has to wonder if these dispositions have any correlation with how teachers will interact with their students. The researchers in this study sought to determine what impact service learning through a cultural immersion experience would have on pre-service teachers’ dispositions towards students from diverse ethical, cultural and socio-economic backgrounds, especially when poverty is involved. The researchers sought funding from their university to take pre-service teachers in the Department of Teaching and Learning to a facility designed to train groups in appropriate technology for specific third world countries around the world. Pre-service teachers lived in traditional houses, took on traditional roles, learned about commerce through bartering and trading, as well as experienced poverty in a simulated environment. By engaging pre-service teachers in service learning, the researchers hoped to gain insight into how exposure to different cultural environments may impact teacher candidates’ dispositions and thoughts toward poverty.

Keywords: Trauma, dispositions, empathy, preservice teachers, service, learning.

Information:

The dispositions that teachers have towards their students can have a direct impact on the students' learning. Teachers who are not aware of their students' backgrounds or personal circumstances often find it difficult to connect with them in the classroom. Instructors must include tolerance, empathy, and commitment to the field of dispositions pre-service teachers should have (Karges-Bone & Griffin, 2009). Individuals who are trying to navigate first year teacher education programs and their first years in the classroom can become overwhelmed and frustrated (Osler & Russell, 2013). They need training and support to help them in their transition to becoming full time educators. One possible way to guide pre-service teachers (hereafter referred to as teacher candidates) in the right direction is to have them engage in cultural immersion through service learning. In service learning pedagogy, Marchel and Shields (2011) explain that there is the drive to have "increased field experiences and the design elements for addressing the dispositions necessary for teachers (p. 2). It is possible for teacher candidates to be impacted, even minimally, in their attitudes and beliefs.

Review of Literature:

Generally, trauma would be considered a physical or psychological injury that a person experiences at some point in his or her life. This injury cannot necessarily be quantified by others, as the depth of pain that the individual feels is strictly personal. In the past, there was an individualized approach to how victims of trauma were treated (Gutierrez & Guterrez, 2019). That has changed over the years to include identification of and support from family members and outside agencies. Just as there are victims of physical trauma, there are victims of cultural trauma as well. According to Phipps and Thorne (2019), students of color have faced cultural trauma for many years. This is a result of a history and social inequities. Cultural trauma is very specific and is directly related to how individuals process information and behave when forced to recall certain situations. Jamili and Roshanzamir (2017) state that if members of a group are traumatized, the trauma becomes "cultural trauma" or "collective trauma" (p.114). When this cultural trauma is coupled with marginalization, the overall impact is compounded.

When it comes to children that experience trauma, teachers must know how to best work with issues related to grief and anxiety. Teachers will not automatically go to school equipped to deal with each issue that confronts them. When they interact with students who have experienced an adverse situation, teachers must be prepared to handle the students appropriately. Honsinger and Brown (2019) posit that teachers must be trained to be trauma-sensitive as they enter their classrooms. This concept is centered on the idea that teachers should develop "an awareness and understanding of the impact

of trauma on the lives of children” (p.144). In doing so, teachers can implement strategies that are more effective than traditional methods in the classroom to support learning. Likewise, trauma-informed teachers are those who understand their role as part of a support system for students. They are able to create environments that maintain healthy boundaries, build classroom connections, and serve as a bridge for appropriate support services (Venet, 2019). Teachers who are trauma-sensitive and aware of how trauma impacts students, have clarity on what their role is in the lives of these students.

Having this understanding includes not only awareness and sympathy, but empathy as well. It is not easy to teach a person to be empathetic. It involves three primary components: 1) the ability to take the perspective of another person, 2) the ability to experience what another person feels, and 3) the ability to communicate verbally and non-verbally to the other person that the former understands what the latter is feeling (Bouton, 2016). The term empathy is often used synonymously with sympathy but entails a deeper personal connection. Empathy in a classroom can have a major impact on students. Teachers who are unable to empathize with their students may have more difficulty connecting with them. It is possible for classroom teachers to be empathetic if they are properly trained (Bloom, McNeil, Flasch, & Sanders, 2018). Teacher preparation programs may have to assume responsibility for making sure that teachers are more sensitive to the personal situations of their students. Leake (2016) offers that empathy can be taught as both rhetoric and as disposition. Naturally, we are prone to feel strongly about those with whom we share the most commonalities and subsequently we have less empathy towards other groups. This results in a trend known as “egoistic drift” (Hoffman, 2001, p. 56). If we make empathy part of our daily practice so that it becomes a natural habit of our mind, it can potentially settle into our personal dispositions (Leake, 2016).

Those dispositions include sensitivity to student needs, improved attitudes towards learning, and heightened awareness of varied cultural and personal differences (Shao & Tamashiro, 2013). Teachers can have anxiety when working with students from cultural and socioeconomic backgrounds that differ from their own, with the fear that they may not know how to relate to the students (Azano & Stewart, 2016). This, in turn, has the potential to result in bias towards those groups. Farnsworth and Mackenzie (2015) believe that teacher educator programs must do a better job of training teachers to examine their personal dispositions toward culturally and linguistically diverse groups and seek ways to develop dispositions that reflect empathy, inclusivity, care, and advocacy.

Contribution to Relevant Discipline

Three faculty members from the University of West Alabama (UWA) requested funding to take teacher candidates from the Department of Teaching

and Learning on a cultural immersion trip for service learning during the Spring 2019 semester. The purpose of the “field trip” was to determine the extent to which cultural immersion experiences through service learning impact teacher candidates’ dispositions. This study was conducted in conjunction with UWA 103: Career Explorations. Given that such a large number of teacher candidates are still “novel” in their understanding of what they fully need to be effective teachers, this research study offered a glimpse into how to help them in their growth as new educators. Teacher education programs have the potential to make adjustments and changes to their curriculum to include a service learning component that speaks towards assisting teacher candidates better develop their personal dispositions as they enter classrooms around the nation. This is most important for teacher candidates who will work with students from diverse ethnic, cultural, and socioeconomic backgrounds. Given that they were at the beginning stages of their program, this was the optimal time to explore where the teacher candidates would be in their thought processes. This study aligned with three out of ten Interstate Teacher Assessment and Support Consortium (INTASC) standards for education: INTASC Standard #2- Learning Differences, INTASC Standard #3- Learning Environments, and INTASC Principle #9: Professional Learning and Ethical Practice.

Background of University

UWA is a state-supported, coeducational institution of higher learning in Livingston, Alabama. The University values a diverse student enrollment and welcomes students from throughout the United States and from other countries.

UWA has traditionally been known as a Predominantly White Institution (PWI) where the majority of the population is comprised Caucasian students. In recent years, the demographics at UWA have become more diverse with a greater enrollment of minority and international students, causing the university to be considered a Predominantly Black Institution (PBI). This is not to be confused with Historically Black Colleges or Universities (HBCUs) which were originally established to serve the needs of African American students who were not allowed to attend majority institutions.

Description of the Black Belt

Generally, a county is included in the definition of Alabama's Black Belt region if there is an African American population at or above 50 percent. This high percentage, to some extent, reflects the agricultural plantation system, which influenced 19th century settlement in the region. Many people migrated out of Alabama when the economy began to decline in the Black Belt,

which was prompted by farming becoming more mechanical leading to the need for less manual labor. Cotton agriculture declined as well, while coal and steel steadily rose. More and more individuals left the region. Nine out of the 10 poorest counties in Alabama—Barbour, Dallas, Greene, Hale, Lowndes, Macon, Perry, Sumter, and Wilcox—are in the Black Belt. UWA, situated in Sumter County, consistently seeks ways to support economic growth and development in Sumter County and the surrounding areas. This information is significant in relation to this study because of the concentration on impoverished areas.

Methodology

In order to collect data for this study, the researchers administered surveys to the participants. Surveys can be designed to measure many different outcomes for study participants and are used widely for various purposes. Immekus (2016) posits that the type of survey selected for a study should be in direct alignment with what is being measured. Stating the measure at the onset of a research study decreases the possibility that results are not aligned with the intended results. For this study, the researchers gave volunteer participants a pre-survey that evaluated their current dispositions using a Likert scale. This particular survey was adapted from The Community Action Poverty Simulation Experience (Stout, 2016) and was designed to measure an individual's dispositions related to their thoughts about poverty. The pre and post survey had have the same questions. The post survey included four additional self-reflective open ended questions. The researchers submitted the survey for IRB approval before administering it to participants.

Proposed Study

The site for this cultural immersion experience through service learning was the Servants in Faith and Technology (SIFAT) campus in Lineville, Alabama. SIFAT is a non-profit organization that trains various groups in community development for impoverished countries around the world. Those who participate in the overnight retreats or day-long activities at SIFAT learn more about global issues, basic needs, scarcity of resources, and disparity. SIFAT staff members use their 176-acre farm as the setting for the daily training that they conduct for school and church groups that visit year round. Participants can experience activities such as living in slum areas, determine ways to survive without adequate resources or technology, and create projects that can be implemented in another country.

For the purpose of this research, the goal was to see what impact, if any, a service learning project would have on teacher candidates and their dispositions towards people from diverse cultural backgrounds who may be in situations of poverty. Participation in the service learning project was

completely voluntary. Teacher candidates who did not attend were required to interview a teacher candidate who did attend to get feedback on the trip in order to create a trifold brochure with information. Those who attended the trip were committed to staying for a day and a half, fully participate in all activities, and create a reaction video upon their return.

This trip was intended for new students entering the field of education, but was open to students further along in the program if they chose to attend. The teacher candidates from UWA stayed in the Global Village for 22 hours to have a first-hand experience of what life is like in a remote two-thirds world village. Each teacher candidate spent the night in dwellings that were designed by SIFAT's international students. They cooked over an open fire and worked at jobs appropriate to that part of the world as part of their overnight stay. The various houses in the village were representative of those that are in Bolivia, Ecuador, Guatemala, India, the Philippines, Nepal, Nigeria, Liberia, and Uganda. The Global Village Overnight included both breakfast and dinner for all participants. As part of this experience, the teacher candidates also participated in the Grain and Water Challenge that took place in the Global Village. This activity illustrated world hunger and three of its root causes: poverty, war, and unequal distribution of resources. All participants were divided into the countries listed above and were challenged to metaphorically feed their country for a full year.

The Experience:

Teacher candidates were divided into five countries with seven family members in each group. They initially packed bags with toiletry items and various personal belongings along with snacks during their stay. When they arrived at SIFAT they were each given a potato sack and instructed that they could only take a total of eight items with them. Three of those items could be a sleeping bag, a flashlight and a jacket. They were allowed to select the other items they wanted to include, but they could not bring more than eight. During the day of the trip, it rained non-stop, which made the conditions both wet and chilly. The guide for the trip took the teacher candidates on a hike through the wilderness from the comfort of the dormitories to lead them to the Global Village. In order to get there, teacher candidates had to cross a river using a fallen tree trunk as their "bridge" and a rope as their handle. This proved to be quite cumbersome for the teacher candidates, as they had to navigate their way across the bridge holding their potato sack and not fall into the water due to the slippery conditions.

Once they made it across the bridge, the teacher candidates found themselves at the customs area. This is when they were forced to show their potato sacks to the customs agent and wait for directions, as they were considered refugees in the simulation. The customs agent confiscated

whatever items he saw fit. Teacher candidates lost their phones, their blankets, their lighters, their pillows, and their snacks. One teacher candidate was in tears after the customs agent confiscated her snacks and proceeded to eat them in front of her. The teacher candidate was close to losing her temper as she shared her concerns with one of the researchers. The researcher reminded the teacher candidate that this was indeed a simulation; the customs agent was only acting and did not know her personally. His acting was to demonstrate how things may be in some countries if foreign visitors attempted to enter without abiding by the guidelines set forth by the host country. Once the teacher candidates made it to the Global Village and were assigned their dwelling places, they received food rations from The United Nations (actors from SIFAT). Each country received different amounts of rations for their dinner: (quinoa, salsa, and cheese) and for their breakfast the next morning (oatmeal and brown sugar). No country received all of any one food item, which meant that in order for everyone in the country to eat, the residents had to ask for resources from other countries.

Drenched from the rain and tired from the mile and a half walk through the wilderness, the teacher candidates had to settle into their homes and prepare to feed their families for the evening. This was difficult for a number of reasons. The first is that the weather conditions left everything in the woods damp. This meant that it was nearly impossible for teacher candidates to start a fire. They required a fire to boil their water from the creek to cook their food and to sterilize it in order to drink. It took residents in the different countries one to two hours to start a fire in their villages. Several teacher candidates resorted to burning their shoelaces and even spare underwear. The second reason that preparing for the evening was difficult is that none of the dwellings had true beds. Teacher candidates had to come up with creative ways to devise where they would sleep. Residents in one country were able to push together three wooden benches for a make-shift cot, while the residents in the other countries had to sleep on the dirt floor of the hut. They were all able to use their sleeping bags, but still found themselves to be quite uncomfortable later that evening. (In one country the residents did not sleep at all. They stayed up all night talking and getting to know each other better. The residents in another country had intermittent sleep after one resident insisted that a scorpion invaded their personal space).

It was not long before the teacher candidates began to grumble about their situations. They were wet and chilly from the rain and did not have a change of clothes (they were not allowed to bring extra items in their potato sacks). Many of them had never seen quinoa before and did not know how to prepare it. With no way to season the quinoa aside from the cheese and salsa and no meat to accompany it, several of the teacher candidates felt that they were unable to eat the meal that they prepared. This left them feeling “hungry”

for the night. Teacher candidates were afraid of bugs and wild animals during the evening (there was a snake sighting by the creek) and when evening came, it was pitch black outside, aside from the light of the moon. Teacher candidates were able to walk from one country to another with their flashlights, but they were careful as they attempted to navigate the terrain. For many teacher candidates, the trip to the latrine was traumatizing. They had never used an outside toilet before and most certainly not one that was a narrow wooden structure that enclosed a hole in the ground.

The next morning the United Nations woke up everyone at 7:00 am to begin their day. The teacher candidates had to take on traditional roles that would be considered customary for men and women in various countries. Someone had to get dry leaves and kindling to start a morning fire, someone had to get water from the creek, and someone was responsible for breakfast. As was the case the previous day, not all countries had the same quantity of items to prepare their breakfast. Therefore, they had to ration out supplies to make sure that everyone had oats and brown sugar. Teacher candidates with “texture issues” did not eat the oatmeal. Some simply did not know how to prepare it, just as they did with the quinoa. It is important to note that all of the teacher candidates at least tried the quinoa and the oatmeal, and the vast majority of them ate what they prepared. There were only a few outliers that felt they were unable to eat the food.

After breakfast, The United Nations engaged everyone in The Grain and Water Challenge. Each country was given a small bag of grain and a few coins that represented their production and consumption rate. They had to trade with other countries per their trade agreements. It was in this simulation that the teacher candidates demonstrated their survival skills. Countries were meant to barter and trade with each other and most did. However, there were many residents that implemented arbitrary taxes for individuals to cross a bridge to go from one country to another. Residents also inflated trading prices for a cup of grain that was not in the actual trading agreement. Other residents pirated other countries. The country that was most disliked by all of the other countries was the United States, primarily because it was the wealthiest nation.

When the simulation was complete, 22 hours after they first arrived at SIFAT, the teacher candidates were exhausted, dirty, and hungry. They were able to return to the dormitories and take a brief shower. The researchers put out an abundance of snacks for the teacher candidates, enough that everyone could have at least two to three items each, along with a drink. It was interesting that the teacher candidates hesitantly approached the counter to get their snacks and they only took one item at a time, possibly two. Their body language showed their reluctance to take a snack, but they later admitted that they were hesitant because they thought carefully about how their food was rationed the last two days. They did not feel that it was necessary for them to

rush to get snacks. As the teacher candidates settled to eat their snacks and debrief with the tour guide on their experience, they learned that there were enough resources during the Grain and Water Challenge that no one had to starve in the simulation. This was likened to the fact that there is enough food in the world to go around for everyone and no one has to starve. What people experience every day is simply the harsh reality of the unequal distribution of wealth. There is a great divide between the have and the have nots. Those with limited resources experience the trauma of poverty each day both in the United States and in third world countries. The question is, how does knowing this and seeing the property first hand have an impact on teacher candidates dispositions towards poverty?

Teacher Candidate Responses:

To answer the above question, the researchers looked at how the teacher candidates responded to the survey when they returned from the trip. The questions on the Likert scale from the survey will be used for a later discussion to provide quantitative data. For the purpose of this discussion from a qualitative perspective, the researchers focused on the responses from two of the four following open-ended questions:

- 1) The things that I found to be the most challenging during the simulation were (ex. lack of resources such as transportation, education, or other):
- 2) The changes I would suggest making to improve the poverty simulation experience are:
- 3) What do you think can be done to address poverty and do you have a new desire (inspired by this experience) to be involved in efforts to address poverty?
- 4) From the best of your recollection, did you change any answers from pre to post survey? What changes did you make? What aspect of the cultural immersion experience had an impact on your understanding of dispositions? Please be as specific as possible.

Some students admitted that they felt the service learning trip changed them in some way. They saw the experience as not only insightful, but a way to improve their dispositions toward those in poverty. Even though the majority of the PSTs felt the service learning trip had some level of impact on their dispositions, some believed that their ways of thinking were only slightly altered after they returned. They stated that their responses did not change from the pre survey to the post survey. Yet, their extended responses suggested that they were able to walk away with some meaning from the trip. The responses below are direct quotes from Question 3 and Question 4.

*Please note that to maintain the integrity of the responses from the PSTs, the researchers copied the statements verbatim. There are considerable

grammatical errors, but the researchers did not feel that those took away from the content. As well, there are responses from two Asian students with limited English speaking proficiency. The responses are in no particular order.

Question 3 What do you think can be done to address poverty and do you have a new desire (inspired by this experience) to be involved I efforts to address poverty?

I feel like America should supply other countries more resource[s] to live off of since we have plenty to share.

More help from [the] government.

I do want to be involved in addressing poverty. Since attending SIFAT, I have been very grateful. I have tried not wasting food as a result of the trip. I believe that citizens need to be aware of how bad poverty is before they are willing to help.

Things that can be done to address poverty is to make sure everyone has basic needs and are safe.

I believe that if we all help one another we could help people in poverty. Yes, I do have a new desire.

I feel like America is a country who is more well off than other countries. It should help out those other countries because we have the ability to. I learned this from The Grain Game we played. I do have a new desire to be involved in efforts to address poverty.

Mission trips, raising money, food drive, donations of clothing, furniture, food, shoes.

I do have a new desire to address poverty. I felt like an activist after I left.

Some organizations do have clothing drives and raise money for countries that are in poverty. Free health care is provided for the people as well.

Not to complain, not to [be] angry about in this situation in mind. Be positive and calm down to solve the problems with your family members. I know that creating the opportunities in the bad situation is hard, but everything is possible. People need to go out and look around to gain more chances.

Water filter for clean water to use for drinking and bathing.

I have a whole new outlook on poverty. I feel that people who live in poverty need more aid to help in certain situations.

I think that the poverty should be addressed and helped through people wanting to help and give. Yes, because even though we were able to go home most students that you teach cannot get out of it.

Do a mini poverty simulation on campus. This could be to represent poverty in the United States and how people struggle to buy food, buy clothes, and keep a place to live.

I am inspired to attain a passport and travel out of the country. I hope to study abroad soon.

The experience did make me have a new opinion about poverty. I think America should help people in poverty.

Everything starts small so if schools and communities get together and donate things of need and send to people around the world will be best.

I do have a desire to be involved.

In order to address poverty more people should take action to address the issue and provide resources for those people who endure it.

I don't feel like I was taught everything I needed to know to fully grasp the way they lived, but I would address poverty and help any way I can.

I have always wanted to help those [who] were less fortunate as I and after this experience, it makes me want to even more.

Create more jobs, create affordable childcare, expand Medicaid.

More jobs, different programs, mentors, and I mainly want to help by providing for the kids that go through these things.

I do not have a desire, but I do have compassion.

We can join the international volunteer team or use our major to serve who need[s] the help. Also, we can donate our pocket money to sponsor a child. Let children have more resources and live and have chance [to] go to school.

Question 4: From the best of your recollection, did you change any answers from pre to post survey? What changes did you make? What aspect of the cultural immersion experience had an impact on your understanding of dispositions? Please be as specific as possible.

Yes. The changes were subtle.

Yes. Chance can let me more understand those country's life. And give me a chance to think what can I do for them. Also, what can I teach my students to know about those countries. Sometimes we cannot change their life but we can help them to be better in the future.

Yes. Understanding and learning more and actually living like people live every day. Realizing how hard it is for certain people and how they have no choice but to live that way really showed me to not take life for granted.

Yes. What I went through, how we had to sleep when we were there. What we had to go through with not knowing how to start a fire or how to cook the food.

Yes. Not being in poverty, I didn't know how bad it actually was until I had this experience. Complaining about a mattress being worn out is better than sleeping on the ground. Not having a big supply of food, I understood that not everyone has as much of a variety of food like we do. As a future educator you have to understand the possibilities of what a child is experiencing at home or if they even have a home.

Yes. Having an eye-opening experience and being placed in the shoes of others who are not as fortunate as I.

Yes. I realized that I do take a lot for granted in this world and that I should focus more on helping others. I also need to focus on someone's possible background rather than making assumptions based on their looks and actions. I also realized that I don't need to eat a lot to be full. I ate while I was there and was full the majority of the time. Food is a luxury and I need to learn how to appreciate it more.

Yes. This had an impact on me because of the challenges we had to face as a team with limited resources. This helped me understand because I experience[d] the challenges first-hand and realized how hard my life would be if that was my life.

Yes. I learned that no matter what is going on in your life, whether good or bad, you should always remain with a positive attitude because it can have an effect on those around you.

Yes. I realized that I am very privileged and I will no longer take things for granted. I will do more to help my community and love all that are around.

Yes. I believe that this experience is something that everyone should experience. It would be very beneficial to all. I think we should only be able to use disposable cameras instead of our phones. NO ELECTRONICS at all!

Yes. This experience opened my eyes more to see how difficult it is for us to live in a third world country. I thought that I could sort of relate to these people, but I was wrong. If I could go on this experience again I would in a heartbeat.

Yes. The experience makes you see that the U.S. has a better chance at everything. You also see the fact that students might come into your classroom hungry and tired. Their clothes might not look good and they might even smell.

Yes. I feel that having this experience was great for me. Growing up I was very sheltered and did not realize what people had to go through to just simply live. I [now] have a great understanding and will be able to show compassion for people in poverty.

Yes. One day when I become a teacher there may be a student or students in my class that don't have the proper resources at home that allow them

to [be] resourceful in the classroom because they may have gone to bed the night before hungry or wasn't able to complete homework assignment[s] because they don't have power.

Yes. I think I very much enjoyed this trip. When we were going to meet custom[s], I knew that was fake and a situation drama. They wanted us [to] know about some of the customs that are rude and even not controlled by government. I am glad to live in the good relationship and kind country. For my travel experience, I haven't met this problem before putting me in the simulation. I am not angry and complaining. In this trip, we made in a group for seven people. I saw many different characteristics. Some of the classmates couldn't accept it and some of them were complaining. We made fires and cooked by ourselves. While facing these challenges, I saw many attitudes. You could participate or you rejected to help others. No one wants to be in bad life and poverty. Everyone has the responsibility to make life better.

Yes. This change has opened my eyes more than before because I was able to experience hard times. I was able to work hard to provide for my family. This trip inspired me to care more about the less fortunate people.

No. I have always had open eyes because of the way my family raised me. The experience has shown me to be a little more understanding. Everything is not given and when you work for what you have, you'll have more value for it. When my tribe family and I had to work together to start the fire and cook our food impacted my understanding of dispositions. We took nearly two hours to get the fire started. At that point we were desperate for food. Once we got the food done we were proud and did not focus on taste.

No. This trip allowed me to see how blessed I really am. I cannot fathom how people can live like that from day to day.

No. There were no changes. I have always thought the same about everyone. The thought of being able to be more grateful had an impact on my understanding for disposition.

No. I understand how people in other countries live. They are probably comfortable with their lifestyle. It was only hard for me because I was raised differently and if I was there alone I probably would've had a breakdown.

No. A person usually never thinks about other cultures and their environment until they walk in their shoes. Being in their places inspired me to want to learn more about them. I enjoyed the different houses, starting fires, and making my own food. It was an experience I wouldn't trade for the world.

No. My thoughts did not change. I believe I was a good person before the trip.

No. To the best of my recollection I had no changes.

No. Not many of my answers changed, but the ones that did was because we as privileged people had to be thankful for what we have and need to help the ones who don't have much. I believe that the cultural immersion helped me realize that I am so glad I went in with an opened mindset so I could receive as much information as possible.

Conclusion

The researchers knew that the teacher candidates had a considerable amount of growing to do, as most of them did not have much exposure to cultures other than their own. Although this cultural immersion service learning experience was only a simulated environment, it was as close to reality as they would get in a limited space. The teacher candidates were at varied degrees when it came to recognizing their biases. Some admitted before the trip that they did not want to attend because they did not want to sleep outside. Others had no desire to go for an extended period of time without being able to take a shower. Both the sleeping arrangements and the availability to attend to matters of personal hygiene were directly related to the living conditions that residents face in countries around the globe. For students to express that they did not want to experience these “inconveniences,” even for a short period of time, suggested either their lack of empathy for others or their lack of desire to be without their own comforts. What the researchers discovered is that the trip may not have completely changed the teacher candidates’ dispositions. What it did accomplish was to give them an opportunity to try to begin to develop empathetic characteristics at most, and begin to be more appreciative of their blessings at the very least.

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School Counselors Help Build Resilience After Natural Disaster

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Abstract

Natural disasters affect large numbers of children and youth in communities around the world. Unlike other crises, natural disasters impact entire communities, including the students and educators alike. These critical situations cause physical, emotional, academic, and psychological issues for those impacted. Educators, especially school counselors, often become a source of support for students and families. Providing support to students after a natural disaster is one protective factor that school counselors can provide that can help the students build resilience. Interviews were conducted to explore the lived experiences of school counselors who had experienced a natural disaster in their community and/or school. A dozen school counselors were contacted via email asking for their participation. Seven counselors participated in the interview. The school counselors interviewed all believed that experiencing the disaster with their students helped them provide more meaningful aftercare and all experienced some level of vicarious trauma or stress. All seven interviewees believed their personal experience of the natural disaster helped them to provide support to their students in a more empathic way.

Keywords: Building resilience, natural disaster, school counselor, vicarious traumatization, providing support.

Introduction:

Natural disasters impact millions of lives each year around the globe. While the media and general population tend to focus on the physical loss and

devastation, the effects of natural disaster go beyond that and include emotional, psychological, and academic effects (American Psychological Association, 2019). Because many of those affected are children and youth, schools often become the staging area for providing support for the range of services required as communities heal (Coombe et al., 2015; Pfefferbaum et al., 2014). As a result, school counselors are frequently called to the forefront to provide support to those families and children. The support these families and children receive from the school and educators can play a vital role in helping these individuals build resilience after a natural disaster (Dias & Cadime, 2017).

Background:

The rise in school violence is alarming and has triggered policymakers and educators to take action by changing policies to increase the safety of our children in school (DeMitchell & Rath, 2019). There is no doubt that violence in our schools needs to be addressed; however, school violence is not the only trauma or crisis our children face. According to Dyregrov, Yule, and Olf (2018), natural disasters are on the rise as a result of climate change. In 2016, worldwide, 342 reported natural disasters caused 8,733 deaths, affecting 569.4 million people, and caused US\$ 154 billion damages (Guha-Sapir, Hoyois, Wallemacq, & Below, 2017). It is estimated that approximately 175 million children per year will be affected by natural disasters (Codreanu, Celenza, & Jacobs, 2014). For American youth, approximately 14 percent will experience a disaster during their childhood (Self-Brown, Lai, Thompson, McGill, & Kelley, 2013).

When disaster strikes, communities tend to gather seeking support and comfort from people and places that are familiar. Schools are often one of the first and most central locations of relief operations (Coombe et al., 2015; Pfefferbaum et al., 2014). As a result, school staff, more specifically educators and school counselors, end up playing a vital part in the recovery process (Coombe et al., 2015; Pfefferbaum et al., 2014). The school, serving as a core for relief efforts, is often used as a primary access point for mental health services because these services can be delivered in schools without the stigma commonly associated with mental health interventions, and parents and families know and generally trust school personnel and processes (Coombe et al., 2015; Pfefferbaum et al., 2014). As a result, educators and especially school counselors, are vital participants in providing post-disaster services (Coombe et al., 2015; Pfefferbaum et al., 2014).

The American School Counselor Association (ASCA) clearly identifies the role and duties of a school counselor through the use of position statements. One position statement specific to crisis situations such as a natural disaster states “the professional school counselor’s primary role is to facilitate

planning, coordinate response to, and advocate for the emotional needs of all persons affected by the crisis/critical incident by providing direct counseling service during and after the incident” (2007, para. 5, as cited by Studer and Salter, 2010). Based on this statement, it is evident that school counselors are not only responsible but professionally required to respond to the needs of the students in the aftermath of a natural disaster. Given the estimated number of children expected to be affected by a natural disaster in any given year and considering the importance school counselors play in providing post-disaster services, school counselors need to understand ways in which they can help children and families cope with the adversity of a natural disaster and build resilience.

Literature Review

Impact of Natural Disasters on Children

Natural disasters include all types of severe weather that pose a significant threat to human health and safety such as winter storms, floods, tornadoes, hurricanes, earthquakes, wildfires, or any combination of these events (Homeland Security, 2018). Natural disasters affect everyone, and the result of natural disasters can range from physical injuries or death to emotional and psychological problems (American Psychological Association, 2019). The overall effects of any natural disaster can be long-lasting.

According to Codreanu, Celenza, and Jacobs (2014), approximately 5-43% of children who experience a natural disaster will experience post-traumatic stress disorder (PTSD). Long-term reactions include unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea. (American Psychological Association, 2019). Children may also experience changes in appetite, revert to developmentally inappropriate behaviors like bed-wetting or thumb-sucking, develop sleep issues, and exhibit psychosomatic issues (American Psychological Association, 2019). Many children experience depression, anxiety, as well as other mental health disturbances (Codreanu, Celenza, & Jacobs, 2014). When children experience a natural disaster, their reaction include a range of internalizing (e.g., depression and anxiety) and externalizing (e.g., aggression, disruptive behavior, and conduct problems) behavioral problems (Rubens, Felix, & Hambrick, 2018). These long-lasting issues often require the support of trained professionals.

The impact of natural disaster on children does not stop at mental health. Children’s education is also impacted (Kousky, 2016). When children experience a crisis, there is the potential for impairment in problem-solving abilities and academic growth to occur (Studer & Salter, 2010). School attendance may decrease, and mental health symptoms may directly impact academic performance (Kousky, 2016). As school counselors attempt to help

students cope with the aftermath of a natural disaster, school counselors need to consider ways in which they can help students build resilient. School counselors also need to consider ways in which they can help themselves cope with the trauma of the natural disaster.

Vicarious Trauma

Natural disasters are associated with weather events (Homeland Security, 2018). Some weather events are extremely isolated as with some tornadoes or localized flooding while other weather events are more widespread as with hurricanes, large tornadoes, wildfires, or earthquakes. Depending upon the size of the area impacted by the natural disaster, it is feasible that the school counselor is experiencing dual effects; primary effects from facing the disaster personally, as well as effects experienced vicariously by counseling students who have also been affected (Lambert & Lawson, 2013).

Vicarious trauma, sometimes referred to as compassion fatigue, secondary traumatic stress, or secondary victimization, is described by the American Counseling Association (n.d.) as the “emotional residue” that plagues the counselors as they listen to the pain and distress the client or student has endured. Vicarious trauma is defined as a state of tension or a preoccupation with the stories or trauma experienced by clients (American Counseling Association, n.d.). Though the school counselors impacted by a natural disaster are likely facing personal crises, they are likely to put off their own needs to counsel students (Trippany, Kress, & Wilcoxon, 2004). The indirect exposure imposed upon the school counselor by the students and staff seeking counseling who were impacted by the natural disaster can affect the school counselor’s wellbeing (Trippany, Kress, & Wilcoxon, 2004). Trippany, Kress, and Wilcoxon (2004) report mental health effects due to vicarious trauma can include disruptions to memory and belief systems as well as a change in the counselor’s cognitive schema of identity. Trippany, Kress, and Wilcoxon (2004) also indicate that vicarious trauma is often associated with burnout or countertransference.

In situations like natural disasters where there is a high degree of stress, it is important for the school counselor to step back and assess their own wellbeing in order to remain effective and mentally healthy (Barjon, 2008). The American Counseling Association Code of Ethics (2014) actually requires the counselor to practice self-care strategies. If the school counselor does not engage in self-care, their ability to provide support and help their students cope and build resilience will be negatively impacted. Successful counselors are driven by empathy, but such drive can lead to emotionally taking on the client or student’s issues, and can therefore harm the counselor. Since driving ethics

require the counselor maintain self-care (ACA, 2014), experiencing burnout and countertransference put the counselor at risk of doing harm to the client.

Building Resilience

One question that has perplexed those in the helping profession for decades is ‘why do some individuals seem to overcome and do well when faced with adversity and others do not?’ (Arditti, 2015). The answer to this question seems to be resilience. According to Walsh (2016), resilience is the ability to withstand and rebound from crisis and prolonged adversity. If resilience is the answer, then the next question would be ‘why do some individuals seem to be more resilient than others?’ This is a question that has been researched by scholars for decades, and the most agreed-upon answer is that the degree of resilience depends upon the number of protective factors an individual possesses or experiences (Glantz & Johnson, 2002). According to Dias and Cadime (2017), protective factors are individual characteristics or external conditions that help people cope with adversity. Some individual characteristics include perseverance, determination, self-efficacy, creativity, intelligence, and self-awareness (Dias & Cadime, 2017; Glantz & Johnson, 2002). Some external conditions include family support, good interpersonal relations, teacher and school support, and community relationships and resources (Dias & Cadime, 2017; Glantz & Johnson, 2002). The impact of teacher and school support as a protective factor needs to be explored as one-way school counselors can help children be resilient in the aftermath of a natural disaster.

As with many traumatic experiences, the needs of natural disaster survivors are unique, and the response efforts of helping professionals need to be specific and well informed (Boyd, 2016). Many survivors of natural disaster need to regain a sense of control over their lives (Boyd 2016). In the aftermath of a natural disaster, many individuals are not ready or willing to talk about their feelings, thoughts, or experiences. (Boyd, 2016). One way helping professionals can assist survivors in regaining control in their lives is to be aware of and respectful of individuals lack of desire to talk about the event (Boyd, 2016). According to Boyd (2016), supportive listening and not feeling judged by the helping professional are two significant post-disaster interventions; however, many times disasters present situations that are far beyond anything many counselors/helping professionals have ever experienced making supportive listening and unintentional non- judgmental behavior easier said than done. Fortunately, or maybe, unfortunately, school counselors have the upper hand in their ability to provide these two essential post-disaster interventions to their students.

Interviews

Interviews were conducted as a part of this project but were not done as part of a formal study. The authors did not seek IRB approval, did not use a specific research design, nor use a formal data analysis tool. Interviews were conducted simply to explore lived experiences and provide support for current literature.

Participants

The authors of this article identified colleagues who were professional school counselors or counseling interns at the time of a natural disaster. The authors attempted to identify school counselors or counseling interns from a variety of different disasters in various parts of the United States. A dozen school counselors who had been working in the schools at the time of a natural disaster were contacted by email and asked to respond to a series of questions. Five counselors provided email responses and two counselors completed a phone interview.

Procedure

One author was designated as the individual who was going to conduct the interviews and informally analyze the content of the interviews. As an individual was identified, their name and contact information were given to the designated author. The interviews were conducted via email or telephone. Counselors were given the option to respond by phone interview or by email. The author designated to analyze the data collected from the interviews reviewed the answers to each question and identified common answers. Based on the common answers, the author made conclusions about the overall experiences of the counselors/interns interviewed.

Each counselor was asked to answer the following questions:

1. What natural disaster did you experience as a professional school counselor or school counseling intern?
2. How were you personally impacted?
3. How long ago did this occur?
4. Do you feel your personal experience with the natural disaster helped you provide support to your students and faculty?
5. If so, why do you think your own experience with the natural disaster helped you provide support?
6. Did you experience any vicarious trauma?
7. If so, how did you cope with it?
8. Did you notice any protective factors that helped your students with resilience in this disaster?

Results

Of the seven counselors who responded, two of them were involved in hurricanes and the other five in tornadoes. The various disasters occurred across almost two decades from 2000-2019. Counselors personal impact ranged from having area friends and family impacted to being at the school during the touch down of the tornado.

All counselors reported that their personal experiences shaped their professional experiences and helped them provide support in a more empathic way. The theme across answers was that there was certainly a level of vicarious trauma to watch their communities suffer, but that they gained great personal and professional satisfaction by being able to play a valuable role in the recovery process. Counselors all reported coping with the stresses through self-care practices and professional and personal support through colleagues, family, friends, and faith-based communities. Of the counselors represented in this study, none reported unhealthy coping skills.

One of our respondents, a veteran school counselor, had experienced an E5 tornado hitting her school in 2013. She was in the school along with two of her children when the tornado touched down. She stated, “my school was destroyed. Our community was decimated.” She reported it was important that she walked through the disaster with her students. “I had empathy for our students and faculty because we endured it together. She noted that she saw an improvement in their anxiety levels by educating them in what causes tornadoes, letting them see her stay strong, being there for them when they were scared, by teaching them positive coping skills especially while using a program called Journey of Hope, created by Save the Children (personal communications, June 28, 2019).

Another respondent, a counseling intern at the time, also experienced a tornado in her school’s area in 2019. She had previously experienced another tornado as a child and used those memories of her reactions from childhood as a catalyst to help her better relate to her students. She also drew from the professional guidance of her supervisors. She noted that the most important protective factor she observed was community involvement. She noted that those students who were able to be with sports teams, church groups, or other community activities appeared to adjust more easily. She also perceived a better transition for those students who were able to resume a “regular” schedule. The intern noted that she did struggle with vicarious stress, and found a few coping strategies helpful in keeping herself healthy. She practiced methods of self-care, kept a schedule in place, and made sure she limited the time she spent caring for others (personal communications, June 29, 2019).

Counselors reported that the students who already had a strong support network through family, friends, and community or faith-based groups seemed to quickly connect and begin to rebuild. They also noted how vital disaster relief agencies were in providing for physical, psychological, spiritual, and

emotional needs, especially for those who did not have a strong network before the disaster.

While each circumstance was unique, all the counselors agreed that experiencing the disaster with their students helped them provide more meaningful aftercare. Counselors reported being able to model healthy emotions, help students build on their resiliency, remain calm, emphasize relationships, review or teach positive coping skills, teaching problem solving, and empathize and normalize feelings. School counselors also indicated that, while dealing with their own needs related to the natural disaster was sometimes stressful, serving their students helped them gain a sense of fulfillment and professional accomplishment.

Conclusion

Children and youth are not immune to the after-effects of natural disasters. The number of school-aged children impacted by natural disasters each year is significant, and therefore, the support needed to help with the post-disaster needs is significant. Since school communities, and especially school counselors, are often the most logical access point for services, school counselors have an essential responsibility to disaster victims. School support is one factor that helps to build resilience, and it seems as though school counselors who have personally experienced the same natural disaster as the students seem to feel as though they are equipped to provide more empathetic support. When dealing with a natural disaster, counselors are often dealing with their personal reactions to the crisis in addition to their professional response. While this could cause additional stress, those that were interviewed did not feel that it took away from their professional abilities but instead provided them with an opportunity to give back to their community and students.

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Natural Disaster

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Abstract

This article presents the natural disaster and how it affects children over the world. When there is a natural disaster occurring such as hurricanes, tornadoes, flooding, it can affect not only the family but the children as well. The children are often left to relocate, live with other family members, or separated from their parents. Natural disasters can lead to externalize behaviors with kids. The Journey of Hope, a school-based group work intervention for children and early adolescents who have experienced a collective trauma such as a natural disaster can assist kids with externalizing behaviors. Through the use of group work interventions such as group problem solving and experiential and reflective learning, children and early adolescent work toward improving protective factors to assist them in their recovery.

Keywords: Natural disaster, school interventions, trauma and children.

Introduction:

Since 2010, more than 700 natural disasters have affected more than 450 million people worldwide including more than 66.5 million each year” (International Monetary Fund, 2012). When a child is impacted by these traumatic events, it can affect a child’s communication, emotional, and physical well-being. The risk factors are life-changing for children and their communities (Garrett et al., 2007; Kataoka, Rowan, & Hoagwood, 2009; Walsh, 2007). Improving a child’s capacity to improve and overcome these traumatic events requires new methods and predictions regarding natural disasters (Gall, Borden, Emrich, & Cutter, 2011).

School interventions for children Impacted by Collective Trauma

The social impact on children impacted by a traumatic event such as natural disaster can be devastatingly contributing to “emotional strains and affecting a child’s physical and emotional growth” (LaGreca & Prinstein, 2002; Silverman et al., 20008). The emotional turmoil may be displayed through re-experiencing the event, hyperarousal, externalizing symptoms or

internalizing symptoms (Wang et al., 2006, p. 364). Research has shown that within a year after the traumatic event, children are often at a heightened risk for anxiety, nervousness, anger, depression, and acting out at school and/or at home (Kataoka et al., 2003; Liu et al., 2011). Longer- term issues may include an increased risk for depending on an illegal substance, anxiety-related issues, depression, and suicide attempts (Dube et al., 2001; McFarlane & Van Hoof, 2009; Putnam, 2006; Strauss, Dapp, Anders, von Rentein-Kruse, & Schmidt, 2011). Given the negative psychological series of traumatic events can have on young people, broadly accessible techniques that address their mental health necessities are the main priority (Peek, 2008).

School-based mental health interventions are particularly appropriate given access to young people in schools (Weist, Rubin, Moore, Adelshiem, & Wrobel, 2007). Not surprisingly, the majority of current services in mental health care delivered through schools (Burns et al., 1995; Weist et al., 2007). Although school may be the correct place to offer mental health services less clear is the most effective or relevant approaches to providing broad-based techniques to young people who have experienced a lot of trauma such as a natural disaster.

Cognitive-behavioral Interventions have, to date, been considered the gold standard of posttrauma school-based mental health interventions. Silverman and colleagues (2008) examined 21 studies on evidence-based psychosocial interventions for children and adolescents who displayed mental symptoms related to traumatic events and found that the majority were treatment-oriented and cognitive-behavioral focused. Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Trauma-Focused Cognitive Behavioral Treatment (TF-CBT), Trauma-Focused Coping in Schools (TFC), and Grief and Trauma Intervention for Children are all based on evidence-based cognitive-behavioral activities. These treatment-oriented programs are designed for young people who exhibit signs or have been treated for posttraumatic stress (Silverman et al., 2008).

The Journey of Hope Background

The Journey of Hope was initially developed in response to a post-Hurricane Katrina gang fight in New Orleans middle school after a crisis counselor reached out to save the children, an international organization involved in Hurricane Katrina recovery efforts. The fights were associated with the difficulties the youth experienced as a result of the hurricane including separation from family, displacement to new schools and neighborhoods, and negative adjustment to the context of post-Katrina New Orleans, including externalizing behaviors among young people. The youth involved in the conflict were also among those who were most adversely affected by the storm. They came from low poverty neighborhoods where many had

been previously been already engaged to community violence which put them at a higher risk for a variety of chronic traumas, including community violence, abuse, and neglect (Jones, 2007; Peek, 2008).

The Intervention Model

The Journey of Hope has evolved into a set of three programs that supports children between the ages 5 and 13 (Kindergarten to Grade 8) in normalizing emotions they may experience after. Disaster and develop positive coping skills through team engagement strategies, creative arts, and reading. The intervention model is organized into eight one-hour-long sessions, with groups of eight to 10 children that are generally implemented 2 times a week over a month within a school term or in a summer camp. The group leaders work with teachers and social workers to create diverse groups of eight to 10 students ranging from those who may be experiencing more difficulties with those who are coping well. If a child is exhibiting extreme externalizing behavior, he or she may be unable to function in a Journey of Hope group but would require a more one-on-one therapeutic program (Powell & Blanchet-Cohen, 2014). The core tenets of the program are to help youth understand and normalize key emotions, identify triggers and stressors, and create a positive coping mechanism to deal with these emotions dysfunction (Save the Children, 2009).

Strengths-based approach

The strength-based approach of the intervention involves providing children with positive resources to understand and cope with emotions caused by traumatic situations. According to Saleebey (1996), the strengths-based model in social work focuses on the “capacities, talents, competencies, possibilities, visions, values and hope” (p. 296) rather than their disorders or pathologies. The Journey of Hope supports youth by normalizing the pain they experience after trauma by building positive coping skills and helping them recognize internal and external resources that may support them. The intervention model helps a child address and overcome a traumatic event through building outside connection such as promoting a positive relationship with caring adults, building problem-solving skills, and promoting healthy peer relationships (Masten & Obradovic, 2006; Stevenson & Zimmer, 2005).

Group Work Techniques

Research has shown that children who work in cooperative and collaborative group environments tend to have enhanced preschool attitudes and academic achievement (Kutnick, Ota, & Berdondini, 2008). Fawcett and Previous researcher posited that through group work young people can learn from, help each other, and collectively resolve conflict. Group work

approaches in the Journey of Hope include the use of rituals, experiential learning, group problem solving, and reflective learning (Powell, Blanchet-Cohen, 2014).

Use of Rituals

The use of rituals is the main key to the intervention model. As Malekoff (2004) noted, rituals can build cohesion and increase group distinctiveness. In the Journey of Hope rituals service, in each group meeting, to improve sharing and increase comfort among the group members. For instance, each meeting has a similar opening activity that provides structure and consistency at the beginning of the group meeting. The younger kids gather around a parachute, whereas the older children sit in chairs in a circle. The group leader begins with a check-in and introduces the topic of the day (Holleran ,Steiker, & Powell, 2012).

Experiential learning

Experiential learning has been defined as “the involvement of learners in concrete activities that enable them to experience what they are learning about and have the opportunity to reflect on those activities (Silberman, 2007, p.2).” Through experiential activities group, participants may not only gain a cognitive understanding of a concept but also develop behavioral and affective skills to understand and internalize knowledge. Learning experiences involve more than simply hearing and reading, they consist of many “sensory, information-receiving systems such as moving, touching, and visualizing (Middleman & Goldberg-Wood, 1990, pp. 2-3).” Experiential learning is a central component of that involves role-play, cooperative games, and art activities integrated throughout.

Experiential learning is the main key of the Journey of Hope with role-plays, cooperative games, and art activities integrated throughout. This enables participants to learn about emotions and coping through didactic presentation and hands-on activities, to comprehend common post-disaster emotions and devise healthy coping strategies.

Discussion

The Journey of Hope offers young people an approach to process emotions associated with a collective trauma such as a natural disaster. The effectiveness of group work to enable young people to learn from and embrace each other in ways that man not be succeeded through individual therapy, alone (Fothergrill & Peek, 2004; Peek, 2008).

An initial evaluation conducted in New Orleans found that students who participated in the Journey of Hope exhibited improved self-esteem, increased the ability to identify their feelings, and a strengthened attachment

to their peers and the group workers (Blanchet-Cohen & Nelems, 2013). Following evaluations in New Zealand and Alabama have yielded similar finds and also indicated that the program helped reduce classroom disruptions and other externalizing behaviors such as anxiety and depression (Holleran Steiker & Powell, 2011; Powell, 2011). The format and focus on Journey of hope fills in a gap, complementing conventional treatment approaches that have a more limited reach and focus. Providing social and emotional support to groups of children in schools who have experienced a collective trauma can also support community resilience in the aftermath of a natural disaster (Barrett, Ausbrooks, & Martinez-Cosio, 2008; MacNeil & Topping, 2009; Ronan & Johnsoton, 2005). Further, given the broad-based nature of the Journey of Hope, the technique may be pertinent in addressing other traumatic events such as a school shooting or act of terrorism. It may also be adapted as a preventative measure to help children verbalize emotions and learn how to effectively put some of the stressors encountered in day-to-day life.

Regarding sustainability and transferability of Journey of Hope, a key consideration is identifying group works who possess a combination of knowledge and skills in strengths-based mental health and group work. In situation, where the school faculty and other staff have also experienced trauma, the school social worker or counselor may be overwhelmed with the demands around helping rebuild the school community and providing individuals care to more traumatized students, not to mention their mental health. This suggests that Journey of Hope may need to be delivered by experienced mental health professionals who work outside of the school. It is very vital to build a close relationship with the school to collaborate programming and to figure out the most effective group composition and size (Powell & Blanchet-Cohen, 2014).

Toseland and Rivas (2009) explained that the group should be structured so that members can cooperate and accomplish its purpose and goals. It is encouraged to collaborate with the administration at the school so that group workers know each group member's background and needs before they are assigned to the intervention. Further, it is suggested that the group worker be aware of each member background such as disciplinary issues, mental health diagnoses prior to commencing the group and that the group comprises a mix of students ranging from those who may be exhibiting more difficulties to those who are coping better. It is vital to note that if a child is exhibiting extreme emotional behavior and is unable to function in the group, the Journey of Hope may not be appropriate. Indeed, there are limitations to Journey of Hope for participants who exhibit either acute and/or chronic trauma from a disaster or related events, and who are so distressed that they may be unable to function in a group setting and, perhaps, will require an individualized, targeted mental health intervention.

Conclusion

The Journey of Hope contributes to the field of post-disaster group work by offering a fairly simple model that helps group members build coping skills using a strength-based approach. Through the use of group work, the intervention builds children's internal and external resources to help them move forward after a collective trauma, such as a natural disaster. By not focusing specifically on the traumatic event, rather on common emotions and reactions that may subsequently arise, the Journey of Hope seeks to inspire children. Given the growing risk of natural disaster globally, one can expect an increase in demand for programs such as the Journey of Hope that equips young people with healthy strategies to build resilience and enhance their capacity to cope with current and future life stressors (Powell & Blanchet-Cohen, 2014).

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Chronic Poverty: The Implications of Bullying, Trauma, and the Education of the Poverty-Stricken Population

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Abstract

Chronic poverty is a worldwide epidemic, and communities must take a proactive approach to assist the poor by extending a hand to lift them up and not hold them down. Tribulations are part of life, but are some afflictions self-imposed, escalated, or reinforced by living in deprived contextual environments. Poverty-stricken people experience more trauma throughout their lifetime; they are less educated than their counterpart, causing them to become targets in school, increasing their chances of being bullied and demoralized. Bullying is not a rite of passage, and it has lifelong effects that reveal itself in adulthood by strengthening generational curses, oppressing families and communities, expanding the educational gap, and reinforcing the cycle of chronic poverty. The research depicted in this article explores the correlation between poverty, human development, trauma, pedagogical implications, and bullying, characterizing the detrimental ramifications in adulthood. The paper analyzes bully symptomology, the etiology of traumatic experiences, and how the consequences of chronic poverty affect human development that expands the educational gap between minorities and white students. Trauma-focused cognitive behavioral therapy is an effective empirically-based treatment modality to combat the symptoms of posttraumatic stress. School systems must do a better job of educating traumatized children living in poverty. The research ventures to explain chronic poverty's role in human development, traumatology, and education, taking an inclusive approach to providing solutions to create a cultural shift that will change the contextual environment and propel people to become self-sufficient, more educated, and equipped to break the generational curse of chronic poverty.

Keywords: Chronic poverty, trauma, bullying, CPTSD, education.

Introduction:

President Thomas Jefferson wrote, "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are life, liberty and the pursuit of happiness." In the eyes of their Creator, all men are created equal – in the image of God, but throughout history, a man divided equality and justice for all during slavery, Jim Crow, and the Civil Rights Movement. Many people are miseducated and do not comprehend that the Civil Rights Movement was not just for the Black race but all people, nationalities, ethnicities, gender, and the disabled; the fight was for fairness for every color and creed. During this period, the mentally challenged and disabled had struggles and battles of their own. Fortunate enough, there were advocate groups and parents who were willing to stand up and fight for the equal rights of those who could not stand and fight for themselves. The mentally challenged and disabled have been marginalized from society and the classrooms for years. Is it possible for people who are reared in chronic poverty to beat the odds and succeed when all odds are stacked against them? How is it possible to provide quality education and security when children living in poverty normally stand out from the crowd due to hunger, lack of resources, and poor hygiene, not adequately having clothing, shelter, and other basic needs?

In President John F. Kennedy's inaugural address, he proclaimed, "And so, my fellow Americans: ask not what your country can do for you—ask what you can do for your country." What happens when the country placed certain people at a significant disadvantage by being born the wrong color? How can those who live a life of chronic poverty and generational curses of destitute do anything for their country when they lack education and financial resources? Chronic poverty orchestrates a life of injustice, discrimination, prejudice, and unequal opportunities, regardless of the misconception that people are created equal. Chronic poverty puts people at higher risk of poor mental and physical health, risky behaviors, substance use disorders, complex posttraumatic stress, and live a traumatic and detrimental lifestyle that stifles education, religious beliefs, maturity, and personal growth, which has the propensity to bind individuals mentally, spiritually, and emotionally. Lifetime adversities and trauma correlate with low self-esteem, mental illness, lower socioeconomic status, and small educational achievement, especially in the Black and Latino populations who happen to be underrepresented to most studies. Myers, Wyatt, Ullman, Loeb, Chin, Prause, Zhang, Williams, Slavich, and Liu (2015) asserted that minorities experience unique stressors that impact their health – including stressors such as neglect by society, discrimination, and multiple traumatic experiences. Hardships in life devitalize people, resulting in pain, suffering, and stress, while others who perceived the same traumatization rally up the power to not only survive but thrive.

Generational poverty poses a distinct predisposition to the etiology of the essence of traumatization because poverty can be a "little leaven" that levels an entire generation. As the root cause of many traumatic events, poverty has the proclivity to construct a unique dynamic that makes trauma challenging to isolate and identify as a tragedy because families are described as dysfunctional. Lowdermilk and Brunache (2013) professed that many children reared in poverty mirrors the same behaviors as parents and their community. They reflect those individuals growing up in demanding environments, reporting negative/absent parent, parents with multiple sexual partners or engaged in prostitution, substance use disorder, violence in the home and community, verbal/physical abuse, unsanitary conditions, lack of finances and resources, and parents demonstrate very low educational expectations for their children, and all of this happens within the children's nuclear family. With the dismantling of the family structure, is it possible to close the achievement gap and break the generational curse of the chronicity of poverty?

Chronic Poverty and Human Development

Researchers examine the psychological and emotional development of children living in poverty based on parental guidance and the methods parents use to rear their children. Evans and Kim (2012) reported that "in the last two decades, many scholars have investigated the underlying psychological processes that explain why childhood poverty has such pervasive ill effects on human development" (p. 43). Evidence substantiates that poverty causes chronic stress, which deteriorates human functioning in every faculty of the body, especially memory, brain development, and emotional regulation. Children in poverty face unusual stressors that children living in middle-class do not know about because they live in a contextual environment perceived as safe and nurturing. Amatea and West (2007) declared that children living in poverty are considerably more likely than children from the middle-class to report increased levels of anxiety and depression, exhibiting a higher frequency of behavioral and academic difficulties, and a lower level of positive academic interaction and engagement in the school system. Collins, Connors, Donohue, Gardner, Goldblatt, Hayward, Kiser, Strieder, and Thompson (2010) reported that children who grow up in urban poverty display symptoms of complex posttraumatic stress disorder; "complex trauma is a varied and multifaceted phenomenon, frequently embedded in a matrix of other psychosocial problems (e.g., neglect, marital discord, and domestic violence that carry ongoing threat)" (p. 12). As reported by Gabrielli, Gill, Koester, and Borntrager (2013), it takes a thorough understanding of the ramifications of trauma and the unfolding developmental processes of childhood as it is experienced in a particular culture, without neglecting to

understand the nature of historical trauma, as aggregated spiritual, physical, emotional, and psychological wounding over the lifespan and across generations.

Studies show that the ability to sense touch occurs around eight weeks of gestation, and fetal development of the other sensory organs begin around five weeks of conception and continue to refine through birth and early childhood (Uhernik, 2017). While in utero, the fetus can hear and respond to sounds and noises outside of the womb. Many parents play music, read books, and talk to their fetuses throughout the pregnancy, interacting by touching certain spots of the mother's belly by poking or grabbing a hand or foot when it is visible. At birth, the newborn can only see eight to ten inches, and research denotes this short distance is "precisely the range required for gazing into the caregiver's eyes when held and for beginning the visual and interactive dance of attachment and bonding" (Uhernik, 2017, p. 54). Establishing a bond and attachment between the mother and the baby is the first step in psychosocial development, which is vital for successful progression throughout life. As reported by Kim, Fonagy, Allen, and Strathearn (2014),

Maternal sensitivity to infant distress and non-distress as predictors of infant-mother attachment security. Maternal attachment trauma, particularly when unresolved, presents to the mother's attunement to and management of her infant's distress. Although this has not yet been the subject of direct empirical scrutiny, attachment researchers have long speculated that infants' distress signals may activate unresolved traumatic memories in their respective mothers, thereby initiating a cascade of compromised maternal responses. (p. 354)

The maternal reactions manifest traumatic memories for the mother and can affect memory and cognitive abilities for the newborn.

Erik Erikson was a renowned psychologist and anthropologist who identified eight stages of psychosocial stages of development, from birth to old age. Everyone must discover her sense of regulation as she interacts with the environment and the biological, emotional, and psychological idiosyncrasies in life. Infants must establish trust so that they feel safe in knowing that their needs will be met, and they will not be neglected. Stability and a sense of security allow infants to see the world as secure and a dependable place, encouraging optimism about the future and having confidence in themselves and other people. Mounting research postulates that fetuses can learn and have short term memory, which is believed to help the fetus bond with his or her mother. When researchers used vibroacoustic stimulation, Gonzalez-Gonzalez, Suarez, Perez-Pinero, Armas, Domenech, and Bartha (2006) asserted that newborns in utero recognized the stimulus. Newborns habituated sooner than babies who were not stimulated before birth. This evidence suggests that babies encouraged during fetal life were able to

learn, recall, and memorize. Fetuses demonstrate advancement in cognitive abilities throughout the fetal development period because the brain is this amazing organ that has the potential for plasticity, neurogenesis, and the creation of new neural pathways. Researchers like Otto Rank and Wilfred Bion hypothesized that being born is a traumatizing experience because the brain becomes bombarded by outside stimuli, causing the infant to experience chaos and traumatization.

The hypothesis is not too far-fetched, considering that research postulated that learning and memory formation occur in utero. Memory and cognitive abilities learned inside the womb clash with the new environment when the infant is removed from the womb. The baby takes in an array of sounds, light, and different touches and smells that were limited in utero. If the trauma of being born is significant, it is the caregiver's responsibility to ensure that a secure attachment is formed, because this lessens the "traumatic experience" by providing a contextual environment where the infant can establish trust instead of mistrust. The strength of the mother's attachment, mentally and physically, predicates the extensiveness of the trauma or determines if the traumatic birthing experience will be lessened and managed by providing love and trust instead of neglect and mistrust. Aside from the possible functions of recognition and attachment to the mother, the significance of fetal memory and cognition are necessary for the promotion of breastfeeding and language acquisition (James, 2010).

Lipina, Colombo, and Jorge (2010) postulated that SES levels are associated with a degree of hemispheric specialization and gray/white matter volumes, concluding that reduced language skills were associated with lower SES and related to less underlying neuronal specialization. According to James (2010), "A large amount of evidence from habituation, classical conditioning and exposure learning in humans substantiate that the fetus can learn; however, there is no sound evidence showing that extra auditory stimulation is of benefit to child development" (p. 52). Chronic poverty adds a different variable to how newborns learn; the implications poverty has on babies as they develop through the various stages of life impact their education, increase stress levels, exposure to violence, and put them at a higher risk of being traumatized.

Mounting studies show the detrimental impact of poverty on brain development in children and adolescents, revealing how and why there is an achievement gap in education between Blacks, Latinos, and their white counterpart. Cortisol is the stress hormone needed when there is distress and the fight and flight response catapults into high gear when the body senses imminent danger or significant stress. High levels of cortisol affect the amygdala that regulates emotions, and it can cause coronary heart disease, hypertension, and high cholesterol levels. Children living in poverty have

higher levels of cortisol and other stress markers that have disadvantageous effects on emotional intelligence, regulation, academics, and executive functioning. According to Blair and Raver (2016),

Executive function is essential for self-regulation and school readiness and is a fundamental building block of early cognitive and social competence. Available evidence indicates that the effects of socioeconomic and early psychosocial disadvantage on cortisol and brain structure partially mediate effects of poverty on the development of executive function in childhood. Impact of poverty on brain development and executive function are likely one critical pathway, along with reduced stimulation for learning, through which poverty is associated with gaps in school readiness and achievement and positive life outcomes. (p. 4)

Taylor and Barrett (2018) professed that "the impact of developmental trauma in the early years can have a disproportionate effect on the growth, day-to-day functioning and life chances of a young person" (p.73).

Other studies have shown how nonhumans' neural pathways evolve, creating new and advanced channels when placed in environments where they were stimulated and challenged to interact with devices and manipulatives that promoted higher levels of cognitive functioning. According to Lipina and Colombo (2009), elements of executive function, memory, and self-monitoring tend to be lower in children who live in poverty. The researchers used basic tasks to "assess skills related to dorsolateral prefrontal (working memory), anterior cingulate (cognitive control), and ventromedial (reward processing) prefrontal systems, the results showed a consistent disparity between children from lower and middle SES groups" (p. 583). As various studies report, poverty-stricken children are placed at a disadvantage from birth throughout the different stages of life. If preventive measures, interventions, and programs are not tailored to meet this demographic, the cycle of generational poverty will continue, creating a new environmental DNA passed down to its offspring. How do society and educational systems close the divide in education, learning, and development? According to Ladd (2012), "Addressing the educational challenges faced by children from disadvantaged families will require a broader and bolder approach to education policy than the recent efforts to reform schools" (p. 204).

Chronic Poverty and Trauma

The majority of psychological research on the consequences of trauma, poverty, and education has been conducted at the level of the individual, typically studying the persons' trauma histories, and trauma exposures with their symptoms, demographics, and contextual environment (Klest, 2012). As reported by Collins et al. (2010), there is critical evidence suggesting that children, adolescents, and families growing up in poverty are more likely to

experience multiple traumas, significant adverse life events, and develop convoluted symptoms of traumatic distress at disproportionate rates. The research presented in this literature explores trauma from a specific group that it impacts and consists of a subset or region of individuals, instead of looking at trauma as a single catastrophe but a subset of issues or deficiencies that culminate into traumatic experiences from living a life of generational curses and chronic poverty. It is no secret that Blacks, Latinos, and other minorities constitute most of this vulnerable and underserved group. As reported by Collins et al. (2010), "Efforts to explain the severity and chronicity of reactions to repeated traumas traditionally focus on the cumulative effects of multiple traumatic episodes" (p. 11). Trauma can be experienced or witnessed vicariously, and second-hand trauma can be worse for the person who is helping the survivor or the one who saw the event from a different perspective. After the 911 attack in New York, people suffered from posttraumatic stress as far as Texas and Oklahoma; it is understood as a profoundly disrupting experience that can threaten the well-being and safety of those involved (Gabrielli, Gill, Koester, & Borntrager, 2013).

Many psychologists and researchers describe trauma differently, characterizing a common thread that ties the theories together, but a definitive definition of trauma is difficult to establish because tragedy can be subjective. A clinician and client can disagree about an episode being traumatic or not, because of the client's apperception, resiliency, and personal growth. Scott and Briere (2015) discussed the ambiguous description of trauma that is characterized by the Diagnostic and Statistical Manual of Disorders, 5th edition (DSM-5), which provides a broad definition with limitations, causing conflicting information in determining if an event satisfies statistical definitions of trauma. Scott and Briere (2015) denoted their interpretation and professed that "an event is traumatic if it is extremely upsetting, at least temporarily overwhelms the individual's internal resources, and produces lasting psychological symptoms" (p. 10). If the definition defined by the DSM-5 is adhered to strictly, many clients would not be classified as a trauma survivor.

There is a fallacy that a traumatic event must be a devastating isolated experience that keeps resurfacing in a person's life. Trauma does not have to be a single catastrophe but a culmination of small, insignificant issues that converge together until all the pieces of life's problems connect like the perfect jigsaw puzzle. The mental symptomology of traumatic experiences can debilitate people from being able to access coping skills to keep intrusive thoughts at bay, and they lack the cognitive abilities to manage and process the traumatic experience and the possible manifestation of psychological disorders. It takes a thorough understanding of the ramifications of trauma and the unfolding developmental processes of childhood as it is experienced in a

particular culture to understand the nature of historical trauma, as aggregated spiritual, physical, emotional, and psychological wounding over the lifespan and across generations (Gabrielli, Gill, Koester, & Borntrager, 2013). Trauma that affects poverty-stricken cultures covers a broad range of atrocities that destroys the sense of safety within the individuals' community, including neighborhoods, schools, churches, towns, and other places where people conjugate together but separately ("Center for Substance Abuse," 2014).

Studies have identified the problem and determined that increased trauma is associated with poverty and deprivation. The consistent restriction and limited opportunities that characterize poverty can lead to daily hassles and unexpected traumatic events like the lack of food or disconnection from water, electricity, and other supplies (Shamai, 2017). It is normal to experience trauma across the lifespan; for most people, individuals and communities usually respond to tragedy with resilience, because many influences shape the effects of trauma among individuals and families. Due to other factors and circumstances, it is not just the traumatic episode that predicts the outcome, but also the episode's context and the interactions between family support, first responders, counselors, psychological first aid providers, and community leaders ("Center for Substance Abuse," 2014). Severe childhood adversity, in the form of traumas such as physical and sexual abuse, alters young people's transition into adulthood due to social and behavioral reasons, but also due to the physiologic and neurobiological changes that occur due to chronic stressors. Considering the impact and effects of poverty and trauma, Myers et al. (2015) proclaimed that numerous studies refute the results expected because both African Americans and Latinos(as) appeared to be rather resilient, despite their higher than normal stressors and burdens of adversities and traumatizing experiences. It is safe to infer that people who have lived a life of trauma and lack resources all of their lives have become conditioned to become content in whatever state they find themselves in their contextual world. They do not know the hidden rules of the middle-class, so what appears to be poverty and trauma for the middle-class is healthy everyday living for people residing in poverty.

Research substantiates that fifty percent of people will experience trauma in their lifetime. This traumatic experience for only fifty percent of the population is up for debate if we believe in the work of Otto Rank who proclaimed that being born is a traumatic experience, beginning when the infant inhaled his or her first breath. Stewart (2014) purported that Arthur Schopenhauer and Otto Rank discussed suffering because of birth itself, referring to being born as a traumatic experience. Aside from birth, people in poverty are exposed to the daily hassles that cause stress. Klest (2012) reported that models of trauma and coping include the erosion of family processes and dynamics (structure, relations, coping) in the context of community violence

and poverty, explaining the higher likelihood of family violence in the contextual environment of poverty. The traumatic experience by one family member can create a traumatic stress reaction in other family members through association and proximity to the danger or the catastrophe (Kiser & Black, 2005).

The Domino Effect: Chronic Poverty, Trauma, and Bullying

Today, school violence is nothing new, and it continues to become more frequent and deadly in the school systems. Across the globe, educational institutions have active-shooter drills protocols and prepare students, faculty, administrators, and staff what to do when this vicious act of violence occurs. No matter the amount of preparation, no one is ever prepared for the time a school shooting happens in their contextual framework. This type of school violence is evident, reported by newspapers, talk shows, television, social media, and other mediums, repeatedly. As published by Levers (2012), it took the U.S. Department of Education and the U.S. Secret Service to define the parameters of school violence, but one of the most critical findings was "defining school violence as consisting of two sorts: lethal and nonlethal." This research focuses on the nonlethal violence that does not get the attention warranted, and protocols are not protecting the children and ensuring their safety sufficiently. Nonlethal school violence consists of all forms of bullying threats, intimidation, harassment, assault, and sexual assault, constituting physical, verbal, social, and cyberbullying (Levers, 2012). According to Skaine (2015), "bullying is an unwanted, aggressive behavior that involves a real or perceived power imbalance that is repeated, or has the potential to be repeated, over time" (p. 40). Bullied children and adolescents have PTSD, and they need to be treated for the symptoms because traumatized children grow up to become traumatized, broken adults. Herman (2001) reported the significance of abuse in childhood, and how later in life, childhood abuse can contribute to increased risk for cancer, heart disease, stroke, and obesity – increasing the risk of alcoholism, depression, suicide attempts, self-harm, and absenteeism from work in adulthood. Bullying is a form of complex posttraumatic stress disorder (CPTSD). Herman (2012) reported that "CPTSD was specifically associated with early-onset and long duration of trauma; it was very rarely found in survivors of natural disasters, and very commonly found in survivors of childhood abuse" (p. 25).

The reoccurrence of the same traumatic experience is what distinguishes CPTSD from PTSD. An individual might have PTSD after a horrific car accident, an isolated sexual assault, or natural disaster, but CPTSD is characterized as having the same traumatic experience repeated on several occasions. Research substantiates that CPTSD symptoms account for the functional impairment of trauma survivors who endured prolonged and

repeated tragic episodes exceeding the damage attributed to PTSD alone (Herman, 2012). Bullying falls under the category of complex trauma, and it attributes to the psychological effects in adulthood. Children living in poverty can stand out from the crowd because of dirty clothes, holes in shoes, unkempt hair, and poor personal hygiene. Bilic (2015) reported that almost all socioeconomic variables that suggest that a family is poor correlate significantly with victimization, and the results from the same study denoted that 34.8% of those living in poverty responded violently toward peers because of their more inferior financial status, and 45.7% were bullied and victimized for being poor. Some bullied children might retaliate by taking extreme violent means of retaliation. In the 1990s, 12 of the 15 school shooting cases that occurred, the shooters had a history of being bullied (Skaine, 2015).

Trauma is an occurrence when an intense experience stuns a child like a bolt out of the blue, overwhelming the child, leaving him or her altered and disconnected from body, mind, and spirit (Steele & Malchiodi, 2012). Bullying is not harmless; bullying is not child's play; bullying is not a rite of passage. A rite of passage insinuates that bullying is part of life and the school experience, so children should expect to be bullied. Children go to school to learn about history, science, arithmetic, spelling, and using correct grammar, so being bullied is one of the soft skills or indirect learning experiences embedded in the school curriculum. In the academic subjects, students receive a letter grade of pass or fail as they matriculate through school. What grade do students get for enduring four, six, eight, or twelve years of bullying? How do teachers indicate if their students passed or failed? If the student never attempts suicide, is that a passing score?

If the student only has low self-esteem and depression and anxiety, is that considered acceptable to be promoted to another year of punishment? If the individual only has non-suicidal injuries – such as cutting or burning – is that enough for promotion? However, when the person dies by suicide, it is safe to say that he or she failed the rite of passage. Many children believe that when they get older, they will grow up and out of the bullying environment, but the psychological effects and ramifications follow them into adulthood.

Tariq (2011) purported that the problem of most significant concern is the stifling effects produced by the survivor of bullying. Staggering numbers of investigators have asked whether victims of peer aggression experience psychosocial maladjustments, such as depression, anxiety, and low self-esteem, and "it is clearly important to know the answer to this question, so that children's distress does not go unrecognized" (p. 23). Suicide rates have increased tremendously over time in schools, contributing to the fact that those who are being bullied and lack evidence of physical scars, but they suffer away in silence until victimization becomes unbearable, losing hope, and deciding that the only solution for them is to die by suicide (Hendricks & Tanga, 2019).

Bullying is not a rite of passage – even though children are steadfast in believing that their trials and tribulations will be over when they become adults. Unfortunately, the research does not predict a happily ever after but a possible lifetime of physical and psychological problems – leaving mental, spiritual, emotional, and physical wounds. Parents and educators must recognize the signs and symptoms of bullying. Often, the physical signs are evident – like unexplained injuries, bruises, broken bones, and the black eye. Bullied children tend to isolate themselves from family and friends, become depressed, and become overly anxious. Vanderbilt and Augustyn (2010) identified several red flags that an individual is being bullied. Some of the more common indications are stomachaches, headaches, insomnia, social problems, lack of friends, and academic failure. It is critical that bullying is considered on an extensive list of differential diagnoses because bullying may overlap with other conditions such as medical illness, learning problems, and psychological disorders (Vanderbilt & Augustyn, 2010).

Adults who were bullied as a child or adolescent may have a lower socioeconomic status (poverty), engage in risky behaviors, suffer from anxiety and depression, and experience psychosis and have suicidal ideations or attempts. Blad (2016) stated that children should be assessed from birth to understand the extent of bullying on psychosis later in their adult life – with some groups to be nearly five times more likely to suffer from episodes of psychosis by the age of 18. In adulthood, bullied children have higher rates of suicidal thoughts and plans than children who had not been bullied (Wagner, 2016). There is no escape when bullied children grow up to be high school dropouts and experience long-term effects (depression, relationship problems, psychosis, substance use disorder, risky behaviors, and suicide). When the psychological effects of bullying accompany children into adolescent and adulthood, not only did the children fail the rite of passage, but parents failed; educators failed; church leaders failed; the school system failed; society failed these children.

Why is it critical that bullying is discussed trauma and the chronicity of poverty? It is the psychological effects of bullying that warrants the nation's attention if the educational gap is going to be closed. Being bullied as a child or experiencing bullying behaviors have the propensity to continue the cycle of chronic poverty, so the generational curse continues with no end if a cultural shift does not happen soon.

- Children who live in poverty experience higher rates of trauma and bullying.
- Children who are bullied are more likely to drop out of school, continuing to expand the educational divide and the continuation of chronic poverty.

- They have a lower social, economic status, suffer from mental disorders, engage in risky behaviors, experience psychosis, and have a higher risk of having a substance use disorder.
- Bullied children have a difficult time keeping a job at the age of 24 to 26, and men who were bullied in high school had a significant chance of being unemployed at the age of 50 (Brimblecombe, Evans-Lacko, Knapp, King, Takizawa, Maughan, & Arseneault, 2008).

Matthews, Jennings, Lee, & Pardini (2017) discussed research showing that bullied children had a low SES, and they are less likely to have a high school diploma or GED. Throughout their lifetime, they have lower adult family income and lack adequate resources with lower social status in their community. Brimblecombe et al. (2008) reported that "four decades after the bullying occurred, both men and women who were bullied in childhood were less likely to be in employment and accumulated less wealth in the form of home-ownership or savings than participants who were not bullied" (p. 138). Research depicting those results can only strengthen chronic poverty with a new generation of people who will continue to reinforce and ensure generational poverty advances for the foreseeable future.

TF-CBT

The best method for treating bullying is prevention and having a zero-tolerance in school and at home. McAdams and Schmidt (2007) purported that teachers have indicated feeling underprepared to recognize and manage bullies and bullying behaviors in their classroom. Their lack of knowledge causes them to ignore serious aggressive behaviors, or they identify bullying but feel inadequate or too afraid to intervene and address the problem. Parents and guardians are not equipped to train their children and convey the dangers of bullying, model a bully-proof home, and they lack the knowledge of teaching their children how to become resilient. Bullying that happens in the home is often overlooked by everyone involved because it is family-oriented. Bowes, Wolke, Joinson, Lereya, and Lewis (2014) proclaimed that sibling bullying is a specific type of aggressive behavior that is repeated over time (complex trauma) - intending to cause harm and dominate the weaker sibling. Studies show a strong correlation between sibling bullying and increased internalizing symptoms – resulting in the emergence of depression and self-harm in children, adolescent, and adulthood. It is essential to protect children in the two most important places where they spend a significant amount of time—home and school.

Children must become emotionally intelligent, develop coping skills, and use assertive communication (verbal and non-verbal) to deescalate and disengage from bullying behaviors and bullies. If a child is not safe within one's mind, he is not safe anywhere. The renewing of their mind must

transform children by becoming bully-proof. Bullying survivors may have PTSD, and they do whatever it takes to escape the intrusive thoughts, shame, and humiliation of being demoralized. Steele and Malchiodi (2012) professed that "PTSD is more common in children than most physicians believe; therefore, the diagnosis can often be missed. Children being treated for behavioral problems may be suffering from PTSD" (p. 15). Black, Woodworth, Tremblay, and Carpenter (2012) proclaimed that "TF-CBT is a component-based model and can be summarized using the acronym "PRACTICE" (p. 196). Cognitive behavioral therapy (CBT) is an empirically supported approach to treating PTSD and CPTSD. According to Levers (2012), through the method, clients learn how to reduce negative emotional and behavioral responses that follow a traumatic event, because "the treatment is based, fundamentally, on learning and cognitive theories that address distorted beliefs and attributions related to the traumatic events experienced by an individual" (p. 496). As reported by Black et al. (2012),

In relation to treating trauma-related symptoms, there are a number of CBT-like treatments that involve most aspects of the therapy but do not actually present themselves specifically as CBT, such as multimodal trauma treatment (MMTT), as well as different variations of CBT, such as trauma-focused cognitive behavioural therapy (TF-CBT). (p. 194)

TF-CBT is the treatment modality discussed in this paper as an efficient approach to treating bullying survivors suffering from symptoms of CPTSD. Johnson (2012) reported that trauma-focused care is done professionally and thoughtfully. It is informed of the overall construct showing great concern not only for the survivor's emotional safety but it is focused on the reassessment and restructuring of the treatment system to evaluate how the traumatic experience may affect the survivor's role and interaction with certain aspects of the entire systematic approach for treatment. One of the many benefits of TF-CBT is that multimodalities can be applied to reach the desired goals of hope, recovery, and resiliency, and the approach is substantiated by years of empirical and evidence-based research and advancing theories to wellness. As explained by Black et al. (2012),

During treatment, the traumatized child is provided with psychoeducation, taught relaxation skills, affective expression and modulation, and cognitive coping skills. In addition, they are encouraged to use trauma narration and cognitively process the trauma, use in vivo exposure to master trauma reminders, have conjoint parent-child sessions, and enhance safety and the trajectory of development. (p. 196)

Johnson (2012) stated that TF-CBT is the most studied of all the treatments for trauma-related symptoms among children and adolescents, even though many professionals do not recognize the advantages. Black et al. (2012) asserted that regardless of the specific treatment protocol that is

adhered to, it is crucial to keep in mind that psychoeducation, coping skills, trauma narratives, cognitive restructuring, and creating an action plan for after the cessation of therapy are all typically integral practices of the trauma-informed treatment programs. By implementing some or all of these critical practices, it should be possible to reduce trauma-related symptoms among trauma survivors. Even resilient children show distress following trauma exposure, and their reactions cause them to increase monitoring of their environment for potential dangers, experiencing anxiety when they are separated from trusted adults, or heightened need for affection, support, and reassurance because trauma re-enactments may resurface again in their lives (Kiser & Black, 2005). Therefore, treating the psychological effects of bullying is critical to living a life free of chronic poverty. It is estimated that 160,000 school-aged children miss school because of bullies or bullying behaviors (Skaine, 2017). If children are too afraid or too humiliated to go to school, how will they ever learn the hidden rules of the middle-class and become educated, productive members of society?

Chronic Poverty and the Educational Divide

Individuals who live in poverty present a profound challenge in school systems, homes, and communities. Brito and Noble (2014) asserted that socioeconomically disadvantaged children tend to experience less linguistic, social, and cognitive stimulation from their caregivers and home environments than children from higher Socioeconomic Status (SES) homes" (p. 2). Hair, Hanson, Wolfe, and Pollak (2015) proclaimed that there is strong evidence that poverty influences language (temporal lobe) and executive functioning (frontal lobe). Deficits in the executive functioning of individuals in poverty have been found during the life course in studies conducted during infancy as well as in childhood, adolescence, and adulthood (p. 823). Mending the issues associated with chronic poverty and breaking generational curses is a massive undertaking, but several educational programs are intervening at an early age in the child's psychological and psychosocial development, but those initiatives alone do not alleviate the problems or lessen the psychological effects of poverty and trauma. Hair, Hanson, Wolfe, and Pollak (2015) reported that "children living in poverty have lower scores on standardized tests of academic achievement, more mediocre grades in school, and lower educational attainment (p. 823).

Parents must be taught and trained to become self-sufficient, improve self-esteem and self-compassion and learn to have high self-efficacy and the will and desire to change. Before tackling the trauma that is interwoven in poverty that causes a reoccurring cycle, society has to take an aggressive approach to improve the physical conditions, educate and train parents, and combat hunger and other lack of resources. Ruby Payne wrote a book entitle,

A Framework for Understanding Poverty. According to Payne (1996), if people around a person has similar circumstances, and the problems attached to poverty, the notion of poverty and wealth is vague. Individuals bring the hidden rules of their environment, placing poverty-stricken communities at a disadvantage because schools and society operate from the middle-class norms and use the arcane rules of the middle class. The two most important conditions to help people move out of poverty are education and relationships (Payne, 1996).

How is it possible for parents to teach their children the hidden rules of common cultural patterns when all they know is the exposed rules of poverty? There must be a cultural shift to train parents to become knowledgeable and educated because education is the vehicle that will drive them away from poverty. The effects of generational poverty cannot be obliterated in an instance. It takes significant time to unravel generations of neural pathways that have been programmed to accept poverty. Society and educators must be willing to be patient, teach, and reprogram a culture of people by transforming their mental faculties. Amatea and West (2007) stated that rather than viewing poverty from society's perspective, inclusive of systemic influences and class privilege, many of these educators believe that poor people are intrinsically inferior because of their innate flaws such as lack of motivation or poor decision making. Parents and children living in poverty cannot be held accountable for their intrinsic defects. Until the generational narrative of poverty has been retold psychologically, spiritually, and emotionally, the problem will remain in today's societies. Poor people will always exist in the world; however, educators and society must be willing to lead, follow, or get out of the way, because if they are not ready to be part of the solution, their patronizing demeanor is part of the problem.

The educational gap between Blacks and Latinos and Whites has nothing to do with the intellectual abilities of the poverty-stricken minority population. In many minority families, getting a good education is not emphasized because survival is more important than learning. Children living in poverty do not receive support or challenges that are necessary to be successful in high school, college, and life. Since education is not essential to their parents, why should they make it vital for themselves? Some minority students overcome the odds and become successful; however, for the majority, these neglected students fall between the cracks.

There is a need to train parents on how to educate and instill the value of education in their children. van der Veen and Preece (2005) asserted that "the trend in adult education policies (where they exist at all) has been to focus on literacy or basic education. Research has shown that basic literacy skills are not in themselves sufficient to make a significant impact on poverty reduction, though they do help" (p. 381). Therefore, it would be beneficial to

provide workshops, seminars, and hands-on training for parents of minorities living in poverty, but more is required in areas where a tremendous impact can be made to improve living conditions. van der Veen and Preece (2005) stated that targeting the real needs of the poor will take a collaborative approach between all stakeholders, employers, businesses, and employees. Poverty is an eyesore, and it does not benefit society, families, education, and the economy. Many parents do an excellent job rearing respectful citizens; however, they fail to train them to be self-sufficient, self-motivated, and educationally prepared to attend school, college, and productive members of society. When children are prepared at home, they come to school at an advantage, and they are eager to learn. A healthy family with solid values is the foundation for academic and personal success. Through adult education, what better way to model the importance of learning and to work to improve living conditions. The evidence on adult education in the public economic domain leads to the hypothesis that a "more extended and more targeted system for basic education, agricultural extension, and vocational training is urgently needed to help people to generate income" (van der Veen & Preece, 2005, 390). If the root (family) is not nurtured and watered, the possibility for success and motivation will wither and die.

Teacher's Perception and Stereotype Threats

According to Dye (2014), research from previous studies revealed that teachers often doubt that education is vital for low-income students of color, and they have feelings of inadequacy when teaching minorities who live in poverty. The confident educator influences students' lives in ways unimaginable until many years later, when the former students share their experiences about that one instructor who made a difference. Many influential people contribute their success to a memorable teacher who encouraged them to be the best they could be in the classroom and beyond. Research has provided enough evidence to support that minorities do not learn the same way as their counterpart, and the same criterion does not motivate them. Educators must create culturally diverse environments, have belief in their pedagogical skills and abilities to connect and teach all students. Studies reported that educators could feel unequipped to teach culturally diverse students, reporting lower self-efficacy. Tucker, Porter, Reinke, Herman, Ivery, Mack, and Jackson (2005) postulated that a lack of efficacy could explain the educational divide between minorities living in poverty and the middle-class; however, school administrators must increase efforts to improve teacher efficacy because it is paramount to decrease the disproportionate high school dropout rates and underperforming children in the classroom.

When children are neglected, abused, and experience trauma, teachers are usually on the frontline, being a friend, mother-figure, and voice of reason.

Teachers need to know their students' culture. According to Aldermann (2004), cultural competence helps educators to become astute to verbal and nonverbal cues from minorities, creating a classroom climate that encourages students to express themselves and feel accepted without losing their identity. School personnel, administrators, staff, and educators must see that there is a need to improvise and devise a plan to address the educational needs of culturally diverse students living in poverty. Cultural sensitivity is a process that will prevent stereotype threats in the classroom that decrease bias, prejudice, and demoralization that stifles the learning process.

Neuburger, Jansen, Heil, and Quaiser-Pohl (2012) purported that "stereotype threat is the event of a negative stereotype about a group to which one belongs becoming self-relevant and to being at risk of confirming, as self-characteristic, a negative stereotype about one's group" (p. 62). Stereotype threat can disrupt educational performance, causing low self-efficacy, low self-esteem, and a significant decrease in academic motivation. Studies show that the threat of stereotype causes minorities to not only struggle academically, but it asphyxiates personal growth and social development. Stereotype threat is indoctrinated in the belief that anyone in a stereotypical group can feel pressure to avoid fulfilling negative expectations. The pressure of becoming a self-fulfilling prophecy bolsters underperformance, which is the most detrimental barrier to achievement. There is no doubt that minorities have equal potential to perform as well as their counterpart; however, when minority students know that they are being compared, they tend to perform discouragingly.

As reported by Neuburger et al. (2012), stereotype threat debilitates performance because it initiates three different mechanisms that reduce the capacity of working memory (physiological stress, monitoring processes, and emotion-suppressing efforts). The mechanisms evoke a cognitive imbalance between the person's concept of self, ability domain, and group. Stereotype threat accentuates minorities perception of being inferior; therefore, they take on an inferiority complex of their own, contributing to their lack of confidence in their abilities, accepting the façade that white students are smarter than they and educators view them as inept. The research does not support that stereotype threats occur in white teachers only but any educator who feels a particular population, such as those living in poverty, is beneath them and they hold poverty-stricken people responsible for a life of deprivation. Amatea and West (2007) proclaimed that Many educators view poor people as morally and culturally deficient. Believing that poor families have attitudes, values, and behaviors that sustain their position at the bottom of the economic ladder, these educators often blame parents for passing on these traits to their children instead of transmitting the middle-class cultural patterns they believe are necessary to succeed in school and in life. (p. 83)

Research supports that students who can identify with their academics and self-esteem have a better chance of being successful. Minority students try to accomplish goals and achieve a sound education as everyone else, but chronic poverty and teacher's perception cause them to struggle and fall behind. To succeed, minorities living in poverty are trying too hard because they are dealing with the threat of stereotype and disidentification. It could be assumed that hard work, dedication, and commitment to educational endeavors would close the gap and help minorities excel; however, trying harder adds an extra burden, causing more problems such as higher levels of stress, anxiety, and depression. What options are left for minority children living in poverty?

Implications and Conclusion

Living a life of chronic poverty that increases the risk of trauma, victimization, bullying and its psychological effects, becoming a high school dropout, and being educated by a system that was not designed for people living in deprivation is not a situation that anyone would choose. Trauma plays a significant role in the lives of people living in poverty. Traumatic experiences are subjective, but the concept of trauma suggests that the wounded is confronted by an enormous life-changing event, such as divorce, death of a loved one, unemployment or terminated, diagnosis of illness or disease, or culture shock; however, trauma is generally referred to a severe or psychological injury sustained as a result of a life-threatening or horrific experience (Stebnicki, 2017). Bullying is a significant problem for children, and the epidemic warrants the attention of policymakers, educators, parents, church leaders, and community stakeholders. Society is doing a poor job of protecting and educating children. Vanderbilt and Augustyn (2010) discussed the significance of people being more vigilant and aggressive by not tolerating bullying and modeling that it is not welcomed in the home, community, and school. Particular focus must be placed on children or adolescents who have chronic medical illnesses like acne, being medically obsessed, severe eczema, physical deformities like cleft lip and palate, or some who suffer from neuropsychological disorders like learning disabilities, down syndrome, and autism spectrum disorder, making them potential targets for bullying and demoralization. School bullying is a widespread phenomenon not only in the United States of America but in many countries around the world, signifying that bullying should be considered a significant international public health problem (Collier, 2013).

Research proclaims that today's school counselors can bring unique skills to help educators working with students in high-poverty schools who experience bullying and the psychological effects. Working with this population provides a significant opportunity for school counselors to broaden

their role with educators, staff, office personnel, and administrators beyond only delivering services to individual students but taking a collaborative approach (Amatea & West, 2007). Poverty-stricken minorities can accomplish great things academically when teachers and others in the learning environment create an atmosphere that makes them feel confident. Children can learn and achieve at very high levels, once they gain confidence in their abilities and accept that their thinking and efforts can help them do well. It takes a cumulative effort to make a substantial change in the classroom, and everyone must accept his or her role. Amatea and West (2007) declared that

These roles are (a) serving as a cultural bridge between teachers and students and blocking the blaming that often derails efforts to work with poor students and their families, (b) functioning as a pedagogical partner with teachers by connecting the curriculum more directly to students' lives, and (c) teaming with teachers to create a more welcoming, family-centric school climate. (p. 82)

School systems and administrators must make the cultural transformation a priority and not an afterthought or placed at the bottom of the school's agenda. Neuburger et al. (2012) declared that stereotype threat and self-fulfilling prophecies play an instrumental role in socialization and are part of the hidden curriculum in schools. Adding the hidden curriculum to the hidden rules of the middle-class, minorities living in poverty do not have a fighting chance and will remain hidden in the classroom to continue the cycle of generational poverty. *Head Start, 2 Gen Programs, Babies "Can't" Wait*, and other programs have been established to address the disparity in the vulnerable population; however, a tremendous amount of work must be put into action along with robust educational reforms.

No Child Left Behind (NCLB) was designed to ensure that all schools meet the same academic standards and achievement levels, regardless of the school system was in an area where poverty is high or not. Research proves that the NCLB has been nothing but an ultimate failure because state and federal standards cannot establish guidelines on the hidden rules of education that was designed for the middle-class. Ladd (2012) reported that under NCLB, "each school must meet the same standard, regardless of whether it serves low- or high-SES students and must do so for all relevant subgroups within the school defined by income, minority status, and Limited English Proficient status" (p. 213). Poverty-stricken children will always be a general population of people in the middle-class classroom, skewing achievement expectations and standards. What must happen for educators to improve their low self-efficacy and lack of confidence to teach children from lower SES?

Teachers must become culturally competent, demonstrating relevant pedagogy techniques that encourage educators to understand local students, cultures, demographics, and the hidden rules of poverty. It is equally crucial

for middle-class teachers to understand children and parents living in deprivation as it is for people living in poverty to learn the hidden rules of the middle-class. Matsko and Hammerness (2014) suggested that multicultural education create dialogue and relevancy to bridge the gap between educators, students, state and federal standards, and the school's curriculum. The faculty must understand the significance of the teacher-student relationship, their respective cultures, and how the dynamics of education are interwoven in the classroom. Teachers do not have to go to an elite college or university to reach, teach, and empower children living in poverty. They must be willing to accept the fact that these children will always be their classrooms, become flexible and willing to change to become the best educator for all students and take those teachable moments to learn more about those students who come from a different geographical area. Matsko and Hammerness (2014) cited that educators must demonstrate how "context extends well beyond one's immediate physical surroundings, and in doing so, we illustrate how a simple understanding of context can be expanded to include state and federal policy, the neighborhood, the district, and urban public school classroom" (p. 137).

This burden of educating the underserved does not fall solely on the educational system, but the parents must take a proactive approach to improve their education and the education of their children. Education starts at home with family and community. Families must provide stability, the foundation for education, and relay the importance of learning to their children. When a family gives their children support, challenges, and stimulate their children, minorities are more likely to choose harder subjects in high school, get better grades, end up in better colleges, and have higher self-esteem in college and beyond. Challenges empower minority children by giving them a vision, direction, focus, and perseverance to succeed. A new approach called 2 Gen helps families break the cycle of poverty by simultaneously addressing the needs of parents and children to improve significant outcomes for the entire family ("Two-Generation Approaches," 2018). Familial support provides the solace that allows freedom and closes the door on stress, worries, and fears. Parents living in poverty must become educated and learn to be their children's first teacher. According to "Two-Generation Approaches" (2018), "Two-generation strategies can be used in many policy areas, including human services, education, labor and workforce, and health. They can be used to address a myriad of policy issues, including poverty, literacy, school readiness, and family economic stability" (p. 3).

The research presented here does not touch the surface of what it will take to disassociate poverty from bullying, the disproportionate rate of traumatic experiences, and the complicated process of closing the educational divide by educating all students regardless of low socioeconomic status, demographics, cultures, races, and ethnicities of the underserved, vulnerable

population. Payne (1996) purported that "support systems need to include the teaching of procedural self-talk, positive self-talk, planning, goal-setting, coping strategies, appropriate relationships, options during problem-solving, access to information and know-how, and connections to additional resources" (p. 75). To make changes and see significant differences, society must be willing to challenge the status quo and change the culture by breaking the cycle of generational poverty - equipping people living below the poverty level to use education as the catalyst to move from poverty to middle-class - where the hidden rules to function in society are available for everyone.

The United States is an individualistic society, and too many people are only concerned about their small microcosm. It is going to take a collectivist approach to stomp out the harmful effects of bullying and its detrimental ramifications later in life. Bullying is not a rite of passage, and if not treated, they will carry the trauma and hidden scars into their adult life. Society must stop considering bullying as a school ritual but recognize it as a public health crisis. Skaine (2015) reported that 19 percent of U.S. elementary students are bullied, and more than 160,000 kids stay home from school because they are afraid as published by Vanderbilt and Augustyn (2010), bullying, whether as bullies, victims and bully-victims, is correlated with poorer outcomes in the classroom and society. Bullying involvement is significant because it can lead to poor psychosocial adjustment, greater health problems, poverty, and deficient emotional and social adjustment (p. 316). Bullying behaviors and their lasting effects have the propensity to continue the cycle of chronic poverty, so the generational curse continues with no end if a cultural shift does not happen soon. People who live in poverty experience higher rates of trauma and bullying. Children who are bullied are more likely to drop out of school, have a lower social, economic status, suffer from mental disorders, engage in risky behaviors, and substance use disorders. According to Matthews, Jennings, Lee, & Pardini (2017), research showed that bullied children had a low SES, and they are less likely to have a high school diploma or GED. Throughout their lifetime, they have lower adult family income and lack adequate resources with lower social status in their community. Studies depicting those results strengthen chronic poverty with a new generation of people contributing to the poverty-stricken life cycle.

Taylor and Barrett (2018) professed that raising awareness of early trauma is a critical first step to reduce its impact, but most of the contemporary literature focuses on the actual incidence of trauma. As denoted, trauma is not necessarily an isolated incident but the culmination of traumatic events and episodes in the contextual environment. Society must construct a plan that addresses the mental, physical, psychological, and cognitive faculties of all individuals living in poverty. 2 Gen is very promising because it focuses on educating the parents, children, and community by working from the inside

out. According to Taylor and Barrett (2018), educators cannot prevent traumatic experiences from occurring; however, they can seek to mitigate their impact by implementing a range of approaches and interventions such as R4L," Readiness for Learning (R4L), a 'Brain-based, Attachment-Led, Trauma-Informed Community intervention' (BALTIC) approach to supporting learners to be settled and ready to learn" (p. 65). Collected data indicates that R4L has made significant progress in the classroom with a proven increase in students concerning self-regulation and executive functioning (Taylor & Barret, 2018). In summation, Ladd (2012) reported that policymakers must assure that children attending schools that educate large proportions of disadvantaged children must provide them access to high-quality teachers, principals, supports for students, and other resources, holding school systems accountable for the quality of education provided and their internal processes and practices.

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Building Resilience in Chronic Trauma through Self-Regulation

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Abstract

Self-regulation is a life skill that benefits human development in general and can support building of resilience with which to survive and thrive through experiences of trauma, especially when impact of trauma has a chronic nature. Academic study provides an experience that requires exercise of self-regulation to attain success much as the need to survive and thrive through trauma. Research has indicated role of student-driven factors such as self-regulation in academic performance. A study conducted with educators in training provided indication that educators are enriched to help students grow in self-regulation as the educators themselves practice facets of self-regulation. The study examined self-regulation from selected scales of the MSLQ of Organization, Resource Management, Effort regulation, and Help-Seeking. Discussion of results provides implications for building resilience for support in trauma. Study results will assist educators in promotion of student self-regulation behaviors that can facilitate successful academic endeavor and habit formation of resilience practices. Answers will also provide guidance to educators and institutions on priority of effort in students support for self-regulation.

Keywords: Self-regulation, resilience building, educator interventions for trauma experiences.

Introduction:

Success in academia has long included capacity of students to engage in self-regulation as they manage time, prioritize daily activities, and devote energy and resources to course assignments. This endeavor of self-regulation can also support resilience of persons in the midst of trauma, especially chronic trauma such as life in poverty, the aftermath of living through a natural disaster or acts of violence on a person or group. Development of self-regulation capacity is a core component of P12 education. Swick, Knopf, Williams, and Fields (2013) noted that “children experience chronic stress in

ways that can impair their brain functioning and overall development” (p. 181).

Ryan, Lane, and Powers (2017) described the foundational development of self-regulation with students in kindergarten. An example is the basic capacity to share space, resources, and even the attention of a teacher with other children, Ryan, et al. noted that as students matured in self-regulation skills through even use of these in play, they enhanced their internal neural plasticity and grew in capacity to adapt these skills to greater depths of functioning. This habit-building of self-regulation could provide benefit when faced with the challenges of trauma.

The adage of “Practice what one Teaches” dictates that educators and education support personnel practice effective self-regulation in their own lives in order to more effectively help their students to develop habits of beneficial self-regulation. Vermunt (2005) examined the role of self-regulation with undergraduate student learning and found that external regulation factors such as educator initiative promoted learning. Equally influential and even to some extent, more influential were the self-regulation processes such as ““planning learning activities, monitoring progress, diagnosing problems, testing one’s results, adjusting and reflecting” (p. 213).“

According to Jacobson and Harrison (2008) self-regulation activity with non-traditional students in a distance learning format offers even more pertinent focus on capacity to self-regulate in meeting needs or wants in the absence of much external regulation support as might be more present in a traditional learning environment. Jacobson and Harrison defined self-regulated learning as “a dimensional construct that contained the three aspects of cognition, individual motivation, and goal-directed behavior” (p. 414). Aspects of self-directed learning that could transfer to surviving and thriving through trauma would be monitoring one’s self, setting goals to meet needs, and adapting learned strategies to meet personal needs.

Literature Review

Literature review focused on the examination of self-regulation as promoted in work with children/students and relevant strategies for support of children/students as they experience chronic trauma. This review yielded indication that self-regulation is indeed a vital component of survival and thriving through chronic trauma. The review also provided evidence of educator integration of this as an important focus of developmental support with children/students

Self-Regulation

An example of professionals learning to practice what they preach and teach is with medical professionals such as doctors and nurses. Patients do

look at how these people care for their own health in consideration of following prescribed health practices. Potgieter (2015) examined this paradigm and found that these professionals could support and encourage self-care by members of their public they served to the degree that they effectively cared for self. Potgieter also found that these health care practitioners in training experienced the same challenges in self regulation as did others in academic pursuit.

Self-regulation develops via the locus of control with an individual. Internal locus of control is represented in a personal belief of control over outcomes in various aspects of life, while external locus of control is represented in a personal belief that outcomes are beyond the personal control and due to factors outside personal management. Marr and Wilcox (2015) studied self-regulation with personal health and found that high internal locus of control was predictive of better health outcomes such as less practice of negative health habits and greater practice of positive health habits such as healthier dietary habits.

Self-regulation has been explored as a component of thriving and surviving through the chronic nature of complex trauma. Gilgun and Hirschev (2017) examined integration of self-regulation as a component of personal characteristics for clients of case management services in childhood complex trauma. Gilgun and Hirschev found that self-regulation was an important consideration for both the children and their families. They also found self-regulation to be a crucial component for the effectiveness of the case managers themselves.

In examination of the needs of children experiencing chronic stress and strategies, Swick, et al. (2013) found that both families and schools could employ to support development of these children across multiple life domains. As children are still developing the benefit of internal locus of control, this study supported vital benefit from external support for children in chronic stress/trauma. Swick, et al. explained that brain and other development occurs from life influences from the time of birth onward. As insult from trauma can adversely impact development, the role of family and school would be vital to promote provision of an environment where capacity for resilience could grow. Three needs were seen as prominence for support: (1) Need for safety; (2) Need for attachment; and (3) Need for consistency. These needs can be supported through physical set-up of environments, formation of habitual caring relationships, and employment of routine meaningful life structure.

Educator Strategies of Support with Chronic Trauma

Benefit is often derived from organizations such as schools looking to other organizational models. An example was a study by Overstreet and Mathews (2011) that examined use of a public health framework to help

promote development of resilience with youth. Overstreet and Mathews noted that today's youth experience exposure to multiple and co-occurring trauma events, which can greatly predict life outcomes, especially with state of mental health and performance in academia with impact on later adult life activity.

Overstreet and Mathews (2011) discussed value from a public health model in provision of attention to prevent and reduce exposure to trauma impact and to also effectively manage and treat impact of trauma as it occurs. One of the problems noted was access to care, which could be supported within the context of school. The advantages from a public health model included (1) Continuum of coordinated services, (2) Participatory approach to establishment of cross-disciplinary collaboration, (3) Attention to key ecology of students such as present in the Ecological developmental model by Urie Brofenbrenner, and (4) Cultural sensitivity. Overstreet and Mathews indicated that employment of such an approach could facilitate improvements in both collective and individual performance of students, with personal growth such as improved self-regulation being a facet of that.

There is commonality of early childhood traumatic experiences that foster life-long consequences (Holmes, Levy, Smith, Pinne, and Neese, 2015). Holmes, et al. described an initiative called Head Start Trauma Smart (HSTS) that grew out of collaboration between a local mental health provider and a local Head Start early childhood education program. Their initiative was founded on a trauma intervention model called Attachment, Self-Regulation, and Competency (SRC) because these were indicated by former research to be three core domains that were impacted by exposure to chronic interpersonal trauma. HSTS provided four components to facilitate decrease in impact from chronic trauma and promote development of longer-term resilience. These four components were.

- (1) Training on the three domains of ARC to stakeholders such as parents and teachers in the lives of children.
- (2) Intensive Individual Trauma-Focused Intervention for children referred for therapy on this impact.
- (3) Classroom consultation to teachers and students.
- (4) Peer-based mentoring with the staff and teachers.

Results indicated a need for intervention based in the collection of natural settings where children were such as home and school. Both teachers and parents indicated growth in their own awareness of the domains impacted from trauma and what these domains included in the life of an individual.

Methodology of Study

A study was conducted with students in academic preparatory programs for education such as teaching and school counseling with utilization of selected scales of the Motivated Strategies for Learning Questionnaire

(MSLQ) (Taylor, 2012) - Organization, Resource Management, Effort regulation, and Help-Seeking. The purpose of the study was to assess facets of self-regulation for those educators who could best help prepare youth in development of self-regulation. As Grade Point Average (GPA) is a ready indicator of success in academic performance, the focus for the study was to examine correlation between student self-regulation in Organization, Resource Management, Effort regulation, and Help-Seeking and Grade Point Average (GPA). A survey was administered to 299 students (male and female) in both campus and online courses. The survey included a self-report question for GPA to support confidentiality of participants. This survey was administered through Qualtrics and was anonymous with participants providing no personal identification.

Results of Study on Self-regulation

Organization. Organization factors include outlining of course materials to organize thoughts, identification of most important course ideas, and use of visual tools (charts, diagrams, and tables) to organize course material.

Outlining of course material to organize thoughts. The respondents were asked whether when they study for their courses they outline the material to assist them in organizing their thoughts. Around 33% of the respondents strongly agreed. Secondly, around 40% of the respondents somewhat agreed. Thirdly, around 15% of the respondents indicated that they neither agreed nor disagreed, while around eight percent of the respondents indicated that they somewhat disagreed. Finally, around four percent of the respondents indicated that they strongly disagreed. Park (2003) revealed that a learning journal is very crucial. It has a high potential to not only increase a student's interest in course material, but also engagement. The learning journal also has a high potential to spur and empower students such that they are capable of taking responsibility for their own learning as well as becoming more reflective in their study (Park, 2003).

Identification of most important course ideas. The respondents were asked whether when studying for a course they go through readings and class notes to find the most important notes. While answering this question, around 59% of the respondents strongly agreed, while around 34% of the respondents somewhat agreed. The percentage of respondents who indicated they neither agreed nor disagreed is around five percent. Around one percent of the respondents somewhat disagreed, while around one percent strongly disagreed. Dunlosky, Rawson, Marsh, Nathan, & Willingham (2013, pp. 14-15) noted that students frequently have to learn high volumes of information. For this reason, students are necessitated to recognize what is crucial and the way various ideas link to each other.

Use of visual tools to organize course material. The respondents were asked if they make simple charts, diagrams, or tables to assist them in organizing course material. About 14% of the respondents strongly agreed that they use the visual tools to organize course material, while around 33% somewhat agreed. About 18% of the participants neither agreed nor disagreed. About 17% of the respondents somewhat disagreed that they make simple charts, diagrams, or tables to assist them in organizing course material. Finally, about 18% of the respondents strongly disagreed. According to Miller (2007), charts are important in conveying numeric patterns. They are the preferred way in conveying trends and relationships across and between data sets. Diagrams are important in presenting a visual description of a series of events, procedures or even physical characteristics. Tables are important in demonstrating numerous and exact text/numerical values in a small space. They are crucial in comparing and contrasting data values/characteristics/information among associated items or items with some shared features or variables (Miller, 2007).

Resource management. Resource management factors include favorable study environment, leveraging study time, regular place for studying, completion of assignments regularly, and planning for study time.

Favorable study environment. The respondents were asked if they study in a place where they can concentrate in their coursework. In answering this question, approximately 59% of the respondents strongly agreed, while approximately 33% of the respondents somewhat agreed. Approximately five percent of the respondents neither agreed nor disagreed. Approximately two percent of the respondents somewhat disagreed, while approximately one percent of the participants strongly disagreed. According to Cannell (2007), a library is a suitable place for students to study.

Leveraging study time. The respondents were asked whether they make good use of their study time for courses. Around 39% strongly agreed, while around 46% somewhat agreed. Around seven percent of the participants neither agreed nor disagreed. Around 7% of the participants somewhat disagreed, while one percent strongly disagreed. Similarly, Bembenutty (2009) and Ramdass & Zimmerman (2011) noted that higher-achieving students in postsecondary institutions have a tendency to establish academic target goals, including making good use of their study time.

Regular place for studying. When asked if they have a regular place set aside for studying, about 38% of the respondents strongly agreed. About 39% of the respondents somewhat agreed. About eight percent of the respondents neither agreed nor disagreed. About nine percent of the participants somewhat disagreed, while about six percent strongly disagreed that they have a regular place set aside for studying. For Bryant, Matthews and Walton (2006), most students consider two factors when choosing a study

location in a library: The first is physical environment. The second factor is low noise levels (Bryant et al.).

Completion of assignments regularly. The respondents were asked if they ensure they keep up with weekly assignments for courses. Around 77% of the respondents strongly agreed, while around 21% somewhat agreed. For the respondents who neither agreed nor disagreed, their percentage is around one. Around one percent of the respondents somewhat disagreed, while none of the respondents strongly disagreed. The findings counteracts the findings by Young (2002) who noted that professors have for a long time complained that students come to class not well prepared, without having finished their assignments.

Planning for study time. The respondents were asked if they schedule their life activities to give them enough time to study. About 34% of the respondents strongly agreed, while around 44% of the respondents somewhat agreed. The percentage of those respondents who neither agreed nor disagreed is around 12. About seven percent of the participants somewhat disagreed, while about three percent strongly disagreed. For Astin (1999), it is a good idea for students to plan for activities that improve the college learning experience when they are budgeting their time. A time diary can enable a student to figure out the relative importance of different activities (Astin).

Effort regulation. Effort regulation factors include striving to succeed in coursework, endurance in the context of monotonous course materials, and endurance when studying for classes in the context of boredom.

Striving to succeed in coursework. The respondents were asked if they work hard to do well in courses even if they do not like the course content/structure. About 79% of the respondents strongly agreed. About 19% somewhat agreed, while about one percent neither agreed nor disagreed. About one percent of the participants somewhat disagreed, while none of the participants strongly disagreed that they work hard to do well in courses even if they do not like the course content/structure. Bir and Myrick (2015) recommend the use of summer bridge programs in postsecondary institutions that serves many objectives. One such is assisting in easing the transition from high school education to a postsecondary education. Secondly, the programs impart self-efficacy, resilience, as well as confidence among students. Students are afforded the chance to take classes/courses in academic strategies, including writing. Such courses usually do not bear academic credit. The students focus on a weaker academic area and also get the chance to concentrate on skills such as organizational skills (Bir and Myrick).

Endurance in the context of monotonous course materials. The respondents were asked if they manage to keep working until they finish a course, although the course materials are dull as well as uninteresting. Around 72% of the respondents strongly agreed. Secondly, around 25% somewhat

agreed. Thirdly, around one percent neither agreed nor disagreed. Fourthly, around one percent of the respondents somewhat disagreed. Finally, around one percent strongly disagreed. The finding aligns with Bauerlein (2013) recommendation of how students should overcome dull and uninteresting course materials. In this context, students should work through boredom on their own, which is a matter of stamina rather than intellect.

Endurance when studying for classes in the context of boredom or laziness. The respondents were asked if they abide by a plan they created for studying for classes in the context of boredom or when they feel lazy. Approximately 61% of the respondents strongly agreed, while approximately 32% somewhat agreed. The percentage of respondents who indicated they neither agreed nor disagreed is around four. Moreover, approximately two percent of the respondents somewhat disagreed, while approximately one percent strongly disagreed. In comparison, Park (2008) established that students who are high procrastinators often indicated they were lazy. In other words, the students were not good at following their plans in addition to intentions. Ordinarily, the procrastinators planned to work in advance. Though, they ended up doing in the last minute because they took part in other events not in their plan (Park).

Academic Performance

Letter Grade Average. The respondents were asked about their letter grade average in their respective courses at the moment. About 80% of the respondents stated that they have an A average. About 15% of the respondents stated they have a B average, while about four percent stated they have a C average. About one percent of the respondents indicated they have a D average, while none stated they have an F average.

Numerical Grade Point Average (GPA). The respondents were asked about their numerical Grade Point Average (GPA) in their courses at the moment. About 47% of the respondents stated their GPA is 4.00. Forty three (43) percent of the respondents indicated they have a GPA of 3.00 – 3.99. About eight percent of the respondents stated they have a GPA of 2.00 – 2.99. About one percent of the respondents stated they have a GPA of 1.00 – 1.99. Finally, about one percent of the respondents stated they have a GPA of less than one percent.

Hypotheses Testing

H_{1a}: There is a positive correlation between student self-regulation (organization, use of visual tools) and Grade Point Average (GPA).

A weak positive correlation was found between self-regulation (organization, use of visual tools to organize course material) and Grade Point Average (GPA) ($r= 0.3459$; $p= 0.2843$). In other words, the more the

respondents use visual tools to organize course materials, the more they earn better grades and consequently a superior GPA. Though, the weak positive correlation suggests that the use visual tools alone cannot contribute to a superior GPA. Other self-regulation factors are critical in realizing a superior GPA. The hypothesis was accepted.

H1_b: There is a positive correlation between student self-regulation (resource management, leveraging study time) and Grade Point Average (GPA).

A very strong positive correlation was found between self-regulation (resource management, leveraging study time) and GPA average ($r= 0.9721$; $p= 0.0028$). In other words, a student who makes good use of their study time has a high potential of scoring a high GPA. The hypothesis was accepted.

H1_c: There is a positive correlation between student self-regulation (effort regulation, endurance when studying for classes in the context of boredom) and Grade Point Average (GPA).

A very strong positive was found between self-regulation (effort regulation, endurance when studying for classes in the context of boredom) and GPA average ($r= 0.9425$; $p= 0.0082$). In other words, a student who works hard in the context of boredom has a high likelihood of scoring a high GPA. The hypothesis was accepted.

Discussion

The study investigated several student self-regulation factors. Study results provide implications for development of self-regulation in youth through efforts by educators. Following is discussion of those results and accompanying implications for application to building resilience for management of chronic trauma.

One factor is Organization. One Organization sub-factor is outlining of course material to organize thoughts. Around 73% (33% highly and 40% fairly) of the respondents indicated they outline course material to organize thoughts. One key tool that students could use to organize thoughts is a learning journal. This practice of thought organization would facilitate reflection and planning on effective life management.

A second Organization sub-factor is identification of most important course ideas. The study revealed that around 93% (59% highly and 34% fairly) of respondents agreed that they identify most important course ideas through development of summaries. Successful summaries recognize key points of lessons or general facets of life. These methods appeal to students since the methods are simple to use (Dunlosky et al., p. 18).

A third Organization sub-factor is use of visual tools to organize course material. The study revealed that only about 47% (14% highly and 33% fairly) of the respondents use visual tools (charts, diagrams, and/or tables) to organize course material. The current study emphasizes that charts are important in conveying numeric patterns. They are the preferred way in conveying trends and relationships across and between data sets. Diagrams are important in presenting a visual description of a series of events, procedures or even physical characteristics. Tables are important in demonstrating numerous and exact text/numerical values in a small space. They are crucial in comparing and contrasting data values, characteristics, and information among associated items or items with some shared features or variables (Miller, 2007). Practice in comparison and contrast of data can be taught at all levels of school to support development of positive decision making capacity.

A second self-regulation factor that the current study investigated is Resource Management. One sub-factor of this factor is Favorable Study Environment. The majority of the students (92%--59% strongly agreed and 33% somewhat agreed) have a favorable study environment. The current study recognizes a library as a convenient place for students to not only study coursework, but also perform research. The application from this in building self-regulation that promotes resilience for trauma impact is awareness of what is or is not favorable as an environment of support and then action to provide favorable support environments for self.

A second Resource Management sub-factor is leveraging study time. The current study revealed that around 85% (39% highly and 46% fairly) make good use of their study time. Application from this for resilience building for chronic trauma is approximating the amount of time a task needs and practice of good time management. Examples of such habits are avoiding too much on an activity at one time, planning particular times for activities, and avoiding/eliminating lifestyle distractions. More examples are establishing particular goals for their time usage as well as examining their progress (Bembenutty, 2009; Ramdass & Zimmerman, 2011).

A third Resources Management sub-factor is a regular place for studying. The current study revealed that around 77% (38% strongly agreed and 39% somewhat agreed) of students have a regular place for studying. Regularity in structuring a student's daily life can help build resilience in that habitual structure can provide an anchor of something normal in the midst of trauma.

A fourth Resources Management sub-factor is planning for study time. The study revealed that a significant percentage of students (around 78%--34% strongly agreed and 44% somewhat agreed) schedule their life activities to give them enough time to study. It is recommended that students should always aim to develop processes of self-regulated learning. An example of

such processes is establishing goals. More examples of processes of self-regulated learning are participating in strategic planning, monitoring performance and reflecting. These processes are important for students who are independently balancing their learning with life activities (Huie, Winsler, & Kitsantas, 2014). Students should always have a tendency to spend equal time in both academics as well as leisure to ensure they have superior cumulative Grade Point Averages (GPAs) (Brint and Cantwell, 2010). This also promotes stronger resilience throughout life.

A third self-regulation factor that the current study investigated is Effort Regulation. One Effort Regulation sub-factor is striving to succeed in coursework. The study revealed that most respondents (around 98%--79% strongly agreed and 19% somewhat agreed) strive to succeed in coursework even if they do not like the course content/structure. This striving to succeed in learning or other life endeavors builds a habit of pushing through adverse life experiences such as chronic trauma.

A second Effort Regulation sub-factor is endurance in the context of monotonous course materials. The course revealed that most respondents (about 97%--72% strongly agreed and 21% somewhat agreed) manage to keep working until they finish a course, although the course materials are dull as well as uninteresting. Chronic trauma has a time-frame of no predictable end time and endurance is needed to develop and maintain as high a quality of life possible amidst the ongoing trauma.

A third similar Effort Regulation sub-factor is endurance when studying for classes in the context of boredom/laziness. The study revealed that most respondents (about 93%--61% strongly agreed and 32% somewhat agreed) abide by a plan they created for studying for classes in the context of boredom or when they feel lazy. The more a student fails to pay attention to their boredom, the more it will be easier for them to grasp key concepts and consequently pass a specific course (Bauerlein, 2013). This practice helps to build resilience for surviving and thriving despite trauma as it strengthens capacity to focus on attaining the positive.

Conclusion

Self-regulation is a life skill that benefits human development in general and can support building of resilience with which to survive and thrive through experiences of trauma, especially when impact of trauma has a chronic nature. A study conducted with educators in training provided indication that educators are enriched to help students grow in self-regulation as the educators themselves practice facets of self-regulation. Academic study provides an experience that requires exercise of self-regulation to attain success much as a need to survive and thrive through trauma. Facets of self-regulation that educators can promote with their students are Organization

skills such as work in organization of thought such as with outlining of material and Increased Resource Management such as availing selves of a school library or attention to student time management. The third area that educators can help students with is Effort Regulation, which might require more focus on inner student development such as increased desire to succeed and capacity for endurance in the face of perceived lack of interest in required subject matter. Results from this study can guide educators in those facets of self-regulation to promote with students to support building habitual resilience as a support for living through and past chronic trauma. More research is needed in educator interventions to enhance student internal self-expectations for success and will to endure life challenges and expectations that might be uninteresting, yet needful for life success.

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Trauma Informed Practice: Increasing Awareness for Pre-Service School Counselors

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Abstract

Life challenges and traumas come in many forms and the capacity to bounce back, adapt, and move on to a new normal also comes in many forms. This study examined some common life challenges and trauma experiences and how persons in these have reacted and grown past the experiences. The study also used action research to provide graduate student counselors insight on facets of trauma that they could help with in service as counselors. The study was conducted by 102 school counseling and clinical mental health counseling students in a graduate level Lifespan Development course with volunteers selected by them to share through interview impact of challenges and resilience formation in the challenge areas of Substance Addiction; Habit Addiction; Disabilities; Natural Disaster Trauma; Combat Trauma; Other Individual Trauma such as a House Fire, Domestic Violence, Child Sexual Abuse, or Severe Accident; Community Event; Couple Event; Family Event; or School Event. The volunteers shared description of the life challenge or trauma; whole person reactions to the event from immediate to current reaction (at least a year post-event); life factors pre-event that may have contributed to the occurrence of the event or compounded recovery from the event; and life factors both pre- and post-event that helped with recovery from the event. The graduate students then synthesized answers to frame potential pathways to explore further for enhancement of resilience building with future clients and students and to support students in recovery and healing from trauma experiences while in their schools.

Keywords: Graduate educator student training in trauma, Children and trauma, post traumatic growth, resilience development.

Introduction

Attention to traumatic events in the lives of students tends to focus on single events that could be categorized as acute trauma, much as a singular occurrence of a physical illness element such as a case of flue or a broken leg

from an accident. Wamser-Nanney and Vandenburg (2013) noted the commonality of repeated events of trauma for many children and adolescents as well as presence of ongoing impact from the same trauma experience as prolonged trauma (p. 671). Often this chronic trauma was described as interpersonal and having onset in childhood. As such, manifestations would be presented in the context of school. Wamser-Nannery and Vandenburg noted such symptoms as lowered self-regulation of behavior, attention, and impulses and problems with socialization or self-identity.

An emerging focus for educators is encouragement of Trauma-Informed Practices (TIPs) in the classroom. Banks and Meyer (2017) supported this focus through classroom dialogue between pre-service teachers and a mental health therapist who worked with students experiencing chronic life trauma. This experience increased awareness for the respective pre-service teachers and also helped the authors to more firmly identify needed components of TIPs training for educators.

Engebretson and Weiss (2015) noted that in the face of traumatic experiences for students such as a community act of violence or a student's death, there is still expectation for school to continue amidst the distress and disturbance of these events upon all members of a school and its community. Engebretson and Weiss examined potential for inclusion of attention to these topics and events within the routine curriculum of teaching for the school. They contended that to do so would support students in a healing process of dealing with the trauma versus pushing it to the side for "school." This inclusion can consist of time to ask questions, attain more knowledge, or do subject related work that integrates facet of the trauma.

Literature Review

Considerable research exists which describes impact of trauma on children. Less research is available on educator intervention within presence of student trauma. Research in both areas is important for further support of integration of trauma informed practice within faculty and staff of P12 schools. Knowledge of such research can enhance efficacy of educator preparation in their pre-service training programs.

Trauma Impact on Children

When students enter the doors of a school and classroom, they do not check "life" at the door much as forbidden items are checked for airline passengers before flight. Thus students bring into school with them the impact of life trauma that then moves beyond the individual student to also influence fellow students, faculty, and staff. Villenas (2018) reflected on her experience as both a community member and a teacher during the 1992 Los Angeles riots with the Rodney King beating. Villenas reflected "How were we supposed to

as if it was business as usual? How were we supposed to face our young students and pretend that their education was divorced from the conditions that were criminalizing and devastating their communities?”(p. 110).

Day et al. (2015) describe the multiple demands needed for success in school and stress on these per student experience of chronic trauma. All students have demands for attention, comprehension, memory, organization, and self-regulation (p. 1088). Day et al. noted that much research has supported evidence of trauma impact on diminished academic performance and reduced social-emotional efficacy. Examples are lower rate of homework completion and greater rates of suspension or expulsion from school. One of the most frequent settings of this chronic

Thompson and Schwartz (2014) conducted a phenomenological study with young men of color to specifically examine the question of effect of trauma on their learning engagement and access to counseling and support services. The findings indicated that Posttraumatic Stress (PTS) was considered to be life as normal – often daily, ongoing series of experiences (p. 50). The study participants considered trauma to be a given component of life and even felt ownership beyond the daily trauma of individual self to the collective trauma of others like them currently or in the past who were also caught in similar trauma experiences such as poverty or environments of violence.

Experiences of trauma, whether acute or chronic, render impact on observable behavior of trauma victims. Meshcheryakova (2012) noted a tendency of trauma victims to feel compelled to repeat painful past experiences as an attempt to master them – a concept first espoused by Sigmund Freud (p. 50). This repetition was described as a two-phase process with the first phase consisting of re-experience of past sensations in a current context. The second phase was a re-experience of defensive reactions with a purpose to avoid going through such an experience again. Meshcheryakova indicated that such re-experiencing did not serve a beneficial role, but rather promoted a re-victimization of the person with even potential for negative fallout toward others within the person’s current environment.

One experience of chronic trauma is that of war. While some countries have active war on the ground in the villages and cities where youth live, many other children experience traumatic impact from deployment of a family member to military service in a combat location somewhere other than the home community or perhaps even the home country. This is true for many children in the United States who have family members deployed into combat via service in the military Reserves or National Guard. Heide, Mooren and Kleiber (2016) noted that „the experience of war has been central to establishment of a distinction between rather delineated traumatic events such as a robbery, disaster, or traffic accident and more complicated traumatic

events“ (p.2). Heide, et al. suggest differentiation in treatment so that it is phased to accommodate safety, reduction of symptoms, and acquisition of skills before moving on to work with traumatic memories and then psychological and social reintegration

Childhood trauma experiences are sometimes results of environmental factors external to a home. However, chronic trauma can also live within the home within family or care-giving relationships. Becker-Weidman (2009) indicated that early childhood maltreatment could foster developmental deficits, particularly in „communication, daily living skills, and socialization“ (p. 137). Becker-Weidman noted that the components of this trauma often included emotional abuse, neglect, sexual abuse, physical abuse, and witnessing of domestic violence (p. 138). These experiences were noted to foster deficits in multiple realms of current personal functioning and also to foster potential adult reduced functioning in multiple facets of health, especially psychological health.

Reinbergs and Fefer (2017) further confirmed the impact of home-based trauma on the educational experience of children. They shared several U.S. national level statistics that emphasize concern. For example, one in eight children are reported to experience substantiated maltreatment by age 18 and an estimated cost per year for treatment of just one case of maltreatment to be \$210,000 with some of that spent on services via placement in special needs education (p. 250). Reinbergs and Fefer noted that children are often influenced by additional trauma events such as natural disasters or community violence.

Bell, Limberger, and Robinson,. (2013) provided depth of detail on symptoms that can be presented by child victims of trauma, many of which are presented in the context of school. Some examples given on page 141 are physical symptoms of recurring physical complaints, above normal state of alertness, and sudden gain or loss of weight. Examples of behavioral symptoms were social isolation, increased risk-taking, increased attention-seeking, increased aggression, or regression to previous developmental behavior. Emotional symptoms that could present at school were difficulty with emotional regulation, fear, or lack of self-confidence. Finally cognitive symptoms include inability to focus, learning disabilities or poor skill development, and changed attitudes about people and the student’s future.

Intervention with Chronic Trauma in Youth

Chronic trauma often has seemingly silent but pervasive impact. Ferentz (2015) notes that one impact is self-destructive behavior that is present, but not obviously evident in the earlier stages of trauma experience. Ferentz presents a cycle of self-destructive behavior that begins with the initial triggering traumatic event as well as those following life events that trigger re-

experiencing the trauma. This cycle moves through inner negative thinking and feelings such as tension and anxiety to outward behavior that is harmful toward self. Educators are most apt to observe the self-destructive behavior and awareness of the etiology can promote appropriate support to students caught in a cycle of chronic trauma.

While it is important for intervention by clinicians or educators to help ameliorate trauma impact, a greater service is rendered to victims of trauma when there is concurrent support in development of resilience. This resilience can help the healing process, enhance post-traumatic growth, and better empower youth for all of life's challenges. Steele and Malchiodi (2012) defined resilience as adaptation toward competence with thinking and acting in the presence of distressful experiences. They noted that with the chronic vicarious exposure to trauma via media and in some cases increased presence of face-to-face trauma, building resilience has become more universally challenging.

Steele and Malchiodi (2012) listed ten protective factors that are a part of building and maintaining resilience. Several of these could be supported through educator intervention. The first factor was Optimism – maintenance of a positive mindset on life helps people to bounce back from life's challenges. Educators can practice general optimism in daily work. Another relevant factor was that of a Role Model – as educators practice resilient living themselves, students can naturally follow their leadership. The factor of Social Supports is an integral component of school as students engage with peers as well as school personnel. A key in making this a positive factor is for educators to take time to „be there“ when needed to support students through a listening ear or appropriate referral. Finally, an important component is Training in development of resilience. This can be enhanced for educators through educator preparatory training at the collegiate level and through educator professional development training in the school setting.

Educator Intervention for Presence of Student Trauma

While society's infrastructure of care has support usually available for immediately post-trauma event, Bath (2015) notes that more attention to comprehensive support is needed for the hours of the day after the initial emergency room, mental health therapist session, etc. are completed. The trauma impact goes with the individual into home, school, community, etc. Bath recommends attention to three factors to support healing and resilience building in these daily non-clinical settings (p. 6). The first factor is creation of a Safe Environment in which an individual can feel secure and calm. The second factor is to foster and maintain connections with caring others to support need for belonging and resilience building. The third factor is Coping

which strengthens the individual's need to experience mastery of life walk and independence.

Blaustein and Kinniburgh (2010) noted that when working with youth experiencing trauma, the ultimate goal is "to build their capacity to harness internal and external resources in service of effective and fulfilling navigation of their life, across domains of functioning" (p. 209). Both past and present experience could interfere with optimal development and functioning in all personal life areas. While much of the recommendations shared by Blaustein and Kinniburgh apply to clinical treatment, much could also be effective within routine educator practice at school. An example is helping youth to build a self-reflective process to observe and explore self's behavior, feelings, and thoughts that could be related to past experiences.

Shu-chin and Pope (2019) note that this self-reflection has been a crucial component in past core roles of educators as they facilitated student learning about life values within self and application of these outward in daily living. Shu-chin and Pope also note that today's focus of educators is more reduced to targeted vocational training. A prime example of this is the common practice of public high schools in the United States having tracks for students in Academic Preparation (AP) for college attendance and Vocational-Technical training for students who will follow an immediate path of work-force entry after high school.

Another arena that Blaustein and Kinniburgh (2010) recommend in the treatment process for youth and trauma is enrichment of the capacity for self-regulation for here and now distress of the moment. Many student behaviors that result in some type of school-based discipline are influenced by deficit in capacity of students to manage this current moment distress. Examples are instant reaction to bullying or distraction from staying on task in the classroom. Blaustein and Kinniburgh recommend skill development training for children such as problem-solving skills and goal setting with follow-up reinforcement of these through reminders and positive verbalization to students when these skills are practiced. This skill development training could help students universally in the context of academic endeavor.

Thompson and Schwartz (2014) provided some suggestions for educators to enhance engagement of learning for young men of color who might be caught in life trauma of poverty of environmental violence. Provision of a safe space such as time for group discussion was considered a first step as this would empower students to find mutual support and a sense of not being alone in their routine of daily trauma. A next step was to encourage and support remembrance of traumatic events and permission to grieve over impact. This confrontation of the reality was considered crucial within a healing process. The last step was termed Reconnection and included

a sense of a new normal of self- identity, new framework of relationships, and even some new beliefs and meaning.

Reinbergs, E.J. & Fefer, S.A. (2017) discussed increased integration of TIPs within the school setting as more school counselors, psychologists, and social workers have been hired as routine staff. Examples of improved support are Multitiered Systems of Support (MTSS) and Response to Intervention (RTI) Both of these blend delivery of academic, behavioral, and mental health services to support better development for the whole of a student – not just the capacity for academic achievement. Reinbergs and Fefer noted that while progress is being made to support greater integration of TICs into MTSS and RTI, a need continues for more research and work with both what could support implementation of school-based trauma services as well as those barriers to this implementation.

Bullying has become a chronic trauma event for many students in elementary through high school levels. Long-term effects are noted in incidents such as school shootings where the back-story of the perpetrators included previous victimization from bullying. Jenkins, Fredrick, and Wenger (2017) studied responses of 656 students in third to eight grade on mediation of either peer support or teacher support between victimization status and social, emotional, and behavioral difficulties. Their findings are a strong message for increased focus on educator intervention with this particular form of chronic trauma.

Jenkins, et al. found that participant perceived teacher support was strongest in the earlier elementary school years and tapered down as a student moved into pre-adolescence and adolescence. While this is mirrored in developmental parameters of adolescence, the study found that teacher support was an important component of mattering for social-emotional outcomes for bullying victims in combination with presence of either parent or peer support. The study confirmed a strong relationship between peer support and mediation of various difficulties for victims of bullying. The message for educators in this is intervention to encourage peer support in healthy ways within the context of school. Examples are participation in extracurricular activities such as sports or student organizations and opportunities for group work in class assignments.

Day et al. (2015) conducted a pilot study of a curriculum that was designed to increase TIPs in educational settings. The study was based on a modification of the curriculum *The Heart of Teaching and Learning: Compassion, Resiliency, and Academic Success*. This was described as „an integrated, manualized curriculum based on research, theory, and clinical practice and is grounded in ecological and attachment theories applied using psychoeducational, cognitive-behavioral, and relational approaches.“ (p. 1091). The six modules of the curriculum were (1) background and

definitions of trauma, (2) compassionate schools and survival, (3) self-care, (4) curriculum domains and specific strategies, (5) collaborative problem solving, and (6) role plays, games, and case vignettes.(p.1092). Results of the pilot implementation of the curriculum indicated a decrease in trauma symptoms exhibited by participating students who were all court-ordered youth in residential treatment placement.

Currently in the United States and historically within many countries, educators work with students who are refugees or whose families have chosen to geographically relocate to another country for various reasons. Heide, et al. (2016) addressed treatment of complex or chronic trauma impact where youth and adults were refugees per occurrence of war. As noted earlier, many factors of the phased treatment for complex trauma recommended by Heide, et al. can be well-supported in an educational setting. As youth spend much of their time in a school setting, this can be maintained as a place of safety, opportunity to learn new skills, and a key setting for psychological and social integration as therapeutic intervention moves to completion.

While focus has increased on what educators can do in responsive intervention to help with chronic trauma for students, Langley, Santiago, Rodriguez, and Zelaya, (2013) discussed the need for more early intervention to help build resilience and prevent detrimental impact of trauma experience on normal development of youth. Langely, et al. noted that for youth who receive mental health care, seventy five percent of this is through the education sector (p. 248). This framework seems to foster positive collaboration between student, family, community, and school in not only helping the student, but also promoting enhanced collaborative efficacy among the education stakeholders.

Implications for Pre-Service Educator Training Programs

Beneficial intervention starts with awareness of the need for intervention with accompanying etiology and symptoms. This awareness can then serve as a foundation for effective intervention to resolve or manage presenting limitations for academic and personal success. Bell, et al. (2013) noted that „certain at-risk behavior patterns are associated with childhood traumatic experiences and educators are seeing an increasing responsibility to identify and address symptoms associated with childhood trauma as they fulfill an evolving role for shaping developmental needs of their students.“(p.140).

Bell, et al. (2013) indicated the vital role of educators to support traumatized children „either individually or through a school-wide approach.“(p.142) – citing a statistic from Jaycox, et al. (2010) that 91 percent of children completed trauma treatment based within a school setting as compared to only 15 percent completion in an outpatient mental health setting.

Three suggestions were given for teacher intervention support, support that could easily be provided within the normal context of the teacher's role. These were (1) Identify trauma symptoms with a student and refer to an appropriate school helping professional such as a counselor or social worker, (2) Participate in a school-based trauma team, and (3) Support traumatized children through the therapeutic process. (p. 142).

Because youth have so much presence under the influence of teachers and other school personnel, educators are in a key position to facilitate development of student resilience and efficacy in response to life trauma. Von der Embse, et al. (2018) noted that even with this high role of influence, educators have considerable challenge with identification of students at risk for problems per influence of life trauma. Educators can also have significant challenge in awareness of how, when, and where to refer students for help with these issues. In the study by Von der Embse, et al., teachers were trained in universal screening protocols to use with students to determine risk level. The study results indicated support by teachers for such an assessment process. The study did not indicate support for this assessment as a duty of the teacher. A key implication was the need for increased educator awareness of risk factors and support for whole child resilience development within the context of school.

Anderson, Blitz, and Saastamoinen (2015) observe that while educators at each level of school faculty and staff are increasingly aware of the pervasive impact of chronic trauma on their students, there is also a challenge with identification of their professional role in the process of management and healing. Anderson, et al. note that a crucial component of effective intervention is collaborative attention to support for student healing through all stakeholders within and outside of the school setting in the process. This strongly suggests awareness and engagement of not only school-based mental health professionals such as counselors, psychologists, or social workers – but also personnel from custodial staff to coaches to teachers to administrators.

A key component of capacity to engage with helping is to first promote awareness of need and effective support for need resolution. Anderson, et al. (2015) conducted a study between a university educator department and local elementary schools to assess potential best practice focus with professional development training for school personnel in assistance for trauma-impacted students. The framework of their research provided a viable framework to also use in pre-service educator training toward capacity to help students impacted by trauma. This framework included the three steps of (1) Needs assessment on key experiences putting students at risk for negative impact on educational pursuit, (2) Professional Development targeted toward knowledge

and skill development per the needs assessment, and (3) Periodic post training reflection assessment on efficacy of the training.

Methodology

Using the framework of Anderson, et al. (2015) action-research was conducted in several sections of a graduate degree level professional orientation course for school counselors. The name of the project was *Challenges and Resilience Across the Lifespan* with a purpose of student exploration of developmental impact on life of crises, disasters, disabilities, and addictive behavior, all of which fit literature parameters for chronic trauma experience. Students interviewed an acquaintance volunteer about a life trauma experience per a list of example trauma events and an interview format from the instructor. Students then wrote reflections on insight gained for both personal application and application as future educators.

Participants

Participants were 102 students enrolled in a graduate level course on professional orientation for counseling, most of whom were in preparation to be school counselors. While this is an ongoing course assignment, this study was conducted during terms for spring and summer of 2019. Volunteer participants consisted of family, friends, or colleagues known by student participants in their local communities.

Procedure

In their research, students first selected a volunteer who they knew had been impacted significantly by an area of life trauma (selection list provided by the instructor and further described below in the section on Procedures), obtained agreement of the person for a confidential interview about the experience, and then interviewed the person with a set of questions from the instructor as shared below in the section on Procedures. The second part of the research was to share personal reflection on what they learned from the research that they could use in their own personal lives and what they could use in their future work as educators.

Analysis

Volunteer experiences were selected from a list provided by the instructor to include the areas and frequency of student focus as shown below in table 1.

Table 1. Traumatic Experience and Frequency of Student Focus

Type of Experience	Frequency of Student Focus
Substance Addiction	19
Death of Family Member	14
Domestic or Intimate Partner Violence	14
Disability from Severe Illness	12

Limitations from a Severe Accident	10
Childhood Abuse	9
Home Burned in a Fire	8
Natural Disaster	7
Divorce in Immediate Family	3
Combat Trauma	2
Chronic Rejection by Family of Community	2
Victim of Chronic Bullying	1
Incarceration of a Family Member	1

Data Analysis and Findings

Volunteers often reported trauma of a different type growing out of the trauma experience of focus. An example was a choice to cope with substance abuse to help with a trauma such as disability from a severe accident. Student written reflections on the research focused on two components.

First was targeted insight from volunteer participants on (1) Reaction to experience, both immediately post event and currently, (2) Pre-event life developmental influences that were both negative and positive, (3) Current post traumatic growth impact from experience, and (4) Advice from volunteer for others regarding such an experience.

Secondly, students shared insight on (1) perceived Pathways of Prevention they could help students with in building resilience protective factors for potential traumatic experiences and (2) perceived Pathways of Recovery they could help students with in healing from the occurrence of a traumatic life experience.

Examples of student reflections are shared below. For sake of space, only one representative student reflection is shared per reflection focus area.

Reaction to experience, both immediately post event and currently. *Volunteer was initially devastated after the hurricane. She described feeling overwhelmed with emotions and felt powerless as she had no control over mother nature. She is still reeling from the loss she endured after the hurricane but is slowly recovering. She has relocated near home and is receiving support from her family and close friends. The volunteer has also regained contact with family, friends, and coworkers who are still in her local area and speaks to them often. She is sometimes emotional when she sees old and new photos of the local beach, but is overall happy that she has her life. She no longer dwells on “why” it happened and feels confident and hopeful that everything will fall into place.*

Pre-event life developmental influences that were both negative and positive. *The volunteer seemed to have had many negative life factors that influenced this situation. While he does report having social anxiety enhanced by this situation, he already slightly experienced it before due to*

being “jumped” by his peers after enrolling into a new high school. After returning home from this deployment, his unit would immediately begin a rigorous training cycle and deploy again in six months. During that time he found another service member after committing suicide, was present when a fellow Ranger died from an aneurism and witnessed a helicopter crash during a training event. Also, during this time, his newly wedded wife was hospitalized and diagnosed with Type 1 Diabetes.

Positive life factors that influenced the volunteer would be being raised in a tough manner. His parents taught him that the only way to success would be through hard work and that life is not fair. After this experience, he returned home to get married and later start raising a family. After getting out of the military he attended college, reduced the amount of travel with his work, and forced himself to reintegrate himself into civilian life.

Current post traumatic growth impact from experience. *The volunteer gives all credit to personal faith in God for allowing her to move past this tragic event in her life and find peace and happiness again. She reports, “I find peace in knowing that I will see my son again in heaven one day.” Linda feels that she has not only grown in her faith but also her self confidence and believing in following her dreams and setting goals. She states she has realized just how short life can be and she wants to make the most of her time left on this earth.*

Advice from volunteer for others regarding such an experience. *The volunteer’s advice to others who experience domestic violence abuse is to SPEAK OUT. Please take pictures of the scars. Her most important advice is not to go back once you leave. Take that step and move forward before it is too late. Also do not waste another minute of your life trying to change an abuser. Do not be afraid to ask for help and advice.*

Pathways of prevention. *Five ways to help prevent substance abuse include effectively dealing with peer pressure, dealing with life pressure, seeking out help for mental health issues, examining the risk factors, and keeping a well-balanced life. Some more effective ways, other than drugs, to help relieve stress, are exercising, reading, and volunteering. An additional pathway to drug abuse prevention is education and increased awareness.*

Pathways of recovery. *After a hunting accident that resulted in right leg amputation, the volunteer used his experience to motivate people around him. He has made himself available to different groups of people and has used this experience as a motivational tool. One thing that we all need to remember is that when things happen, we should use those experiences to help other people that are going through similar situations. Just a word of “everything is going to be ok” or “I understand what you are going through” goes a long way. The volunteer has made contact with other people that have gone through similar situations as he has.*

Conclusion

Provision of opportunity for student counselors-in-training to get inside a trauma experience of another person did increase knowledge of impact of the types of trauma they might encounter as future educators. The research project also fulfilled the role of a needs assessment as participants acquired information from volunteers and then reflected on life influences both before and after trauma experiences that educators could intervene with through support for students. The study supports continuing need for both training and skills development in Trauma Informed Practice as routine with pre-service educator training and professional development training for practicing educators.

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Facilitation of Student Resilience Through Educator Development of Critical Conscience

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Abstract

Exposure to chronic trauma such as lifestyles of poverty, events of natural disaster, and acts of violence on individuals or groups continues to happen for educators and their students – if not via personal experience, via media-informed awareness. Critical conscience as increased awareness, understanding, and desire for advocacy is increased through experiential learning of pre-service educators as they engage in the lives of student populations they serve. A graduate course in work with multicultural populations routinely includes immersion experiences of pre-service educators in a population of students they teach and other than their own population. Selected student experiences and subsequent reflections were examined for results with relevance to application in amelioration of risks and promotion of resilience with chronic trauma. The study resulted in student reports of increased critical conscience. Based on literature reviews for the study, this enhanced critical conscience contributes to educator preparation for greater efficacy with intervention for amelioration of trauma impact and promotion of resilience development with future students whom they will teach.

Keywords: Critical conscience, educator preparation, trauma impact, resilience.

Introduction:

Traumatic experiences touch students and educators on a regular basis, making the phenomenon of chronic trauma an ongoing reality. The impact of a traumatic event spreads through the systems of life best depicted by Urie Bronfenbrenner's Ecological model of human development (Hollingsworth, 2018). These systems start at the place of the individual and moves outward through family/peers, neighborhoods, culture, and even time. The systems serve as a ripple effect of impact when trauma touches any system – rendering influence both inward and outward.

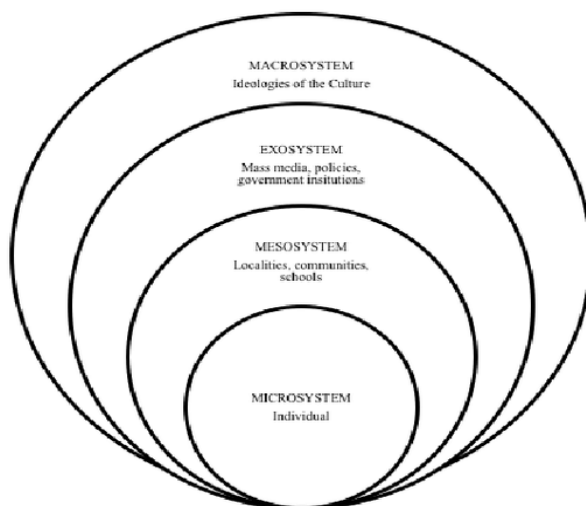


Figure 1. Urire Bronfenbrenner's Ecological Model of Human Development
Source: Ecological Models of Human Development,” by U. Bronfenbrenner, 1994, in International Encyclopedia of Education (pp. 37-42), Oxford, UK: Elsevier.

Efficacy of educators is enriched as they enhance capacity to understand and communicate to the world of their students. A student worldview is framed by cultural parameters as well as student life experiences. Often these experiences involve chronic trauma such as living in poverty, living with a disability, or living in a mainstream culture setting that is not their own. Fregeau and Leir (2016) defined Critical Conscience as “an awareness and deep understanding of the social and political contradictions in the world that characterize the oppression of disenfranchised groups of people, especially the poor, and particularly as they apply to oneself” (p. 64). As educators engage with the lives of populations other than their own, they promote development of this critical conscience

Zhao, Meyers, and Meyers (2009) studied the experience of ten pre-service American teachers studying abroad in China. They found five themes through their data analysis that serve as guides for other pre-service education students to increase efficacy of future service to students in experiences of chronic trauma. These themes were (1) understanding and respecting the individual students’ culture, (2) developing empathetic dispositions to students not in the educator’s cultural norm, (3) exchanging teaching strategies and resources, (4) reflection on both personal and professional growth, and (5) initiating a pro-active stance as change agents responsive to the worldview of students.

A key component of training for educators in support roles such as school counselors, school psychologists, and school social workers has been competence in multicultural helping. Recently, state level departments of

education have expanded this emphasis to include all educators. Alexander, Kruczek, and Ponterotto (2005) noted that training for this competency has to go beyond just a course or just a textbook. Alexander, et al. designed a practical application component to more fully strengthen student development in multicultural competency. One of the key benefits was to help build student with adaptive functioning skills (p. 255).

Lack of experiential knowledge often lessens the capacity of educators to effectively support students in the face of chronic trauma. Alexander, et al. (2005) noted that immersion type experiences could help students move beyond the natural discomfort or fear of work with the unknown such as students in poverty, natural disasters, disabilities, or chronic exposure to violence. Even if an immersion experience was not afforded with every conceivable diversity, the experience of immersion into a different worldview could build capacity to increase comfort and anticipate work with a “difference.”

Literature Review

Exposure to chronic trauma is almost a given for many of today’s students. Examples are multiple locations across the world that qualify as areas of poverty and increase in chronic family or neighborhood stressors. As educators engage with students throughout these experiences, there is a crucial opportunity to promote resilience building with students through what Morrison and Allen (2007) term as “protective possibilities.” Morrison and Allen note the important role that environment has in building student resilience. The school environment with its building, structure, faculty, and fellow students is important as an environment and can be controlled to much degree by the faculty and staff of the school. An environmental influence that students bring with them to school is that of family support and expectations. It is this influence that an educator cannot know through just vicarious exposure.

Differences in culture, lifestyles, or worldview can promote a barrier of pride in one’s own framework and a temptation to discount the life framework of those who are different. Sheridan, Bennett, and Blome (2013) examined the precautions needed when transferring a training protocol from one cultural context to use within another cultural context. Sheridan, et al. noted that often this process of service to others outside one’s own culture can carry a sense of “doing for” or “standing with” those who are of a different population (p. 819). The notion of Reverse Mission (Abram, Slosar, and Walls 2005) encourages educators to help promote resilience through learning from the others rather than trying to change the others through conversion to the educator’s worldview. A key outcome of this approach is empowerment of educator efficacy. Sheridan, et.al reported that students experienced deeper

learning of course concepts when they had opportunity to explore the meaning of these concepts on a personal level (p. 830). Immersion integration into cultures studied within a textbook fostered this deeper learning.

Winter and McEachern (1999) addressed ways to better meet education needs of underserved youth such as those living in poverty or other environments that might foster chronic trauma. One observation was the benefit of pre-service educators actually living among these underserved populations to “share locally valued activities and understand minority aspirations” (p. 713). Winter and McEachern conducted a study of pre-service educators in practicum placement among Canadian natives. The study found that efficacy was confirmed with the traditional model of practical experience of pre-service educators to acclimate to the classroom and school setting. In addition, efficacy was encouraged through those cultural and possible trauma parameters that pre-service educators had opportunity to explore and learn from.

Critical Conscience

Byrd (2012) noted that traditional teacher-centered instruction does not adequately prepare future educators for their inherent roles as change agents in the social needs of society. Some of this deficit is per emphasis on pressures for schools in testing and other accountability demands. Byrd suggested that pre-service training programs integrate opportunities for students to develop critical conscience as they increase awareness of problems and their perpetuation, analyze their function as future educators in problem resolution, and engage with the populations they serve to promote increased life efficacy for all.

Cassel (2001) discusses frameworks of change as first, second, and third forces of psychology. The first force has a focus on implementation of change per external prompting toward an individual. The second and third forces both focus on internal personal initiation of change, with the key difference being employment of free association techniques by practitioners within the second force to help an individual integrate whatever comes to mind. The third force seems to be more structured with the practitioner serving in a coaching role to support an individual’s choice and decision.

Thus, promotion of critical conscience for educators in training could employ all three of these forces of psychology. An instructor could provide the external prompting as well as the coaching with the student generating the more specific nuances of a change process. This can be seen when students engage in real-world exposure to populations or issues with which they will work as educators.

Risk and Resilience Theory

Military life poses presence of chronic trauma for families as they experience relocation, deployment of the military member(s), possible occurrence of Post Traumatic Stress Disorder, and post-deployment family reunion (Palmer, 2008). While each of these experience can provide traumatic influence on its own, there is often a larger framework present such as locales of poverty or civil unrest/war. There can also be individual trauma impact such as stress in family or school relationships. Palmer (2008) noted that these risk factors could be ameliorated through purposeful support to military families such as provision of support groups or psychoeducation.

West-Olatunji, Shure, Garrett, Conwill, and Rivera, (2008) noted the propensity for low-income African-American male adolescents to present lower academic progress than counterparts with most research on this having focus on the problem. West-Olatunji, et al. explored the intervention of strengths-based programs such as a Rites-of-Passage program to promote academic efficacy with this population. One of the key strengths of this program was exploration of environmental factors that could marginalize this population. A closing recommendation from the study was for educators to change their work with at-risk populations from problem-focus to a focus on strengths and the population's culture.

Mohamed and Thomas (2017) noted that often the school setting is the place in which students begin to build resilience that helps navigate the acute or chronic life traumas they may experience as both children and adults. They noted that learning more about both the risks and resilience capacity of their student populations, educators can better intervene with their students to promote life-long quality of resilience. Specific experiences within school were identified that both promoted building of resilience and hindered building of resilience. Resilience was enhanced through support networks such as friendships. Resilience was hindered through negative influences such as bullying, racism, social isolation, or exclusion per ethnic differences (p. 254). Educators are in a position to intervene for both promotion of the positive and minimization of the negative.

Sanders, Munford, & Boden (2017) found similarity in the link between education aspirations and proximity of risks and resources with resilience for both students experiencing chronic trauma and students in a less traumatic developmental life path. Sanders, et al. confirmed the important role of educators in helping students to effectively use available resources for enrichment of educational outcomes. Their study indicated the importance of ecological level influences on both amelioration of risks and enhancement of resilience along the educational and life pathways of students. The educator and school was an integral part of the ecological influences.

Methodology

As noted earlier by Alexander, et al. (2005), experiential learning through cultural immersion is vital to students in a course on multicultural counseling or other venues in education. Traditionally, a graduate course with orientation toward multicultural understanding and service is a core component of educator preparation programs such as school counseling. Such a course at a small regional university in the Southeastern United States includes a key assignment for students to engage in immersion within a culture other than their own to explore and learn from as they increase capacity to serve outside the parameters of their own cultural worldview. This presents opportunity to qualitatively study student report of impact on their development as future educators. This course is taught multiple times each school year with 80 – 100 students per semester.

Students were free to select modality of experiential learning. This varied across student experiences. Students participated with daily life events of individuals, families, and communities. In most cases, learning included interviews.

Parameters of this immersion integration experience include student reflection on (1) Lessons learned about self in response to the experience, (2) Insight gained about the other worldview or culture, (3) Issues that could affect the student's engagement with members of the other culture, and (4) future changes in practice that the student would make in future engagement with members of that population. Excerpts from these reflections are shared that especially provide relevance to this experiential learning within the context of chronic trauma.

Inner-City with Predominance of Minority Culture Students

One student elected to spend several days in a soup kitchen that served a population that was poor and entrenched in a drug-infested culture, saying "I chose this culture to study as I teach children everyday which come from the same culture and background. I felt as though this will better prepare me as I enter the classroom every day and encounter the students which are born into this society. This will assist in filling the cultural gap between me and my students. I believe learning about others can help us to understand ourselves and be better world citizens. She also shared a reflection with one student from that culture, " A bunch of teachers here, they think they know what's wrong with us. But they don't know. If people want to help us, they have to see what we've been through, not from what their own experiences tell them."

Another student reported "I feel that I gained knowledge and understanding not only of just the African American culture, but an understanding of my students' lives. My eyes were opened to the fact that children have to act like adults and are responsible for their siblings. My heart

broke at the thought of this student not being the only student I have, or have had in the past few years, that live this way. I physically saw the struggles these working mothers have to face on a daily basis in order to support their child/children and how it is up to them because of an absentee father(s). I was amazed as to how mature these older students can be outside of school..“

Minority Student with Majority Culture

As a teacher and aspiring counselor, I have the opportunity of working with and interacting with numerous cultural and ethnic groups. It is my goal to become more aware and more acceptable of the different cultures. These factors will enable me to have a more positive impact on my students, their parents, and their communities. Working in a diverse environment, I must work cooperatively with co-workers of different cultural and ethnic groups. This experience has enabled me to more thoroughly understand and to gain an appreciation for the diversity of my students and co-workers. This experience gave me an opportunity to become more aware of the traditions, ideals, and home life of the adults and children that I have the pleasure of encountering throughout my school day. I now know that reading about a specific culture in a textbook and observing that culture firsthand are completely different experiences. I also realize that individuals belonging to a particular culture may not always fit within the exact confines of cultural descriptions.

The Culture of Disability

One student elected to learn more about the world of disability, noting that the project „challenges the writer to go into a culture different from his/her own to experience life in another’s shoes. this endeavor would help me build a greater sense of empathy and better serve as an advocate for this population. Advocacy is important as historically this population has been discriminated against.“

General Reflections on Development of Critical Conscience

Following are reflections from students that relate to development of awareness of those who are different, marginalized, or disenfranchised from the predominate culture of the pre-service educator.

The findings of this paper investigated the impact of cultural differences on their learning experiences related to diversity issues after being exposed to an immersion with a different culture.

It is anticipated that ongoing research will be conducted to assess the dynamic efficacy of a program to promote and sustain cultural competency among the University community. Rochester (2017)

1. With all the diverse backgrounds in this world, people rarely step outside of their comfort zones. I will be the first to admit that I was a little

nervous about this project when I first read the requirements. I consider myself a people person, but I’m not one who just goes out of my way to impose in other people’s lives. This task forced me to reconsider my willingness to be open to change and having “strangers”, and in my inner circle.

2. This field experience enabled me to complete an assignment that displayed my understanding of racial and cultural dynamics in group and organizational life. Being placed into a cultural context with which I had little or no experiential familiarity encouraged me to be open to experiencing new things. Those new things have changed my perspective on people, and I hope that someday I can afford another student the opportunity to immerse themselves into my culture.

3. The inner glance generates knowledge unknown to most, while examining the integral parts of life for a teen that generate a course for the future with the grace and ease of a mature adult. Also shown, are the boundaries for beliefs and the foundations for which they are drawn. While these boundaries may exist, they are well respected and accepted as a part of life for the people of Belfast

4. One student chose to interact with a culture that he had very little familiarity and reflected „What would I do if confronted with an individual or family from this culture seeking counseling assistance? It would be neither fair nor ethical for me to accept such a case unless and until I would learn much more about these clients.

5. This immersion project will serve to not only highlight portions of my heritage, but will also allow me to connect with traditions of my students and their culture so I can better relate and understand the needs of the community in which I am working.

Table 1. Key Themes of Student Experiences

Themes	Critical Conscious Component (applies to all themes of experience)	Resilience & Trauma Application – numbers apply to all themes of experience.
Closing Cultural Knowledge Gap between pre-service teacher & student populations	Increased awareness and deeper understanding of social or political contradictions characterizing the populations of immersion (Fregeau a& Ler, 2016).	1. Increased awareness of purposeful support modalities (Palmer, 2008). 2. Movement from problem focus to focus on strengths of population (West-Olatunji, et al. 2008). 3. Knowledge of capacity and needs of student risks and resilience (Mohamed & Thomas, 2017). 4. Contribution to ecological influences in
Experiencing what student populations experience		
Increase awareness and acceptance of cultures of others		
Increase empathy and efforts for advocacy		

Increase breadth of relationship comfort zones		amelioration of risks & enhancement of resilience (Sanders, et al. 2017).
Improve relationship and response to needs of student populations		

Conclusion

Exposure to chronic trauma such as lifestyles of poverty, events of natural disaster, and acts of violence on individuals or groups continues to happen for educators and their students – if not via personal experience, via media-informed awareness. Critical conscience as increased awareness, understanding, and desire for advocacy is increased through experiential learning of pre-service educators as they engage in the lives of student populations they serve. Immersion experiences of pre-service educators in a population of students they teach and other than their own population resulted in student reports of increased critical conscience. Based on literature reviews for the study, this enhanced critical conscience contributes to educator preparation for greater efficacy with intervention for amelioration of trauma impact and promotion of resilience development with future students whom they will teach.

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On Site Therapy Services: Access to Care in Chronic Trauma

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Abstract

Chronic poverty presents components of chronic trauma with one major deficit being lack of access to needed quality health care services. Often needed therapeutic services are not available and when available, challenges exist with time or travel constraints of therapists. Students who need therapeutic services such as occupational, physical or speech therapy can fail to thrive in academic expectations if supportive therapy is not provided. Integration of mental health therapy on-site with schools via regional community health organizations has proved effective. A comparative integration of physical health care services was instituted by Helping Hands Therapy to promote access of care for students living in underserved rural poverty areas with key focus on students in special needs programs. The approach rendered benefit to both school districts and students served in modalities of occupational, physical, and speech therapy. Contextual challenges continue to present in commonality with other on-site interventions such as recruitment of therapists, management of time and travel constraints, and increase of parental and caregiver involvement. Further research is indicated for ways to meet these challenges.

Keywords: School-based therapy services, access to health care in poverty.

Introduction:

Occurrence of trauma, either acute or chronic can disrupt routine access to life supporting services such as health care. This disruption can be especially detrimental when individuals have some dependency on such services for quality of life. Ullery, Gonzalez, and Katz (2016) noted the importance of child development on a stable, healthy, and nurturing life experience (p. 403) and indicated several factors that can frame deficit in development such as poverty, presence of crime, and lack of access to applicable and appropriate health-care or education.

Ullery, et al. (2016) discussed the many limiting experiences that impede successful development in the chronic trauma of poverty. Some examples are communities with high rates of violence or abuse such as substance or personal abuse and dependence on external financial sustenance such as governmental programs. These experiences were supported by many notations of research to adversely affect academic performance of youth within that chronic trauma state of poverty.

Abulof (2017) reminds us of continuing to use Maslow's Hierarchy of Needs as a lens with which to view both life problems and resolutions for humans. Abulof reflected that "we cannot explain social actions without understanding human motivations" (p. 508). Though discourse continues on validity of application in growing societal needs, a premise remains that survival needs of the physical man undergird more esoteric needs such as self-actualization. The foundational level of human need such as food, water, shelter, and safety are most impacted by trauma.

Brendtro and Mitchell (2014) discussed a shift in research and practice from "evidence-based practice" to "practice-based evidence" – a shift in focus on practicing to meet a person's needs (p.5). Framing this within Maslow's Hierarchy of Needs would encourage attention to foundational needs as initial focus of practice. Practitioners of Christianity point to the teachings of Jesus Christ to help meet basic human needs as a foundation for also addressing spiritual needs (Matthew 26, The Holy Bible) Brendtro and Mitchell concluded that the evidence in practice that carries value is the efficacy of impact of effort on meeting needs.

Literature Review

To understand efficacy of taking intervention into the school setting, it is important to understand nuances of need as framed by chronic trauma. Chronic trauma that has ongoing global impact in large numbers is the trauma of poverty. While the United States might be considered a nation with affluence, a recent report indicated that one in eight Americans live in poverty (US Census Bureau, 2018). According to resources such as The World Bank, nearly half of the world's population struggle to meet these foundational needs (The World Bank, 2018). Nuances of need include not only the presence of need such as health issues, but also how those needs can be met and are being met – as well as deficits in access to sources for meeting needs. As the intervention discussed has focus on access to sources for meeting needs, the literature review is also focused on that.

Health Care Deficits in Poverty

Persons living in poverty have multiple facets of need and multiple venues of meeting those needs or not. Roelen (2017) observed that often

income is viewed as the marker of level of access to resources for meeting needs, such as access to provision of health care. Roelen notes that having sufficient income with which to purchase resources such as needed health care does not equate to receipt of satisfactory resolution of needs. An example was a study with children in Ethiopia and Vietnam that revealed greater risk for multidimensional poverty for children living in rural areas (p. 514),

Roelen (2017) addressed additional factors that matter with consideration of income as a marker for needs. One study participant noted that a more affluent family might not practice child-rearing to promote well-being, such as choice of diet, practice of sanitation, or activities for children in the family. Another participant noted the impact of personal will or desire, such as a child who had excellent academic performance, though poor.

Markers of poverty can vary across demographic settings, but some common markers dictate presence of chronic trauma such as low income generation, dependence on governmental assistance, deficit in available resources to meet needs, lowered quality of resources that are available, and elevated presence of crime. Jacoby, Tach, Guerra, Wiebe, and Richmond (2017) noted that these inequities in provision of resources and presence of environmental stressors seemingly contribute to increased presence of some chronic disease issues for both adults and children. This was even with study participant perceptions that their health status met or exceeded national norms – norms that are still unhealthy in comparison with other similar nations (Wolf & Aron, 2013). Jacoby, et al used focus groups, assessment instruments, and participant activity mapping and narratives to explore health status and perceptions of well-being among residents of a housing-plus program in Philadelphia, PA, USA for a two year period.

Needs in the Midst of Trauma

Daily attention to meeting personal needs tends to become routine as people eat, sleep, and tend to hygiene habitually. Carroll, Arkin, Seidel, and Morris (2009) noted that needs tend to direct restoration of a person to well-being when satisfaction of needs is disrupted. They indicate that contextual factors such as the presence of trauma can change priority of attention to needs satisfaction.

In a revised look at Maslow's Hierarchy of Needs, per Carroll, et al. (2009) these can be regrouped into Security and Enhancement needs, whereby needs such as self-esteem and self-actualization were considered growth needs (p. 374). In a study between college students who had experienced trauma events and those who had not, Carroll, et al. concluded that helping interventions need to include awareness of the stronger influence of security concerns in a present life situation as compared to capacity to focus on growth with enhancement needs. Thus, the chronic trauma of poverty could foster

continual focus on security needs such as support and resolution of health issues to the possible detriment in focus on needs such as self-esteem or self-actualization.

Barnett, Cleary, Butcher, and Jankowski (2019) related the crucial impact that trauma had on needs of children served by departments of child welfare, especially in concerns with placement in foster or adoptive homes. In a study with 512 foster/adoptive parents, Barnett, et al. concluded the necessity of a core of trauma-informed practice to provide efficacy of care with children. This mode of practice was described as “recognition and response to impact of trauma on their consumers through screening for trauma exposure and symptoms, use of appropriate evidence-based assessment and treatment, education of consumers, promotion of efforts toward resilience, and collaboration with other child-service systems” (p. 74).

Intervention for Access through Schools

The school nurse has long been a general health-care resource within the school setting offering first-aid attention, help with medication administration for students with daily needs for that while at school, and consultation for networking with health-care resources outside the school. Often school district funding necessitated the sharing of school nurse resources across multiple schools – a school nurse might actually be on site only one or two days a week.

Brown and Bolen (2003) affirmed the difficulty of access to quality health care for many students due to barriers such as availability of needed services, transportation to and from locations of service provision, and deficiency in funds or adequate insurance to cover services. Brown and Bolen shared the onset of School-based health care centers to primarily lessen occurrence of teen pregnancy. Some benefits of these centers were present for students, families, and schools. Students could receive attention for chronic disease issues as well as preventive and health-promotion support. Parents did not have the challenge of juggling work demands and getting children to a health-care provider. Schools had students present and less burdened with distraction of unmet health needs.

As students spend more time in the school setting, there is also a growth in school engagement with the whole child. Power, McGoey, Heathfield, and Blum (1999) noted increased need for accommodation within the school setting of support for needs that serve as barriers to efficacy in education when those needs were not met. An example is inclusion of accommodation for students with disabilities, both mental and physical. As these needs are accommodated within the school setting, schools reach more children with the value of education.

Transportation of health care services for students to the school setting has long been present with Community Mental Health agencies in which day treatment specialists, mental health therapists, and case managers have collaborated with schools to work with student clients in the context of the school setting. Crisp, Gudmundsen, and Shirk (2006) developed the Adolescent Mood Project to help diminish the gap between need for receipt of mental health services with the issue of depression through provision of services within a school setting (p. 290.) Rationale included close proximity to students who needed service, schools as valued and trusted members of communities, and a setting where students are already served in the sense of „the whole child.“ Preliminary study of the project indicated positive reception by school personnel in evidence of amelioration of academic distractors and increase in academic focus and success by students served by the project..

Intervention Methodology

While integration of mental health intervention has been in schools for a couple of decades, efforts are increasing to also integrate other therapies within the school setting. Based on observed need and deficit in access for services in Occupational Therapy, Physical Therapy, and Speech Therapy, a program called Helping Hands Therapy was developed to serve areas of chronic trauma through poverty in 18 counties throughout rural Alabama. The core philosophy of care was to take therapy to the person in need to enhance access of care in routine and comfortable setting such as a school. In addition to some provision of therapy in an outpatient setting, therapy is taken to persons in skilled nursing facilities, and schools. For many of the school districts served, a focus is on service to students with special needs.

Key considerations for implementation of the three therapy services with a school system were knowledge of student needs, knowledge of state guidelines for school-based therapeutic intervention, and effective match of therapist to child. Upon decision of a school system to contract for the therapy, a team is planned to serve the unique needs of the school and includes professionals of licensed therapists, caseload coordinator, scheduler, client relations manager, rehabilitation manager, and a business manager. The Helping Hands Therapy Program services to a school district are outlined in table 1.

Table 1. Key Services to School Districts

Service	Benefit for School District	Benefit for Student Served
Employment of Therapists	Administrative and financial details such as taxes, licensure management, and employee	Provision of local available therapy service to meet student need.

		benefits are not a burden on the district.		
Therapy according to Individualized Education Program (IEP)	scheduled to student	Appropriate therapy is scheduled to fit student need without burden on school leadership and teachers to manage this.	Student requirements are met	IEP
Assumption of liability costs		School district does not have burden of management of liability costs	Awareness of liability issues promotes best practice care for students	
Integration of Parent Consultation		Promotion of team approach between school, family of student, and therapy provider	Enhanced development of whole child support	
On-site consultation		Therapists are aware of provision in student classroom settings and teacher challenges for support of student needs	Rapport with serving therapist in a natural student environment	
		Integration of serving therapist with the school support team for each student.		

Process of Intervention

Intervention design must not only be effective per outcomes and fit with the scope of life at school, but must also be acceptable and satisfactory to parents or caregivers. Slade, Eisenhower, Carter, and Blacher (2018) analyzed parental satisfaction factors with students' Individualized Education Program (IEP) compents – the document that outlines all services to be provided to a student enrolled in a school Special Education Program.

Slader, et al. Noted four crucial aspects for parental satisfaction. Three of these are core provisions of contracted service between student's family, the school, and the therapy provider. These aspects are (1) services provided, (2) perceived level of agreement between the IEP document and services actually provided, and (3) effectiveness of the IEP team – which includes the team members from the contracted service provider.

Intervention begins with contracting of services within a school setting based on collaboration and completion of necessary administrative and planning documentation by Helping Hands Therapy, the school, and the student's parents or care-givers. As the therapeutic services are for medically diagnosable conditions, a physician's orders must be included for therapy services to be contracted.

Intervention therapy is provided at the site of the school per details as outlined by the physian orders and the scheduling required in the student's IEP from the school. A seamless support team is present throughout the intervention time frame as Helping Hands Therapist, school professional such

as a school nurse or Special Education Coordinator, and the Helping Hands Case Manager for the student, work with the student and family to best support the identified needs. The support offered to a student in the school setting is the same as receipt of services at an off-campus location, yet gives the convenience of service at school. Therapy is terminated upon physician's orders for the student patient to be discharged from therapy.

An example of intervention per the IEP is integration of physical therapy with children who have Autism. Geslak (2016) shared five benefits of physical exercise which could be promoted through physical therapy – body image, posture, motor coordination, muscular fitness, and cardiovascular fitness (p. 35). Geslak noted that physical therapy is often a component of IEPs for many students.

Another example of intervention per an IEP is integration of occupational therapy for students per a disability. Clark, Jackson, Polichino, and DeLany (2011) described occupational therapy interventions that could be included in an IEP – performance skills such as sensory-perceptual or social, performance habits such as development of routines, and activity demands such as required actions or body functions. An intervention component that has been delivered via Helping Hands is to teach students with disabilities coordination skills needed for activities such as feeding themselves or using a computer.

Conclusion

Chronic poverty serves as a framework for chronic trauma, especially for children and adolescents. Increased risk factors are daily present such as presence of community or family violence, deficit with income or legal means for attainment of needed income, lack of needed resources, and often substandard of resources that may be present. Protective factors for building resilience are often diminished through lack of awareness of potential positive resources or lack of inner locus of control.

Limitations of the approach have been identified as contextually common with provision of other services to chronic poverty locales. Recruitment of therapists can be challenged by potential therapy jobs with more enticing benefits and growing need for provision of these therapies across all demographic areas. Travel time between schools served can infringe on time available to treat. Lastly, while both Helping Hands Therapy and the school districts consistently encourage and seek parental and caregiver involvement and follow-through, there is deficit in this. Smakowski (1998) noted that common components of poverty were „parental unemployment, single-parent households, high parental stress, and lower educational attainment“ – all of which serious distract parent availability or interest with engagement in the therapeutic service delivery of their children.

Intervention can make a positive difference where needed services are offered within natural contexts for children in poverty such as a school setting. Contracted provision of service such as occupational, physical or speech therapy can provide benefit to both school districts and the students served on site within district facilities. While contextual challenges continue to exist, growth in on-site intervention programs can occur through persistence and sharing of results with applicable professional communities. Further research is needed on methods with which to meet these contextual challenges.

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