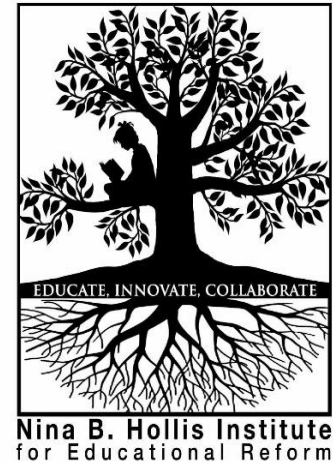


STETSON UNIVERSITY

*Voices of Reform: Educational Research to
Inform and Reform*

Volume 5 • Issue 1 • Article 4



December 2022

Helping General Education Teachers Integrate Trauma-Informed Practices with English Learners

Eleni Pappamihel

University of North Carolina – Wilmington

Carol McNulty

University of North Carolina – Wilmington

Aitza Galarza-Hernandez

Cape Fear Developmental Therapies

Follow this and additional works at: <http://www.voicesofreform.com>

Recommended Citation

Pappamihel, E., McNulty, C., & Galarza-Hernandez, A. (2022). Helping general education teachers integrate trauma-informed practices with English learners. *Voices of Reform*, 5(1), 89-103. Retrieved from <https://www.voicesofreform.com/article/70425-helping-general-education-teachers-integrate-trauma-informed-practices-with-english-learners> doi: 10.3623/5.00006

<http://dx.doi.org/10.32623/5.00006>

Revisions

Submission date: June 19th, 2022

1st Revisions: September 12th, 2022

Acceptance: October 31st, 2022

Publication date: December 28th, 2022

Helping General Education Teachers Integrate Trauma-Informed Practices with English Learners

Eleni Pappamihiel¹
Carol McNulty²
Aitza Galarza-Hernandez³

¹Department of Instructional Technology, Foundations, and Secondary Education
University of North Carolina - Wilmington, United States
pappamihieln@uncw.edu

²Department of Early Childhood, Elementary, Middle, Literacy, and Special Education
University of North Carolina - Wilmington, United States
mcnultycp@uncw.edu

³Cape Fear Developmental Theories
Wilmington, United States
agh@galarzapsychologicalservices.net

Abstract

Teachers are essential partners in addressing the needs of English learners (ELs), yet most professional development fails to mention the specific needs of such students who have experienced trauma and exhibit signs of toxic and post-traumatic stress. Such students are not readily identified and even so, are often hesitant to seek the professional help they deserve. This article presents research-based strategies teachers can use in the absence of professional health care to promote classroom communities where students feel safe, valued, and respected for their strengths. It concludes by briefly outlining ways schools and districts can support teachers and their students.

Keywords

English learners, community involvement, social-emotional learning, trauma-sensitive instruction

Introduction

In recent years, social emotional learning (SEL) and trauma-sensitive instruction have become the latest buzzwords in educational professional development (PD). However, English Learners (ELs) tend to be barely mentioned in the PD related to SEL or trauma-informed practices. Several authors note the truly important role that teachers play in a trauma-informed school. From initial identification to the effective implementation of classroom routines and structures that can help address trauma, teachers are essential partners (Brunzell et al., 2015; Wiest-Stevenson & Lee, 2016). However, PD that focuses on trauma-informed practices does not often address issues that impact ELs. In a recent informal survey of 47 teachers, we found that over 90% of respondents had participated in professional development related to student trauma and/or trauma-informed practices, but only 30% of this PD even mentioned English language learners or immigrant students. Approximately 10% of the PD mentioned immigrant students but not ELs specifically. Yet over 84% of these teachers felt that at least some of their ELs had experienced trauma. It is clear that what is happening currently is not meeting the needs of teachers or students. From experience we know that many ELs will not seek out professional services, but if they cannot get mental health services, the schools can engage them in self-care practices.

At the same time, we know that immigrant families are much less likely to seek out mental health services (Derr, 2016) despite an equal or greater need for these services. Given the likelihood that ELs will be more hesitant to receive mental health services for trauma, our research question is, what strategies can teachers implement in their classrooms to help address this need? Please note that it is not the authors' intention to imply that teachers and other school personnel can replace professional mental health providers. We hope to establish some triage strategies until such time as ELs can get the mental health services they need and deserve.

Method

In order to answer this question, we conducted an exhaustive literature review. Because this topic is not well-researched, we also included literature that related to the Latinx community and native-English speaking students that struggled with trauma. Each of the authors of this article brings to the task expertise in several areas.

Several seminal articles were chosen as a starting off point to establish the need to assess ELs differently than native English-speaking children (Gudiño et al., 2011; Valibhoy, Kaplan & Szwarc, 2016; McDonald, 2000; Medley, 2012). However, because of the dearth of literature in this area, specifically with ELs, we were forced to look to the literature on native-English speaking children to find research-based strategies and suggestions. Some articles were disregarded because they addressed only issues that impacted the native English speaking adult community, or they focused on substance abuse. Articles that remain in this review all focus on families and/or school-aged ELs and immigrants. Once appropriate articles were identified, the authors combined their individual expertise to lead readers through an operationalization of the problem and highlight strategies that may prove effective with ELs. It is this integration of expertise that will hopefully help classroom teachers work with different types of ELs in their classrooms.

Trauma: Definitions and Terminology

According to Horner (2015) and others, trauma in childhood can result in lifelong mental and physical health consequences, and it is estimated that up to 90% of children in the US will experience some form of traumatic event in their lifetimes (Heinzelmann & Gill, 2013). According to the Adverse Childhood Experiences Study (Felitti et al., 1998), trauma can stem from a variety of sources including experiencing violence, abuse, or neglect; witnessing violence in the home or community; having a family member attempt or die by suicide; and the following environmental factors, including substance abuse, mental health problems, and/or instability due to family separation (including incarceration). While we know that most children will undergo some sort of trauma in their lives, we also know that not all traumatic events result in the same amount of stress. Additionally, stress is not automatically considered unhealthy, but when stress becomes chronic and/or unpredictable, it can have long-lasting effects on brain development (Kalmakis & Chandler, 2014).

With most traumatic events, children will experience transient psychological and physical symptoms, such as fearfulness, headaches, clinginess, and nightmares. These reactions are normal and often do not persist for more than a month or so. However, when processing leads to persistent re-experiencing of the event through unwanted and distressing memories or nightmares, the child will need to be assessed for Post-Traumatic Stress Disorder (PTSD). Because of the persistent re-experiencing of the event, the child may suffer long term, well after the event itself has passed (Danese, 2020). In general, children with PTSD are 8 times more likely to harm themselves, and the odds of suicide attempts are 10 times higher. Children with PTSD are 3 times more likely to commit violent crimes and are much more likely to have functional impairments (Danese, 2020).

Trauma and Immigration

According to the United Nations World Migration Report 2020 (International Organization for Migration, 2019), the number of international migrants was estimated to be around 272 million, with a global refugee population of 25.9 million in 2018. Importantly, in the past two years, much of that migration has been due to conflict or violence, a major source of stress. We know that immigration is stressful. For example, immigrants often find themselves isolated from their familiar social networks and are often forced into a lower socio-economic status than they enjoyed in their home countries. Gender roles are often changed as female family members are afforded opportunities that did not exist in their home countries. While families tend to fare better than individual immigrants, there are numerous strains on family dynamics and relationships, with younger members of the family often ready to try to fit into their new country and older members desperately trying to hold on to their home country's cultural identities.

Perez-Foster (2001) identified 4 stages of immigration trauma. These stages include 1) premigration trauma, 2) traumatic events experienced during the migration process, 3) continuing traumatic experiences during the asylum-seeking or resettlement, and 4) substandard living conditions experienced in the host country. Too often, the first two stages encompass the worst of the trauma but are less likely to be discussed (Perez-Foster, 2001) by either a clinician or the immigrant because of a desire to leave the trauma in the past. It has also been reported by several authors that premigration trauma can impact families up to 7 years after the event (Havenaar et al., 1994). Immigration trauma can be particularly difficult because the caregivers, who have

typically served as a source of comfort to children, are also experiencing their own trauma and may be less equipped to support their children (Morland & Birman, 2020). Because immigrant families go through multiple stages of potential trauma, there can be a cumulative effect of multiple traumas (Desjarfais, 1995).

Trauma, Achievement, and Identification

In a school, the IEP (Individualized Education Plan) is the main document that helps teachers and school personnel direct any special instruction that a child may need. Unfortunately, of the 14 different eligibility categories that can be identified on an IEP, PTSD is not one of them. However, we know that trauma and PTSD can have significant academic impacts. Medley (2012) noted that trauma can manifest itself in emotional, cognitive, and behavioral symptoms. For example, depression can lead to a loss of interest in learning, poor memory, and concentration. Additionally, anger can lead to behavior issues that can potentially remove the child from the learning environment and thus any support services they may receive.

Several scholars (Gudiño et al., 2011; Valibhoy, Kaplan & Szwarc, 2016; McDonald, 2000; Medley, 2012) have noted that immigrant children, especially refugees, are more likely to have suffered multiple traumatic events than their native English-speaking peers. In their article, Gudiño et al., (2011) reported that 49% of immigrant youth experienced violent victimization in the past year and 80% had witnessed violence in the previous year, with violence occurring both before immigration and after in some cases. However, examinations of stress, especially on refugee and non-refugee Latinx communities reveal a complex picture.

Family separations are often cited as a source of stress, but later reunifications with family can be just as stressful. In some cases, there have been protective factors as well. For example, when family separations are framed as temporary and necessary for the family, they can lead to positive adjustments (Suarez-Orozco et al., 2006). While poverty can be a stressor, in some cases, immigrants have adapted well when they live in the same low-income, segregated neighborhoods as other immigrants. Sharing similar values and experiences has been shown to provide some protection against toxic stress (Suarez-Orozco & Suarez-Orozco, 2001).

Many authors have argued for increased efforts to appropriately identify ELs with toxic stress and PTSD. Castro-Olivo et al., (2014) found that the socio-emotional needs of secondary Latino ELs are often unmet. There is also evidence that the current identification instruments are inadequate for this task. Not only are instruments culturally skewed toward Western cultures, but language barriers can be an additional confounding factor (Perez-Foster, 2001). Even the characteristic of being bilingual can impact how the brain processes experiential memory and exhibits symptoms (Oquendo, 1996; Perez-Foster, 1998). In 2018, de Arellano et al. reported that 30% of Latino youth experienced immigration trauma, but that up to 82% of this trauma would have been missed by traditional trauma assessment instruments.

Executive Functioning

Executive functioning (EF) is thought to be a multidimensional set of abilities that guide behavior to a goal (Banich, 2009). It is critical for self-directed behavior and often referred to as attention-

regulation skills that can include cognitive flexibility, working memory (attention), organization, and inhibitory control, all skills that are essential for effective engagement in school-related activities and learning. Blair (2016) summarizes these thinking skills as skills that assist with reasoning, planning, problem-solving, and managing one's life, or in this case, one's learning. In fact, success in school has been linked to EF by several authors (Blair & Raver, 2015; Blair & Razza, 2007; Mischel et al., 1989).

As previously discussed, children with PTSD are much more likely to have functional impairments. Although there is much left to learn about how the brain is affected by trauma, it is well documented that trauma, particularly complex trauma, significantly alters brain structure and functioning such that learning and behaviors are negatively impacted. When exposed to trauma, the amygdala area of the brain, which is responsible for the fight-flight- or freeze response, overproduces adrenaline and cortisol, and over time this continual release of hormones damages or destroys brain cells, thus thwarting normal growth and development. As children are forced into survival mode, the executive functioning skills that are typically needed in the process of learning essentially freeze as the brain turns all focus to survival. The human brain is not equipped to handle long term stress. Children exposed to trauma and stress may overgeneralize the fight or flight response, so that they have an overreaction to what others may perceive as ordinary circumstances. A brain exposed to trauma is typically poised to react for the sake of survival, and thus children are less prepared to self-regulate their behaviors (Hertel & Johnson, 2020). In the past two decades, researchers have examined the impact that stress has on EF. While the evidence is not conclusive, there is support for some degree of EF impairment when stress is present. Given that EF is a main factor in academic success, it would be remiss to exclude in this review. EF in children and adolescents regulates common school-based skills including controlling impulses, paying attention, remembering information, planning and organizing time and materials, and responding appropriately to social and stressful situations. All of these skills are skills that are taxed for culturally and linguistically diverse ELs under non-stressful circumstances. The very process of cultural and linguistic learning means that your working memory will be strained and remembering information in another language will be difficult. Additionally, cultural adjustment will mean that ELs are learning entirely new ways of organizing time and materials and responding in a culturally appropriate manner to social and stressful situations. Especially for students with interrupted formal education (SIFE), all these EF skills will be new and challenging. Cultural differences in executive functioning skills have been noted (Kelkar et al., 2013), but we do not have research on how ELs understanding of executive functioning may be altered as they develop a bicultural identity.

The Role of Teachers and Schools

Given that many ELs are more likely to experience toxic stress and trauma than non-EL peers, but, at the same time, are less likely to seek support for those issues, what can teachers do? Schools are often the first and only place that an EL's mental health will be addressed. Although much of this work has been done at the college level, many researchers have found that students from immigrant families are much less likely to seek out mental health services than their peers from non-

immigrant families (Bismar & Wang, 2021; Vogel et al., 2006). This is a complex, complicated issue, but in most cases, schools are the first place where mental health could potentially be addressed. Unfortunately, while some high schools have professional mental health services, including diagnostic services, integrated into the school, most elementary and middle schools do not have the resources to address mental health issues (NCES, 2020). While there are multiple reasons for this, the most common reasons given for a lack of mental health services in schools were a lack of funding and a lack of access to licensed mental health professionals (NCES, 2020). While teachers are certainly not considered mental health professionals, they can play a role in helping to identify ELs who are struggling with their mental health.

Toxic stress and trauma become evident when typical stress events are routinely revisited over a long period of time, and it is this persistent reliving of traumatic events that leads to toxic stress and PTSD (Danese, 2020). While in non-immigrant, native English-speaking children, the typical length of adjustment time following a traumatic event might be a few months, that time period could be much longer for immigrants because of the cumulative impact of multiple traumas. For some immigrants and their families, the trauma does not end with their arrival in the United States (Perreira & Ornelas, 2013). While it is difficult to know how long immigration stress will last, we do know that it is not unusual for an immigrant to continue experiencing typical immigration stress up to a year after arrival.

Strategies Classroom Teachers Can Employ

Teachers are not mental health professionals, but with the understanding that some students may never have access to appropriate mental health services, what can be done to help alleviate stress and PTSD in schools? The following suggestions provide jumping off points for teachers, administrators, and school leaders to address these very serious issues.

1. Don't assume ELs feel safe in schools

As immigrants and their families learn about being in the US, it is imperative that school personnel also examine their own beliefs about toxic stress and trauma. Especially for immigrant students and their families, school personnel need to truly understand the difference between actual safety and perceived safety. Immigrant students may perceive something as a threat that native students do not. Loud noises may trigger immigrant students as they recover from trauma. For example, teachers can prepare students for fire drills or active shooter drills, which could otherwise cause panic and confusion. Most school personnel believe that once immigrants arrive in the US, whatever danger they faced is immediately placed in the past. Like the proverbial happy ending of the movie, those of us living in the US want to think that danger is gone; life is good. However, many ELs may still be waiting for their happy ending. The EL may, in fact, not live in a safe environment at all; they are often forced to live in neighborhoods with higher levels of crime, although studies have shown that an increased immigrant presence can revitalize disadvantaged areas over time (Han & Piquero, 2022). ELs may also still be facing immigration stress because of trailing relatives or because they continue to relive traumatic events.

2. Know individual students and their stories

Teachers can help their students by learning why their EL students came to the United States and, as much as legally possible, the circumstances of their immigration. Having conversations that are driven by the ELs, instead of the teacher, will help avoid uncomfortable topics until closer relationships can be developed. Teachers can learn about their students' religions and cultures (including microcultures) that reflect them and their communities. Too often, ELs from Mexico are seen as a monolith, and teachers do not recognize the myriad of indigenous cultures that exist in that country. For indigenous ELs from Mexico, Spanish may be a second or third language. While learning about and understanding major holidays can be a great way to connect with ELs, these are only surface-level aspects of their culture, and do not touch on their deeply held attitudes and beliefs. Another way to learn how students are doing is to ask, "How is mom doing?" Several authors note the importance of the maternal buffer (Ajdukovic & Ajdukovic, 1993; Mghir et al., 1995). Students may be more likely to share concerns they have about their family members rather than about themselves. In some instances, family mental health stability has been tied to positive mental health seen in caregivers, like mothers.

3. Allow time and space for processing of past traumatic events

Dutro and Bien (2014) make the case that one method of addressing trauma is through discourse, but this is quite difficult for children who have not mastered the English language. They are, in essence, silenced twice; first by their trauma, and second by the limitations of their ability to express it. Journaling can be an excellent way to not only improve language skills, but also allow ELs a safe space to process trauma.

In the case of ELs who are still developing their English skills, native language journals can be used to give them a space to process. If they are literate in their native language, ELs can journal in their native language around different prompts or free writes, even when the teacher does not understand what is being written.

Some teachers have successfully used theater with their students. Theater not only offers a way to explore and express emotions connected to the topic of study, but it also presents a unique opportunity to connect with language (Darragh & Petrie, 2019).

4. Incorporate executive functioning strategies into language learning

As previously noted, toxic stress and PTSD can cause ELs to experience challenges in their executive functioning skills, which are involved in self-regulation. Students whose brain structures have altered in response to trauma and stress will not internalize new information at the same rate as other students (Hertel & Johnson, 2020), which will have multiple consequences in the classroom. Students may appear forgetful or as if they are not making connections between knowledge. Scaffolding and accommodations that are recommended in all ESL instruction can help internalize information, and teachers can work to effectively teach learning strategies so ELs become more active learners (Swan, 2008).

Teachers can involve students in setting goals for accomplishments. Goals can be written in both the native language and English and can be referred to frequently. Teachers may find that visual charts or rewards can provide needed incentives. Teachers may better prepare students by making

checklists and rubrics (Ralabate & Nelson, 2017), or by posting schedules and visuals with questions that promote independence. Minimizing classroom clutter can also help set students up for success (DiTullio, 2018).

The ability to problem-solve is often impaired with the change in brain chemistry that occurs with trauma. It may be difficult at first to slow a child who typically springs into action before thinking to consider multiple actions and their consequences. Teachers can help students by explicitly “thinking aloud” and going through the steps of problem solving: 1) identifying the problem, 2) considering multiple solutions, 3) developing pros and cons of the options, 4) trying a solution, and 5) reflecting on how it worked (Morin, 2021). Modeling self-talk can be especially helpful to provide students with the vocabulary needed (DiTullio, 2018).

5. Provide both opportunity and guidance for home/school engagement

Teachers and schools often talk about improving home/school communication with EL families, and this is not a new topic. For decades, schools have offered a variety of programs to increase home/school communication. However, while opportunity has been increased, guidance on how immigrant families can take advantage of those opportunities has often been missing. For example, many schools will offer a special family night where translators will be made available, but what is lacking is guidance as to how parents can take advantage of the translators to ask for clarifications or other questions. Schools may offer opportunities for parents to become involved as volunteers in their children’s classrooms, but these opportunities are not offered alongside guidance and encouragement to become a volunteer. Many immigrant parents do not have a high level of formal education from their home countries, so they lack the necessary prior knowledge to conceptualize what volunteering in a classroom would look like.

6. Blur the lines between home and school

Schools often unintentionally create “insiders” and “outsiders,” and EL students, even those born in the United States, too often find themselves on the outside regarding language, culture, and a myriad of other factors (Souto-Manning, 2010). Teachers can help break down the barriers between home and school by engaging in the student’s community. Imagine how powerful it is for a student to feel seen in a community context where they are “the expert” and are not faced with many of the challenges prompted by the school context. Community involvement can begin simply by attending sporting events, going to the local market, or joining the activities of a faith-based organization. Teachers can collaborate with local immigrant community organizations to secure additional supports and resources for their students. It is important that students feel comfortable acculturating instead of being forced to assimilate.

Involving families at school is equally important, though teachers need to understand the multiple barriers that make it difficult for many immigrant families to overcome. Language barriers, transportation, long working hours, limited access to the internet, and family responsibilities may prevent families from being as involved as they would like to be at school (Suarez-Orozco et al., 2008). Thus, it is even more essential that teachers meet families in their own communities. The US Department of Education’s Newcomer Toolkit (2017) recognizes Han and Love’s (2015) four stages of immigrant involvement: Cultural survivors (recently-arrived immigrants who are

focusing more on survival than school); cultural learners (those who feel more comfortable with the school environment and are able to participate); cultural connectors (familiar with educational terms, policies, and practices); and cultural leaders (those who often become advocates and leaders).

As appropriate, consider integrating the cultures of students into the curriculum, but also be aware that some children may hold negative emotions around their memories of their home country, or may simply prefer not to be singled out. Thus, teachers need to understand how important it is to know their individual students.

7. Foster a sense of belongingness

A sense of belongingness can serve as an important buffer to the adverse effects of trauma and can promote better coping strategies, improved health outcomes, greater self-efficacy, and lower depressive symptoms (Kia-Keating & Ellis, 2007). At school, teachers should take every opportunity to build classroom community by creating a culture of encouragement, acceptance, and care. Too often ELs can feel culturally alienated from the dominant culture of the school, and teachers do not have many strategies to overcome this cultural distance (Pappamihel, 2004). Many students come from a culture of interdependency and find comfort in the collective. Since immigrant children are often more susceptible to bullying, teachers must act swiftly and firmly to intervene when anything threatens to disrupt the sense of belongingness. It is essential that students feel they have strong peer connections and trustworthy friends.

8. Use a strengths-based approach

One of the most important things teachers can do for all students, and particularly ELs, is to view their students from a strengths-based, instead of a deficit-based, lens. ELs are often defined by their deficits, but nobody wants to be defined by the trauma that they have endured. Perhaps they are still learning English, but what other language(s) do they know? Many ELs bring knowledge of more than one language. Perhaps they have not attended a formal school in years, but what other skills do they have that most U.S. children do not? Teachers can immediately recognize the resourcefulness, resiliency, and determination it took for many families to get to the United States. They can also help keep students focused on their family values (such as a desire for better education, or faith in a “better life”) that initiated the change in their living situation. Teachers can celebrate and nurture the individual’s strengths. The outlook for many immigrant children is positive. Immigrant children are less likely to engage in risky health-related behaviors such as smoking, drinking, and drug use. They tend to eat a healthier diet than their US peers (Morland & Birman, 2020). Many also demonstrate increased capacity for conflict resolution, showing a mature sense of empathy (Portes & Rumbaut, 2001). ELs may also show increased self-efficacy by learning and brokering the English language (Morland & Birman, 2020), and teachers should capitalize on the cognitive benefits of bilingualism.

9. Understand survival skills

Teachers who are not familiar with survival skills can easily mistake them for behavior problems and ill-intent. For example, children who have experienced food insecurity may show atypical

behaviors such as hoarding food, showing a preoccupation with food, or becoming upset if someone eats off their plate or food is taken away (Rowell, 2020). Everyone experiences trauma differently, so there is no set of behaviors for which teachers can prepare.

Some students may be quick to react in situations in which they feel threatened. This may be due to the way the brain developed in response to trauma or could simply be a learned behavior from the environment in which the child was raised. A child will not be able to change their reactions overnight. It is important to understand that reactions are a result of coping mechanisms over time and many students may need to be explicitly taught how to productively handle daily situations. Others may exhibit confusion. Immigrant students may not know who they can trust, especially because everything is unfamiliar at first. Teachers who continue to show patience and understanding as their students learn a new way of life will eventually earn the trust of their students.

The National Child Traumatic Stress Network (2018) indicates that immigrant students who experienced traumatic separation from their family members show some of the most serious effects. Because their most important familial relationships were disrupted, young children may carry consequences for a lifetime that can include the lack of ability to develop soothing techniques, and the capacity to develop meaningful relationships because of their inability to trust people.

10. Be attuned to former educational experiences

It is important for teachers to remember that immigrant students bring with them a wide array of former schooling experiences, often depending on the circumstances of their departure. Some students may have limited to no formal education experiences (SIFE). They may not be literate in their native language, proving additional challenges to learning an additional or non-native language. In cases of limited formal education, we must consider that immigrant students may need explicit instruction around the things we take for granted that students know about school. For example, students may not be familiar with school transportation, school nutrition programs, or with expectations such as daily attendance, raising hands to speak, lining up or walking in a line, using a locker, or changing clothes for gym (BRYCS, 2008).

Some countries may not provide the same level of access to education for girls. Others may have had formal schooling experiences, but also experienced severe disruptions in their education if they are coming from areas of political unrest or refugee camps. Even those who did attend formal school with little to no interruption may have completely different expectations of school. For example, some students may never have attended school in a mixed-gender atmosphere and may experience discomfort in a new setting. Whatever the case, it will be an evolving process to determine how to best serve the needs of each child. It is imperative that ELs acculturate to the dominant school culture, but sink or swim policies are not helpful.

11. Encourage self-care for teachers

Secondary trauma, also referred to as compassion fatigue, is the emotional duress that results from the impact of hearing about others' trauma. Teachers, who may themselves be experiencing

emotional distress, cannot provide the best social and emotional care for students in their care. Therefore, it is critical that administrators and other school leaders encourage appropriate self-care for teachers and other school staff (Erdman et al., 2020).

Administrators and other school leaders must not only recognize compassion fatigue as an occupational hazard, but they must also be aware of the signs of compassion fatigue and provide multiple levels of support, from acknowledgement to counseling (Figley, 1995). Though teachers show signs of secondary trauma in different ways, a common characteristic is that of “empathetic drain and chronic exhaustion” (Erdman et al., 2020, p. 31). School leaders can encourage a culture that promotes self-care by working with teachers to practice mindfulness and by setting up opportunities to support one another by engaging in honest conversations and sharing their strategies for self-care (Rankin, 2020).

District leaders can work with local teacher preparation programs to ensure that preservice teachers come into the profession with skills in developing resiliency skills and prepare them with self-care strategies. All too often teachers see self-care as indulgent rather than as necessity (Erdman et al., 2020) and they fail to recognize that practicing appropriate self-care is actually the first step in providing trauma-informed education (Miller & Flint-Stipp, 2019). Finally, teachers must help older students understand that help is out there for them. As students move through the academic system and graduate, what little access they have to mental health services may dwindle. Teachers can ensure that graduating students understand what help may be available to them as they move out of the academic world or on to higher education.

Conclusion

In an ideal world, ELs who are experiencing trauma would get the much-needed mental health services they deserve. There would exist a simple process that ensures students who need and want help get it, and there would be mechanisms in place to help school personnel identify ELs who need additional screening. However, until that happens, teachers and other school personnel must do what they can to help all students thrive in their educational environments.

In this article, we present a review of the literature that led to recommendations and strategies for educators as they address the needs of English learners who have experienced trauma and exhibit signs of post-traumatic stress. These strategies implore educators to engage in activities to promote community and relationship building, create and maintain environments that not only are safe but also are perceived as safe by ELs and their families, display culturally responsive pedagogy, and provide opportunities for students to share their stories and experiences. We encourage teachers to find the strengths that ELs bring to their schools and classrooms and use those strengths to leverage student success, both academically and socially.

As we close this discussion, we would also like to touch on strategies that schools and districts can promote that often go beyond the classroom setting and that the literature reviewed for this article also identifies as an important aspect in this process. When entire schools and districts adopt trauma-informed practices, there is a higher likelihood of success. Past research has indicated that schools can, in fact, promote certain policies and practices that can enhance protective factors that may already be evident in families (Morland & Burman, 2020). Based on this and other research

reviewed for this article, we recommend that schools and districts develop and implement the following practices. At the school level, administrators and leaders can help ensure accurate assessment that is valid and reliable. By supporting the maintenance of native languages and an appreciation for bilingualism and biculturalism, school and district leaders will be helping to promote social justice and equity. It is important to engage families in culturally responsive ways that also provide guidance for how families can be more involved. At the district level, leaders can implement policies that promote the use of transitional programs to support newcomers and SIFE. Through the use of mentoring programs that engage students, families, and communities, districts are authentically interacting with the immigrant community in meaningful ways.

In a perfect world, mental health professionals would be available and accessible to all students to ensure that the entire family is linked to needed services. Unfortunately, even if that becomes a reality over the next few years, there are students in classrooms today that need immediate help. While we work toward that ideal, we must recognize and address the needs we can.

References

- Ajdukovic, M., & Ajdukovic, D. (1993). Psychological well-being of refugee children. *Child Abuse and Neglect*, 17, 843–854.
- Banich, M. T. (2009). Executive function: The search for an integrated account. *Current Directions in Psychological Science*, 18(2), 89–94. <https://doi.org/10.1111/j.1467-8721.2009.01615.x>
- Bismar, D., & Wang, C. D. (2021). Mental illness stigma and help-seeking attitudes of students with immigrant parents. *Journal of College Counseling*, 24(2), 146–161. <https://doi.org/10.1002/jocc.12182>
- Blair, C. (2016). Developmental science and executive function. *Current directions in psychological science*, 25(1), 3–7.
- Blair, C., & Raver, C. C. (2015). School readiness and self-regulation: A developmental psychobiological approach. *Annual Review of Psychology*, 66, 711–731.
- Blair, C., & Razza, R. P. (2007). Relating effortful control, executive function, and false belief understanding to emerging math and literacy ability in kindergarten. *Child Development*, 78(2), 647–663.
- Bridging Refugee Youth and Children's Services (BRYCS). (2008). *Welcoming and orienting newcomer students to U.S. schools* [Spring 2008 Spotlight]. United States Conference of Catholic Bishops, Washington, D.C., US. Retrieved from http://www.brycs.org/documents/upload/brycs_spotspring2008-2.pdf
- Brunzell, T., Waters, L., & Stokes, H. (2015). Teaching with strengths in trauma-affected students: A new approach to healing and growth in the classroom. *American Journal of Orthopsychiatry*, 85(1), 3–9. <https://doi.org/10.1037/ort0000048>
- Castro-Olivo, S. M., Palardy, G. J., Albeg, L., & Williamson, A. A. (2014). Development and validation of the coping with acculturative stress in American schools (CASAS-A) scale on a Latino adolescent sample. *Assessment for Effective Intervention*, 40(1), 3–15. <https://doi.org/10.1177/1534508413500983>
- Danese, A. (2020). Annual research review: Rethinking childhood trauma-new research directions for measurement, study design and analytical strategies. *Journal of Child Psychology and Psychiatry*, 61(3), 236–250.
- Darragh, J. J., & Petrie, G. M. (2019). "I feel like I'm teaching in a landmine:" Teaching in the context of political trauma. *Teacher and Teacher Education*, 80(April), 180–189. <https://doi.org/10.1016/j.tate.2019.01.013>
- Derr, A. S. (2016). Mental health service use among immigrants in the United States: A systematic review. *Psychiatric Services (Washington, D.C.)*, 67(3), 265–274.
- Desjarlais, R., Eisenberg, L., Good, B., & Kleinman, A. (1995). *World mental health*. Oxford University Press.
- DiTullio, G. (2018). *Helping students develop executive function skills*. George Lucas Educational Foundation: Edutopia. <https://www.edutopia.org/article/helping-students-develop-executive-function-skills>
- Dutro, E., & Bien, A. C. (2014). Listening to the speaking wound: A trauma studies perspective on student positioning in schools. *American Educational Research Journal*, 51(1), 7–35.
- Erdman, S., Colker, L. J., & Winter, E. C. (2020). Preventing compassion fatigue: Caring for yourself. *Young Children*, 75(3), 28–35.

- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventative Medicine*, 14(4), 245–258.
- Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner/Mazel, Inc.
- Gudiño, O. G., Nadeem, E., Kataoka, S. H., & Lau, A. S. (2011). Relative impact of violence exposure and immigrant stressors on Latino youth psychopathology. *Journal of Community Psychology*, 39(3), 316–335. <https://doi.org/10.1002/jcop.20435>
- Han, S., & Piquero, A. R. (2022). Is it dangerous to live in neighborhoods with more immigrants? Assessing the effects of immigrant concentration on crime patterns. *Crime & Delinquency*, 68(1), 52–79. <https://doi.org/10.1177/00111287211007736>
- Havenaar, I. M., Rumiansteva, G. M., & Van Den Bout, J. (1994). Mental health problems in the Chernobyl area. *Journal of Russian and East European Psychiatry*, 27, 83–91.
- Heinzelmann, M., & Gill, J. (2013). Epigenetic mechanisms shape the biological response to trauma and risk for PTSD: A critical review. *Nursing research and practice*, 2013.
- Hertel, R., & Johnson, M. M. (2020). How the traumatic experiences of students manifest in school settings. In E. Rossen (Ed.), *Supporting and educating traumatized students* (pp. 27–44). Oxford University Press.
- Hornor, G. (2015). Childhood trauma exposure and toxic stress: What the PNP needs to know. *Journal of Pediatric Health Care*, 29(2), 191–198.
- International Organization for Migration. (2019). *United Nations World Migration Report 2020*. https://www.un.org/sites/un2.un.org/files/wmr_2020.pdf.
- Kalmakis, K. A., & Chandler, G. E. (2014). Adverse childhood experiences: Towards a clear conceptual meaning. *Journal of advanced nursing*, 70(7), 1489–1501.
- Kelkar, A. S., Hough, M. S., & Fang, X. (2013). Do we think alike? A cross-cultural study of executive functioning. *Culture and Brain*, 1(2–4), 118–137. <https://doi.org/10.1007/s40167-013-0010-4>
- Kia-Keating, M., & Ellis, B. H. (2007). Belonging and connection to school in resettlement: Young refugees, school belonging, and psychosocial adjustment. *Clinical Child Psychology and Psychiatry*, 12(1), 29–43. <https://doi.org/10.1177/1359104507071052>
- McDonald, S. (2000). Trauma and second language learning. *Canadian Modern Language Review*, 56(4), 690–96.
- Medley, M. (2012). A role for English language teachers in trauma healing. *TESOL Journal*, 3(1), 110–125.
- Mghir, R., Freed, W., Raskin, A., & Katon, W. (1995). Depression and posttraumatic stress disorder among a community sample of adolescent and young adult Afghan refugees. *Journal of Nervous and Mental Disease*, 183, 24–30.
- Miller, K., & Flint-Stipp, K. (2019). Preservice teacher burnout: Secondary trauma and self-care issues in teacher education. *Issues in Teacher Education*, 28(2), 28–45.
- Mischel, W., Shoda, Y., & Rodriguez, M. L. (1989). Delay of Gratification in Children. *Science*, 244, 933–938. <http://dx.doi.org/10.1126/science.2658056>
- Morin, A. (2021). *How to teach kids problem-solving skills*. Very Well Family. <https://www.verywellfamily.com/teach-kids-problem-solving-skills-1095015>
- Morland, L., & Birman, D. (2020). Immigrant students. In E. Rossen, (Ed.), *Supporting and educating traumatized students: A guide for school-based professionals* (pp. 101–124). Oxford University Press.
- NCES (2020). *Spotlight 1: Prevalence of mental health services provided by public schools and limitations in schools' efforts to provide mental health services*. National Center for Education Statistics. <https://nces.ed.gov/programs/coe/indicator/a23/school-mental-health-services>
- NCTSN (2018). *Key points: Traumatic separation and refugee & immigrant children*. The National Child Traumatic Stress Network Childhood Traumatic Grief Committee. https://www.nctsn.org/sites/default/files/resources/tip-sheet/key_points_traumatic_separation_and_refugee_immigrant_children.pdf
- Oquendo, MA. (1996). Psychiatric evaluation and psychotherapy in the patient's second language. *Psychiatric Services*, 47, 614–618.
- Pappamihel, N.E. (2004). Hugs and smiles: Demonstrating caring in a multicultural early childhood classroom. *Early Childhood Development and Care*, 174(6), 539–548.
- Perez Foster, R. (1998). *The power of language in the clinical process: Assessing and treating the bilingual person*. Jason Aronson.

- Perez Foster, R. (2001). When immigration is trauma: Guidelines for the individual and family clinician. *American Journal of Orthopsychiatry*, 71(2), 153-170. <https://doi.org/10.1037/0002-9432.71.2.153>
- Perreira, K. M., & Ornelas, I. (2013). Painful passages: Traumatic experiences and post-traumatic stress among immigrant Latino adolescents and their primary caregivers. *The International Migration Review*, 47(4). <https://doi.org/10.1111/imre.12050>
- Portes, A., & Rumbaut R. G. (Eds.). (2001). *Legacies: The story of the immigrant second generation*. University of California Press.
- Ralabate, P., & Nelson, L. L. (2017). *Culturally responsive design for English learners: The UDL approach*. CAST Professional Publishing.
- Rankin, B. A. (2020). Secondary traumatic stress: One teacher's experience. *The Phi Delta Kappan*, 102(4), 58–59. <https://www.jstor.org/stable/26977217>
- Rowell, K. (2020). *Healing from food insecurity: Beyond the stash*. North American Council on Adoptable Children. <https://nacac.org/resource/healing-from-food-insecurity/>
- Souto-Manning, M. (2010). Teaching English learners: Building on cultural and linguistic strengths. *English Education*, 42(3), 248-262.
- Suárez-Orozco, C., & Suárez-Orozco, M. M. (2001). *Children of immigration*. Harvard University Press.
- Suárez-Orozco, C., Todorova, I., & Qin, D. B. (2006). The well-being of immigrant adolescents: A longitudinal perspective on risk and protective factors. In F. A. Villarruel & T. Luster (Eds.), *The crisis in youth mental health: Critical issues and effective programs*, Vol. 2. *Disorders in adolescence* (pp. 53–83). Praeger Publishers/Greenwood Publishing Group.
- Swan, M. (2008). Talking sense about learning strategies. *RELC Journal*, 39(2), 262–273. <https://doi.org/10.1177/0033688208092188>
- U. S. Department of Education, Office of English Language Acquisition (2016). *Newcomer toolkit*. Washington, D.C. <https://www2.ed.gov/about/offices/list/oela/newcomers-toolkit/ncomertoolkit.pdf>
- Valibhoy, M. C., Kaplan, I., & Szwarc, J. (2017). “It comes down to just how human someone can be:” A qualitative study with young people from refugee backgrounds about their experiences of Australian mental health services. *Transcultural Psychiatry*, 54(1), 23–45. <https://doi.org/10.1177/1363461516662810>
- Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology*, 53(3), 325–337. <https://doi-org.liblink.uncw.edu/10.1037/0022-0167.53.3.325>