The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success
How Some Students Show up at School

• A ten-year-old who habitually falls asleep in class. This child is frequently awakened in the night by the sounds of mother groaning and pleading as father struck her repeatedly.

• A sixteen-year-old who doesn’t complete required homework. At home are two parents, one who drinks too much, the other undergoing chemotherapy for terminal cancer.

• An eight year-old who finds it difficult to concentrate on math. Last night, while mother was out, step-father forced himself upon her, again. Echoing in her mind is his threat, —Tell anyone and I swear, I will kill you and your mother.

• An eleven-year-old whose frustrations explode into angry displays of emotion. The fear—he and his older sibling may be —taken away from home because of violent behavior. Where will they sleep tonight? Will they be safe?
The Purpose of Today

To provide you with:

❤️ An overview of the manual Heart of Learning and Teaching ~ *Compassion, Resiliency and Academic Success*;

❤️ A framework to assist you & your school in developing a compassionate school and classroom; and

❤️ To help foster a commitment to your own self care and wellness.
Core Components

Family

Student

School

Community

The Heart of Learning and Teaching:
Compassion, Resiliency, and Academic Success
Important Definitions (p xvi):

♥ **Compassion** – A feeling of deep empathy and desire to help someone impacted by adverse circumstances.

♥ **Trauma** – Caused by the inability of an individual or community to respond in a healthy/protective way to acute or chronic stress.

♥ **Resiliency** – The ability of an individual, family, or community to withstand and rebound from adversity, manage to adapt, and in some cases, thrive.
Important Definitions:

♥ Compassionate School – A school where staff and students learn to respond with understanding and support to the physical, emotional, and social challenges faced by students and families. A place that offers support to remove barriers to learning.

♥ School - Community Partnership – A collaborative relationship between the school and community to achieve the goal of helping students and their families find the resources necessary for support and assistance. Responsibilities are shared.
Trauma, Compassion, and Resiliency
“It is hard to play chess in a Hurricane.”

It is Difficult to focus on:

- **History** when you have an ongoing history of abuse;
- **Math** when you must calculate a way to be safe tonight, or
- **Literature** when your story is beyond words.
Adverse Experiences Considered in Study

**Abuse**
1. Child physical abuse
2. Child sexual abuse
3. Child emotional abuse

**Neglect**
4. Physical Neglect
5. Emotional Neglect

**Indicators of Family Dysfunction**
6. Mentally ill, depressed or suicidal person in the home
7. Drug addicted or alcoholic family member
8. Parental discord – indicated by divorce, separation, abandonment
9. Witnessing domestic violence against the mother
10. Incarceration of any family member
Dose relationship
Higher ACE score = prevalence of health problems

The “response”—in this case the occurrence of the health condition—is caused directly by the size of the “dose”—in this case, the number of ACE categories.
Distribution of Adverse Childhood Experiences (ACES) in a Group of 30

11 people with no ACE
6 with 1 ACE
4 with 2 ACEs
3 with 3 ACEs
4 with 4-5 ACEs
2 with 6-8 ACEs

If we were to project our ACEs distribution in Kitsap County to an average classroom of 30 high schoolers, about one third would have no ACEs, one third would have 1-2 ACEs, and one third would have 3 or more ACEs.

Adapted from the Washington State Family Policy Council
The Greek word “trauma” means an injury or wound.

Trauma is not an event but a response to an experience in which the individual’s response has been compromised (both mind and body.)

Enduring Consequences: “Bruises Fade but the Memories Last Forever.”
Children with traumatic/toxic stress are operating within the mode of “survival in the moment.”

The brain perceives a threat – reaction is fight, flight or freeze..

Higher order brain functions are temporarily put on hold when survival is at stake.

(Greenwald O’Brien, 2008)
Brains to Fit the Life We’ll Live

DEVELOPMENT
For a tough life:
• Emotion processing regions smaller, less efficient
• Efficient production of stress related chemicals
• Deregulated happy hormones
• Fewer receptors for calming
• Less white matter

INDIVIDUAL
Characteristics & traits
• Competitive
• Hot temper
• Impulsive
• Hyper vigilant
• “Brawn over brains”

OUTCOME
(Why it Works)
Individual & species survive the worst conditions.
(i.e. war and famine)

NEUTRAL START
All brains are made to adapt

BRAIN
Hormones, chemicals & cellular systems prepare for life in a benevolent world

INDIVIDUAL
• Laid back
• Relationship-oriented
• Reflective
• “Process over power”

OUTCOME
(Why it Works)
Individual & species live peacefully in good times; vulnerable in poor conditions

The Heart of Learning and Teaching:
Compassion, Resiliency, and Academic Success

Adapted from the research of Martin Teicher, MD, Ph.D
Examples of Lifelong Health Risks Related to ACEs

Enduring Effects

Health
- Chronic disease
- Adolescent and adult mental health disorders – especially depression
- Suicide
- Dissociative disorder
- Borderline personality disorder
- PTSD

Disability
- Slowed language development
- Attention problems
- Speech delay
- Poor verbal memory/recall
- Loss of brain matter
- IQ

Cognition
- Alcohol, tobacco, other drug use
- Addiction
- Vulnerable to early initiation of drug use
- Aggression & violent outbursts
- Physical agility
- Risk taking
- Productivity

Relationships
- Can't modify behavior
- Respond to social cues
- Poor self-control of emotion
- Social isolation
- Can't navigate friendships
- Difficulty with monogamy

Behavior

Barriers

# Brain Effects by Critical Periods

<table>
<thead>
<tr>
<th>Critical Age</th>
<th>Birth to Age 5</th>
<th>Infancy &amp; Age 8-10</th>
<th>Age 7-9</th>
<th>Prior to puberty</th>
<th>First 2-3 years</th>
<th>Age 8-10</th>
<th>Age 15-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain Region</td>
<td>HIPPOCAMPUS</td>
<td>CORPUS CALLOSUM</td>
<td>RT TEMPORAL GYRUS</td>
<td>CEREBELLAR VERMIS</td>
<td>CORTEX</td>
<td></td>
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<tr>
<td>Function</td>
<td>Emotional regulation</td>
<td>Cross-brain function</td>
<td>Spoken Language</td>
<td>Center for mental health</td>
<td>Thinking and judgment</td>
<td></td>
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<tr>
<td></td>
<td>Verbal memory</td>
<td>Language &amp; math proficiency</td>
<td></td>
<td>Navigation through space</td>
<td>Vision</td>
<td></td>
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<tr>
<td></td>
<td>Spatial memory</td>
<td>Social cues</td>
<td></td>
<td>Track periphery</td>
<td>Executive function</td>
<td></td>
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<tr>
<td></td>
<td>With the AMYGDALA, Manages fear, panic , emotional understanding</td>
<td></td>
<td></td>
<td></td>
<td>Long-term memory</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Regulates emotionally-appropriate responses</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Puts the breaks on outbursts &amp; tantrums</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affected By</td>
<td>All maltreatment</td>
<td>Neglect Sexual abuse</td>
<td>Emotional abuse</td>
<td>All maltreatment</td>
<td>All Maltreatment</td>
<td>Witnessing family violence Sexual abuse</td>
<td></td>
</tr>
</tbody>
</table>
If we can reduce the ACEs that people experience, we can reduce the burden of disease, unhealthy behaviors, and painful experiences throughout life.
Small Group Discussion

✓ On your own read 3 page handout on the brain and the enduring effects

✓ Select three enduring effects that stood out most to you and discuss in small group:
  ▪ Why these adaptations makes it more difficult for success?
  ▪ How might the environment or relationships within the school help or hinder?
### ACEs in WASHINGTON

#### Washington School Classroom (30 Students)
Adverse Childhood Experiences (ACEs)

- 6 students with no ACE
- 5 students with 1 ACE
- 6 students with 2 ACEs
- 3 students with 3 ACEs
- 7 students with 4 or 5 ACEs
- 3 students with 6 or more ACEs

- 58% (17) students with no exposure to physical abuse or adult to adult violence
- 29% (9) of students exposed to physical abuse or adult to adult violence
- 13% (4) of students exposed to physical abuse and adult to adult violence

Population Averages
ACE’S & SCHOOL PERFORMANCE

Research shows students exposed to trauma are:
• Two and one half more likely to fail a grade;
• Score lower on standardized achievement test scores;
• Have more receptive or expressive language difficulties
• Suspended and expelled more often; and
• Designated to special education more frequently.
Percent of Children with Adverse Experiences Who Are Currently Experiencing Significant Academic Problems

<table>
<thead>
<tr>
<th>Type of Adverse Events</th>
<th>Academic Failure (36% of Students)</th>
<th>Significant Attendance Problems (13% of Students)</th>
<th>Significant School Behavior Problems (28% of Students)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Known Adverse Events N=828</td>
<td>27%</td>
<td>7%</td>
<td>16%</td>
</tr>
<tr>
<td>One Reported Adverse Event N=332</td>
<td>36%</td>
<td>15%</td>
<td>33%</td>
</tr>
<tr>
<td>Two Reported Adverse Events N=159</td>
<td>52%</td>
<td>19%</td>
<td>45%</td>
</tr>
<tr>
<td>Three or more Adverse Events N=196</td>
<td>58%</td>
<td>32%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Blodgett et al, 2010
Students with One or More School Problems

- No Known Adverse Events N=828
- One Reported Adverse Event N=332
- Two Reported Adverse Events N=159
- Three or more Adverse Events N=196

Students with One or More School Problems:
- No Known: 36%
- One Reported: 57%
- Two Reported: 69%
- Three or more Reported: 79%

Blodgett et al, 2010
Small Group Discussion

Partner with someone next to you and share:

- Your reaction to the information shared so far?
- What stood out most/most concerning?
- What impact does ACE’s have in your school?
How do educators, in Werner’s (1984) words, “tilt the balance from vulnerability to resiliency?”

What are educators to do when the roots of academic performance have been uprooted by storms of violence; and when learning is being disrupted by consequential suffering, isolation and despair?
Resilience What Does it Really Mean?

1. The ability to bounce back from a difficult situation and in some cases take a completely new perspective on that and other difficult situations.

2. Manage life’s challenges, changing and pressure effectively.

3. Cope and adapt to adversity.
How? By ~ Fostering Resiliency

Being a key person in a child life – Research shows children over come adversity:

– with support of a caring and supportive adult;
– opportunity for involvement;
– high expectations: and
– hope in a future.

More is covered in Chapter 3...
The 7 C’s of Resilience
Dr. Ken Ginsburg

- Confidence
- Competence
- Connection
- Character
- Contribution
- Coping
- Control

(Little, 1993; Pittman et al., 2003; Eccles and Gootman, 2002; Roth and Brooks-Gunn, 2003; Lerner, 2004; Ginsburg, 2006; Frankowski, Leader & Duncan, 2009)
Health and Well-Being

- Social Support, especially adults
  - Two or more people to count on
  - Communities in which people take care of each other

- Emotional Support

- A sense of hope

- Life Satisfaction
  - Provide opportunities for meaningful participation
  - High expectations and clear boundaries

CHEF NEAR Institute
Chapter 3

Instructional Principles, Curricular Domains and Specific Strategies for Compassionate Classrooms

Long after students may have forgotten what you tried to teach them, they will remember how you treated them.

— Anonymous

Contents:

The Language of This Chapter

Introduction

Compassionate Instruction and Discipline in the Classroom
Principle One: Always Empower, Never Disempower
Principle Two: Provide Unconditional Positive Regard
Principle Three: Maintain High Expectations
Principle Four: Check Assumptions, Observe and Question
Principle Five: Be a Relationship Coach
Principle Six: Provide Guided Opportunities for Helpful Participation

A Compassionate Curriculum
A Suggested Framework: Research-based and Modeled on Current Best Practice

(Contents continued on next page...)

Strategies for Compassionate Classrooms
**How We Teach**

Compassionate Teaching and Discipline Principles

2. Provide unconditional positive regard.
3. Maintain high expectations.
5. Be a relationship coach.
6. Provide guided opportunities for helpful participation.

**What We Teach**

Compassionate Curriculum Strategies

<table>
<thead>
<tr>
<th>Domain One</th>
<th>Safety, Connection, and Assurance of Well-Being</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain Two</td>
<td>Emotional and Behavioral Self-Regulation</td>
</tr>
<tr>
<td>Domain Three</td>
<td>Competencies of Personal Agency, Social Skills and Academics</td>
</tr>
</tbody>
</table>
Figure 3.1: Compassionate School Instruction, Discipline, and Curriculum Model
Study group Directions for 6 principles

• Divide into groups of six. Each person takes one of the six principles.
• Each team member picks one to the principles.
• Read in the manual/handout about principle
• Prepare to share with your team what you learned.
  – What is the intention behind the principal defined?
  – What purpose does the principle serve?
  – What are some examples of how to use the principle in the school/classroom setting or provide your own personal examples of how you have use this principle.
Principle One: Always Empower, Never Dis-empower

Power struggles
- Students affected by trauma often compete for power.
- The reason for this is to gain control over his/her environment to feel safe.

What helps?
- Validate and support
- Allow for choice
Principle Two: Provide Unconditional Positive Regard

Children impacted by trauma experience difficulty with:

- feeling worthy, taking initiative & forming relationships

What helps? Adults show:

- kindness, empathy & help navigate the challenges in school and the home.
Principle Three:
Maintain High Expectations

We disempower by:
- Having low expectations
- Hesitating on setting limits

This can send a negative message such as “you are too damaged to behave and I am giving up on you.”

Thus the perception of powerlessness
Principle Four:
Check Assumptions, Observe and Question

Stereotype can put up blinders in really knowing who actually has been affected by trauma.

- Check in with self and peers on assumptions
- Observe interactions
- Ask question
- Listen to needs
Principle Five: 
Be a Relationship Coach

Compassionate teachers think of themselves as relationship coaches.

- Helping with conflict
- Inclusiveness and involvement
- Non judgmental
- Help in problem solving
Principle Six: Provide Guided Opportunities for Helpful Participation

Helping others strengthens resiliency. Teachers can foster resilience and enhance self worth by:

- Providing **guided** and **supervised** opportunities for participation in assisting with supporting others in need.
- This also provides solace, creates mutual trust, and affirms the self-worth of those involved.
Study Groups Directions for the Three Domains

• In your same groups. Divide the three domains up between the six of you with (2 people per domain)
• One reads the definition of the domain the other reads examples of “strategies to use in the school/classroom setting” to reinforce the domain.
• Prepare to share with your team what you learned.
  – What is the intention behind the domain defined?
  – What purpose does the domain serve?
  – What are some examples of how to use the domain in the school/classroom setting or provide your own personal examples of how you have use this domain.
We can do a great deal to create a climate of safety for their students by:

1. Responding to the emotions that underlie inappropriate behavior vs. reacting
2. Being consistent and having integrity
3. Being aware of the students “mis-attunement” and work with the student to read cues accurately, and
4. Provide opportunities to respond appropriately.
DOMAIN TWO: IMPROVING EMOTIONAL AND BEHAVIORAL SELF-REGULATION

1. Teaching students to recognize and name their feelings.
2. How to connect external experiences, internal feelings, and triggered behaviors.
3. Coaching on how to choose feelings, cope with feelings and even respond differently to their feelings.
This is about teaching

1. Personal agency – a belief that one can make things happen.
2. Social skills – to interact with others in acceptable ways.
3. Executive functions - skills that enable us to behave in goal-directed ways.
4. Helping with overcoming the barriers to academic learning due to trauma impact.
Self-Care: An Ethical Obligation for Those Who Care

Chapter 2

Self-Care: An Ethical Obligation for Those Who Care

Contents:
The Language of This Chapter
The Cost of Caring
Secondary (Vicarious) Trauma, Compassion Fatigue, and Burnout
The Ripple Effect
Possible Negative Consequences of Vicarious Trauma
The Personal Impact of Vicarious Trauma
The Professional Impact of Vicarious Trauma
One Other Sign of Compassion Fatigue: The Silencing Response
Can’t Teach What You Don’t Know. Can’t Lead Where You Won’t Go
Prevention and Self-Care
How Are You Doing? The Professional Quality of Life Scale (PQOL-R-IV)
Check Your Batteries: A Self-Care Checklist With Suggestions
Building a Self-Care Action Plan
An Ethical Obligation for Those Who Care
Summary
Vicarious (Secondary) Trauma

Compassion Fatigue

Burn out

Why?
Because we have

Empathy

Compassion Satisfaction

Definitions p.38
The Ripple Effect:

Traumatic events are like rocks thrown into our pond.

Each rock causes a series of ripples.
The Ethics of Self Care

We Who Care for Other Must get the Care for Ourselves

• We acknowledge the effects of secondary trauma on ourselves and colleagues.

• We make sure we do not “go it alone” but we seek out and create arrangements by which we have regular and open input from other professionals.

• We recognize we have an ethical duty to ourselves for self care

The other thing about Resiliency...

- Resilient students need resilient teachers.

- Good content teaching requires modeling of skills, and attitudes.

- “If teachers themselves are barely coping, if teachers cannot bounce back from the challenges they face, how are they to sustain the strength needed to promote resiliency among their students?”

  (Wolpow and Askov, 2008)
Quality of Life = How well we take care of ourselves.

❤️ How we respond to the situation?

❤️ Whether or not we place the locus of control outside of ourselves. Are we being reactionary to life circumstances.

❤️ What do we have in our reserve (physical emotional and mental energy reserves)?
Self Care Activity

Share in small groups what 3 minute goal can you set to nurture yourself

❤ Every day,
❤ Once a week; &
❤ Once a month?
The Blizzard by: Parker Palmer

By your self take a few minutes to write down the ropes that lead you back home when you are hit by a students/adult trauma blizzard
Prevention & Self-Care

♥ The Professional Quality of Life Scale (ProQOL R-IV) score card p. 47

♥ http://www.proqol.org/ProQol_Test.html

♥ Also available in many other languages
## Building Compassionate School-Community Partnerships That Work

Our ability to see the potential that lies before us is often rooted in the fact that we feel as though we must bear the challenges we face on our own. The ability to see and affect a solution is directly proportional to the number of eyes and hands on the problem.

--- Ron Hertel

### Contents:

- The Language of This Chapter
- Schools in Partnership
  - Connecting Education and Community-Based Resources
  - Mental Wellness Coordination
  - Diversity and Strengths-Based Problem Solving
- Mental Health Terminology
- School-Community Partnerships That Work
  - Readiness to Learn
  - Dropout Prevention/Reduction Program
  - School Start
  - Before and After School Programs
  - Prevention and Intervention Services Program
  - School Safety Center
  - Coordinated School Health
  - Homeless Education
  - Institutional Education
  - School Health Services and School Nurses
  - Compassionate Schools Initiative
- Forming a School-Community Partnership
  - Strength-Based Problem Solving and Asset Maps
  - The Case for Needs Assessment
  - Strategic Planning
  - Defining School and Community Roles
  - Managing the Growth of Community Partnerships
  - Quick Strategies for Building Collaborations
- Summary
Collaboration: Community, Family and School Partnerships

• What connections do you already have in place between the schools and community?

• What currently is in place for families?

• What is missing or what ideas do you have for forming school-community partnerships?
Attention Deficit Hyperactivity Disorder (ADHD):

Hyperactive Symptoms include constant motion, fidgeting, difficulty with quiet tasks, and trouble sitting still. Impulsive Symptoms include interrupting conversations, blurting out answers, acting without regard for consequences, and impatience. Inattention. Easily bored, confused and distracted. Appear to daydream. Forgetfulness. Slow moving.

Possible Challenges in the Classroom:
Difficulty paying attention during class. Disruptive behavior. Often distracts other students. Inability to self-regulate. Easily sidetracked. Frequently daydreaming. Certain events, situations, or health conditions may cause temporary behaviors that seem like ADHD.

Classroom Strategies:
■ Structure, structure, structure.
■ Early intervention before behavior escalates.
■ Stand in close proximity to student if they are having trouble focusing.
■ Medication monitoring by school nurse.
■ Short lessons to encourage focus on work.
■ Provide family support and social and emotional learning.
What do you think are the next steps for you in relationship to building a compassionate school?

- Who are key people to involve in your planning?
- What is already in place?
- What do you need to learn more about?
- Who is there for support?