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RefTeCp

Refugee Teaching Certification
Programme for Egyptian and
Refugee Teachers Enabled by
Blended Learning



FREDERICK UNIVERSITY

Refugee Teaching Certification Programme for Egyptian and Refugee Teachers Enabled by Blended Learning: Train-the-Trainer Workshop (Athens, Greece)

Guidelines for teachers who are working with refugee students facing emotional difficulties related to trauma/anxiety

RefTeCp

FREDERICK UNIVERSITY TEAM

1. Understand what trauma/anxiety looks like in the classroom and respond through compassion, not discipline

Be trauma-informed when assessing students' behaviors. Is the behavior you are seeing as problematic, disruptive, or non-compliant actually caused by the student feeling threatened, attacked, or reminded of a traumatic experience?

2. Maintain usual routines. A return to "normalcy" will communicate the message that the student is safe and life will go on.

3. Set clear, firm limits for inappropriate behavior and develop logical—rather than punitive—consequences.

4. Modify assignments, tests, and homework for students.

Providing more time for work, arranging one-on-one instruction and support, and reducing the demand for verbal processing, attention, memory, and other identified skill deficits will aid a student in experiencing success.

5. Validate and de-escalate emotions when possible

Realize that some students, especially those who have experienced complex trauma, often have difficulty identifying, expressing, and managing emotions.

6. Recognize that behavioral problems may be transient and related to trauma.

Remember that even the most disruptive behaviors can be driven by trauma-related anxiety.

7. Warn students if you will be doing something out of the ordinary, such as turning off the lights or making a sudden loud noise.

8. If you are able to identify reminders, you can help by preparing the student for the situation.

For instance, for the child who does not like being alone, provide a partner to accompany him or her to the restroom.

9. Be sensitive to the cues in the environment that may cause a reaction in the traumatized student. Children may increase problem behaviors near an anniversary of a traumatic event.

10. Provide consistency and stability in your interactions with students

Students with extensive trauma histories often have difficulty discriminating between safe and unsafe environments and consequently behave in ways that are not adaptive outside of the traumatic environment. Teachers, administrators, and school personnel can greatly foster a sense of safety and predictability by remaining consistent in how they work with these children.

11. Provide a safe place for the student to talk about what happened. Set aside a designated time and place for sharing to help the child know it is okay to talk about what happened.

12. Give simple and realistic answers to the student's questions about traumatic events.

Clarify distortions and misconceptions. If it isn't an appropriate time, be sure to give the student a time and place to talk and ask questions.

13. Give students choices. Often traumatic events involve loss of control and/or chaos, so you can help students feel safe by providing them with some choices or control when appropriate

14. Avoid labeling refugee children negatively.

Refugee children with complex trauma may perceive themselves as "bad," "crazy," or having something "wrong" with them. Assist them in understanding their reactions in the context of their history and their interpretation of the current event that is triggering the reaction.

15. Help children identify triggers resulting in stress reactions, and support their use of coping skills.

16. Be concrete in offering suggestions for managing emotions.

These children often lack the capacity for self-regulation. They cannot just "calm down." They may require assistance with *how* to calm down.

17. Increase the level of support and encouragement given to the traumatized student.

Designate an adult who can provide additional support if needed.

18. Anticipate difficult times and provide additional support.

Many kinds of situations may be reminders. If you are able to identify reminders, you can help by preparing the child for the situation. For instance, for the child who doesn't like being alone, provide a partner to accompany him or her to the restroom.

19. When appropriate, talk to parents and other professionals working with the student

Work together to identify coping and calming strategies that could help a child enjoy and succeed in school

20. Be aware of other students' reactions to the traumatized child and to the information, they

share. Protect the traumatized child from peers' curiosity and protect classmates from the details of a child's trauma.

21. Understand that children cope by re-enacting trauma through play or through their interactions with others. Resist their efforts to draw you into a negative repetition of the trauma. For instance, some children will provoke teachers in order to replay abusive situations at home.

22. Although not all students have religious beliefs, be attentive if the student experiences severe feelings of anger, guilt, shame, or punishment attributed to a higher power. Do not engage in theological discussion. Rather, refer the student to appropriate support.

23. Contribute to efforts to make school systems more trauma-informed

Shifting disciplinary practices from punitive to restorative/transformational. Help staff at all levels understand that “problematic behaviors” serve a function for the student. Such behaviors often have proved adaptive in traumatic environments, and as such, should be recognized as efforts to cope with difficult circumstances. For example, aggressive or threatening body language decreases the likelihood of being picked on or bullied. However, these “coping mechanisms” can become problematic once the student is in a safe environment in which the behavior is no longer needed.

24. Foster pro-social activities that allow children with complex trauma opportunities to contribute.

Provide educational activities that are interactive, and provide opportunities to connect with peers and adults, so that there is a balance between individual assignments or handouts and cooperative activities.

25. Inform others and coordinate services. Inform school administration and school counselors/psychologists about your concerns regarding the student. Your school district or state may have specific policies or laws about dealing with emotional issues with children. If you feel a student could benefit from the help of a mental health professional, work within your school’s guidelines and with your administration to suggest a referral.

26. Learn to recognize when a student’s emotional responses can no longer be managed safely in the classroom setting and know how and to whom to refer for clinical intervention.

27. Support families. Build a relationship of trust with the student’s family. On a personal level, be reliable, friendly, consistently caring, and predictable in your actions. Keep your word, and never betray the family’s trust. It can be helpful for the school or district to designate a liaison who can coordinate the relationship among teachers, the principal, the guidance counselor, other appropriate school personnel, the family, and the child.

28. Take care of yourself. Remember, as an educator, you are on the frontline. You may spend many hours each day working with children and adolescents exposed to trauma and with related psychological difficulties. You are in a unique position to help. However, you are also vulnerable to the stress and challenges of working with students who suffer the psychological and physical wounds of complex trauma.

Becoming Trauma-Informed in the Classroom: What It Looks Like

Case 1

Ali is walking to lunch in the cafeteria when his classmate Hasan bumps into him in the crowded hallway. The students' eighth grade math teacher, Ms. Clark, hears Ali and Hasan begin to yell at one another and steps into the hall just as Ali punches Hasan in the face. Ms. Clark and her colleague Mr. Jones step in to break up the fight. This is the third fight Ali has been in this school year.

	Traditional Approach	Trauma-Informed Approach
Initial Response	Ms. Clark and her colleague verbally reprimand Ali and Hassan and call for the school security guard. The boys are escorted to the principal's office by the security guard and Ms. Clark returns to her classroom.	Ms. Clark and her colleague separate Ali and Hassan and bring them each to an empty classroom to calm down. Ms. Clark has developed a strong relationship with Ali and, once he has calmed down, asks him "what's going on?" It takes a few minutes, but Ali eventually opens up to let Ms. Clark know that he is feeling "on edge" due to the violence he has witnessed in the past in his country-of-origin. While Ms. Clark is talking with Ali, Mr. Jones deescalates Hassan and begins a conversation with him about his behavior.
Disciplinary Action	Both students meet with the principal who quickly gathers the facts and determines that the level of severity of the altercation warrants a 3-day suspension for Ali (as this was his first offense) and a 9-day suspension for Hassan. Hassan is labeled as a "repeat offender" and told that he will be expelled for his next offense. Both students' parents are	Following their individual conversations, Ms. Clark, Mr. Jones, Ali, and Hassan meet with the school principal. In a non confrontational conversation, both students apologize for over-reacting. Consistent with school discipline policies, both students receive an "in school" suspension; Ali for 3 days (as this was his first offense) and Hassan for 6

	<p>called and told that their child has a discipline problem.</p>	<p>days (as this was his third offense)</p>
<p>Short- and Long-Term Implications</p>	<p>Ali misses three days of class and Hassan misses nine days of class. As a result, both fall behind in their classwork and their grades suffer. Ali and Hassan feel that the school has labeled them, and their parents begin to feel that they are working in opposition to the school staff, as opposed to cooperating to better meet their children's needs</p>	<p>During their time in in-school suspension, Ali and Hassan are able to complete their coursework while receiving extra supports. Ms. Clark and the school counselor set aside time to meet together with Ali during his in-school suspension to discuss his experiences back home, and they learn that Ali witnessed several of his family being killed by the opposition party. The school counselor reaches out to Ali's parents to involve them in developing a behavioral plan for Ali at school, and Ali is referred for therapeutic services at a local community mental health agency. Ms. Clark also encourages Ali to join an after-school mentoring program for young men focusing on social skills development and academic support. Over time, Ali's behavior and his grades begin to improve</p>

Case 2.

At the beginning of her fifth grade year, Jamal was a very outgoing and engaged student. However, lately she has been very quiet in class and rarely raises her hand or speaks unless prompted directly by the teacher. She has started complaining of stomach pains and headaches and frequently visits the school nurse. Jamal has also recently missed several days of school.

	Traditional Approach	Trauma-Informed Approach
Initial Response	Jamal's quietness is noticed but in the busy environment of the classroom it is quickly forgotten. With many children in the classroom, there is no time to assess what is going on with each of them individually.	Jamal's behavior is noticed but the teacher is responsible for many students and does not have an opportunity to investigate further. On one of her visits to the nurse, Jamal is questioned about how she has been feeling and if anything happened recently that has been bothering her. She admits that since living in a refugee camp, she has been afraid for her safety because she witnessed an incidence of rape. Since then she has felt intimidated walking to and from school and this has caused significant anxiety that carries into the school day.
School's Response	Jamal's stomach pains are written off as an excuse to leave the classroom, and eventually the teacher and nurse become frustrated with her.	The nurse talks with Jamal's teacher and her family and she is referred to the appropriate services. The nurse emphasizes the importance of Jamal feeling safe while going to and from school.

<p>Short- and Long-Term Implications</p>	<p>On her school evaluations, Jamal’s parents are told that she needs to be more attentive in class and that she does not take school seriously. Jamal’s grades gradually slip.</p>	<p>Jamal’s family makes arrangements for her to walk to/from school with her older sister. This change in her daily routine, combined with counseling services, leads to a decline in Jamal’s headaches and stomach pains and an increase in her attendance and engagement in school. A collaborative relationship between Jamal’s parents and teacher is formed, and the teacher develops a lesson plan on transportation safety for the class.</p>
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Discussion Cards 3 & 4

- ❖ Which strategies the school staff used in these two case studies, in order to help the students cope with their emotional difficulties?
- ❖ What are the basic principles of a trauma-informed school?

Discussion Card 1

Fatima's teacher brought the sixth grader to the school nurse because she was complaining of a stomachache. The teacher was concerned about Fatima's complaint and explained to the nurse that, while Fatima had always been an enthusiastic and hardworking student, however the last two months she has not been paying attention or completing her work. She appears to be tired at school and lacks concentration. She also appears withdrawn and not responding to the teacher's efforts to involve her in class. Fatima becomes more alert when there are noises in the school, such as slamming doors, loud voices, and when the school bell rings. She stays in the classroom even during the breaks. In the nurse's office, Fatima was quiet, but eventually admitted that two months ago she had witnessed a girl being beaten by another student in the school toilets. She was sad, frightened, and afraid for her safety. After the incident, she has been having difficulty sleeping because of nightmares. Her parents revealed that Fatima had nearly escaped a bomb that fell close to her house, which killed her grandparents and cousins.

Discussion Card 2

Hassan, 16 year old, is constantly getting into fights in high school and appears to have significant problems completing his work. Hassan has become increasingly aggressive and confrontational in school. He talks throughout classtime, constantly argues with his teachers, and has difficulty staying "on task". His teacher describes him as a likeable boy, but one who 'attracts trouble'. He has been suspended several times and is on the verge of expulsion. A few days ago he was caught smoking in the toilets. He is liked by his peers, although his friendships appear somewhat superficial; for example, he often acts as the class clown. When the teacher discussed these issues with the mother, the mother described the constant neighborhood violence that Hassan witnessed before leaving his country.

Questions (Recognitions of symptoms)

- What do these children have in common?
- Which traumatic reactions do you notice?