

POLICY BRIEF

June 5th, 2020



TREPeducator.org/covid-19-ed-conference

What Matters Is What Works: Pragmatism in Trauma Work During COVID-19

by Shipra Parikh & Jaqueline Herrera, Enlace Chicago

Two Public Health Crises

As devastating as COVID-19 has been, educators have always known that it only comes second to ongoing, chronic public health crisis caused by poverty and racism in the US. Inequality in a variety of areas has always posed a significant challenge to children's educations. Schools, which have served the important community function of nurturing many of the needs that prevent kids from getting their education, are no longer available in the same ways, which only serves to exacerbate children's needs during quarantine. The Little Village community represents one example, among so many Chicago communities, that has been particularly hard hit. Little Village, located in the South Lawndale area, is one of the 15 economically under-resourced South and West side communities most in need of internet access. In fact, 1 in 5 Chicago students, or 31% of those under age 18 in Little Village, have no internet at home.¹ Lawndale is a young community, with 29% of the population being under 18 years of age. Of its population, 29% are not US citizens, 39% are foreign born, and an estimated 25% are undocumented.² The median income is \$32,896, which is nearly half that of the citywide average of \$52,497.³ Taken together, these statistics reveal significant needs related to language, citizenship, access to resources, and income. Though specific to this community, these needs also represent a microcosm of the needs of communities across the city, and is used here, as a model through which to understand how teachers can use a trauma lens effectively. Enlace Chicago, a longtime community agency, utilizes a trauma lens in helping community members engage all of these needs and more, and in doing so, provides an example from which teachers can move forward.

Evidence-Based Guidance for How Schools Can Respond to A National Mental Health Crisis in the Wake of COVID-19

Historical Trauma Responses That Educators Should Know

When looking at the history of documented trauma responses in the US, starting from the 18th and 19th centuries, patterns of societal responses have evolved in tandem with the needs of society at the time. Herman⁴ has documented three primary patterns of response:

- **Denial** – Ignoring survivors of trauma, emphasizing silence, not talking about it
- **Repression** – Avoiding real exploration of trauma, social tensions about power
- **Anxiety** – Internalized ideals of strength, overemphasizing self-reliance and resilience

In modern society, these patterns are still evident in the pattern of policies and punishments around traumatic events that communities face. In order to avoid repeating these patterns at micro levels (one on one interactions, day to day classroom engagement, interpersonal relationships), educators must practice an awareness of these patterns at macro levels (institutional, organizational, and policy). Examples include:

- **Denial** - Marginalization of youth's identities, invisibilizing populations of highest need, underfunding schools in low-income neighborhoods
- **Repression** – Racial profiling, ICE raids, over-policing of communities, Adulthood (the oppression of children by adults, solely based on their age)
- **Anxiety** – Constant surveillance leads to a state of fear and anxiety, police brutality and neighborhood looting retrigger trauma in communities, creating a survival, fight or flight state of mind

Together, these macro level trauma experiences have resulted in youth showing up in classrooms in highly dysregulated ways, creating a crisis for teachers, whose responsibilities shift to everything but “teaching” in the traditional sense. Teachers may find themselves responsible for calming student misbehavior and emotional outbursts, managing the traumatic stress that results from societal experiences of denial, repression, and anxiety that kids experience firsthand. This can result in teachers, in turn, becoming dysregulated, vicariously traumatized, and engaging in any of these three trauma patterns in direct response to their students:

- **Denial** - Utilizing strategies that are less developmentally informed, and more about classroom management and behavior modification
- **Repression** - Engaging in increasingly harsh punishments and withholding empathy
- **Anxiety** - Fearing or becoming triggered by their students

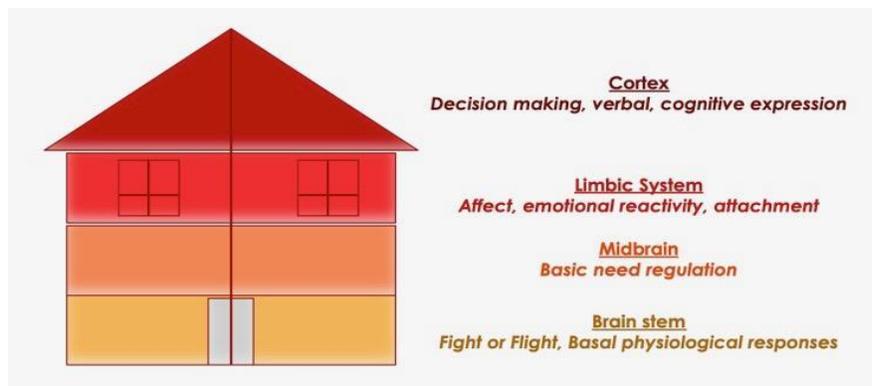
What these patterns highlight is that trauma responses are in fact, shared, by students, their teachers, and the larger community, and need addressing more effectively.

Evidence-Based Guidance for How Schools Can Respond to A National Mental Health Crisis in the Wake of COVID-19

Repairing, Not Repeating Trauma

According to education counselor Christin Langley Obaugh, “We repeat what we don’t repair.” While trauma informed trainings for schools abound,⁵ through organizations like the National Child Traumatic Stress Network, and notable neuroscientific research by scholars like Bruce Perry,⁶ educators often find this information helpful, and overwhelming. In order to be effective, however, educators focus on applying brain science to create a trauma lens grounded in pragmatism, because “what matters... is what works” (p. 260).⁷ Pragmatic application of a trauma informed lens, then becomes our goal.

In order to help, educators can utilize the image below,⁸ representing the two hemispheres of the brain (right and left), which maps each “floor” of the house to an area of the brain critical to trauma responses in the body. Each part of the brain is labeled with responses to trauma that will work best.



Based on this brain map, the sequence of a trauma response is as follows:

- Trauma begins in the basement (Brainstem) or the first floor (Midbrain), and most classroom misbehavior falls into these two areas
- We cannot engage trauma at a lower level, by responding to a higher level (i.e., don’t try to talk down a tantrum, rather meet the child in a sensory place of need with a hug, high five, flick off the lights, play music, offer a snack, engage in movement)
- As the child begins to regulate more, we can engage them further upstairs in the house
- We end at the top floor, ideally talking and processing with kids, once they are regulated

Based on this map, the following suggestions are made for educators, based on the strategies employed in the Little Village community, by Enlace Chicago.

- **Brainstem Goals:** Reduce stress and fear; Improve body regulation and safety

Evidence-Based Guidance for How Schools Can Respond to A National Mental Health Crisis in the Wake of COVID-19

- Prioritize relationships, one on one direct contact, through trusted teacher relationships
- School as a primary avenue of outreach for youth
- Integration of youth participants' families to the school environment
- **Midbrain Goals:** Reduce the scope of families' basic needs
 - Connect with schools to coordinate food pantry resources, emergency funds, connections with families to coordinate a range of specific needs
 - Advocating for free health testing with community health centers, and for internet access with Chicago public schools
 - Build direct relationships with community stakeholders, from the state commissioner, Senator, city aldermen, and school board
- **Limbic System Goals:** Improve relationships and attachment patterns
 - Staff build relationships and institutional memory in the community
 - Involve school and parents together
 - Establish regular communication with school staff and administrators
- **Cortex Goals:** Improve participants' decision making and life trajectories
 - Practice anti-Adultism through school outreach and school-based trainings, to empower Little Village youth to make positive life choices and improve their future potential

Shipra S. Parikh is an Assistant Instructional Professor, specializing in the areas of trauma, anti-adultist youth work, participatory research, and acculturation and identity development of youth and families. She also serves as a clinical consultant for the violence prevention teams at Enlace, a community organization in the Little Village area of Chicago. Most importantly, Dr. Parikh believes believes activism starts at home, and gets regular practice engaging these ideals with her children every day. She can be contacted at sparikh1@uchicago.edu for further communication.

Jaqueline Herrera has served as the Director of Violence Prevention at Enlace Chicago since 2018 and oversees a violence prevention staff of twenty people, providing supervision and clinical consultation on a daily basis. She has centralized and implemented Enlace's violence prevention model by integrating street outreach, youth engagement, and mental health. She has overseen the development of Enlace's new Street-Based counseling program, as well as Enlace's participation in community and citywide initiatives, such as the Little Village Reconnection Hub and the Community Partnering 4 Peace collaborative.

Evidence-Based Guidance for How Schools Can Respond to A National Mental Health Crisis in the Wake of COVID-19

-
- ¹ Walker Burke, C. (2020, April 24). *1 in 5 Chicago Students Lacks Broadband: Here's Where They Live*. <https://blockclubchicago.org/2020/04/24/1-in-5-chicago-students-lacks-broadband-heres-where-they-live/>
- ² Enlace Chicago. (2020). *Little Village today*. <https://www.enlacechicago.org/littlevillagetoday>
- ³ Chicago Metropolitan Area for Planning. (2019, June). *Community data snapshot: South Lawndale, Chicago area*. <https://www.cmap.illinois.gov/documents/10180/126764/South+Lawndale.pdf>
- ⁴ Herman, J. (1992). *Trauma and recovery*. New York, NY: Basic Books.
- ⁵ Becker-Blease, K.A. (2017). As the world becomes trauma-informed, work to do. *Journal of Trauma & Dissociation*, 18(2), 131-138.
- ⁶ Perry, B.D. (2016). The brain science behind student trauma. *Education Week*, 36(15), 28-29. <http://68.77.48.18/RandD/Education%20Week/The%20Brain%20Science%20Behind%20Student%20Trauma%20-%20Perry.pdf>
- ⁷ Borden, W. (2013). Experiments in adapting to pragmatism as orienting perspective in clinical social work. *Journal of Social Work Practice*, 27(3), 259-271.
- ⁸ Archer, C. & Gordon, C. (2012). *Reparenting the child who hurts: A guide to healing developmental trauma and attachments*. London, UK: Jessica Kingsley Publishers