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Understanding the potential effects of trauma on refugees' language learning processes

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Understanding the Potential Effects of Trauma on
Refugees' Language Learning Processes

A Thesis

Presented to

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Cheney, Washington

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By

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Spring 2018

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Abstract

In the 21st century alone, millions of refugees have been displaced from their homes, often through compounded traumatic experiences. Many of these refugees have resettled in foreign countries where they are forced to quickly learn a new language in order to survive in their new home. As teachers of English in the USA seek to assist refugees in adult language learning or K-12 contexts, it is critical to consider what traumatic experiences students may have encountered or are encountering, what the potential effects of these traumatic experiences on students' language learning processes might be, and how an awareness of these events and their potential effects might inform a teacher's pedagogical practices. In this thesis, I address these concerns by identifying types of traumatic experiences that refugees may encounter (pre-, during, and post-migration), how effects of these traumatic events might manifest themselves in a classroom, and what teachers can do to most effectively support refugee language learners through a safe learning environment. My discussion of this topic draws on research from current published sources and my five interviews with Spokane professionals (four teachers and one school counselor) who have worked with refugee language learners.

Acknowledgments

In recognition that research and writing are processes aided and improved by the voices and support of many contributors, I would like to thank various people for the significant roles that they played throughout my research of this topic. Without these individuals, my research would never have begun, would not have been so enriched, nor would it have been so fulfilling. Having said this, I would like to first thank Dr. LaVona Reeves and Dr. Tracey McHenry for their contribution to and support this topic, offering ideas of who to interview and how to create meaningful and sensitive questions that hopefully honored the refugee community discussed and the interviewees. Their support and insight along the way were invaluable.

Additionally, I would like to thank those who participated in this research process as interviewees, offering insight from years of experience in a field and regarding a topic that is of high importance to them. Each individual prepared in advance and gave much thought to how they might offer meaningful responses to these questions in hopes that their responses might aid other teachers or professionals working with refugees. The insight of my interviewees combined with the sincerity of their desire to serve this population, deeply enriched my research process and formed some continuing friendships.

Finally, I would like to thank someone who encouraged and supported me every step along the way, one without whom graduate school would never have begun, one who prayed for me daily, one who brought daily life and enjoyment to the process, and the One who gave me the desire and the ability to produce this work. To the one whose encouragement and support kept me going through every step of the process, whose listening ear and voice was influential from as early as the point of forming a research question itself, thank you, Tyler, my soon to be

husband, for your ongoing and continual support in my endeavors and research. To the one without whom this research endeavor may never have begun, thank you, Dad, for passing on to me a desire to build friendships with and know people from many nations of the world. To the one who prayed for me daily, thank you, Mom, for your constant support of my academic and career endeavors, and for your own friendships with refugees coming to our country.

And to the one who brought life to every step of graduate school and the research process, thank you, Renee, my colleague and friend, for enriching my passion for the field of ESL and primarily for the students themselves! Finally, to the Lord Jesus Christ, through whom I have life eternal, and through whom I have the ability to carry out this research project, I give thanks and glory and all future endeavors as I continue in this field.

Dedication

This work represented in this thesis and the heart behind it are dedicated in honor of my parents, whose friendships with immigrants and refugees deeply impacted the passion I have both for entering the field of ESL and pursuing the research topic that I did. It was because of their rich friendships with our Afghani neighbors, Parveen and family, with dad's lifelong Bengali friend and his wife, Nidu and Stella, with German neighbors, Dieter and Sylvia, with our Uzbek housekeeper and her family in Uzbekistan, Lara, and with an Uzbek neighbor and her son, Zara and Sarwar, and many others, that I came to see how richly gifted my family was in their friendships. Because of my parents' love for these individuals and how it was passed on to me, I dedicate this thesis to them, as I pursue ways in which to better know and serve the linguistic and holistic needs of refugees.

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Personal Literacy Narrative

Literacy Experience as an L1 Student

Outside the farmhouse, the stars had not yet disappeared over my family's 4 acres of woods and meadows. Inside the old and beautiful home, my four siblings and parents were still asleep. Quietly, each morning I would walk down the creaky wooden stairway of the farmhouse. After silently waking Dad, before his alarm had a chance to go off, our days began. By the time he was ready for work I had made and poured Turkish coffee and had set out toast and eggs for breakfast. Sitting at the blue countertop with breakfast hot and coffee strong, we opened our Bibles and would begin to read. Often I would journal as would he. Together we would share what we had read, discussing the life of David: an ordinary shepherd, a man who knew God, who later became king of the nation of Israel. This time together to read and to write, an opportunity to worship God, was worth more than any gift I could have ever received. It came before the busyness of work and school. It was silent. It was ours. It was sacred. The stars outside, had they been handed to me, could not have been more treasured.

A literacy narrative could begin in any number of different ways or at various points in a person's life. My own narrative, though, would have to begin before my earliest memories. I say this because of the two people most influential in my literacy upbringing and development: my parents. Emilie Buchwald once said, "Children are made readers on the laps of their parents." This quote describes the beginning of my literacy experience, which began on the laps of my parents, during the quotidian yet sacred moments of my childhood. It is to them, Marty and Chris Ketcham, that I owe my love for learning, reading, culture, and language. It is because of them that the quotidian

moments of my life and literacy are rich, alive, and full. It is because of them that a process of de-familiarization, the elevation of the ordinary to that which is special, became an everyday way of learning and doing life. Together, my parents enabled me to view ordinary and everyday reading and writing tasks as a gateway to that which is strange, unique, and rare.

From Kindergarten through 12th grade, I was homeschooled, along with my 4 siblings. Throughout these years, my parents transferred to all five of their children a deep appreciation for education, literature, culture, music, and language. Long before kindergarten, though, before my earliest memories, my parents were reading to me. Before I knew vowels from consonants, how to write the alphabet, or read simple words, they were laying a foundation and love of reading in my life. Intentionally, this foundation was built upon year after year of my homeschool experience as both parents, not only my mom, played key roles in my literacy upbringing.

Dad was a reader himself, a lover of the classics, and of writing as well. There was always a book he was reading, a journal he was writing in, or a letter or poem he'd leave for one member or another of the family. Today, years after his death, I still find letters in my drawers, music books, bookshelves, and journals, written in blue ink by his Mont Blanc fountain pen. His tattered books with notes written in the margins sit on my bookshelves. The letter he gave to my mom when I was born sits in my desk. His love for literature, writing, and language was contagious, spread fervently through his love for his family.

Reading with Dad was second to nothing on my list of favorite ways to spend an evening. After a long day of work, we would read from his tattered copies of J.R.R.

Tolkien's "Hobbit", or George MacDonald's "Princess and Curdy", some of which were read during his own childhood or perhaps during his years in a Pakistani boarding school when he was far from home and family. With the soft lamplight turned on and a steaming cup of coffee in hand, Dad would read to me from his leather sleepy hollow chair with buttons that were popping off in their old age. It was in this manner that he would take me away to another world: to the Shire: a world of wizards, hobbits, and dwarves, or to a place of goblins and gold mines with Princess and Curdy. Perhaps I was in 3rd grade, perhaps 5th, regardless, the stories captivated us both.

In middle school we advanced to Victor Hugo's "Les Miserables": my favorite story to this day. Through this story, Dad would convey to me and discuss values of grace, of redemption, of justice, of forgiveness, through the lives of Jean Valjean, Cosette, and Inspector Javert. Inspector Javert's enslavement to the law and justice, contrasted with Jean Valjean's understanding of grace, spoke powerfully to me. Once finished with this tale, Dad would introduce me to Christian philosophers, reading to me from C. S. Lewis' "The Great Divorce" and discussing in depth concepts of heaven and hell, of reality and its objectivity. In reflection, today, I recognize that there was, without a doubt, reason behind the selection of books we read together. The books chosen were not chosen merely because of the richness of the stories told, but also because of the messages conveyed: messages that represented world views and ideologies closely connected with faith.

Through these countless nights spent reading out loud, Dad conveyed to me life lessons through characters on pages and through conversations that followed. Beyond this, he gave me a love for reading that grew exponentially. He began to hand to me

books that would normally be beyond my reading level, encouraging me to delve into the classics. Eagerly, I read Tolstoy's *War and Peace*, Dostoevsky's *The Brothers Karamazov*, and *Crime and Punishment*, and Dumas' *The Count of Monte Cristo*. Each conveyed to me the complexity of humanity, of human relationships, of nations set against each other in war, of the human psyche, and far beyond.

Dad conveyed to me more, though, than a love for reading; he gave me also a passion for writing. Our mornings were spent reading the Bible together and journaling. Encouraging me to write, he would often bring home a leather bound or beaded journal from Barnes & Noble's bookstore, with a note scrawled to me across the front page written with his fountain pen. Eagerly, I filled the pages with poems or prayers. Dad also invested himself in my academic writing pursuits, reading over my history homework and high school papers. He would at times scold me for my lack of punctuation and attention to writing, calling me to a higher standard that he knew I could meet. My high school papers also would receive his feedback and ideas, which I welcomed eagerly. It was Dad who encouraged me to always keep reading, keep writing, and keep learning, not for a grade, but for personal growth. It was Dad who exposed me to books I would have otherwise ignored, books that exposed me to cultures around the world, to fairy-tales, to historical novels, and others. Culture and languages fascinated him after he grew up in the jungles of Bangladesh and the mountains of Pakistan. Naturally, he conveyed this fascination to me also. Because of him, in part, I am here today, with a love for English, a love for culture, and a love for English Language Learners.

My mom, though, was the one who set the foundation of my literacy narrative with my earliest memories of reading and writing. In fact, she was the one who was

responsible from day to day to ensure that I learned to read, that I learned to write, that I continued in my educational growth. Without her, my story would unwind. I still recall today the phonetic worksheets, the songs on cassette tapes, the colorful picture books that she used to teach me to read and write. Singing phonetic songs together, we worked our way through the vowels and consonants. Writing letters and words with each other, she taught me to print and to write in cursive. Working patiently through level 1 readers, she helped me struggle through new words and grow in my ability to read.

Mom encouraged my love for reading in a number of different ways throughout my education. Summer library reading clubs were a regular occurrence each year and a way for Mom to have a break while we were consumed with *Nancy Drew Mysteries*, the *Rats of Nimh*, or Louisa May Alcott's *Little Women*. Mom would often read aloud to us as well from Kenneth Grahame's series *The Wind and the Willows*, capturing us with tales of a prideful toad, a badger, a rat, and a mole. Mom would take countless trips to the library with my siblings and me, checking out and returning books week after week to keep up with all the books we had placed on hold and read throughout the summer. She would often read to me from our favorite series: "Little House on the Prairie", taking time from the busyness of a day to stop, sit down, and read aloud. There was something about Laura Ingalls Wilder and her life and hardships on the prairie that Mom and I loved reading about together. Perhaps it was her determination, her resilience, or her vibrancy. Or possibly it was the familiarity of life in a farmhouse that we also knew and loved.

Like Dad, Mom's part in my literacy narrative moved beyond simply conveying a love for reading. It included a love for writing as well. Along with teaching me to read, she taught me to write: to write in print and to write in cursive. Her encouragement along

the way and words of affirmation after a completed cursive worksheet motivated me each day to continue forward. Mom, being a grateful and thoughtful person, always encouraged me to be the same, handing me thank you notes after my birthday and Christmas, requiring me to write to and thank those who gave me gifts. She conveyed to me a need to write, but beyond this, the value that writing is a means through which to express gratitude. She also valued my opportunity to journal, giving me time during each school day to write. Today, I have a shoebox full of notes and letters that she has written to me weekly for the last 7 years. Her notes have followed me to China, to Israel, and to Cameroon, reminding me of her prayers and filling me in on her daily life events. It is words, communicative words, that can separate or unite, that can span an ocean or a country, that can create bonds or unions. The words, these precious written words, of my mother have united us across a distance.

Looking at my literacy experience through Knoblauch's types of literacy from "Literacy and the Politics of Education", I see that together, both parents cultivated each type of literacy throughout my life. From Mom, I learned the basics of functional literacy: the alphabet and its complicated sounds, the ability to read words, and the ability to then write and spell. From both Mom and Dad, I learned cultural literacy through the history of various times periods and places, through the classics and stories that accompanied them, and through historical and cultural films and videos we watched. From both Mom and Dad, I also learned the value of personal growth or liberal literacy when they gave me a selection of books to read, opportunity to journal, and the encouragement to write not only for a grade, but also as a self-motivated student who loved literature and writing. Dad prepared me to begin thinking in terms of critical literacy, discussing with me the

books that we read together, ideas represented, meanings they conveyed, and how they applied to everyday life. He would discuss with me the logic of ideas, how to respond to them, and beliefs he held. These beliefs impacted the way he approached and entered society with a desire to bring about social change through the engagement of ideas.

Cross Cultural and L2 Exposure

My cross-cultural experience that has led me to the MA TESOL program that I am in today, began at 7 years of age in the country of Uzbekistan, located in Central Asia. For a year, I lived in this Muslim country with my family. My exposure during that year to a country led by Islamic beliefs and practices, a country filled with outdoor bazaars and markets, a country of rich and colorful history, captivated my love for foreign places and cultures. Exposed to Uzbek and Russian during everyday trips to the market or bazaars was my first real L2 encounter, but no formal language training took place. Later in high school, I wanted to return overseas and spent two weeks in Cameroon, Africa working in a primary school for half of my time there. Other cross-cultural exposures took place in a trip to France, a semester in Israel, and a trip to Thailand. My next L2 exposure was in high school Spanish courses that I took for a short year.

During my undergraduate studies at Moody Bible Institute, I began to interact with international students from Korea, China, Bulgaria, Rwanda, and Ukraine. Throughout my studies, I was involved with International Students Incorporated, a group designed to connect people with international students at surrounding college campuses. During this involvement, I moved into a home for international students and American students, where we hosted bi-weekly coffee house events for international students to gather at and meet American friends. My desire to teach English began here as I began

helping students with their English and proof-reading their papers. The more time I spent with ESL students, though, the more I learned from them. I became less the teacher in my own eyes and more of the student. Friendships with these students became some of my most valued because from them I learned the value of relationship, of community, of culture. During this time, I also co-hosted a campus group for international students at my church. While leading this group, I learned from the students I spent time with. I learned yet again, the value of relationship and depth of community. Their value in community was unlike what I was used to receiving from American friends, causing me to consider my own appreciation for relationships in an entirely new light.

Undergraduate Experience Teaching L2 Students

My undergraduate studies took place at Moody Bible Institute in Spokane, Washington where I earned a degree in TESOL and Bible. During my course of studies there, I completed an internship through English Language Institute China – training Chinese EFL teachers for 6 weeks in the city of Dalian, China. This was the first formal teaching experience that I had been given with a classroom of my own to instruct. The opportunity to work with and teach adults confirmed for me that adults were who I wanted to work with. During this season in China, I learned from my students, gaining insight into their cultural perspectives and worldviews. As an outsider, I also began to view myself, the outsider, through their perspective. My worldviews shifted slightly. My ideas entwined with theirs. My pursuit to offer them something was no longer quite the same. Instead, I began to embrace the mutuality of friendships, of giving and receiving, of exchange, and of reciprocal respect. This realization: the desire to teach adults and the recognition that I had as much to gain from them as they did from me, was the beginning

of a liminal passage for me. I began to cross a threshold as I moved away from one who thought she needed to meet the world's needs. Instead, I began to see that I had much to gain from the world, from my students. In fact, perhaps I left China having learned more from my students than they learned from me during 6 weeks working together.

The beginning of this liminal passage began in my classroom during this summer in Dalian, China, through conversations with Nancy, Vivian, and Julie. Eventually, this experience lead me to the MA TESL program at EWU. During the summer following Dalian, I returned to China and created and hosted a summer English program from Korean children at Zhongshi Korean International School in Weihai, China. Though this experience was less formal than the last summer I spent with Chinese adults, it confirmed again my desire to teach ESL or EFL students and to be their students as well. Yuna, with her bright smile and stubborn desire to learn, taught me that a kindergartener can have more zest for life than five other children around her. Colin, with his quietness during class, taught me that one student might be thinking twice as deeply as those talking twice as much or twice as fast. Because of them, I continued in my liminal passing from one who thought she had so much to give a group of Korean English students, to one who had a world to receive from them.

CHAPTER 1: INTRODUCTION, RESEARCH QUESTIONS, AND THESIS

OVERVIEW

In the 21st century alone, millions of refugees have been displaced from their homes, often through compounded traumatic experiences. Many of these refugees have resettled in foreign countries where they are forced to quickly learn a new language in order to survive in their new home. As teachers of English in the USA seek to assist refugees in adult language learning or K-12 contexts, it is critical to consider what traumatic experiences students may have encountered or are encountering, what the potential effects of these traumatic experiences on students' language learning processes might be, and how an awareness of these events and their potential effects might inform a teacher's pedagogical practices.

Introduction to Research Questions

My research topic and questions began with an interest in assisting refugee English language learners (ELLs) in the process of learning the language. This interest led to conversations with English as a Second Language (ESL) teaching professionals. These conversations led me to consider the effects of trauma on the learning processes of refugee ELLs. Through conversations with these other professionals, I was encouraged to consider and research the types of trauma that refugees face, how trauma affects language learning processes, and what ESL teachers can do to assist students in the language learning processes. This led me to formulate the following research questions, questions that formed categories for my literature review as well.

Question 1: How is trauma defined and what types of traumatic events do refugees face?

- Question 2: How is Post-Traumatic Stress Disorder (PTSD) defined and how does it affect refugee language learning processes?
- Question 3: How should the effects of PTSD on refugee language learning affect or inform ESL teacher's roles, lessons, and tasks?
- Question 4: How can ESL teachers support students with PTSD in their language learning processes?
- Question 5: What role does the process of students sharing about traumatic events have on their recovery and healing from PTSD?

Definition of Terms

Specific terms that will be discussed when researching the above questions might include: trauma, PTSD, and refugee. Other terms are broadly used without need of exact definition for clarification for the above questions. The first of the terms, **trauma**, refers to an experience of extreme suffering, distress, and disturbance in a person's life, often leading to emotional, psychological, or physical stress. These disturbing and disruptive events may be caused by natural disasters or by human related causes, each of which are further defined and explained in my literature review.

Many factors surrounding the traumatic events experienced by refugees affect the degree to which refugees might experience **post-traumatic stress disorder (PTSD)**. These factors might include: age of the victim, severity of the trauma, duration of the event, relational / emotional components, and other. Hart defines PTSD as a "clinical diagnosis" that describes symptoms responding to traumatic circumstances (Hart, 2009, p. 355). ESL teachers who are well informed about symptoms of PTSD are better able to

recognize when students are suffering from PTSD and can then help students access psychological assistance.

The term **refugee** refers to a person who has been forced to flee from his or her homeland or country of origin to escape persecution, war, or natural disasters. Refugees do not leave their homelands for reasons entirely similar to many immigrants, who might be looking for a better or new place to live. Refugees are unique from immigrants in that they are often fleeing for the safety of their lives, not by choice or preference. Many refugees are displaced from their homelands, temporarily living in one location until it is safe to return to their home country. Others are relocated permanently. Those coming to the USA resettle permanently with the goal of becoming US citizens. In such circumstances, the English language often becomes key to their relational, cultural, and financial flourishing.

Researcher's Assumptions Prior to Interviews

My assumptions going into the interview were limited to assumptions about the above research questions, meaning, I did not have assumptions about Larisa's experience since I did not yet know her story. Yet, the above questions led me to assumptions that were formed from previous research.

1. Many (not all) refugees face traumatic experiences of one kind or another, and that they are often compounded over a sequence of events.
2. Traumatic events may lead to PTSD and with or without PTSD, they often affect learning processes through a variety of ways at differing levels of severity.
3. Allowing survivors of trauma to share about their experiences in safe contexts might provide healing for them as they process stressful or traumatic events.

Overview of Thesis

This introductory Chapter 1 leads to a Literature Review in Chapter 2 which will respond to the above research questions. The Literature Review lays a foundation for the interview questions that I formulated when talking with local professionals. Chapter 3 then discusses my qualitative methodology, highlighting the questions I wrote for interviews, and how I carefully chose to interview only professionals working with refugee students, rather than refugees themselves, out of concern for the sensitivity of the topic and the well-being of refugee students. In Chapter 4, I discuss the findings of my interviews using 6 tables that synthesize how participants responded to various questions. Finally, in chapter 5, I offer a conclusion in which I revisit the research questions and assumptions listed in this chapter and discuss limitations of my research and propose future research.

CHAPTER 2: LITERATURE REVIEW

Introduction

Although the number of and plight of refugees is frequently in the news today, the refugee phenomenon is not a new occurrence. Within the historical accounts recorded in the Old Testament Book of Exodus is an account of the Hebrew people, enslaved by the Egyptians (Hart, 2009, p. 352). Fleeing from Egypt, the Hebrews became the first group documented by western Christian culture to experience “displacement”, “oppression”, and “migration” (Hart, 2009 p. 352). While this is but one example from Christian culture, many cultures in the past and today as well have experienced displacement.

Today, millions of refugees have been displaced from their homes and are resettling in host countries spread around the globe. These refugees can benefit greatly from the assistance of cultural brokers, language teachers, or psychologists. As English as Second Language (ESL) teachers assist traumatized refugees in their language learning process (Black, 2013), they often play the role of cultural brokers and can help students obtain professional help from therapists. As ESL teachers seek to assist refugees, they ought to consider the effects of trauma in the lives of their students and how it impacts language learning and pedagogy (Isserlis, National Clearinghouse for Bilingual Education & Center for Applied Linguistics, 2000; Finn, 2000). Often, the effects of trauma can either negatively affect the language learning process or provide a foundation for resilience and resourcefulness in a student’s learning success (Sondergard & Theorell, 2004; Pipher, 2002; Medley, 2012). These potential effects create a need for well-informed teachers who can provide support during the language learning process. This is

the goal of my thesis: to aid new ESL teachers in understanding the dimensions of trauma that refugee students may experience.

Definitions and Types of Trauma

Defining the term “trauma” and contextualizing it for refugee language learners is essential for a full discussion of the effects of trauma on language learning. Adkins, Sample, Birman, & National Clearinghouse for ESL Literacy Education define traumatic stress as “[The] results from extreme events that cause harm, injury, or death, such as natural disasters, accidents, assault, war-related experiences, and torture” (1999, p. 3). Cole et al. state that trauma “is a response to a stressful experience in which a person’s ability to cope is dramatically undermined” (as cited in Medley, 2012, p. 113). Adding to these definitions, Pynoos, Sorenson, and Steinberg note that these extreme events or experiences can bring about changes that are “psychological, social, and physical” (1993, p. 3). Herman adds to the conversation noting that “traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning. Traumatic events are extraordinary...because they overwhelm the ordinary human adaptation to life.... They confront human beings with the extremities of helplessness and terror and evoke the response of catastrophe” (Herman, 1992, p. 33). While Herman notes that traumatic events overwhelm ordinary functions, Medley counters that “trauma lies not in the event itself but in the response of the person” (2012, p. 112). According to Medley, then, the extent of trauma may vary from person to person even if they are responding to the same event.

Events that cause or trigger trauma in a person’s life may be categorized as those of human-cruelty (war, abuse, persecution) or natural disasters (tsunamis, earthquakes,

and hurricanes) (Adkins et al. 1999; Medley, 2012; McDonald, 2000). Adkins et al. argues that trauma induced by natural causes is often less severe than trauma induced by human-related torture or causes (1999, p. 3). Surely, the emotional and relational components of human-related cruelty contribute to the higher severity of trauma seen in survivors of human-cruelty. It is these relational and human-related causes that develop a further need for safe and trustable community and relationships for traumatized refugees.

Human-cruelty, the first of these two categories of trauma-inducing causes, is manifested in events such as arbitrary arrest, detention, rape, torture, childhood abuse, war, civil unrest, displacement, and gang or domestic violence (McDonald, 2000; Medley, 2012). Women and children represent a high percentage of traumatized victims in the US, constituting two-thirds of the immigrant population (Family Violence Prevention Fund, 1999). Even when abuse was formerly non-existent in a woman's life, it might begin as a control mechanism used by a spouse responding to a wife's liberation through language learning (Isserlis, National Clearinghouse for Bilingual Education & Center for Applied Linguistics, 2000, p. 4) Horsman notes that abusers may seek to take control over their victims through "emotional, economic, and sexual abuse, coercion, intimidation, and threats" or through convincing women that abuse is only "criminal" in public settings (as cited in Isserlis, National Clearinghouse for Bilingual Education & Center for Applied Linguistics, 2000, p. 2).

Symptoms and effects of trauma may also be heightened or induced through a cause not yet mentioned: the stress of resettlement. The stress of acculturation and acclimation can often be a hindrance in the recovery process. Hart (2009, p. 354) and Al-Issa & Tousignant (as cited in Magro, 2008, p. 29) note that stress during resettlement

and acculturation can at times be even more detrimental to mental health than any other atrocities refugees have encountered before. This stress can come in two forms during resettlement: “migration stress” and “acculturative stress” (Adkins et al., 1999, p. 2). Migration and acculturative stress may add to or hinder recovery during post-traumatic seasons, threatening the very identity of a person in a new culture (Ullman, 1997).

The first of these types of resettlement stress, migration stress, is defined as a response to traumatic events out of an individual’s control, such as “political violence, war, other catastrophes” (Adkins et al., 1999, p. 2) and “prolonged and dangerous journeys (Hart, 2009, p. 354). After experiencing these events during migration, refugees often begin to encounter multiple stressful and uncontrollable events that take place when they are resettling: loss of normal support, family, culture, home, or friends (Adkins et al., 1999, p. 3). Acculturative stress, following migration stress, takes place when refugees discover that functioning in everyday society is completely different from what they are accustomed to (Adkins, 1999, p. 3). During acculturation, refugees may encounter difficulties such as: “poor accommodation, persecution, and racism” (Hart, 2009, p. 354). Normal activities such as making and sustaining friendship, sending children to school, shopping for groceries, receiving directions, and cultural interactions (Adkins et al., 1999, p. 3) become daily stressful encounters.

PTSD and its Effects on Language Learning

Post-Traumatic Stress Disorder (PTSD) is a “clinical diagnosis” that describes symptoms responding to traumatic circumstances (Hart, 2009, p. 355), requiring that two factors be evident in an individual’s situation. The first of these factors is an event including a “threat of death, serious injury or physical integrity to oneself or others who

are around” (Hart, 2009, p. 355). The second factor that must be present in a PTSD diagnosis is an event that brings about “intense fear, helplessness, or horror (or in children, disorganized or agitated behavior)” (Hart, 2009, p. 355). Unfortunately, Perry notes, even when both factors are present or part of an individual’s past, and symptoms confirm PTSD, the disorder is often misdiagnosed, especially for children, with other disorders such as ADHD, major depressive disorder, oppositional defiant disorder, and separation anxiety (as cited in Hart, 2009, p. 358). Because of this, it is essential for ESL teachers to be aware of PTSD symptoms and mental health issues and support outside the classroom.

Another important factor of PTSD for ESL teachers to be aware of is the differing cultural interpretations of its symptoms. This is important to note because views of mental health and PTSD are often affected by cultural biases. If symptoms might include how students with PTSD interact relationally and socially, they may be affected by cultural differences represented by collectivistic or individualistic societies. Americans may push their children towards independence and may view a lack of independence as “overly dependent or dysfunctional” (Adkins et al., 1999, p. 2). Other cultures, though, may view Americans as dysfunctional for being overly independent. It becomes essential, thus, to keep cultural components in mind when considering whether a student may have PTSD. Eisenbruch offers further perspective, noting that “cultural bereavement” is a normal response to what is otherwise classified as symptoms of PTSD (as cited in Hart, 2009, p. 358). Lest PTSD be dropped as a viable diagnosis across cultures, Hart notes that when cultural bereavement and differences are kept in mind, PTSD is still a valid diagnosis (2009, p. 358). Ehntholt and Yule would agree with Hart, arguing that

“diagnosis and labelling may be a means to mobilizing the necessary resources so that appropriate help may be offered” to “alleviate” the burdens of those oppressed (Ehnholt & Yule, 2006, p. 1199).

Symptoms of PTSD

After ESL teachers understand some of the factors involved in diagnosing PTSD and cultural components surrounding it, it becomes helpful to know symptoms and effects of PTSD that may affect students’ learning processes. When an aware and informed ESL teacher can notice symptoms of PTSD, it will better enable them to enlist the help of a therapist.

Symptoms can be categorized as: hyper-arousal, intrusion, constriction, avoidance, and behavior. Hyper-arousal as a symptom manifests itself through the “persistent expectation of danger” (Wolpow & Askov, 1998, p. 52), the over-reactiveness of “anxiety, anger, or intimacy” (Cole as cited in Medley, 2012, p. 113), and the disturbance of sleep, increase of irritability, and reduction of concentration (American Psychiatric Association, 2000). Intrusion as a symptom manifests itself when an individual is re-living or re-experiencing a traumatic event, oftentimes through flashbacks, nightmares, or intrusive thoughts (Wolpow & Askov, 1998, p. 52; American Psychiatric Association, 2000; Wilbur, 2016, p. 2; Adkins, Birman, Sample, Brod, Silver, & Spring Inst, 1998, p. 13).

Further symptoms include constriction where students attempt to escape by “altering consciousness”, appearing “out of it” and demonstrating a lack of interest or care in work or grades (Wolpow & Askov, 1998, p. 52). Students may also experience the symptom of avoidance, where they are avoiding emotions, people, thoughts,

reminders, and conversation associated with the traumatic events (Medley, 2012, p. 113; American Psychiatric Association, 2000). Behavioral symptoms may also be seen in students, symptoms including: increased absences, withdrawal from participation, lack of attention or focus, sleeping in class, frequent crying, behavioral problems, a lack of “presence” during learning (Wilbur, 2016, p. 7), “[or] change in progress” (Adkins et al., 1999). Other symptoms reported by students might include: “headaches, backaches, stomachaches, insomnia, and excessive drinking of alcohol” (Adkins et al., 1999). Though each of the symptoms may point to trauma in a student’s life, it is important to keep in mind that students may be experiencing or dealing with past trauma without any evident symptoms.

Some components of the above categorized symptoms mentioned may be visible to the ESL teacher, while others may be more hidden (Horsman, 1998, p. 2). For example, visible symptoms in the classroom manifest themselves when a student’s sleep patterns affect their arrival time or exhaustion in class (McDonald, 2000, p. 691; Finn, 2010, p. 587). Other visible symptoms are seen when students have a difficult time beginning new tasks or taking risks (McDonald, 2000, p. 691; Finn, 2010, p. 587). Students may also experience visible manifestations such as “panic attacks...fainting, dizziness, shaking, feeling out of control, and flashbacks to the trauma itself” (McDonald, 2000, p. 691). A final visible manifestation of symptoms of trauma is that of detachment, manifested when students are spacing out, feeling numb, or seeming unaware of what is going on, demonstrating an inability to concentrate, having difficulty listening, appearing distracted, or seeming preoccupied (McDonald, 2000, p. 691; Canadian Centre for Victims of Torture, 2000; Finn, 2010).

Hidden effects, on the other hand, are even more vital to be aware of since they are not readily or easily observed. Herman notes that one of the greatest effects of PTSD or trauma is a loss of control, connection, and meaning critical for language learning (Herman, 1992, p. 33; Finn, 2010, p. 587). Because students with PTSD may have had no control over the traumatic events they experienced, they may experience feelings of guilt, blame, shame, depression, and responsibility for the traumatic event (McDonald, 2000, p. 691; Medley, 2012, p. 112; Finn, 2010, p. 587). Students may also struggle with memories of past abuse, emotional distress, or clinical depression (Isserlis, National Clearinghouse for Bilingual Education & Center for Applied Linguistics, 2000, p. 3). They may carry a fear of being “punished, humiliated, or rejected for making mistakes” (McDonald, 2000, p. 691). In addition to this, they may hold lower levels of self-esteem, confidence, and motivation (McDonald, 2000, p. 691; Finn, 2010, p. 587; Hart, 2000, p. 360). Lastly, they might demonstrate a continual alert to danger and have concerns about travelling home (McDonald, 2000, p. 691) or a lower ability to trust people (McDonald, 2000, p. 691; Finn, 2010, p. 587).

A final discussion of PTSD might include the severity of symptoms and effects. Rathus and Jeffrey note that “The severity of the effects of trauma depends upon the nature and duration of the event, the availability and timing of appropriate treatment and conditions for recovery, and the personality and coping strategies of the individual” (as cited in McDonald, 2000, p. 692). Dyregrov notes that the effects will sometimes appear most significant in subjects requiring high concentration: math, physics, grammar, etc. (as cited in Hart, 2009, p. 359). Hamilton and Moore and Freire suggest that the severity depends on “pre-, “trans-, and post-migration factors” (as cited in Magro, 2008, p. 25):

1. Age when settling into a new country
2. Gender and social standing
3. Cultural and religious background
4. Early childhood and family stability
5. Previous educational background and English language proficiency
6. Extent of trauma
7. Personality factors such as hardiness, optimism, and resiliency
8. Coping styles and attitudes towards the new culture
9. Degree of family separation and extend of loss and bereavement
10. Degree of family cohesion and the degree to which family members are reunited
11. Educational and employment opportunities
12. Immigration status

Mental Health Care for Muslim Refugees: Possible Needs, Perceptions, and Approaches

Due in part to the current global refugee crisis in the Middle East, the number and percentage of Muslim refugees coming to the USA has increased rapidly. In the year 2016, Syria was the second highest representative country for the number of refugees admitted to the USA, with Iraq taking fourth place and Somalia fifth. Each of these countries are predominantly Muslim populated countries. Refugees who specifically identified as Muslims, constituted 46% of the refugees admitted to the USA in the year 2016. With such a high number of Muslim refugees coming to the USA, there comes a

need to provide holistic care for their needs, one of these being the mental health needs incurred through possible compounded or sequential traumatic events that are sometimes increased through the acculturation process when adapting to a new culture in the USA.

Many Muslim refugees come as survivors of trauma and consequently may have a need for professional mental health care. But, as with many religions, there can be issues with followers of Islam about stigmatized views of mental health care and who should receive it, seek it, and give it. Because of these stigmatized perceptions of western mental health care, there are often many difficult cultural barriers to be crossed in order to meet the mental health needs of Muslim refugees. Unfortunately, these cultural barriers and stigmas are often not overcome, leaving Muslim refugees in a state of ongoing untreated mental health concerns. This section of the literature review explores what the psychological needs might be for Muslim refugees, how Muslims might culturally or religiously approach mental health care, what may impact their receptivity to westernized mental health care, and how mental health care providers can appropriate their care in a religiously meaningful manner for Muslims.

Potential Psychological Needs of Islamic Refugees

Before examining Islamic religious approaches to mental health care or its perceptions of westernized mental health care, it is important to consider what psychological needs might be represented amongst Muslim refugees in America. Basit and Hamid note that there is a great lack of research available regarding the mental health needs in American Muslim communities (2010). They attribute this to the fact that only in the last 2-3 decades has there been any work done to appropriate mental health care services to the socio-cultural and religious needs of Muslims. That said, they discuss the

finding of research from two reliable sources. The first source from which Dr. Basit and Dr. Hamid draw their research is The Hamdad Center for Health and Human Services located in the Chicago area. The second source comes from research that Dr. Basit gathered with the Islamic Society of North America. Both sources showed that many Muslim mental health issues were related to adjustment disorder, brought about by the stress of cultural “adaptation, acculturation, and integration” (Basit & Hamid, 2010).

Adjustment disorder and the mental health concerns associated with it may be connected with the concept of “*anomie*”, a term introduced by the French sociologist Emile Durkheim. *Anomie*, as defined by Ellis, is “experienced by L2 learners (usually in natural settings) who feel disconnected from the target social group and from their own speech group). Such learners feel insecure because they do not belong to any social group” (Ellis, 1994). Durkheim’s concept of *anomie* may have highlighted adjustment disorder stresses that are contributing factors to the psychological needs of Muslim refugees. This state of *anomie* or normlessness often manifests itself through the turbulent and sometimes traumatic experiences during the *acculturation* process: a process by which a person becomes “closer to the target society and its members, socially and psychologically” (Ortega, 2013, p. 59). For example: a refugee comes to the USA and is often asked, “Why did you come here?” The question may have varying levels of warmth or sincerity, depending on who is asking it. Nonetheless, it may be interpreted as, “Why are you here and when are you returning?” The question in and of itself indicates a social distinction or separation between the person asking and the person being addressed, running a risk of heightening the individual’s sense of *anomie* and loss of identification with any culture. A question as simple as “Why did you come here?”, even

if asked with good intention, can contribute to the adjustment disorder and mental health needs of a any refugee.

According to Amri and Bemak, this stressful process of *acculturation* can take on two forms: “either adoption and immersion of the dominant society, or immersion and retention of the ethnic society of origin” (2013). The process may depend on factors such as

country of origin, sociopolitical history, reason for immigration, length of time in the U.S., socioeconomic status in the U.S., level of education and English language proficiency, level of social support, pre-migration experiences such as trauma, and post-migration experiences of trauma and racial/ethnic discrimination. (p. 45)

What is critical to note is how these factors may translate into specific mental / psychological healthcare needs. Amri and Bemak elaborate on some of these ramifications, noting that family roles are often shifting for refugee families when children are “parentified” and have to interpret for parents or are put in a place to be making family decisions. In addition to this, women may take on the roles of primary providers, adults may have non-transferable job skills or degrees, and families can experience a loss of status, identity, or dreams, all of which can lead to social, mental, and practical health care needs (2013).

Adjustment disorder may be caused from a wide variety of factors, each contributing to or compounding already existent symptoms of PTSD. Amber Haque notes that some acculturative disorder mental health stressors could include:

1. Religious beliefs and observance of religious rituals.

2. Sense of alienation and identity crisis.
3. Misconceptions about Muslims and Islam
4. Prejudice and discrimination
5. Social issues
6. Education of children
7. [Lack of well-equipped] Islamic counseling services (Haque, 2004, pp. 50-51)

The first of these - religious beliefs and rituals, may contribute to stress when values affect daily practices that interfere with American cultural expectations and work norms. For example: praying five times daily or fasting for Ramadan, may or may not be respected or allowed in all American work settings; or, religious beliefs and laws may conflict with those of the American culture that American Muslims are immersed in. These factors can exacerbate current stress or create it in the first place. Haque's second point in the above list, a "sense of alienation and identity crisis," can be related back to the concept of *anomie* and a loss of "normalcy" (2004). Misconceptions about Muslims, prejudice and discrimination towards them, and social issues, may add to the lack of normalcy leading to the before-mentioned state of *anomie* and adjustment disorder. Amri and Bemak note that marginalization and discrimination have increased due to racial profiling associated with representation of Muslims as seen in the media and especially since the 9/11 attack on the World Trade Center (2013). This profiling may affect Muslim people's job opportunities, travel abilities, and day-to-day life and interactions. Additionally, children's educations can also add to the stress of Muslim parents who may

be concerned about the secular education and ideologies being taught, some of which may conflict with their own religious ideologies.

Not only are the psychological needs of Muslims refugees diverse and deeply impacted by stressors triggered during the acculturation process, but they can also be due to deeper or compounded traumatic events that may have occurred before they ever arrived in America. Some Muslim refugees have experienced traumatic events induced by human cruelty (war, abuse, persecution) or by natural disasters (tsunamis, earthquakes, hurricanes). Traumatic events related to human cruelty may include: arbitrary arrest, detention, rape, torture, childhood abuse, war, civil unrest, displacement, and gang or domestic violence (McDonald, 2010; Medley, 2012). While these traumatic events may lead to current mental health needs amongst Muslim refugees, it is certain that the acculturation process can be just as, if not even more, detrimental to mental health than any other atrocities refugees have encountered before.

Further discussion of and research regarding Muslim mental health needs to take place in order to fully understand how to appropriate health care services. But, it is clear that the difficulties of adjustment, acculturation stress, other stress-inducing events, and traumatic past, all point to the potential presence of mental needs among Muslim communities. As research is being done about this topic, and as more Muslim refugees come to America, it becomes increasingly important for Americans at large and psychologists to understand what their cultural and religious approaches to mental health care look like, before asking how they might respond in a culturally sensitive and appropriate way.

Islamic Cultural and Religious Approaches to Psychological Care

After discussing potential mental health needs of Muslim refugees, it is important to consider how cultural perceptions and approaches to mental health may impact their pursuit or reception of westernized mental health care. A starting place for this discussion ought to examine the core beliefs of the Islamic faith before addressing their more specified beliefs about mental health care. Regarding Islamic beliefs, Amber Haque notes that Muslims are diverse in national and ethnic backgrounds but are very similar with regards to what they believe (2004). Their worldview is founded in the Qur'an and Sunnah, from which they believe in the "Existence of One God who depends on no one" and that there is "no one like Him" (2004). They believe also in "The Books of God including the Bible" but believe that "the Qur'an is the final revelation" (2004). Belief in the Qur'an also leads them to belief in a judgment day and in life after death. Having said this, it is important to note that Muslims may differ in the ways that they practice or observe their religion. Though some foundational beliefs may be the same across a wide spectrum, individual practices may differ.

With the Qur'an or Sunnah, though, in forming the Muslim worldview, it can be suggested that Muslims may have religious concepts of mental health that are also formed through the Qur'an. For example, the Qur'an states that man is made in an ideal state or "in the best of moulds" (Haque, 2004). Muslims believe also that they are given freewill to see understanding and virtue and positive attributes. Any falling away from this or a deviation from the "original positive nature" to pursue one's own "whims" or desires may lead to a decline in mental health (2010). But with submission to God, they believe that conflict will not follow, that if it does, God will specially equip them to

handle the conflict. Haque also notes some specific external virtues said in the Qur'an to lead to psychological health through "the fulfillment of divine commandments": acts of worship, acts of good for other people, adhering to Islamic requirements for "attire, eating, cleanliness, and relationships" (2004, p. 49). These internal virtues assumed to lead to mental health might include: "good intentions and a desire to seek knowledge of self and knowledge of God" (2004, p. 49). But there are factors outside of one's own volition that are believed to affect one's mental health, such as "interventions from the *Jinn* (genie), black magic and effects of the evil eye (2010, p. 49). Religious beliefs can deeply affect a Muslim's perspectives of mental health and consequently they may affect his or her approaches to mental health care. Thus, religious beliefs must be considered and understood for mental health care providers to appropriate their assistance for mental health needs.

While religious perspectives may deeply shape Muslims' approaches to mental health care, there are other socio-pragmatic and socio-cultural perspectives that may affect the ways in which they approach mental health care in their first culture. Within many non-western cultures, there is a large value placed on community, family, honor, and face. Another belief strongly engrained in many non-western cultures is the previously mentioned idea that "mental problems are attributed to a lack of faith, spirit possession, bad karma, and the evil eye" (Amri & Bemak, 2013, p. 50). Consequently, it may be thought by some Muslims that any pursuit of psychological help would be a sign of weakness and would bring shame or dishonor on the family or individual. As mentioned before when discussing the religious beliefs of Muslims, it is possible that they might see any deviation from virtue and positive attributes as the cause of their

“falling away” from a state of freewill into a place of hindered mental health (2013).

These religious and cultural perceptions of and approaches to mental health care lead to the question of how Muslims would then perceive a westernized mental health care approach, in which information is shared with a professional outside of the family context and possibly outside of the cultural and religious context as well.

Islamic Perceptions of Western Psychological Care

Western psychologists might label the above-mentioned perceptions as “stigmatizations” or “negative perceptions”, yet they are important to understand as ideological and cultural roots for perceptions that Muslims may have when considering westernized-mental health care services. To have a diminished state of mental health may place a Muslim in jeopardy of being seen as “crazy”, or as someone who has “lost their faith in God” (Amri & Bemak, 2013). It can be argued then that the root of the “stigmatization” is not a disapproval of the western practice in and of itself, so much as it is a root of the society’s negative perceptions about mental health itself. There seems to be great shame associated with mental health care needs and a strong association with religious or faith failure, which lead to a heightened sense of anxiety and fear of publicity. It follows then, that a stigmatization about mental health care itself, may lead to a stigmatization about looking outside of one’s family for help. Because seeking outside / professional help would further publicize what is already seen as shameful, many Muslims may avoid professional psychological help, turning instead to family or to their Imams. This may prove especially true for Muslim men who are told to “toughen up” and “deal” with struggles or “family conflict” (2013). Women, on the other hand, might be

slightly more open to receiving outside support in a more vulnerable or public / westernized approach.

An issue to address here when considering Muslim perceptions is that of the cultural mistrust Muslims may have towards mental health counselors. Because of marginalization, racism, discrimination, and oppression, many refugees may be hesitant to seek the professional help of a counselor when addressing their mental health care needs. Mistrust from negative experiences may diminish their trust for a new person. They may fear disclosure of family turmoil and past traumas. They may also doubt the socio-pragmatic or linguistic understanding / translation competence of professional mental health counselors. All of these factors can lead to an inhibited sense of trust when sharing with a mental health care provider. In addition to questioning cultural or socio-pragmatic competency, Muslims may doubt the ability of a professional with different religious or moral values to speak meaningfully into their lives without misguiding them or asking them to compromise their religious values (Amri & Bemak 2013).

It is also important to note when discussing Muslims' possible religious and cultural views of western mental health care that Muslims do not separate their faith from science. Instead they "perceive scientific development as a successive or cumulative effort leading towards discovering the laws of God; they believe that science can be flawed if not based on faith" (Haque, 2004, p. 50). This has affected their perceptions of westernized mental health care, a system that has often separated science (psychology) from religion or faith. Haque notes that the "modern social science disciplines emerged out of a struggle between scientists who emphasized observation and experimentation in all phenomena and the religionists who resorted to divide scriptures for everything"

(2010, pg. 50). She goes on to explain how this struggle between “science” and “religion” lumped mental health care in the category of “science” thus separating the study and practice of religious understanding from the study and practice of mental health care. This issue has not remained strong or over-prevalent due to understanding of the “strong influence of psychodynamic and behavioral theories” (Haque, 2004, p. 50). But, where it remains in theory or in practice, it has potential to risk a lack of appropriation for the religious beliefs of Muslims regarding mental health care. Not only does it pose this risk, but it could also negatively alter the perceptions of Muslims towards westernized mental health care if their religious beliefs and approaches are not considered or accommodated by care providers.

Meeting the Psychological Needs of Islamic Refugees

Having addressed, in limited scope, potential needs for and approaches to mental health care and possible perceptions of westernized mental health care, it is critical to consider how health care in America can be meaningfully appropriated for Muslim refugees. It is important to note that while psychological care might be offered in a professional context, there are a wide range of means through which it can be given in non-professional settings. For reasons discussed previously, Muslim refugees may turn to their religious community, their Imam, or their family before wanting to talk with a psychologist. Also, they may have significant reservations about speaking with a professional because of financial, religious, cultural, and socio-pragmatic concerns, not to mention the loss of face that they may feel when meeting with a professional. Though these are all barriers that can be overcome, and though some issues of mental health and traumatization are best helped with the guidance of a professional psychologist, the

power of therapy through friendships and support of the community should not be overlooked.

Within a professional clinical practice setting, there are many ways in which practices can be appropriated for the cultural and religious respect and support of Muslim refugees. Sameera Ahmed and Linda Reddy address some of these considerations in their article “Understanding the Mental Health Needs of American Muslims: Recommendations and Considerations for Practice.” They first suggest that clinicians “adopt a culturally responsive assessment approach” that is sensitive to “social, gender, and cultural differences between sub-groups” (Ahmed & Reddy, 2007, p. 212). These sensitive assessments might be more conversational than formal and might take into account religious beliefs and practices such as “testimony of faith, prayer, fasting, alms giving, and pilgrimages...alcohol consumption...and dress code” (2007, p. 213). These components are important to consider, as are the refugees’ perspectives of their own situations and needs. Do they see themselves as having “fallen away from their faith?” Is there any level of shame that they feel in their meeting with a clinician? Or do they share a more westernized concept of mental health care and approach it with slightly more openness?

Ahmed and Reddy also encourage clinicians to “collaborate with other professionals” such as social workers, physicians, and school officials (2007). They even suggest that clinicians should seek to connect Muslims with resources in their own cultural and religious community and to include family members in the process. This perhaps, more than any other component, might be the most critical for assisting Muslim refugees. Socio-pragmatics also become critical to understand when meeting with

individuals or families. For example, some Muslim men may not shake the hand of a woman or be accustomed to making direct eye contact with them. Going one step further, the authors encourage clinicians to be well-informed about how refugees might communicate somatically (through bodily expressions): “For example, American Muslims immigrants and refugees are more likely to present emotional issues through somatic complaints, such as body aches, fatigue, or gastro-intestinal concerns” (Ahmed & Reddy, 2007, p. 214). A final point, though not the only other point that could be considered, is the linguistic limitations that some refugees might have when expressing traumatic events or hardships with a clinician. Some clinicians may ask that an individual speak only in English even if limited in what they can say, especially if a translator is not available. With a strong translator though, it may be best for an individual to share his or her experiences in their native language in order to truly process, with words, what he or she has been through.

Implications for Language Teachers

After considering the effects and symptoms of PTSD and how they impact learning, an ESL teacher must consider what his/her role will be in the students’ recovery and language learning processes (Medley, 2012, p. 115; Wolpow & Askov, 1998; Finn, 2010, p. 594). Teachers may find that they need help assisting students in a variety of domains: socially, mentally, and educationally (Hart, 2009, p. 361). To best assist students in recovery processes, ESL teachers might learn about and network with other resources or support in the community or school (Isserlis, National Clearinghouse for Bilingual Education & Center for Applied Linguistics, 2000, p. 4; Adkins, et al., 1999, p. 6). They might begin by gathering information about services in the community to

support refugees with mental health needs, developing relationships with mental health care providers, and determining when to contact resources, family members or students about other resources for help (Adkins, et al., 1999, p. 6).

This process of connecting students with professional psychiatric help might begin, if working with children and a supportive family, by building strong relationships with the child's family so that they feel a strong connection and part of the recovery process (Kugler, Price, and Center for Health in Public Schools, 2009, p. 3). It is also important for ESL teachers to be aware of and understand laws regarding violence against adults, children, and the elderly, and to know what support is available to them as well as how to assist them culturally (Isserlis, National Clearinghouse for Bilingual Education & Center for Applied Linguistics, 2000, pp. 2-3). ESL programs receiving new students into their classes might also benefit from asking for immigration status and home countries so that they can create files about the countries as helpful resources for teachers (McDonald, 2000, p. 695).

After connecting students with professional psychiatric help when needed and when possible, the ESL teacher might keep a couple of important components in mind while assisting students in recovery phases. Often it is natural for a teacher to adopt a deficit model of learning in which language learning is the refugees' problems, a problem to overcome before they can be successful in a new setting. This deficit mindset often focuses on students' weaknesses viewing illiteracy as a sign of "stupidity" without recognizing causes for illiteracy (McDonald, 2000, p. 693). Medley (2012, p. 115) notes that this deficit mindset can lead to various detrimental discourses or ways of thinking where the teacher might assume that learning can't take place before therapeutic help is

received, or that lack of attention and a disruption of student behavior is due to a lack of discipline, rather than due to a “learned response to trauma” (Kerka as cited in Medley, 2012, p. 115). Medley (2012) notes that teachers can avoid a deficit model of thinking by incorporating use of multiple intelligences in the classroom. By tapping into multiple intelligences, a teacher can help all students to learn in areas they are strong in.

Avoiding a deficit model of thinking is one way in which ESL teachers can be best prepared to assist their students, but there are many other assumptions to avoid when working with traumatized students. Teachers might easily assume that all refugee students are suffering with trauma or PTSD (Isserlis, National Clearinghouse for Bilingual Education, & Center for Applied Linguistics, 2000). They can also too quickly pass judgment by classifying student behaviors as symptoms of mental health or PTSD issues without understanding differing cultural perceptions of inter-dependence (Adkins et al., 1999, p. 2). Rather than passing quick judgment, it is wise for teachers to consult outside resources and support when determining where students are in phases of trauma.

Other factors become essential to keep in mind while assisting traumatized students. Knowing about a student’s history of education and gaps along the way during displacement or resettlement are helpful in determining where a student is at educationally and with literacy in their first language. Also, it is beneficial as a teacher to be able to re-cast difficulties as hopeful opportunities so that students can forge “brighter futures” (Feuerverger, 2011, p. 370). Helping students to value the benefit of gaining a new language, to value new-found appreciation for learning, and to value new opportunities may all be ways in which students can begin to embrace new goals and dreams. Teachers who recognize students’ strengths become meaningful components of

growth in a student's life (Isserlis, National Clearinghouse for Bilingual Education, & Center for Applied Linguistics, 2000, p. 3).

While keeping these factors in mind and relying on outside support of mental health assistance, teachers can still play a very valuable and key role in the healing processes of traumatized students. Knowing the recovery stages of PTSD is important for teachers who desire to play a role in student recovery (Wolpow & Askov, 1998, p. 53). These three stages of recovery include (1) safety and stabilization, (2) remembrance and mourning, and (3) reconnection and reintegration of the trauma. Wolpow and Askov (1998, p. 53) and Medley (2012, p. 116) discuss the first of these stages: safety and stabilization, and how teachers can play a part in this stage. As Medley states, healing requires a safe environment where students are no longer "under threat" while learning in the classroom (Medley, 2012, p. 116). Cole discusses ways in which teachers can help create this safe environment, by posting a predictable schedule and routine and by warning students when changes are coming (as cited in Medley, 2012, p. 116). Other ways to accomplish this purpose include the use of elicitation and correction techniques that avoid embarrassment, or through use of small group discussion that eliminate a spotlight being placed on one person (Medley, 2012, p. 116). Wilbur also notes that this safe environment can be encouraged through allowing the class time for community and conversation, through simple breaks including coffee and tea (2016, p. 16).

After stage one, establishing a safe and stable environment, students often experience stage two: remembrance and mourning. It is through this time that students have opportunity to share through story or through writing, mourning and remembering and retelling what they have experienced. Herman (1992) describes memory as the

vehicle for telling a story. It is often through memory and retelling that students may find agency to reclaim history and restore hope. Hawkins discusses a literacy program in which abused and battered women share and transcribe each other's stories as a means through which to heal and to practice reading and writing (as cited in Wolpow & Askov, 1998, p. 54). Following the stage of remembrance and mourning is the final stage of reconnection and reintegration. This becomes a critical time to help students connect with support groups, find healthy and supportive community, and integrate memories with healthy interaction with the world (Medley, 2012).

Practically speaking, there is much that a teacher can creatively incorporate into lesson materials and content to create safe environments and participate in the recovery phases that students are walking through. One goal to keep in mind while planning lessons is to set appropriate learning outcomes that aim for purposes broader and more holistic than simply language acquisition. These broader goals might include students' growing abilities to trust, connect, and share (McDonald, 2000, p. 693). Goals should reflect and acknowledge students' "complex situations" (Medley, 2012, p. 115) to match objectives with students' educational and holistic needs. To best implement these holistic objectives, it is important to adopt a learner-center pedagogical approach in which the teacher strives to meet the students' needs, enabling them to feel that they have a measure of control in their own learning processes (Isserlis, National Clearinghouse for Bilingual Education & Center for Applied Linguistics, 2000, p. 3; Adkins et al., 1999, p. 3; McDonald, 2000, p. 693; Finn, 2010, p. 592). Because "[students'] expectations about how the world operates have been turned upside-down" (Medley, 2012, p. 117), the importance of giving students this sense of control is critical for establishing a safe

environment in which they feel comfortable remembering and mourning. This sense of control and safety can be further established in an open-enrollment type program by pairing “novice” students with “expert” students (Finn, 2010, p. 589), empowering “expert” students and giving community and support to “novice” students.

Another key way to help students in the process of recovery and to appreciate their identity is to create lesson plans and assignments that incorporate and value their native culture and language (Isserlis, National Clearinghouse for Bilingual Education, & Center for Applied Linguistics, 2000, p. 3). Feuerverger (2011, p. 365) notes how one teacher created a dual writing project, in which she had students write a story about their life in their native language and then translate it into English. They might then publish the stories with both languages in a bound book with images or pictures and then share the story with the class. Magro might call this type of activity a recording of “life-history”, something to pass on to the next generation (2008, p. 30). The activity could be used for a variety of purposes and with a variety of language levels.

Other authors discuss the significance of discussing student “presence” with a class and what it means to be engaged and present in a classroom. Isserlis would encourage teachers to allow their students to participate at their preferred level of interaction (2000, p. 3), allowing them control and space to share or be involved as they feel comfortable. Horsman (1998, p. 3) expounds on this idea by discussing “relative states of presence”, suggesting that “hidden” impacts of trauma may make it difficult for students to be fully “present” because of a “lack of comfort with ambiguity, and a tendency to see everything as all or nothing” (1998, p. 2). Because of this difficulty, he also encourages the open discussion of a “middle ground” in which students are

comfortable to decide when and to what extent to share (Horsman, 1998, p. 3). A teacher might even go so far, especially for children, to create a “quiet corner” to which students can retreat when they choose not to participate in the same manner that the rest of the class participates (Canadian Centre for Victims of Torture, 2000).

Class activities that further assist students in recovery stages are limitless, creating multiple avenues through which teachers can play significant roles in trauma recovery. These activities might be as simple as creating a wall for pictures, places, memories, and works of art (McDonald, 2000, p. 694), a memorial place for beautiful and hopeful images. Or in a similar way to the before-mentioned dual language writing project, students might create biographies with “three or four defining moments of their lives” to share with the class, including pictures, a title, a narrative, and comments from readers (Medley, 2012, p. 210). Teachers might also read with a class from stories and books that represent characters with relatable circumstances, characters demonstrating resilience, hope, forgiveness, and other such themes. Depending on the age of students, it might be appropriate to discuss and write about these stories, to script them out, and to perform them together.

Outside of professional and clinical support, though, exists a world of opportunities through which healing can take place for refugees. Mary Pipher, a clinical psychologist from Lincoln, Nebraska, writes in her book *The Middle of Everywhere: Helping Refugees Enter the American Community*, “In all places and times, people have needed to know how to heal” (2002, p. 276). She also states, “Just as suffering is universal, so also are systems of healing” (2002, p. 276). After working with refugees in a variety of educational and relational settings, Pipher began a program called the Thrive

Project, in which she hosted a 10-class training for mentors from different cultures who would become “cultural brokers on mental health issues” (Giles, 2017). Pipher approached these “trainings” not as an opportunity to simply tell the mentors about American mental health care practices, but equally, to hear how their cultures approached these issues. When mentors connected with refugees, they did so as friends, without distinction between professional and non-professional. They might take a refugee to the grocery store, to the circus, or to a doctor’s appointment. Through holistic care for individual’s, they were able to effectively meet and accompany their friends through some of the healing processes that they needed.

As a clinician herself, Pipher at first thought that as refugees became aware of her services, that they would become increasingly interested. But, she found that their busyness with work, their social concepts (or lack thereof) of professional mental health care, and many other factors, kept them from seeking such care. Even if they did come, Giles notes, did often wanted “practical” help rather than processing past events (2017). Pipher began to ask new questions, “What models could we develop from our experience with refugees that would allow us to expand our knowledge of the human race? What are the universal components of healing? What are the aspects of resilience?” (2002). She then began to address attributes of resilience that helped refugees to heal and to acculturate and discussed how these attributes could be manifested through giving refugees opportunities to share about their life stories. This is why Pipher began to connect mentors through the Thrive Project with refugees in the hopes that holistic, community, and relational care would bring healing in an appropriated manner to those who would otherwise never set foot inside a clinician’s office. She demonstrated that

daily acts of friendship, conversation, and communication can open doors for sharing in religiously and culturally safe and contexts. The beauty of this? That the everyday, the mundane, the quotidian events of life, became avenues of healing.

Sharing Stories

Perhaps the greatest way, though, in which and ESL teacher can help students with trauma, is through creating space to share stories, an activity deeply rooted in the power of personal narrative and storytelling. As students share their auto-biographies through writing or verbal storytelling, they unlock potential for deeper healing. The topic of auto-biographies and personal narratives is one of much recent research (Magro, 2008, p. 27). Topics of “up-rootedness, resettlement, and identity” are often more fully understood through refugee storytelling and sharing (Magro, 2008, p. 27). Magro cites Karpiak and Kouritzen, who discuss the powerful connection of personal narratives and histories with transformative learning for adult refugee language learners (2008, p. 27). The significance of personal story-telling as a means for healing is a frequent theme throughout refugee-trauma research. Many authors are discussing the value of creating a space to share about traumatic experiences through speaking, listening, reading, and writing (Isserlis, National Clearinghouse for Bilingual Education, & Center for Applied Linguistics, 2000, p. 3; McDonald, 2000, p. 694; Huntley as cited in Medley, 2012, p. 119). As “exiles...cut off from their roots, their land, their past...[They feel] an urgent need to reconstitute their broken lives” (Said as cited in Feuerwerker, 2011, p. 361). Mishler adds, that the very act of sharing one’s personal stories becomes a means through which students express their understandings of their experiences (p. 75 as cited in Feuerwerker, 2011, p. 364).

Research has also shown the direct correlation of storytelling and sharing with healing from PTSD, building a case for the argument that sharing is a means for healing (Hart, 2009, p. 364). One could even argue that a lack of sharing or a continued repression of thoughts and stories could hinder healing and prolong suffering (Wolpow & Askov, 1998), leading to even more debilitating symptoms of PTSD. “Students who are victims of prolonged and pervasive trauma need to attach words to their ‘unspeakable’ memories and effectively communicate them to an appropriate, empathetic audience” (Wolpow & Askov, 1998, p. 51) instead of “hiding, suppressing” (Medley, 2012, p. 119), or “ignoring” such memories (Hart, 2009, p. 355). Approaches to sharing, the values of sharing, and content to consider discussing and sharing in class will all be discussed further in a future chapter dedicated to this broad topic.

CHAPTER 3: METHODOLOGY

Introduction

As I am interested in the experiences and ideas of those who work with refugees who may have experienced trauma, my research is qualitative. The population that my research will discuss is that of refugees who are learning English. The population that I will be conducting research through, those who I will be interviewing, are professionals in the Spokane, Washington area, who are working with refugees as teachers or school counselors.

Purpose of Research

The purpose of the research is to report and discuss the effects of trauma on language learning processes for refugees. An additional purpose is to report and discuss ways in which to help support refugees with trauma in the language learning process and recovery process. As my research questions and purpose involve understanding how trauma affects people, my research is ethnographic. I chose to use interviewing as a tool so that I could get in-depth information from a chosen group. These interviews were semi-structured in that I had a list of prepared questions, but I allowed the conversations to develop naturally. The purpose in interviewing those working with refugees is to gain further insight into the effects of trauma manifested in language learning processes, into the limitations in teachers (non-therapists) helping students recover from trauma, and into ways in which teachers can help or direct students with trauma in the language learning and trauma recovery process.

Subjects

I interviewed three people for my research. Each of them has been given a pseudonym to maintain their anonymity. Melanie is the first person I interviewed and is a teacher at a community college in eastern Washington. She teaches English for adult language learners, many of whom are refugees who have experienced various traumatic events pre-migration and even post-migration. She also has just finished a master's degree in social work with an interest in serving and caring for the mental health needs of refugees in Spokane. My second participant, Larissa, is both a language teacher at a community college in eastern Washington and a former English language learner who is now fluent in English. She participated in my research as a language teacher and as a language learner who has experienced multiple traumatic events before coming to the USA. Her insight in responding to questions related to my research topic was incredibly personal, rich with hope, and abounding in sincere love for other refugees around her. My final participant is Renee, a former high school and now middle school counselor in a Spokane public school district; she has worked closely with students from many religious, cultural, and economic backgrounds, students who have experienced various forms of trauma and many of whom are refugees.

All interviewees were known to me or recommended to me by ESL teachers in the region. I contacted each of the above interviewees to ask if they would be willing to voluntarily participate in an interview. When they agreed, they were given a consent form to sign (see Appendix B). When I met with interviewees for an in-person interview, they responded to eleven generic questions that were the same for each individual (included in transcriptions) with an additional six to nine questions tailored to their unique experience (not included in transcriptions or discussion). All interview questions can be seen in

Appendix C. Each interview took an average of 45-60 minutes. I then recorded and transcribed all interviews with all identifying information removed, and then I assigned pseudonyms to each interviewee. Questions answered will provide further insight regarding the effects of trauma on language learning processes and will hopefully provide insight into how English Language Teachers can professionally assist students in the language learning process.

Instruments

The more specific questions that I asked each interviewee were tailored to the individual and their unique career and professional experience. I formulated these questions and sent them to interviewees prior to meeting them so that they had time to consider responses. After meeting with them in person, I recorded and then transcribed the interviews. Any confidentiality necessary to an interviewees' fields was taken into account when planning questions and transcribing interviews. Furthermore, students mentioned in interviews will be assigned a pseudonym or mentioned generically without a name to protect their identity.

Ethical/IRB considerations and/or Limitations to your Research

Ethical considerations limit my research because of the sensitivity of the subject being studied. For example, I did not interview refugees who are newly arrived in the USA. The reason behind this was out of a need for more time to find potential interviewees whose language level was high enough to share. Also, I would have needed to find individuals who were far enough or long enough removed from the traumatic

experiences to be comfortable talking about them. Furthermore, I chose to limit the scope of this research to those who were working with refugees, finding that their voices provided more than enough perspectives to discuss within the scope of this project.

CHAPTER 4: DISCUSSION

As I begin a discussion of the interviews that I conducted, I believe it should be mentioned that my underlying interest in the topic of research addressed in this thesis is multi-faceted, as I will soon explain. Because of the nature of the topic—trauma and its potential effects on the language learning process of refugees—I approached the writing of research questions, the conducting of research interviews, and my discussion of research in this chapter with great care and attention to the sensitivity of material covered. As I discuss the responses of teachers who have worked daily with students from traumatic backgrounds, I am mindful of the need for anonymity of names, schools, and students.

Accompanied, though, with such care given to the topic, I carry a deep desire to better understand the challenges faced by refugee language learners pre-, during, and post-migration. My desire is born out of a longing to assist refugees in the resettlement process in a way that helps meet their holistic needs mentally, socially, emotionally, and academically to name just a few. As a teacher of the English language, I expect that the area in which I will most directly be able to impact and assist refugees in resettlement, is through language. And yet, this seems to be the crossroads of so many other emotional or mental needs. Often the teacher is on the front lines of helping students receive help for these other needs. Additionally, the teacher can only best serve a student when doing so with an informed understanding of how trauma may impact, shape, or redefine learning processes and success. It is with this in mind that I endeavor to better understand and to share with those reading this what types of trauma may have affected refugee students,

how it might impact their learning, and how teachers can be well-informed and equipped to respond to and assist their refugee students.

Throughout this chapter, I will be discussing the interviews found in Appendices D with Melanie, Appendix E with Renee, and Appendix F with Larissa. Each interviewee was assigned a pseudonym to protect their anonymity and the anonymity of students or staff at the schools where they work (also anonymized). I'm indebted to each of them and to other interviewee participants who also shared with me. Each of them cares deeply for the student populations with which they work and for their mental, social, emotional, and academic well-being. As I write, I will introduce and discuss six tables that summarize and synthesize the findings of eleven questions that were asked of all three interviewees. These eleven questions may be found in Appendix A. Additional questions were asked of each participant according to their unique situation. Though knowledge gained from these additional questions helped broaden and inform my understanding of the topic, these additional questions are not included in the appendices or in the scope of this research.

To begin, Table 1 provides a summary of interview questions 1 and 2 (see Appendix C), which summarizes biographical information of each interviewee and their experience with refugee students. It helps to introduce each participant in a way that informs the contexts of their other responses. While Melanie and Larissa have worked as language teachers for 13 and 26 years each respectively, Renee's 21 years of experience in counseling at the high school and middle school bring a balanced and critical perspective from a public school counselor who knows the world of mental health well and who has talked with hundreds of students who have experienced trauma of one kind or another, whether as a refugee or as an American student. Her work alongside teachers

to support them brings helpful information to the topic. Melanie and Larissa, though not trained or licensed counselors, are both teachers who have pursued training and better understanding of the mental health needs or PTSD that their students may demonstrate. For example, Melanie’s pursuit of a master’s degree in social work was with her students’ mental health needs in mind. Larissa’s pursuit of yearly training at a local university is with the purpose of being better informed to benefit her students.

**Table 1: Summary of Interview Questions 1 & 2:
Biographical Information About Interviewees’ Experiences with Refugee Students**

	Melanie	Renee	Larissa
When and how long?	<ul style="list-style-type: none"> • 8-10 years prior • 2015-Present 	<ul style="list-style-type: none"> • 1997-1999 • 1999-2001 • 2006 • 2007-2013 • 2013-Present 	<ul style="list-style-type: none"> • 26 years working with refugees and immigrants
Roles and settings / schools?	<ul style="list-style-type: none"> • K-12 & private teacher overseas • Adjunct Faculty at Community College in Eastern Washington 	<ul style="list-style-type: none"> • Social Worker in Adolescent Unit at CPS • Lutheran Community Services with 6th-12th grade youth who had been sexually abused • Drug / Alcohol Counselor at High School • School Counselor at same HS • Spokane Middle School Counselor 	<ul style="list-style-type: none"> • Adjunct Faculty at Community College in Eastern Washington • Language Learning Center at a local High School
Education/certification?	<ul style="list-style-type: none"> • Undergraduate degree in history and philosophy 	<ul style="list-style-type: none"> • MA in Counseling • ESA Certification 	<ul style="list-style-type: none"> • Extensive training with PTSD • Yearly 4-day training at

	<ul style="list-style-type: none"> • ELL Endorsement • MA in Social Work 	<ul style="list-style-type: none"> • Professional certificate in school counseling • National certificate in college and career readiness 	<ul style="list-style-type: none"> • local university with a PTSD specialized counselor • Undergraduate degree in psychology
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Table Two moves from a biographical summary of the interviewees to describing the populations of students that Melanie, Renee, and Larissa work with. Though the population referred to in the table is specifically referring to students who have experienced traumatic events, it is not limited only to refugees. This is because Renee as a middle school counselor has worked with students with trauma from many different backgrounds, American-born students included. In fact, though the table shows great diversity of students represented, Renee’s words ring loudly in my ears amongst all the other points that she and others made regarding these two questions, “I read this question and the biggest thing that popped up to me is: trauma doesn’t discriminate. ... there’s no specific age, population, socio-economic status, nothing... it just happens, and it isn’t picky.”

Though Renee went on to describe the population of students and their countries of origin, religions, and age groups, her words, along with the table which shows such diversity, ring so very true. Trauma does not discriminate. It doesn’t pick and choose based upon age, academic standing, religion, etc. Though trends may be tracked and statistics may provide numbers that indicate that trauma visits those of one background more frequently than another, I believe Renee’s point was this: in poverty or wealth, whether Muslim or Christian, whether American-born or Ethiopian, one may become a

victim of trauma. The table itself demonstrates this sad but realistic truth, further validating the need for this topic to be addressed and for all teachers to be informed about the topic.

Regarding socio-economics, Melanie mentioned students she has who should be in high school but have dropped out to work and provide for their family: a problem that ELD (English Language Development) teachers in the public schools may face as well. Renee also made an interesting point regarding the socio-economic status of students at the high school she worked at (95% free or reduced lunch) compared to her middle school (46%) noting that oddly enough, at the high school the commonality of 95% of students being on free or reduced lunch seemed to bring them together, that “they don’t have a lot and so, they kind of share that in common.” whereas at the middle school, it seemed to further differentiate the “haves and the have-nots.”

It’s also interesting to note what Melanie shared, that out of the language learning population of refugees Melanie and Larissa are working with, 85-95% have experienced traumatic events, and 40% actually “exhibit symptoms of PTSD”. Their students may range in age from 17-84 and come from countries vastly different from each other and may enter into the community college at Level 1A without any academic training or at Level 3 with more advanced training. Also, some students may be trained doctors, teachers, or engineers who formerly knew lives of comfort and luxury but now are working low-salary jobs because their credentials don’t transfer into American systems and their English language learning is still in progress.

**Table 2: Summary of Interview Question 3:
Describing the Populations of Students Worked With**

	Melanie	Renee	Larissa
Ages?	<ul style="list-style-type: none"> • 17-84 yrs. old 	<ul style="list-style-type: none"> • 11-19 yrs. old 	<ul style="list-style-type: none"> • Not specified
Academic levels?	<ul style="list-style-type: none"> • Level 1A is not fluent, can't read or write in first language, no formal academic training • Level 1B has some education in first language, but no English study • Either may speak several languages 	<ul style="list-style-type: none"> • 6th-12th grade 	<ul style="list-style-type: none"> • Level 3 still has a hard time with sentence structure, working to use complete sentences
Socioeconomic statuses?	<ul style="list-style-type: none"> • High School drop-outs working to support families • Low-income • Subsidized housing and bus passes if enrolled in language classes or working • Most students receive tuition free waivers and monthly sum based on number of people in household 	<ul style="list-style-type: none"> • High School worked at: 95% free or reduced lunch • Middle School worked at: 46% free or reduced lunch 	<ul style="list-style-type: none"> • Not specified
Religions?	<ul style="list-style-type: none"> • Not specified 	<ul style="list-style-type: none"> • Christianity • Hinduism • Atheism • Judaism • Islam 	<ul style="list-style-type: none"> • Not specified
Nationalities?	<ul style="list-style-type: none"> • African • Asian • Eastern-European 	<ul style="list-style-type: none"> • Marshall Islands • Bosnia • Russia • Mexico • Somalia • Kenya • Ethiopia • East Africa • Afghanistan • China 	<ul style="list-style-type: none"> • Africa • Middle East • Cuba • Asia

While Table 2 gives a summary of the students that the interviewees work with, Table 3 delves further into specific traumatic events that the students may have experienced and how Melanie, Renee, and Larissa observed or learned these facts about their students. Melanie and Renee highlighted specific types of events pre-migration (war-related events, displacement, religious persecution) as well as during migration (life in refugee camps), while Larissa talked some about how difficult it can be for students post-migration. A question she gives as an example is, “Why did you come to the United States?” Whether asked with sincere or insincere motives, this question, she says, can often be heard by immigrants as “Why don’t you go away?” She talks about how she prepares students for these types of questions and how to respond to them, in order to minimize the opportunity for added stress that could compound past traumatic experiences where they were not welcome before or were forced to flee their homelands.

Melanie and Renee also both touch on the concept of compounded trauma, a concept important for a teacher to have in mind to avoid generalizing and isolating traumatic experiences in a person’s life to pre-migration events. An aware teacher should realize that traumatic events can happen post-migration when asked startling or rude questions in a new country, or in their home-life situations. Melanie describes this concept of compounded trauma with an example. Say for example that a student’s home is burned to the ground in a fire, which is a single event trauma. They may or may not develop PTSD, she notes. But now the student is in a refugee camps and doesn’t have enough food or the food was stolen. New trauma is being added to what they’ve already experienced. Then, they are separated from a family member and wonder if they will ever see them again. Trauma is compounded once more, adding to a continual state of

“instability and uncertainty.” Melanie’s point was that while some students have experienced one traumatic event, others have experienced it so continually that they seem to know or expect no other way of life.

Renee, on the other hand, when asked about what traumatic events she hears about most from refugee students, pre-, during, or post-migration, explained that students may have experienced and shared about events during each one of these phases: a removal from their homes (pre-migration), sexual abuse in the camps (during migration), and instances in America (post-migration). Because many students have experienced compounded traumatic events in such a way that they become “normalized” and expected, it becomes all the more important for teachers to establish for students the security, predictability, and familiarity in the classrooms that begins to establish a new “normal” essential for their recovery.

**Table 3: Summary of Interview Question 5
Types of Trauma Experienced**

	Melanie	Renee	Larissa
Types of traumatic events in students' lives?	<ul style="list-style-type: none"> • War related events <ul style="list-style-type: none"> ○ Gun violence ○ Bombings ○ Political conflict • Displacement within home countries <ul style="list-style-type: none"> ○ Forced from homes ○ Long marches to borders ○ Separation from community and family members • Life in refugee camps <ul style="list-style-type: none"> ○ Lack of food and water ○ Poor hygiene • Religious persecution 	<ul style="list-style-type: none"> • Life in refugee camps <ul style="list-style-type: none"> ○ Sexual abuse ○ Poverty ○ Lack of means ○ Delays in delivery of food ○ Starvation that led to stealing and guilt ○ Children being prostituted 	<ul style="list-style-type: none"> • Not specified
How the teacher came by the information?	<ul style="list-style-type: none"> • Relatives of students with higher level English • Student files • General history about a student's country of origin 	<ul style="list-style-type: none"> • Information from teachers • Direct communication with students and their families 	<ul style="list-style-type: none"> • Through teaching and through students sharing • Through a sharing group that she leads after class

Having discussed some of the types of traumatic events that students may have experienced, Melanie, Renee, and Larissa went on to share about how these types of

events impacted students' learning processes. Their many years of experience provided a wealth of examples to demonstrate how traumatic circumstances could affect, even in the smallest of ways, the learning outcomes of a student or a class. As Melanie notes, understanding these effects may help a teacher to rethink assessment measures and redefine goals and a successful class period. Table 4 summarizes the effects that each individual mentioned. While Melanie and Renee noted similar signs, Melanie was observing first hand as a teacher whereas Renee commented that she would often be the one training the teachers how to recognize these signs as symptoms of PTSD since they were with the 450 kids she was assigned to every day. She depended on them to be able to pick up on clues and signs that students might be in need of additional support.

Melanie brought up a symptom, flat affect, that she further explains in the interview. If a student has flat affect:

They don't have any emotional response to anything. So, if something's funny, it's not that they don't get that it's funny, it's that there is no emotion left to draw on. So, they have a very flat demeanor. They just look at you. It's kind of like when you look at somebody and their eyes just glaze over.... They're sitting physically in the room but they're not present. They're not in the room.

Because flat affect could be misinterpreted as a lack of interest, purposeful disengagement, or lack of motivation, it's important for teachers to know that this could be due to traumatic events and expenditure of emotion that leaves a student with little emotion to respond to or pursue anything else. Melanie suggests that teachers can pick up

on these clues by asking themselves, “How was their demeanor? How was their affect? How was their attitude?”

Renee also made an important comment when I asked her how to differentiate between behavioral and trauma related issues, “What I love to tell teachers,” she said, “is that behavior tells us something always. It’s always telling them something and we’ve gotta figure out what’s going on for that student. So, even perfect behavior is telling us something.” Her words struck me with the realization that indeed even perfect behavior communicates with a careful observer. This is why Renee went on to stress the importance of a teacher engaging with students in trusting relationships that offer room for them to share and explain the why behind the action. She explains: “Generally if you dig deep enough, you will find there’s something that’s creating this misbehavior or there’s something that’s going on for that kid.”

However, rather than noting only the negative effects of trauma on learning, Larissa seemed to highlight a positive effect: often students want to write about their stories and want to verbalize them. In fact, she noted that students might express frustration at not being able to do so with their limited language. As a former English language learner herself, she knows and shared with me from her own experience that a desire to talk about events in her life compelled her to study more diligently in order to acquire the language skills to convey her story, which she does so powerfully today. For students compelled to share their stories, motivation may be found to continue learning the English language.

**Table 4: Summary of Interview Question 6
Effects of Trauma on the Learning Processes**

	Melanie	Renee	Larissa
Effects on language learning?	<ul style="list-style-type: none"> • Poor concentration • Poor memory retention • Spacey – look around and not focusing on the board • Jumpy with noises • Sit near the door or exit class often • Non-motivated • Emotionally numb • Flat affect (lack of response to humor or emotions) 	<ul style="list-style-type: none"> • Anxiety • Insomnia • Change of eating patterns • Agitation • Irritability • Hostility • Social Isolation • Fearful • Jumpy • Mistrusting • Feelings of guilt • Loneliness • Emotional detachment • Memory loss • Confusion • Disengagement • Disorganized • Attendance 	<ul style="list-style-type: none"> • Moving away from the teacher • Lack of desire or willingness to talk • Desire to write about themselves or their country

While Table 4 describes some of the symptoms of PTSD that can be manifested in a classroom setting, Table 5 shows how questions 7, 8, and 10 can help to inform teachers about how they might best serve refugee student populations: what mindsets they might be able to adopt, mindsets not to have, practices to use, ways in which to collaborate with other professionals working with refugees, and what resources might be used. Each participant, in one way or another, commented on the need to create a safe environment for students. Melanie especially emphasized this when discussing Maslow’s hierarchy of needs (psychological, safety, love / belonging, esteem, self-actualization) and how critical it safety is for the academic success of her students. Towards this end, she goes to great lengths to establish routine that students are familiar with, so as not to

alarm them with new routines or unexpected questions directed at individualized students.

Larissa, having been a language learner herself who longed at a young age to be able to communicate her story with teachers, encourages teachers to find ways to listen to or help students write their stories. In doing so, she takes confidentiality very seriously and only shares one student’s story with another with express permission and with the intent of providing hope and resilience for new students. What I found fascinating about Renee’s role in assisting students, is how she views herself as a triage, directing students to the proper support needed outside of school. Her coordination with teachers, families, doctors, psychologists, and CBT specialists demonstrates the desire of many to coordinate with other professionals to the benefit of the students.

**Table 5: Summary of Interview Question 7, 8, & 10
Mindsets, Practices, & Resources for Teachers to Adopt or Use**

	Melanie	Renee	Larissa
General Advice	<ul style="list-style-type: none"> • Start by asking, “Are they hungry? Are they tired? Are they safe? Are they cold?” • Consider how you define success: it might start by meeting those basic needs and getting through a night without re-traumatizing them. • Establish safety, stability, normalcy, and routine to 	<ul style="list-style-type: none"> • Sees her role as a triage person who fields students to correct support outside the school whether Lutheran Community Services, Psychologist, Cognitive Behavioral Therapists, etc. 	<ul style="list-style-type: none"> • Help students write and tell their stories if they want to, without obligating them to. • Only share one student’s story with another if given express permission. • Take confidentiality seriously.

	<p>decrease anxiety.</p> <ul style="list-style-type: none"> • Beware of populations students are coming from and any inter-cultural conflicts. 		
<p>Collaboration with professionals in other fields?</p>	<ul style="list-style-type: none"> • Fielding phone calls or questions to doctors, social workers, etc. 	<ul style="list-style-type: none"> • Collaborates with the social workers, the CBT specialists, teachers, the psychologists, etc. who she fields students to. 	<ul style="list-style-type: none"> • Group counselors visit class when doing a unit on mental illnesses.

After addressing ways in which teachers can assist trauma survivors in or outside the classroom, each teacher also spoke to the role that they believe sharing of stories (trauma-related or other) should or should not have in the language learning setting. Melanie started her response by emphasizing that individual therapy with trained professionals is ideal for students, but, because of cultural or religious stigmatizations associated with this, many students will never arrive at this place where they can receive professional help. It's important, thus, for teachers to know their limitations when it comes to providing professional help and to know resources to point students to. But, when this is not an option, she suggests that teachers can carefully create an environment that is safe and confidential for students to share in. That said, this safety may take a while to establish for students and religious or political conflict between students' home countries should be taken into consideration before students are placed in a group to share

with each other. Having shared all of this, Melanie still cautioned, “In actuality [this] can be very complicated and can have repercussions if it’s not done appropriately”.

Renee’s thoughts resounded strongly with Melanie’s closing thoughts, perhaps even more strongly, yet she shared them with sensitivity. As I approached the topic of sharing as a means of healing for refugee students, I was doing so having read extensive research that pointed to its benefits. Yet, her words provided a critical perspective that greatly benefit this discussion:

‘I want to be careful with my words’, she started, -I think that trauma narratives need to be done under the supervision of a trained professional.... I think it’s irresponsible to expose students to such a vulnerability as a required assignment... without the necessary professional training needed to support the traumatic process,’

Her words of caution came from years of watching well-intentioned teachers use trauma related narratives where they sometimes would “open the can of worms” without having the “time and the energy and the training to put them back in the can”. In Renee’s words, it was as if the can was opened, the worms were scattered everywhere, and the teachers were left running around trying to help the students manage their scattered emotions without the knowledge of how to best help them.

Renee added to the concern by noting that the narratives, with deep, traumatic, intimate details, are generally read out loud in front of a class. A class that can’t necessarily be trusted to be confidential, especially at a middle school level. The danger of sharing narratives at this level, is that students’ pre-frontal cortex, not yet fully developed, doesn’t have the ability to really assess, “Are you a trustworthy person to

share my paper with?” They might share it, and a mean-spirited middle schooler who wants to push another student’s buttons, might turn around and share a part of that student’s story. Consequently, the student whose story is shared, is now fearful of sharing this same story with other people, well-trained and trustworthy people who could provide significant help.

Having expressed great concerns about sharing trauma narratives at the middle school level, Renee did suggest that at a later high school level, with the support of a school counselor, this type of activity could be done effectively. She mentioned a teacher at the high school where she worked who was highly intentional and relational with his students. When he got ready to begin a narrative assignment in his class, he would have her come in and talk with the students about sharing and let them know she’d be sitting outside the classroom every day to talk with any student who wanted to talk with her. Additionally, it was clear to students that they had an alternative assignment option if they didn’t want to write about such difficult details in a narrative paper. Renee offered this example to illustrate how teachers can implement this type of assignment successfully with prior close knowledge of students, an established safe environment, alternative assignment options, and the support of a trained professional.

Larissa, like Melanie, recognizes that she is not a trained therapist able to help students as affectively as therapists can in a one-on-one setting. And yet, she has established trust with her students such that she is able to offer an optional conversation and sharing group that meets after class. Students may come and share, agree to confidentiality, and share stories. Larissa knew from a young age the importance of being able to share her own story and thus strives to give this opportunity to her students in a

safe environment. Melanie, on the other hand, has a lower level class without the language skills to communicate as much as Larissa’s students, so Larissa in a situation different from Melanie. What makes Larissa’s leadership of this group so unique is her childhood experiences in South America where she was forced to flee at a young age. The stories she shares with students bring both healing and laughter and create a feeling of commonality amongst students.

**Table 6: Summary of Interview Question 9
Thoughts Regarding and Practices for Narrative Sharing as a Means of Healing**

	Melanie	Renee	Larissa
Thoughts regarding sharing?	<ul style="list-style-type: none"> • Individual therapy is most helpful, but it carries a stigmatization for some cultures. • Safety, confidentiality, and language ability are important for conducive sharing in classes. • Consider the students religious, political, or national backgrounds and potential conflicts for sharing with each other. 	<ul style="list-style-type: none"> • Sees this as irresponsible without the support of a trained professional. • Suggests providing alternative assignment options for students to make it optional. • Doesn’t suggest sharing at a middle school level. • In any context, suggests the needs for confidentiality. 	<ul style="list-style-type: none"> • Recognizes she isn’t a counselor, just a teacher who cares and can listen. • Recognizes the importance for students to know others have experienced hardships too. • Uses difficult and positive stories of her own past to relate to students. • Makes sharing groups optional and after class.

In the following chapter, I discuss my ideas for how we can implement these insights shared by my interviewees.

CHAPTER 5: CONCLUSIONS

Introduction

Throughout my research, I have encountered an incredible community in Spokane, Washington of K-12 and adult educators, principals, psychologists, school counselors, ESL teachers, teacher trainers, and many others who each demonstrated great concern for the well-being of the refugee population in the city. Common among all of them was a desire to collaborate with other professionals in the community for the benefit of refugees—both students and their parents. The insight provided by my interviewees proved to be invaluable to my research as they shared from years of teaching and counseling experience. I'm indebted to each of them and to many others who contributed to this discussion.

Research Questions Revisited

Question 1: How is trauma defined and what types of traumatic events do refugees face?

Borrowing from my definition of trauma given in the introduction, trauma “refers to an experience of extreme suffering, distress, and disturbance in a person’s life, often leading to emotional, psychological, or physical stress.” I found throughout my research and discussion with interviewees that this definition provided room for traumatic events outside those initially thought of regarding the experiences of refugees. Pre-, during, and post-migration stress could include resettlement stress, delays in paperwork, abrupt and rude questions in the country of resettlement, etc. all of which could add to or compound the primary traumatic events that may have forced a refugee to flee their homeland. My understanding of and definition of traumatic events broadened as I began to better understand compounded trauma.

Question 2: How is Post-Traumatic Stress Disorder (PTSD) defined and how does it affect refugee language learning processes?

My introduction began with a definition from Hart, who defines PTSD as a “clinical diagnosis” that describes symptoms responding to traumatic circumstances (Hart, 2009, p. 355). Renee was helpful in discussing symptoms of PTSD that she trained teachers to look for when observing their students. Surprisingly, though, I learned that there are many K-12 students who are not diagnosed with PTSD. It is important to know that while some refugee students may have PTSD, not all do. Also, while it can benefit a student to have a diagnosis that may lead to further help and support, it is also important not to see students with a diagnosis label and to see them holistically: not as a PTSD student, but as a survivor of trauma with a new future to form.

Question 3: How should the effects of PTSD on refugee language learning affect or inform ESL teachers’ roles, lessons, and tasks?

See discussion of question 4 below.

Question 4: How can ESL teachers support students with PTSD in their language learning processes?

In response to questions 3 and 4, I had assumed that a deeper understanding of how trauma might affect learning would require a discussion of how teachers might meaningfully respond and help students. Through my interviewees and literature review, I found a wealth of advice on ways to create safe classroom environments and lesson plans for students, how to collaborate with other professionals, and how to dialogue with students about previous experiences.

Question 5: What role does the process of students sharing about traumatic events have on their recovery and healing from PTSD?

I added this question after beginning my Literature Review where I found a vast amount of sources discussing the healing benefits of sharing experiences. This question led to me to ask my interviewees about their experiences. Their insights proved to show a need for great caution in approaching sharing opportunities, a much-needed perspective to balance what I found lacking in the sources my Literature Review covered.

Assumptions Revisited

1. Many (not all) refugees face traumatic experiences of one kind or another, and that they are often compounded over a sequence over events.

I found that this assumption proved to be true for the most part, though not all refugees have experienced compounded trauma or all to the same extent. Though not all refugees have faced challenges that could be titled traumatic, each individual's story is unique from the other and must be fully understood. We must not simply greet a student with a generic assumption about what their traumatic experiences might have looked like.

2. Traumatic events may lead to PTSD and that these effects often affect learning processes through a variety of ways at differing levels of severity.

I found throughout my discussion with interviewees that trauma can indeed lead to PTSD, though not for all students. Because each student has experienced different forms of, amounts of, or durations of traumatic experiences, some may be more or less prone to PTSD. The same holds true when determining how severely a student may be affected academically by their traumatic past. Students

may even represent differing levels of resiliency or ability to overcome traumatic events. Thus, individuals, though often affected to some extent academically, are not all affected to the same extent. In fact, some may use their difficult pasts as motivation for overcoming and forging even more successful learning opportunities.

3. That allowing survivors of trauma to share about their experiences in safe contexts might provide healing for them as they process stressful or traumatic events.

The possibility of sharing opportunities leading to healing showed up often throughout research in my Literature Review. But, as seen in discussion with my interviewees, there are great lengths to which teachers must go to ensure that sharing environments are safe, confidential, age appropriate, and supported by professional therapists.

Limitations of This Study

Even though I interviewed five professionals working with refugees and included three of these interviews in this research, I recognize that including more interviewees from a broader selection of participants, vocations, and schools would have enhanced the study of this topic. Also, the voices of refugee language learners contributing to this topic would have been hugely valuable. This leads me to discuss potential for future research.

Recommendations for Further Research

Though I interviewed a high school ELD teacher and an ESL teacher trainer (interviews not included), to further research this topic, I would desire to talk with more teachers in K-12 settings, a school principal, and teachers in geographical locations

outside of Eastern Washington. Additionally, I would want to add interviews with language learners who have faced and overcome challenges encountered in the language learning process. To do this, I would want to interview at least three individuals to share their responses as I did in Chapter 4.

Final Reflections

My initial interest in this topic started with a desire to care for the needs of refugees through an informed mindfulness of trauma and how to help them learn the English language. I have encountered stories of students who have demonstrated incredible resilience, perseverance, and hope in the face of intense and severe suffering, heartache, and loss of home, culture, family, and so much more. This thesis is for them. Those who are still finding that hope. Those who have faced such loss and yet have such hope. Those whose stories can make me weep, and yet they can still sing such brilliant melodies amidst deep sorrows. This thesis is also for the teachers who pour out their lives daily while hearing the stories they are entrusted with.

While I also hope that this thesis can have something to offer current or future teachers or students, my hope is also that teachers would be recipients as well, recipients of all that our students have to offer us in lessons of resilience, perseverance, and hope. I have met with and heard the stories of those who have travelled across borders, lost family members, or experienced persecution for their faith: individuals who today are pouring out their lives for others who have experienced the same. My heart has always been for those who have experienced the most devastating of circumstances, with a desire to see renewed hope, purpose, and life in their souls. For these individuals, for the

teachers who know them, for my future students, I dedicate this thesis and my future work and research.

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APPENDIX B: CONSENT FORM

The Effects of Trauma on Language Learning for Refugees

Contact Information:

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Purpose and Benefits

The purpose of this study is to identify varying types and effects of trauma on the language learning process and how ESL teachers can assist students in this process. Your responses will contribute to the larger discussion surrounding how educators and schools can better assist refugees in the trauma recovery and language learning process. This research is being done in partial fulfillment of the Principal Investigator's master's degree in English.

Procedures

If you consent to participate in this study, you will be part of a recorded in-person interview during which I will ask you questions pertaining to your experience with students with trauma. Recorded interviews will be transcribed, included in, and discussed in my thesis, which will eventually be published. Please note: Washington State law provides that private conversations may not be recorded, intercepted, or divulged without permission of the individual(s) involved. Your name, school, and all student information or identifying information will remain confidential. Interviews should take no longer than 45-60 minutes. You will be free to refrain from answering any questions which you find objectionable or are not comfortable answering.

Sample Questions to be Asked:

(Note: names of students and individuals or other identifying information need not be disclosed)

1. Have any of the students with trauma that you have worked with included a refugee or English language learning population? If so, what language learning settings or classes were the students involved in?
2. What professionals in other fields of education, social work, medicine, psychology, or others have you worked with in order to support students with trauma? What did this collaboration look like?
3. How have you seen these traumatic events or PTSD affect a student's general learning abilities, grades, or language learning abilities in or outside of the classroom? How have you come by this information: observation, communication with teachers, teaching in the classroom yourself, etc.?
4. In your professional role, how have you sought to assist these students in overcoming traumatic experiences and have you seen this affect their academic success and learning processes?

Risk, Stress or Discomfort

Minimal risks may be associated with this study. A possible risk is a violation of privacy, as the principal investigator is asking questions about the personal/sensitive information of day to day interaction with students in his / her professional setting. The principal investigator will manage this possible risk by keeping all identifying information from the survey data confidential.

Other Information

Your participation in this study is confidential, not anonymous, since the researcher will know your identity. If you feel uncomfortable responding to any of the questions during the survey, you are free not to

APPENDIX C: INTERVIEW QUESTIONS

General Interview Questions for Every Interviewee

1. Can you share with me when (for how long), where (what settings or schools), and how (in what professional role(s)) you have worked with students with trauma or PTSD?
2. Can you share with me how you professionally arrived at this/these position(s)? Were any types of certification, education, or professional development required to work in this career position or with a student population with trauma?
3. How would you describe the population of students with trauma that you have worked with? What ages, grades or academic levels, socio-economic statuses, religions, or nationalities were represented?
4. Have any of the students with trauma that you have worked with included a refugee or English language learning population? If so, what language learning settings or classes were the students involved in?
5. What types of traumatic events have you seen represented in the lives of the students you work with? How have you come by this information: through counseling, teachers, students sharing, etc.?
6. How have you seen these traumatic events or PTSD affect a student's general learning abilities, grades, or language learning abilities in or outside of the classroom? How have you come by this information: observation, communication with teachers, teaching in the classroom yourself, etc.?
7. In your professional role, how have you sought to assist these students in overcoming traumatic experiences and have you seen this affect their academic success and learning processes?
8. What professionals in other fields of education, social work, medicine, psychology, or others have you worked with in order to support students with trauma? What did this collaboration look like?
9. Have you formed any opinions on the role that sharing about traumatic experiences might have in the healing process of students with trauma? If so, what settings would you say are most conducive for this?
10. What advice or resources would you suggest for teachers working with students with trauma?
11. Are there any other thoughts, experiences, stories, or ideas that you would like to share?

APPENDIX D: MELANIE TRANSCRIPT

Pseudonym: [Melanie]

Interviewer: [Charis Ketcham]

Date and Time: [9/25/2017] [10:30-11:10 AM] and [10/9/2017] [10:50-11:17]

Location: [Little Garden Café on Northwest Boulevard, Spokane, WA]

Interviewer: Thanks for meeting today! #00:00:10-5#

Respondent: Thanks for having me! #00:00:12-7#

Interviewer: Q1: Yeah, so Melanie, starting with question number one, I want to ask, can you share with me where, when, how, and in what professional roles you have worked with students with trauma or PTSD? #00:00:35-7#

Respondent: So, I have been with a community college in Eastern Washington (college anonymized), in its adult education program since the academic year 2015. #00:00:49-9#

Interviewer: Okay! #00:00:51-1#

Respondent: And my title would be adjunct faculty for this community college. #00:01:03-2#

Interviewer: And would you say that all of the students, or what percentage of the students you have worked with have experienced trauma of one kind or another or may have PTSD? #00:01:17-2#

Respondent: I think the trauma population is probably around 85-95% who have experienced trauma. The PTSD population I would say is probably around the 40% mark who are actually exhibiting symptoms of PTSD. I think the majority of the students have had a traumatic event but those students actually exhibiting PTSD symptoms would be less. #00:01:45-5#

Interviewer: Okay, and you also had experience or educational background in social work as well. Can you explain that briefly? #00:01:54-1#

Respondent: Yes, so my undergraduate degree is in history and philosophy and then I received my ELL endorsement and then I went back and got my Masters in Social Work specifically to work with refugees who had been traumatized. #00:02:12-6#

Interviewer: Q2: Alright, and then looking at question two, can you share with me how you professionally arrived at these positions where you are teaching currently? Were any types of certification, education, or professional development required to work in this career position or with a student population with trauma? #00:00:23-0#

Respondent: I was hired on at the community college because I had taught overseas for about 8-10 years. So, I had the educational experience and I did have my ELL endorsement. The community college does require that you have a masters. So as long as you are actively pursuing your masters in anything then you qualify to teach. I specifically chose social work because I had been working in this field for many years and I was seeing signs of trauma and signs of PTSD. I

APPENDIX D: MELANIE TRANSCRIPT

was coping with them as an educator the best way that I could, but I didn't know, I didn't have a background and I didn't know how or in what ways I could do that and actually make a difference or achieve that. So, I went back to get my Masters in Social Work specifically wanting to focus on "how do we integrate, you know these values and principles of social work, and you know, understanding these ideas of trauma with that educational background?" So, when I walk into a classroom how am I going to teach a room full of people that have these specific experiences? #00:01:41-0#

Interviewer: Sure, and that was probably something born out of your experience working with students in the classrooms where you were at? #00:01:49-9#

Respondent: It was specifically after working with the refugee population. I had worked overseas but it was always with younger grade school age, high school age, private, um...coming back to this city and working with the community college was the first time I'd experienced working with refugees in a teaching capacity. And that was the first time I could really see the struggle they were having academically. I was starting to build the links between, "Maybe it wasn't my teaching" and "maybe there is something else going on there". So, there is not anything specific with regards to certification or requirements at the college when working with trauma. The college has put on a few trainings, just general information for their staff, but there's been no in depth training with regards to the population. #00:02:45-1#

Interviewer: Q3: Okay, alright. That's helpful background information. And then looking at question number three, how would you describe the population of students with trauma that you have worked with. What ages, grades, academic levels, socio-economic statuses, religion, or nationalities were represented. If you can touch on maybe some of those... #00:03:09-3#

Respondent: Yes, my students currently range from age 17-84. So, at 17...they can remain in the high school system up until the age of 21 or 25 I believe. Some find that going back into the high school system is much more regimented. A lot of them are working to support family. So, I will see sometimes students that could be in high school that aren't in high school. I try to encourage them to go back to high school, but oftentimes I will have some young students. And then I think my oldest refugee I have is 84. So, we span the adult life span. We get all ages. I teach level 1A, 1B, and I have worked with 1C and level 2. So, this is the beginning level. 1A represents students who are not fluent, they can't read or write in their native language. So, they've never had formal academic training of any kind. Oftentimes they can speak several languages just out of necessity where they lived. But they've never picked up a pencil, they've never sat in a classroom, they've never participated in any kind of formal training. So that's considered a 1a. So, we're starting with "How do I open my notebook?" How do I write in the lines? A level 1B is someone who had education in their native language, maybe they went through 3rd grade or 2nd grade but they have never studied English. So, they are still starting at the basics which are "A, B, C's". But they know basic, they know classroom etiquette, they know how to write, they know how to open a notebook. So, both of these groups are starting with the basics, learning the alphabet. One group has had a little education in the classroom and one hasn't. #00:05:11-0#

And then socio-economically, they are usually low-income. They are coming on refugee visas. So, they're participating in programs we have where they receive subsidized housing, all of these things they receive bus passes to come to SCC. If these students are LEP, which I will get you what that means officially, it means that they're required to come to classes. So, we require, the United States requires students who come on LEP to either be working or to be enrolled in language classes. So often this is these students' jobs, to come to class. They receive a specific monthly sum based on the amount of people in their household and all those factors; they receive

APPENDIX D: MELANIE TRANSCRIPT

a social worker through DSHS who monitors that and then as a community college we report our numbers, our enrollment and attendance numbers to them, and then they subsidize them for attending classes. So very rarely I'll have an immigrant who has a higher income level who's paying outright to attend classes. Most of my students are receiving tuition free waivers.

#00:06:34-1#

And then religions and nationalities represent across the board African nations, Asian, Eastern-European nations, and I can provide you with a list of all the students' language groups and religious groups I worked with. #00:06:55-4#

Interviewer: Q4: Alright, well maybe we will come back to that later! Moving on to question 4, have any of the students with trauma who you have worked with included a refugee or English language learning population? We have answered this a little bit already. If so, what language learning settings or classes were the students involved in? And this question does overlap with some of the others. So, you may or may not have too much to add to this specific question.

#00:07:30-1#

Respondent: Yeah, we have talked about it. They are refugees. We are seeing that trauma is reflected in our language learning population, and since that's what we teach, we are seeing that across the board refugees have had one type of another, or compacted trauma, or long-term trauma over the years. #00:07:48-9#

Interviewer: Yeah, and you used a term just now, compacted trauma, can you explain that a little bit more? #00:07:56-7#

Respondent: So oftentimes, let's say for example, let's say you were in a fire. That's a single event trauma. You had a traumatic event, you were in a fire, and then you may develop or may not develop PTSD around that event. So, you are afraid, the light's off, or whatever triggers come...oftentimes refugees have had multiple traumas and that's compounded over years. So maybe the trauma was them being forced out of their homes. And then they're in the refugee camp and maybe they didn't have enough food and their food was stolen. So that's a new trauma. It's being put on top of a trauma that they already had. And so, then you just get these layers of compound trauma where they just are continually in a state of instability and uncertainty, and these traumas keep getting worse...and they're not processing through these traumas. And then they are just living in this chaos. And that's what they know. And they don't know that there's another way to live. So, some of the refugees may just have single incident traumas where something bad happened, it was very traumatic. Some of them may have long-term traumas, so compounded traumas. #00:09:04-9#

Interviewer: Q5: Thank you for explaining that further! Looking at question 5, what types of traumatic events have you seen represented in the lives of the students you work with? How have you come by this information, whether through counseling, through other teachers, through teaching yourself, through students sharing with you, or through any other means? #00:09:33-9#

Respondent: So, the students can have a range of different traumas. Oftentimes the refugee populations that we see are impacted by war and what's going on surrounding war. So, a lot of them are displaced within their country or pushed out of their country into refugee camps. And a lot of it is gun violence, due to their religion or their ethnicity, they can have traumas around larger war effects like bombings and things like that. They have been traumatized by being forced out of their homes, forced out of their communities. They've been traumatized through long marches to borders. And then often the majority we see is long stays in refugee camps, with you

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know, lack of food and water and hygiene. Oftentimes these stays become long and extended and so they then are establishing some sense of normalcy in these camps but it's not permanent. And then they're relocated maybe with or without all of their family members depending on policies around that. So, there could be a lot of trauma from the relocation process and you know, the fear of where they're going to end up. So, mostly it's around political conflicts and wars and long stays in camps. #00:11:09-7#

Interviewer: And as a teacher working directly with the students, I'm assuming most of this information and knowledge that you just shared comes through conversation with the students and / or do you get any background information for your students? #00:11:23-2#

Respondent: Because I teach level 1A and 1B sometimes it's hard to get their side of the story. You see it come out when we do a housing unit and they draw what their house looked like and what their house looks like now. Sometimes you will kind of glean some of that information based on units that we do in the classroom. But because my population is so low-level speaking, I usually get the information from relatives who bring them into the classroom. I get that information from their file that says how long they were in a camp or where they're from specifically. If I know where they're from that can kind of give me an idea of what their trauma history looks like and what they've been through. So, I do get that from outside sources as well as through what they can tell me in the classroom setting. #00:12:13-3#

Interviewer: Q6: Okay, so for question six, how have you seen these traumatic events and PTSD in students affect their general learning abilities, grades (if your students receive any type of grading or assessment), or language learning abilities in or outside of the classroom? And then, how have you come by this information? So, observations, teaching in the classroom, etc.? #00:12:46-9#

Respondent: We test the students when they enter with the standardized test. It's a computerized test, which can also present its own challenges if a student hasn't experienced a computer or any of that before. So that even can set us up for failure. But once we've established where their level is, then they come to me. And I see everything from difficulty in concentrating, difficulty in retaining information, it's hard for them to, you know... we go through something, we learn it, we come back the next day, and we have to start over again. So, we are not retaining what we are actually getting. I see it in students who are spacey, who often drift off, and are unfocused, like they won't focus on the board, they'll be looking off into space or at the ceiling or something like that where they're not focused in. Oftentimes, students are jumpy. Oftentimes students can be jumpy if anything loud happens in the classroom. So those students you know are experiencing some issues. Students oftentimes, where they sit in the classroom will give you indicators of how they're doing, if they want to be near the door, if they exit a lot, they might get up and leave more than just for a bathroom break every hour. They get up and continually walk around or exit the room. Students who are non-motivated, and we see that, it's not just a lack of "they want to", it's due to PTSD or trauma that they are not motivated and just don't have that desire or drive. They can't get themselves in a place where they are ready to learn and are excited about the education process. And then, there's emotional numbness, students will often have flat-affect. They don't have any emotional response to anything. So, if something's funny, it's not that they don't get that it's funny, it's that there is no emotion left to draw on. So, they have a very flat demeanor. They just look at you. It's kind of like when you look at somebody and their eyes just glaze over. It's not alcohol, it's just where they can't really...they're not there. They're sitting physically in the room, but they're not present. They're not in the room. #00:15:09-9#

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Interviewer: That's a term I haven't yet found in my research, the concept of emotional numbness that you mentioned and flat affect. #00:15:21-7#

Respondent: Yes, so when we talk about populations with trauma and how individual counseling is one of the things we do, we go through "How were they dressed?", "How was their attitude?", "How was their demeanor?", and then "How was their affect?". If you said a joke and it was moderately funny and I bust out laughing and roll off the table, there's something with my affect that is wrong. I'm over exaggerating my response. And that tells us something. Or if they under-exaggerate a response, if they have no response. So, all of these things are considered different affects. This gives us an idea of how they're doing. I've seen this through personal observations in the classroom. I mean 100%. If you have a teacher who can tune in to that, then you can see it. You can see it in your population when they walk in the door, kind of where they're out and how they're doing. Communication with other teachers? Absolutely. I'm the lowest level teacher so usually I'm communicating to their next level teacher what I've seen and what I've observed. Oftentimes no one is communicating that to me because I tend to get the first. So that's communication with teachers. And then obviously yes, in the classroom and seeing students interact in the hallways and that kind of stuff. #00:16:44-5#

Interviewer: You seem well placed then with the lowest level if you have that mindfulness and awareness of these factors that you can spot when they're first coming. #00:16:58-1#

Respondent: I hope so, I mean that was my interest in the low level. Academically the low level is considered the easiest on one hand. Grammatically speaking the structure is lower. You are not teaching very academically high grammatical things. But it is the hardest level in that you really have to communicate in a non-verbal way to multiple language groups and ages what you need. There is no, no way to communicate that in a language. So, you have to communicate it through other ways. So, you spend so much time looking at body language and trying to convey that to them, that you start to pick up things. And that for me was my personal interest in going back for social work was because I was seeing those things, but I didn't have really the understanding of what to do once I saw it. I could sit with the student and hold their hand while they cried, but I didn't know how else or how to make those impacts. So that's why I went back and specifically focused on trauma, so I really could get them when they first come in and work on some of those issues, so they can proceed through the levels with a little bit easier of a time. #00:18:11-2#

Interviewer: Q7: Alright, and then looking at question 7, in your professional role as a teacher, how have you sought to assist these students in overcoming traumatic experiences? Have you seen this affect their academic success and learning processes? #00:18:32-8#

Respondent: For level 1A, my biggest goal is, "Are they hungry, are they tired, are they safe, are they cold?", you know, we end up still being on the front lines of basic needs. You know Maslow's hierarchy of needs tells us that until those basic needs are met, you can't proceed up the chain. There's nothing else you can do. So, they're not going to progress academically. They're not going to progress anywhere up that chain until you hit those basic needs. Are they cold? Are they tired? Are they hungry? Do they feel safe? So, when you walk into the classroom, sub-consciously and un-consciously my goal is, "Okay, do we feel safe? How can I make this a safe environment?" Because if they don't feel that, we are not going to get anywhere with any kind of education. So, every night I ask how do they feel? Do they feel safe? And then I check in, are we cold, are we hungry? I've been very fortunate that people have donated food, so students will have food at night. If that's an issue, if they've come off of eight hours of working and haven't eaten all day, we can get some food in them before we start. And those things start to help with that. But it's a hard process and a slow process and even when you achieve some of those basic

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needs, it doesn't mean success will come with academic learning. It doesn't mean we are going to hit those goals. It kind of becomes an instinct. "Am I gonna get through some grammar tonight? How are we doing as a group? How are we feeling? Is the energy positive?" And a lot of that depends on my energy and if I come in with that positive-ness and they pick that up because they can't express language, it's through other ways of communication, and then they kind of match that tone. So, a lot of it is uplifting and making them feel safe. So, for me, it is creating that environment. But success is a hard thing to quantify. I feel it is successful if they've reached those basic needs. If they feel safe. If they've made it through the night and I haven't re-traumatized them or more-traumatized them. Academically we see a lot of level 1A repeat over and over and over and that's really because they have these systemic traumas that they can't retain, they can't absorb this. A lot of it is because you are dealing with an elderly population who have hit their brain development. They are on the downward slide of brain development and so they're not even retaining, you know. So, success can have different meanings. #00:21:24-9#

Interviewer: And I'm glad you mentioned that! As I'm taking notes and as I have been thinking about the word success, how do you define it? It is going to be defined differently for different levels and students with different backgrounds and a successful class may be a class where you need those basic needs and they leave without being, what you said, like re-traumatized. (laughing) #00:21:57-0#

Respondent: Right! Absolutely! School can be very scary itself and if you are coming into this new environment. We run classes five hours a night. It can be very intense and high stress and something that we, you now we don't want to do, is re-traumatize people. A lot of the unknown can be very scary. So, what we try to do is establish a routine. Then we repeat that formula over and over. If people know what's coming and they can anticipate what's next, it decreases their level of anxiety. And then when you increase anxiety, you increase the opportunity for them to actually retain something. But if they're always terrified about what you are going to do next, about talking out loud, about speaking English and not knowing what is going to happen...they're already so anxiety prone that you will never get through that. So, you've got to decrease that anxiety. So, that's why we try to create this very stable pattern. They come in and answer specific answers on the board every day and then we try to keep that normalcy and I think that helps. Someone who's personally like, I had problems in school, I feel like I can recognize that in students, and I very consciously try to make sure that that happens with the students. #00:23:22-8#

Interviewer: Q8: So, for question eight, moving forward, what professionals in other fields of education, social work, medicine, psychology, or others have you worked with in order to support students with trauma? What did this collaboration look like?

Responder: Oftentimes, being an educator, many educators will understand this, we end up feeling a lot of other issues that come up with students. So, I will make doctor's phone calls. I will have a student come to me with a bill and not know what to do about it and can't get an appointment right away. And they have a level of comfortability with you once you build that trust. So oftentimes they will have a message on their phone from their kids' school saying their school play is such and such, but they don't understand what the message says. So oftentimes you are interacting with multiple different resources in different groups, but I would say that they don't necessarily have a trauma-informed perspective. So oftentimes, yes, you're interacting, yes, you're maybe collaborating but no one necessarily is thinking of that. Oftentimes it is just, "What do I need to get done?" This student needs this doctor's appointment made. I need to make it. I call in. I make it. We're done. So as a community we are not collaborating with other agencies to really support them in a holistic perspective. Oftentimes it is just troubleshooting. What is coming

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up tonight? What can I help you with right now to get you through one more night? And that's a lot. That's a failure in the system, you know, that we're not working together. That there aren't other agencies recognizing these systems. That we aren't coming together as a whole. #00:25:15-9#

Interviewer: Q9: And if time allows, I'd like to come back to that and talk more about it specifically. So, I made note of it. So, question nine, have you formed any opinions on the role that sharing about traumatic experiences might have in the healing process for students with traumatic histories? If so what settings would you say are most conducive for this? #00:25:37-6#

Respondent: So, in general we would say individual therapy is going to be the most effective. The problem with that is that many of the cultures and backgrounds that we're working with have very high stigmatization around the idea of doing therapy. So that in itself is a barrier because they are being told that they don't need it, they shouldn't go, that if they get counseling they're weak, that they shouldn't have these problems. So, when you look at it in an academic setting, the trouble becomes, how conducive is your group? Is this a safe place for people to share? Have we achieved that? And oftentimes it takes a long time to get to that place. Especially in Level 1, you never reach that ability to sit down in a group and have a group session. I think they can be very productive. I think it can be very supportive to let students know, "Hey I'm going through this too. Hey, I've been through this too!" But not teaching this level, I don't have the option to implement something like that. I think a group's class can be very beneficial. I've seen it work. I think it does. I think individually though is the best way to get down to a student's needs. But some of the problems also we face with that is confidentiality. Students talking. That can always be a problem. And then that goes back to "I don't feel safe, because I'm going to tell you something in this vulnerable situation. And this student from a different country, maybe a country that I fought with, maybe a religious group that I am opposed to, is going to know my secret?" And what does that look like? So, in theory, you want them to have this, you know, in the classroom you want to have them be able to have the space to talk about it. In actuality it can be very complicated and can have repercussions if it's not done appropriately. #00:27:40-6#

Interviewer: Q10: Right, right! Okay! And then, what advice or resources would you suggest for teachers working with students who have experienced trauma? #00:27:51-8#

Respondent: So, it's about educating themselves as teachers. Be aware of your population, where your population has come from, who are they having difficulty with in other populations. Things like that. You may have two students with the same language base but that doesn't mean that they need to sit together. That doesn't mean that they get along. So just having some of those basic understandings helps. I have a lot of students who come to class with a son, or a father, or a brother, or a husband and they can't be left alone in the classroom. So, it's about equating yourself as a teacher and being aware of your population. And then take into account their mental history, their trauma history, I mean that's what it is. If you don't know it, through educating yourself, you can surmise some stuff maybe about what they've been through. I think as teachers we get bogged down in, "Maybe they aren't progressing the way I want them to". So, there's some frustration and maybe there's some push and pull between the teachers and they aren't learning when you are teaching everything you can. And maybe it isn't an issue of academics, maybe it really is an issue of trauma. And so, you need to be aware of that. #00:29:14-7#

Interviewer: So, another aspect of this question that comes to mind is then, are there counseling services or resources that you would refer students to if they had specific needs? #00:29:32-2#

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Respondent: So, the community college I work at has its own counseling department. I have never referred a student to them. I know that they have extensive work with trauma, but I wouldn't say that they have the expertise in working necessarily with refugees in a counseling setting. We have a counselor on site who can troubleshoot any of that, but I don't know if their specific background is in refugee work, so that's an uncertainty. We do have in the community, we do have Lutheran Community Services where we refer our refugees who need counseling services. Again, I've never done that. That's really because of my population, such a low language level population, that I've never had a student say, "Teacher, I need help! I would like to talk to someone!" Mainly they're coming to you because that is where they feel safe. Now, I've heard that students are referred out to Lutheran. They are specializing in trauma and they have a history of working with the population. Now each refugee family does have a case manager and a case worker through World Relief. Those things should be filtered out through their social workers and through that agency. It's just often because we are teachers, because we are on the front lines, we end up getting it. But it's not necessarily an avenue that I'm used to doing because our population is such a low level. But, there are resources in the community. It's up to students to want to take those resources. #00:31:08-9#

Interviewer: It does make sense, though, that as the teacher, creating a regular and safe environment, being on the front lines, you would oftentimes, perhaps, get those questions or be managing those concerns even if it would normally go through somebody else. #00:31:26-3#

Respondent: Absolutely! Absolutely! And that's why our teachers need to be educated in some sort of trauma informed perspective, because inevitably, though they're not social workers, or psychologists, or counselors, they inevitably will field some of those questions. Having responded, I mean they don't have to always say the right thing, but, knowing how to be present with the student and knowing how to walk them through a little bit of that would be beneficial for our field as teachers and is needed. #00:32:05-4#

Interviewer: Right, and before I move on to the next question, I know that you have a partnership or a desire to help see teachers in the field of ESL become trauma-informed. Can you speak a little bit about that? #00:32:23-8#

Respondent: I think that's what we're lacking in education. I think the people who are teaching in the TESL field are very highly developed and excellent. People are going out and teaching all over the world in every location and doing an amazing job. But I feel like where we are lacking in that is, with the amount of wars and displacements and events that have been happening in our world today, we are seeing a rise in traumatized populations. Especially for us teachers who are out on that front-line, we need to have a trauma informed perspective. We need to know how to see this in our students, so we don't think it is an academic issue. #00:33:13-6#

Interviewer: Right! Or behavioral! #00:33:10-8#

Respondent: Or behavioral! Right! And I think adult education is different than grade school or high school where they're going to automatically go to thinking medical, like they're ADHD or something like that. That's a little different. The adult population, they're not jumping on giving the medication as fast. But, what we see is a higher burnout rate. We will see more disconnection with students and teachers if we are not having that trauma informed lens and perspective. I think that comes through education. We need to educate the next generation of teachers that this is what we are going to see, and this is what it looks like. It's not that this student doesn't want to go home and do his homework or it's not that this student is stupid or lazy or any of those labels that we negatively put on someone. It's that they have a traumatic event in their history that is

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blocking the ability to absorb information. We have to ask how to connect with them emotionally, and how to help funnel them to someone who can help them and figure out how to help build a safe environment so that in the classroom I can give them just enough language to help get them through that day. #00:34:28-1#

Interviewer: Q11: Thank you for speaking to that! So, question eleven, are there any other thoughts, experiences, stories, or ideas that you would like to share? #00:34:40-2#

Respondent: I think that we need to be collaborating more as a field. I think that we've gotten into, "I'm a teacher, I'm a counselor, I'm a principal, I'm these separate things." I think we need to come back as, you know, this is a person who has entered our community, they're from a different place, and how are we all going to support them? How are we all going to work together to create that supporting environment? I think it is through collaboration and through education of our teachers that we will really see a difference in how we interact with our refugee population and how we treat them and in how we help them become a part of the community in general. #00:35:28-9#

Interviewer: Right, right!

APPENDIX E: RENEE TRANSCRIPT

Pseudonym: [Renee]

Interviewer: [Charis Ketcham]

Date and Time: [08/2/2017] [6:50-8:00PM]

Location: [Interviewee's Home]

Interviewer: Q1: Alright, so as we're looking at question one, can you share with me when, how long, where, and in what professional roles you've worked with students with trauma or PTSD? #00:00:16-4#

Respondent: So, I in 1997 like for two years 1997-1999 I worked for...this is just kind of quickly my background...I worked for Child Protective Services to resolve trauma, but it was specifically a different role. I was a social worker for the adolescent unit at the time for CPS. Then 1999-2001 I moved from CPS because it was a very challenging job, and I moved to what was called Lutheran Social Services at the time. #00:00:59-4#

Interviewer: Okay! #00:01:00-2#

Respondent: Which is now, I think it's Lutheran Community... Lutheran Community Youth Services of Spokane, is now the name of it. #00:01:07-4#

Interviewer: Yeah! #00:01:09-0#

Respondent: I worked there for a couple of years. Now my specific job was working with kids age range from 6th grade to 12th grade, so adolescents who had been sexually abused. Another very challenging job. So, I eliminated two careers. I'm like, I do not want to be a social worker, and working with kids who had been sexually abused is really challenging in many many ways, and there are people who do a great job with it and can do it their whole career. That was not me. So, I have my Masters in Counseling, but I also have an ESA cert to be in the school. So, I went ahead and I took the drug alcohol position at the High School. I was the drug alcohol counselor for about a year and that was, let's see, that would've been 2006. So, I stayed home with my daughter right after she was born. #00:02:09-3#

Interviewer: Okay! #00:02:09-8#

Respondent: And when she went to Kindergarten, then I went back to work. I did the drug alcohol for a year and then an opening came for a school counselor and so I went ahead and took the school counseling position and um was a school counselor there until 2013. #00:02:31-8#

Interviewer: Okay! #00:02:31-5#

Respondent: So, I was at the High School for what was that, about 6 or 7 years. #00:02:37-2#

Interviewer: Yep! #00:02:36-6#

Respondent: And then, now I'm at my middle school and I've been there for four. So, this will be my fifth academic school year there. #00:02:46-5#

Interviewer: Okay, and what is it specifically at the middle school, what is your specific title or role... #00:02:52-1#

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Respondent: ...oh I'm school counselor. So, we transition with our kids. So, I start with them in 6th grade and then I go 6th, 7th, and 8th. And then I rotate back down so I have the same kids for three years. #00:03:05-7#

Interviewer: Okay! #00:03:06-0#

Respondent: Yeah! #00:03:06-9#

Interviewer: Q2: Okay! And can you share with me how, you shared a little bit already, how you professionally arrived at these positions and any type of certification, education, professional development, or training in those contexts that were required to work with this student population or specifically students with trauma? #00:03:30-2#

Respondent: Okay, so I have my Masters in Counseling from Whitworth. And then I just took extra; I did the extra classes to do the ESA cert so that's a school certification so both the counseling and then the school counseling degree. #00:03:46-6#

Interviewer: Okay! #00:03:48-4#

Respondent: And then, I have a professional certificate in school counseling, which is just an additional certificate. And then last year I actually went ahead and did the national certificate in college and career readiness just in case I wanted to work overseas anytime. #00:04:03-4#

Interviewer: Yeah! #00:04:04-4#

Respondent: I could have that national certification to go ahead and do the college and career, cuz a lot of times overseas are looking for that college certification, they want college counselors. #00:04:14-5#

Interviewer: Sure! #00:04:15-9#

Respondent: And because I was in a high school, but, I also wanted them on my resume to know that I maintained my knowledge about college... (incomprehensible portion of recording) So all of that, all of that is still up to date. As far as trauma is concerned, all of my trauma training actually came from Kent Hoffman so I'm not sure if you are familiar with Kent Hoffman. He does all the work around circle of security. He's an attachment theorist, who really looks at, (incomprehensible portion of recording) ...from an object relation approach. But he has done a ton of work. He's a local of Spokane. And I actually in graduate school was able to do a lot of the coding for what they were doing to write their book about the circle of security. So then when I worked at Lutheran, he staffed all my cases once a week so I would go through all the kids that were going through PTSD or you know recent trauma, complex trauma, and he would kind of guide the work of my interactions with my clients as well as, when I moved into the school he was doing a lot with District 81 to kind of do the trauma informed schools. There's another therapist in town (anonymous) who did a lot of the resiliency in school's work. So, it (incomprehensible portion of recording)...how do you build resiliency in schools. They've changed the name so many times, it's kind of comical. You know it used to be developmental assets. Like, let's develop these developmental assets in the schools. And its resiliency to hope and they kind of package all of the same things, all the same ideas, into "This is what we're gonna provide for professional development". So, I've kind of seen, I mean I've been trained in a lot of different ways. I just actually got back from a five-day training in Denver that was on neuro-plasticity in the brain and how it's constantly changing with, with (incomprehensible

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portion of recording) ...and so, it was all around Sarah Stiles (pseudonym given) who is an incredible researcher. I believe that she works either for Stanford or Harvard. She is a professor there and she really is phenomenal. She did kind of the big training around how the brain is constantly changing, specifically for adolescents for sure. #00:06:59-3#

Interviewer: Was she at the training? #00:07:02-0#

Respondent: Mhm, yeah, yeah. She was the main speaker, trainer. #00:07:06-7#

Interviewer: Q3: Okay! And how would you describe then the population of students with trauma that you have worked with? What are their ages, grades, academic levels, socio-economic statuses, religions, nationalities, or, um, or other? And I know you mentioned that you might've worked with some students who had been in refugee camps at one point. #00:07:33-9#

Respondent: Right! #00:07:35-0#

Interviewer: And if you could speak a little more specifically about that population? #00:07:37-4#

Respondent: Okay! Okay...so, I think the biggest thing, like I read this question and the biggest thing that popped up to me is (laughing) trauma doesn't discriminate. Like, there's no specific age, population, socio-economic status, nothing...there's, there's, it's just, it just happens and isn't picky. And when I think about kind of the direction that you're kind of looking for, I mean I've worked, you know with Christians, Muslims, Hindus, people of Judaic faith, and Atheists. You know lots of my students when I was at the High School (incomprehensible portion of recording)... even then, even then we had a lot of students from the Marshall Islands who were just culturally so different. So different. But at the High School, lots of students from Bosnia, Russia, Mexico, Somalia, Kenya, Ethiopia, you know, a lot of East Africa. #00:08:40-5#

Interviewer: Sure. #00:08:41-4#

Respondent: Um, Afghanistan, China... #00:08:43-9#

Interviewer: Wow! #00:08:45-9#

Respondent: And it kind of was great because you learn how culturally incompetent you are. #00:08:51-6#

Interviewer: Sure! #00:08:52-5#

Respondent: When you're working with so many different populations of kids, and I would say for age range for your purposes, I am currently working with 6th-8th graders. #00:09:03-5#

Interviewer: Right! #00:09:04-2#

Respondent: And then at the High School it was 9th-12th. And so, I would say my most experience is at 6th-12th grade. #00:09:14-1#

Interviewer: Sure! Alright. #00:09:14-4#

Respondent: Not the little people that come in! (laughing) The little guys, who I really do love! But, my kids who I work with are mostly adolescents. #00:09:23-4#

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Interviewer: Yeah! #00:09:24-1#

Respondent: And early adolescents. But as far as students that were coming right out of refugee camps, so at the time that would've been like, what, it would've been early 2000's. So, everything in the Somalian camps, I mean there was a lot of kids from East Africa that were living in those refugee camps prior to leaving. Specifically, and I know your questions will kind of address that later but just the amount of chaos and trauma that happens just within a camp, of just the daily survival. That is difficult to hear students talk about and its, you know the removal from the home by whomever, whether that's a cartel, whether that's guerrillas coming in. I mean there's just so much that happens that is a one-time event that then creates all this complex trauma because it's removed them from their home into a camp and then just the amount of waiting to get into, to get into the US is unbelievable. And then trying to navigate the educational system, like it's hard for Americans to navigate our educational system let alone people who don't speak the language and have to figure it out. Education, the world of education has its own language and unless you understand its language, and it's not just English, it's its own deal, so... #00:11:09-8#

Interviewer: Right! #00:11:09-5#

Respondent: I definitely, I'm sorry I deviated from your questions but... #00:11:14-9#

Interviewer: No that's okay! #00:11:13-9#

Respondent: ...I think my big thing is the socio-economic status. One Spokane public school has the lowest economic zip code in the state of Washington. So that particular school as far as our state is concerned, I think something like 95% percent of the kids are on free or reduced lunch. And that's reported. So, if they don't report it could be higher than that 95%. But that's a lot of students. So, whereas, where I'm at now it's only 46% and that's reported. So, I think sometimes when its 50/50, kids are less likely to report or parents are less likely to report. When it's 95% they're more likely to report because everybody's on free or reduced lunch. Where our school it's just a little bit, the school I'm at now, it's just a little bit different and a little bit harder. And, it's very clear between the haves and the have nots. #00:12:15-8#

Interviewer: Sure... #00:12:14-7#

Respondent: Like, it's not my favorite part about our population. Whereas at this other Spokane public High School, the kids don't have a lot and so, they kind of share that in common, where at my Middle School it seems to divide the kids a little bit. #00:12:31-5#

Interviewer: And, a tangential question before we keep going, related to something you're talking about. The trauma that the students at this High School might have experienced in the camps or before they were there, or even in resettling or circumstances going on here, out of, out of all of those events or places during which they might have experienced traumatic events, would you say that there's one place that may be the highest for trauma that they might be dealing with, whether it was an event that happened before the camps or in the camps or during resettlement, or. #00:13:21-7#

Respondent: Yeah, I would say I mean... #00:13:21-9#

Interviewer: Does that make sense? #00:13:24-0#

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Respondent: Yeah! I mean... #00:13:25-3#

Interviewer: It's a little confusing! #00:13:27-6#

Respondent: So, I think, I'm just kind of thinking of two particular students, female students that experienced sexual abuse inside the refugee camps. So, the trauma that happened inside the camp, I mean, it's obviously enough to be removed from your home but then to have additional, you know, additional tragedy happen, just makes everything so much more difficult. #00:13:56-5#

Interviewer: Q4 Right. Well I might come back to that more. The next question is a little bit related to some of what you talked about already. So, have any of the students with trauma that you worked with included a refugee or English language learning population. You talked about some of the refugees at the High School you worked at. Where were they with their English language learning process? If the population has included refugee or English language learners, what language learning settings or classes were the students involved in? #00:14:40-5#

Respondent: So, this is a question that's a little difficult because your principal kind of sets the master schedule. The master schedule is based on funding. The funding then for each of those places, you know, comes from the state, and goes through the district. The district gives it to the principal to allocate in such a way that is for your population. So, if I knew going into this academic year that I was going to have 100 students and 100 new ELL students then we would create a master schedule to support that. #00:15:18-1#

Interviewer: Right. #00:15:18-8#

Respondent: Well, when I was at this High School, I had a transition in leadership. So, with my first experience at this High School, we had a principal who was all about, "They need to be full inclusion". Which means, that those students that spoke zero English went to a center at the district where they were assessed for where their language was at, so kind of given like a baseline grade level. I'm sure you're familiar with all of that, and they, then will say here's about the grade level that they're at in reading and writing. Well, our principal thought that it was a good idea to put all of those kids into full inclusion with one support language class. So those ninth graders, those kids coming in, were placed age appropriately...so not grade level appropriately...so age appropriate into 9, 10, 11, and 12. And they were given, you know, the one support class usually it was their English class. That was the one support class. And then they were put in their... you know English Math Science and Social Studies class that they went to and given an elective and another support class. So, they kind of have like, English support class and then a support class for their history, math, and science. #00:16:54-8#

Interviewer: So, by age, not like any...assessing or... #00:16:58-6#

Respondent: Correct. So, I mean they were kind of scored 1, 2, 3. #00:17:05-6#

Interviewer: Okay! #00:17:06-6#

Respondent: And so, once they were through that third level of English with that ESL teacher then they would go into regular English classes. So English kind of dictated where they went. Now, at the time, and I've been out of high school for a while, so I'm sure everything has changed, but at the time they had to do one full year of an English class in the High School that

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wasn't enough in order to graduate. So, you couldn't graduate with that ESL, just that ESL language class. You had to have a regular 12th grade English class. Yeah! #00:17:45-7#

Interviewer: Okay! #00:17:46-8#

Respondent: So, and that's, dealing with you know as a high school counselor, dealing with the transcripts. How do you get a kid who's been in a refugee camp, how do you get them transcripts? #00:17:58-0#

Interviewer: Right! #00:17:59-9#

Respondent: I mean, it's almost next to impossible. So, you're kind of, you know, it's really difficult for those kids that were coming in as 11th or 12th graders. Some of them had been adopted. Even their birthday isn't really clear. Like, there's so many, so many factors. It was actually really discouraging, because there was not a lot of clarity. Now, I will say that our district has come a long way in the last five years as far as how we support those students and what we do differently. And, there's an entire center now where they go for a lot longer and so there's a lot of things that have been set up. Probably because of legislation and things that have been put together. So, it's changed a lot. So, sorry, did I get...so yeah, so what I will say when we had the change in leadership, the new principal said "Whoah! These kids cannot be doing social studies. Cuz social studies is so much reading." And so, they then set up like an ELL English and social studies. And then those ELD teachers would go in as supports in science and math. So there were more...So we were kind of talking about the change in principal and she added the social studies and the English support and then the, and then the teachers went in for science and math, which was kind of cool because then they used that last support class, kind of what their extra elective was, to help with the math and science because they knew what was going on in those classes. #00:19:54-2#

Interviewer: Q5 Right! Okay! That's helpful context for the other questions. So then, I asked something a little bit related to this previously, what type of traumatic events have you seen represented in the lives of the students you worked with? Can you talk a little bit about that, the students from the camps? How did you come by this information? Through counseling, teachers, students, sharing, and this is a generic question that I wrote for people working in different fields so for you, you might answer it differently than a principal or a teacher because you're a counselor. But, how do you come by that information by talking with students and or teachers? #00:20:44-0#

Respondent: Sure! And I think, not only just like the sexual abuse that happens in refugee camps, just from the couple of students that I worked with, but just the, the level of poverty in camps and the lack of means. So, kids would talk to me about waiting for the food trucks to come in and waiting and waiting and waiting. Like the delays of, you know, just all the red flags that had to happen for aid to get to the camps. And so, they just remember being hungry and you know starvation alone. It causes people to do things that they normally wouldn't do. So, I know students would share with me that they'd start stealing and they have a huge enormous amount of guilt from doing something that they normally wouldn't do but they were so hungry. #00:21:50-4#

Interviewer: Sure! #00:21:51-8#

Respondent: And so, we start to process a lot of that. Now as a school counselor I referred most...and I'll get to that later but...I just referred a lot of them out. The other things that I was

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very aware of that would happen that students would tell me is the prostitution that happens. That families even prostitute their very very young daughters out just because the family was so desperate for anything. And a lot of trading that happens within the camp because you come with just whatever you have. So... #00:22:35-4#

Interviewer: Did you find that the majority of the events or narrative that students were telling you were from times spent in the camp. Did they talk less about events that happened before that or after resettling? #00:22:58-6#

Respondent: Well, the two particular students that I'm thinking of, one was there, one was in the camp for three years I think. That's a long time. Especially when they're so young. I mean that's, that's from 11-14. That's a long time. #00:23:15-5#

Interviewer: Right. #00:23:16-5#

Respondent: So, just that's a big chunk of their lives so far. And so that experience and what she would tell me is very very different than you know the boys that would talk about the, you know being forced to go steal for their family and those kinds of things where he was only in the camp for maybe 12 months or something. So, it was a lot shorter. So... #00:23:49-1#

Interviewer: Q6 How have you seen traumatic events discussed, or PTSD affect a student's general learning abilities, grade, or language learning abilities in or outside of the classroom? And how did you come by this information? Is there a lot of connection with teachers sharing with you or mostly through the students? #00:24:16-6#

Respondent: Yeah, well everything in a High School and even in a Middle School, everything comes through the teacher because I mean, I have a case load of 450 students. So, if I don't, I have to rely on what the teacher's...because they're with 30 kids at a time. #00:24:34-5#

Interviewer: Right! #00:24:35-1#

Respondent: And so, they notice things a lot faster than we do; like at the middle school, I do a lot of training of teachers to pick up on things from the kids. So, when you're looking for, you know, obvious symptoms of PTSD: anxiety, flashbacks, insomnia, change of eating patterns, agitation, irritability, hostility, are they socially isolating themselves. If they've normally been, like, not socially, you know, kind of social butterflies. Are they fearful? Are they jumpy? Do they mistrust? Do they have a lot of guilt? Are they expressing loneliness? Are they detaching emotionally? Do they have, you know, as far as learning, is there some memory loss? Is there confusion? Do they look like they're not engaged? Are they staring? You know, are they completely disorganized? Now, you gotta be careful because most middle school students are completely disorganized. (laughing) So, but, a student who maybe wasn't before but is now. And again, I know you're looking specifically for the population you're gonna be working with, with your ELD students, but I teach this to all families. #00:25:54-3#

Interviewer: Right! #00:25:55-0#

Respondent: Like, do you know that there maybe has been an event that has happened because you are starting to see a change in the student's behavior? Sometimes it's pretty subtle. But as far as how PTSD affects the brain, the hippocampus is how we learn, where our memory is stored. And, you know there's that conversion from short term memory to long term memory and when there's PTSD that does happen. And so, you can be the best teacher in the whole world but if you

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are not addressing the issues and addressing the trauma then it's going to be very very difficult for that student to move...and specifically when you're learning a new language. #00:26:46-8#

Interviewer: Right! Is there a way to differentiate, or maybe you can't, between just behavioral symptoms or symptoms of PTSD related to traumatic events? So, for teachers in the classroom. #00:27:07-6#

Respondent: (laughing) What I love to tell teachers is that behavior tells us something always. #00:27:13-0#

Interviewer: Sure! #00:27:13-8#

Respondent: Like it's always telling them something and we've gotta figure out what's going on for that student. So, even perfect behavior is telling us something. And so, if you're willing to engage with your student enough to figure out what's going on for them and they trust you enough to talk to you about those things, then that's where you develop a meaningful relationship and that's where learning happens. Learning happens in relationship. That's scientific, and we're relational beings. I guess your question when you're talking about differentiating between behavior and PTSD...generally if you dig deep enough, you will find there's something that's creating this misbehavior or there's something that's going on for that kid. #00:28:13-4#

Interviewer: Right! #00:28:14-1#

Respondent: And I don't necessarily think it's the job of the teacher to say, "This has to be because of this traumatic event". The job of the teacher is to say how do I best support the student while they're in my care? So, I have them for this one period a day and how do I help them learn the material that I need them to learn given their circumstances? And if you are thinking at all there is something major, illegal, that has happened in their life, it's always prudent to get a professional involved and not try to handle it by yourself. #00:28:56-9#

Interviewer: And I think we will come back to that again later! I want to ask you more about that! #00:29:01-6#

Respondent: Yeah! #00:29:02-6#

Interviewer: Q7: And so then, in your role as a counselor, how have you been able to assist students in overcoming traumatic experiences? And, have you seen this affect this academic success or their learning processes? So, you talked about some of the symptoms of PTSD and how that affects learning processes. #00:29:28-6#

Respondent: Sure! Well I think you look at the symptomology that I was just telling you: anxiety, depressions, insomnia, flashbacks. The very first thing you are going to see in the school is attendance. They're gonna stop coming to school. And so, that's the social isolation that I was talking about...you know it's just too scary to be around people, it's too scary to be around adults, you know it's way too much. It feels overwhelming, and so, it's...the very first clue that you'll have as a teacher is that they just stop coming to school. #00:30:10-0#

Interviewer: Sure. #00:30:10-7#

Respondent: And so, I think that's where I can come in as a school counselor. I'm definitely not, you know, a CBT specialist: cognitive behavioral therapy specialist which is who I would refer

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out to for students if I knew that there's specific trauma that's happened. Usually I refer out to Lutheran Community Services of Spokane just because all of their therapists are trained, are cognitive behaviorally trained. They know their trauma specialists, that's what they do, that's their kind of program. They also take Medicaid, which there's a lot of people in Spokane who won't. And so Lutheran is definitely who I refer my students out to. I have 450 students and my role is a school counselor; I'm not a therapist. And so, you know I kind of, I see my role as kind of triage person. I kind of figure out what's going on with the student and figure out who's going to best support them outside of the school. I know that I can't, I'm not trained to do the work with the student nor do I have the time with 450 other kids. And so, they have to be referred out to somebody that can spend an enormous amount of time specifically for trauma. #00:31:38-2#

Interviewer: Sure! You said something a second ago, that you're a school counselor not a therapist. Forgive my ignorance. Help me understand that a little better! #00:31:52-6#

Respondent: Nope, you're good, you're good! (laughing) So in my role as a school counselor, even though I have mental health training, I actually let my license, I've let it lapse. I'm not a mental health therapist. I'm a school counselor and do not provide therapy to kids. So, I'm not scheduling a once a week come in and we're going to do a trauma narrative, we're going to do sand tray and we're gonna do... We're not doing any of that. That is what a CBT specialist will do outside of the school, who they will see, and they will make decisions for that student. And they'll write therapy goals. And I write goals with kids, absolutely we write goals, we do all kinds of (laughing) "therapeutic activities" but I don't provide any kind of therapy for students and I'm very clear with parents and teachers that my role is to best support the students. And the best way that I know how to support a student is figuring out the support thing outside of the school. Most of the time. I can help a lot of kids. Like if there are just kids that are dealing with anxiety, that's not PTSD. PTSD is a whole different thing; it requires a whole different level of support. #00:33:18-0#

Interviewer: That answers other questions that I have coming up too, so I'm glad we touched on that. #00:33:28-6#

Respondent: Yeah! #00:33:29-4#

Interviewer: Q8 So what professionals in other fields of education: social work, medicine, psychology, others, have you worked with in order to support students with trauma. What did this collaboration look like? #00:33:40-2#

Respondent: So, I actually do think, and I actually kind of wrote in there just because I did those two, those two things go together so nicely, And like I said, I kind of see you know when you're sick and you're going to the emergency room, they triage you to who you need to see next. And I kind of think school counselors are kind of on the front line because we have all the kids. #00:34:02-2#

Interviewer: Right! #00:34:02-9#

Respondent: They're required by law to come to school and so we're seeing all these kids and we kind of figure out what is the best way to get them the support they need and who do they need to see. Do they need a psychiatrist right away? Do they need a medical doctor? Do they have a CPS worker involved? So, we're trying to put a team of people together to best support students. And so, when I'm looking at the question, you know, social work, medicine, psychology, you know, who am I putting together? Usually a whole team. And then that collaboration is, unfortunately,

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it's kind of turned to a lot of emails just because people are so busy. I will say when a student is in crisis, I think we do a pretty good job. I'll end up at the hospital with the psychiatrist. With the social worker, with the counselor, you know the outside therapist and myself to best support the student's transition back to school. And we get really creative with student schedules. What's the best transition from a, you know, highly intensive therapeutic setting like a hospital, back to going to school every day? That's scary. And so, what we usually do is like a partial day, like a couple periods, go home, for a couple weeks until they're a little more acclimated to school. And then let's extend those days and see how you're doing and... so I'm a huge proponent of, "Their mental health is just as important as their physical health and academic health, so they need to kind of do that kind of slowly". #00:35:55-5#

Interviewer: Along with this question, can you speak to what role you see a teacher in any classroom, or specifically an English Language teacher...what role do they play in that range of people working in different professions: the counselor, the social worker...what role do you see the teacher playing in this. In a moment we will get to narratives and what place they should and shouldn't have in a classroom. But can you speak just generally to the role of the teacher? #00:36:38-8#

Respondent: So, it gets a little complicated when you start talking about the teacher. So, depending on who the student has disclosed the trauma to, I mean I'm bound by confidentiality. If the student doesn't allow me to talk to the teacher about what they told me, I can't tell the teacher what's been disclosed. So generally, in my career so far, teachers have not been at the table when I'm doing any kind of collaboration with multiple people. For the most part, families and specifically when you're talking about cultural sensitivity, families don't want the teacher to know everything. They really like a little bit of separation between the school and their kind of personal life and I've watched that, and I can be completely supportive of their desire for confidentiality. A lot of times I'll ask because a lot of times it will be the teacher that brings the kid and then the teacher will, in their sweet spirit and caring heart of being an educator, come and say, "How's the student doing?" And I have to say, "They're doing great!" And they want to know more information and I can't really share because the student hasn't given me permission to talk about it. So, it makes it really hard. But for the most part, the teachers get to see the student every single day and support the student every single day. But they are kind of behind the support, outside of the counseling support that needs to be done, I haven't seen teachers...and a lot of that is their schedule though too. They have one prep period. They get 45 minutes. I mean it's crazy what we would ask them to do. So... #00:38:42-4#

Interviewer: Q9 Right! Well, and it, it sounds like the role of the teacher...when we talk about the roles of different people and the social worker, counselor, the teacher...like the teacher might be the first to help link the student with the counselor and then be there day after day without necessarily knowing more than that. Thanks for touching on some of that! So, related to that, question, have you formed any opinions on the role that sharing about traumatic experiences might have in the healing process of students with trauma? If so, what settings would you say are or are not most conducive for this? And you mentioned that you yourself as a school counselor aren't necessarily having week by week sessions with students. So yeah, if you want share what your thoughts are. #00:39:46-6#

Respondent: So, I think, I don't know if I'd do more if I had less students. If I had 100 students and those were the only students I was dealing with, I might do a little bit more of that. But I know with 450 kids, I can't. I just don't have the time to devote to working with those kids at the level that they need to, and the support that they need, I know they're gonna need for a long time.

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So, at the middle school when I'm only with them, you know, for some of those kids 6th, 7th, and 8th, but a lot of the kids just come in at 7th and 8th. I'm with them for two years; that's not a long enough time to support them all the way through. They need a mental health therapist that's gonna support them for a while. #00:40:35-6#

Interviewer: Yeah! #00:40:36-6#

Respondent: So, I have a lot of opinions on this. #00:40:40-1#

Interviewer: Yeah! Go ahead and share! Honestly! #00:40:43-4#

Respondent: So, I, and I want to be careful with my words, I think that trauma narratives need to be done under the supervision of a trained professional. I think it's irresponsible. Oh, that's so strong to say. #00:40:55-2#

Interviewer: No, be blunt...please! #00:40:57-5#

Respondent: Okay! I think it's irresponsible to expose students to such a vulnerability as a required assignment and I'm putting that like, you have to do it...without the necessary professional training needed to support the traumatic process. So, to just go through those events, I just think that I just watched too many teachers, even English, a lot of English teachers do this. And I'm not, I'm not saying specific to ELD teachers. I'm just saying, there's a lot of English teachers that open the can of worms of "Who am I?" #00:41:37-8#

Interviewer: Just English in general? #00:41:40-1#

Respondent: In general, and as an assignment. And I mean, there are well intentioned teachers. Well intentioned. But I also think that you have to be ready. It's kind of like the: "I'm gonna open the can of worms. But once they're open, do I have the time and the energy and the training to help put them back in the can? Or am I just gonna open it and the worms are gonna be everywhere and I don't know how to deal with all of these and I'm running around trying to figure out how to help this student manage all of those emotions that are all out there?" Okay. And generally, these are read in front of a class, which I have a whole other level of...oh my goodness! I just, I just...you know, and shared with the class, shared in a group of... you know your most intimate, deep, traumatic experiences sometimes, with people who are not guaranteeing your confidentiality. #00:42:46-6#

Interviewer: Right! #00:42:47-3#

Respondent: So, the vulnerability that it creates can create mistrust in that classroom very very quickly because not all of those students in there have agreed to confidentiality. So, I suppose, that if it's done in a small group and the environment of the classroom has been very well established, it could be helpful. But I'm saying there would have to be a lot of, a lot of energy that would have to go into creating an extremely trusting environment to where that could happen. And I'm specifically speaking for adolescents. I think that there is definitely room for college age, adult people, in a classroom setting to do that. Because they have a fully developed pre-frontal cortex, they can say, "Are you a trustworthy human being to share my paper with?" Adolescents don't, their pre-frontal cortex is not fully developed. So, they don't recognize, they don't have that filter of, "Is this a trust-worthy class?" They'll just share and then get burned. And then what they've learned is that I can't share my deepest feelings because if I do somebody's gonna run and tell somebody something else. Or what middle school students do, "I'm gonna use

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that to be mean to you. I now know your button and I'm gonna push it, because I'm in middle school and I need a sense of belonging and I know how to be mean to you now." So, there's way too many things I see going wrong for adolescents. Now narratives at the college and adult level I think can be extremely cathartic for people. So, I think there's a place for it. It is not in a public school. Wow that was really strong opinion. #00:44:56-0#

Interviewer: No! Thank you! So, it sounds like what you are saying about the public school applies to any English classroom in general. So, are you speaking in general about public school English writing classes or English classes for ELD students, like not just for refugee students? Like, middle schoolers in general sharing a narrative essay could be opening a can of worms you may not want to? #00:45:33-2#

Respondent: I totally agree! I wouldn't say that I'm saying it specifically for ELD students. I'm just, it's, I would say across the board, they're just not ready to do that in a classroom. I've seen teachers who know how to do it well though. So, there's the thing. I have seen it done well. But that's more like juniors and seniors in high school. I think middle school is a terrible place for a narrative essay. I think juniors and seniors are, again, up to age 23, that pre-frontal cortex is finally, you know, doing what it's supposed to do. And you can get more out of those students. And they just filter a little bit better and I just, not everyone's trustworthy of everyone's story. And I think at that middle school level it's tough. So yeah! #00:46:31-8#

Interviewer: So even though you haven't worked directly with college students in a counseling setting or with adults per se, do you have any thoughts or reservations or concerns about using narratives in an adult setting or some of the same. #00:46:54-0#

Respondent: I don't think I do! It's just so different because they're developmentally so different! And I think the biggest risk is that you have to set up your classroom in a way that creates a level of trust. And I would even, I would run it like you're gonna run a therapeutic small group and when I do a therapeutic small group everyone signs a confidentiality form. Like, you know, if we're gonna do this, people need to know that it's not gonna leave this room. This is a conversation that we're gonna have amongst each other. The biggest problem that I would see is that you start digging into people's trauma and you start doing a trauma narrative and everything comes to the forefront. So, a lot of time, I mean our brain protects us from things that are frightening, and so sometimes people can even repress it but bring it up a little bit and then it all comes. And they kind of have this flooding experience and if you're not ready to deal with that and you shouldn't be as a teacher, you're not professionally trained. Some are! There's lots of teachers that have their Masters in Counseling because they want to be able to do those kinds of things. If you're not prepared to support that person, it's just kind of tough. So, you've got to be careful. But I really think that adults could totally handle and should. It's a great place to explore that if the teacher sets up a classroom in such a way that's supportive and safe. But yeah, I just, I've such a strong opinion about it not being at the middle school level. #00:48:41-2#

Interviewer: Q10 So this relates to our next question as well. I'm wondering what advice or resources you might suggest for teachers working with students with trauma. And then relating back to our previous question when looking at resources for teachers, are there any types of training or resources you can think of that would better equip teachers working with adult students to use narratives? And are there teachers who have done it well, is it because of extra schooling or training that they've gone through, or lots of experience? #00:49:25-5#

Respondent: Well that's the thing! So, the teacher that I can think of, he had AP English at the High School I referenced with 95% reported free or reduced lunch. Okay... awesome teacher, but

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he was very relational with those kids. He knew a lot of their stories and he knew there was a lot of trauma. He also had a very good relationship with me. And when he would start the narrative I would come in and talk. So, I would come into the classroom. Have a conversation about trauma. Have a conversation about self-disclosure. And so, I would kind of preface it by saying, "You don't need, just in order to express your feelings, you don't need to write every detail or re-experience the whole thing. And at any time if you feel uncomfortable with this assignment, absolutely come and see me!" And I will tell you, my relationship with that teacher was really solid. So, those kids, I would just sit outside the door during that week that they were doing that, and I would just process with the kids as they were doing it. But that's a very different way to approach that kind of assignment, you have to have the extra support of somebody else to do that. It was very cool. You know, I got to know that class really really well. I got to know those kids. Some of the kids like refused to do the assignment. We processed why they were refusing to do the assignment. They would kind of... I go, "You feel like doing an oral assignment with the teacher?" And they just couldn't put it down on paper. Which is fine! You know, it's too much to do. But again, going to like the college and adult level, I think that you can, I think there's a lot of things that you can do. I absolutely think you gotta have some referral system set up. So, let's just say you're working with college students to do an assignment like that. Pull in your mental health person. Pull in your counselor who works with those specific students to be a support that if they need to talk to somebody, that person's available and they know when. Here are the times they are available. As they, you know, they turn in their assignment and they're bawling, you walk them to the counselor. You know, you're the support person. You can be like a therapeutic... talk about like your transitional objects... you're like the transitional object as the teacher. You go with the person to the counseling. You sit with them through that. You learn a lot from the counselor working with the student. And then you support them through it. And then, you've taken them once and if they come bawling to you again, you're like, "I'll walk you again", and you walk them again and then you can drop them off. You know what I mean. Because you've already taken them once. You've already clearly sat with them, supported them, said: "This is a safe person". Hopefully that person is able to connect quickly and support them. That's how I can see it being really helpful. And you are the day to day connection! You are the teacher! And like I said with adults, I can see it being really helpful. #00:52:53-1#

Interviewer: Q11 But, even there with adults, like you're in a college setting, knowing who and where resources and support are and having them come in and talk with the class. I can see that being so helpful even in the classes that I'm currently teaching. Yeah! Um, okay...and then are there any other thoughts, stories, or experiences that you would like to add or share, or we can move on...okay then we can move on to the other questions.

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Pseudonym: [Larissa]

Interviewer: [Charis Ketcham]

Date and Time: [11/25/2017] [2:00-2:41 PM] and [11/29/2017] [2:50-3:02]

Location: [Caffe Capri at 2001 W Pacific Ave. Spokane, WA & Larissa's Classroom]

Interviewer: Q1: All right, well Larissa, thank you so much for meeting today. As we get started with our questions, the first question that I've love to ask you, is: can you share with me when, where, how, and in what professional roles you have worked with students with trauma or PTSD. #00:00:26-5#

Respondent: Well I have worked with students, with refugees and immigrants for twenty-six years. As a volunteer and as well as a District 81 educator. And in an ESL program, in English development, and I work with students who come from backgrounds from war, poverty, a lot of poverty, and students that come here with normal backgrounds, just like other people, but still have to deal with the culture shock, which is also a traumatic thing that happens too, and that is something that happens to pretty much anyone when you move to another place. It's not as severe, as bad as it is for refugees and people who cross the borders and people who come here trying to get away from gangsters. So, I work with them in high school and in elementary schools. #00:02:01-0#

Interviewer: And then also, you teach at a community college (anonymized: in Eastern Washington) and you've been there for... #00:02:11-0#

Respondent: ...for thirteen years. #00:02:14-6#

Interviewer: For thirteen years. And how many years have you been at the Language Center at the High School (school and language center anonymized). #00:02:17-8#

Respondent: I was at the Language Center for six years. Before that, though, I was there for a year. #00:02:27-0#

Interviewer: Okay, and you also taught at an elementary school. Did any of the children that you worked with there have stressful or traumatic backgrounds as well? #00:02:39-7#

Respondent: They hadn't had, I have worked with students who have traumas, different kinds of traumas. You can tell when a child is dealing with PTSD. I'm not a certified professional or anything but throughout the years and all the trainings I have had, have helped me to be able to understand students and what they're dealing with. That feeling of being trapped in a box was, you don't know what it is, and you don't know how to deal with. Sometimes the only thing that helps to kind of free people, is letting them know that you love them, and everything is okay, and they're safe, and you repeat that over and over every day. You start the day and if you can get away with a hug and kind of create that mother child relationship with students you do it. We play a big role as teachers. We don't only teach but we need to love before we teach. We need to show people that they're loved and cared for every time we teach. That's how I deal with or help students in the past and through that, through that trust that I provide for them, they're able to open up and sometimes if we talk they just cry if they want to, and I say, "Feel free to express

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yourself". And once you do that, trauma is less heavy and you're able to cope with it, because you know that no matter what you do you are safe. #00:04:46-7#

Interviewer: Q2: Right, and that's something that I'd love to talk a lot more about as we keep going. I'm glad you mentioned that at the beginning, so we can talk more about that. So, can you also share with me how it is that you've professionally arrived at the positions that you've worked in? Were any types of certifications, education, or professional development required to work in these career positions or with a student population with trauma? #00:05:22-2#

Respondent: I'm not a certified counselor, but I have had a lot of training with PTSD and other traumas. I have read, studied, done research just to educate myself and be there for students. #00:05:41-6#

Interviewer: Would you say that most of your training has been your own learning or have you gone to any training seminars regarding PTSD? #00:05:51-9#

Respondent: I have done training seminars. Actually, I go to one every year. It's a four-day training and of course I have a lot of friends who are counselors and somehow, they learn from me and I learn from them. #00:06:15-7#

Interviewer: What is the four-day training that you mentioned that you go to once a year? #00:06:21-0#

Respondent: That's at Gonzaga and it's not advertised training. It's about ten teachers who get together with a counselor who specialized in PTSD and we do a four-day meeting. #00:06:41-1#

Interviewer: Is that open to the public even though it's not advertised or publicized? #00:06:48-9#

Respondent: I don't know. I haven't seen anybody else in the last three years. There's just about ten of us. #00:06:55-4#

Interviewer: Okay, and what about your educational background led to your teaching opportunities? #00:07:08-3#

Respondent: Well I was one of those undocumented kids with no hope of education. At that time, pretty much anything I did was illegal. So, I graduated from high school and then I went to a University and I had to go through a lot to even stay on campus. But I attended there for six years and as soon as I finished I got a job with an ESL program in public schools. And during that time, I was also teaching Spanish on the side and that gave me a lot of experience as well. And then I did part of student teaching at Gonzaga Prep. We didn't have a lot of, or any refugees, but it gave me the sense of love for helping others and also learning. So, people who I taught had been my educators as well in that sense. #00:08:34-1#

Interviewer: So, when you say people who you taught were you educators as well, do you mean that you were learning from your students while you were teaching? #00:08:43-1#

Respondent: I was learning from my students! I think I have learned more from my students than I have learned in a classroom, because it's real when you talk with students and you learn things that you are like "Wow, I didn't even realize." And my whole thing is, "Thank you for teaching

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me!” And I always tell students, “I’m here to teach you but you’re going to teach me too, because we learn from each other?” #00:09:07-0#

Interviewer: Hmm, thank you for sharing that! So, what was your degree in? #00:09:16-2#

Respondent: Well I majored in psychology and then I was hired by the school district as an English specialist and then I became a teacher. #00:09:29-8#

Interviewer: Q3: Okay! And then, how would you describe the population of students with trauma that you have worked with? This is a little similar to question one, but what ages, grades, academic levels, socio-economic statuses, religions, or nationalities were represented. And you don’t have to touch on all of those, but maybe you could describe the students that you worked with at the community college and then the students that you worked with at the Language Center. #00:09:55-2#

Respondent: Mhmm, I have one story about that that I will probably never forget. I had a little boy in elementary school who came from Guatemala. And he was an indigenous who hardly knew Spanish. But my first experience with him was the way that he was pretty much refusing to do things the way that we did them here. For example: using the toilet and going to the bathroom. It was so foreign for him and he looked stressed out. He looked really tired and there were times when he would just, during recess, go somewhere and go to the bathroom. And sometimes when people didn’t understand, the child gets in trouble and then there’s this big thing, and I remember there was no... we couldn’t get him to come out of that. It was always, “Why, why do I need to do this? I don’t want to! I’m scared. I’m this. I’m that.” And it took me about three or four months to finally get him to understand that he was okay. “You’re going to be okay”. And I gave a hug every day and a couple of weeks, three weeks, and he would just look at me and I would look at him and say, “Te quiero mucho”. I was like, “Te quiero mucho”. And he would just smile. You know, at the door when I went to pick him up at the door, he just went straight to me and gave me a hug. And I said “Te quiero mucho”. And after that, the trauma was there, but at that moment he knew that he had a way out somehow with me. And there was nothing he could do that would get him in trouble with me. So, we built this relationship throughout the years he was diagnosed with PTSD within two years or so. So, the lack of counselors... who didn’t understand PTSD at the time, now we have more, but it really affected him and his process of healing. But, I found a Hispanic counselor and connected them with her and now he’s in college. But he’s still, of course, trauma’s still part of him wherever he goes. But, he kept in touch with me and he calls me when he’s going through difficult times. And I encourage him, and he goes on and sometimes he comes to my class at the community college and talks to me. He’s majoring in psychology. #00:13:23-7#

Interviewer: So you’ve kept that connection with him over the years? #00:13:31-1#

Respondent: Yeah, through the years, yes. And at the community college as well, I see students who are completely withdrawn from reality. And sometime just giving them time to be withdrawn for a little bit, to process that moment, and then you go there a second time and just you know... sometimes you don’t say anything and students just look at you and you say, “It’s going to be okay. It’s going to be okay. I understand what you are dealing with but it’s going to be okay”. And sometimes they cry and sometimes just get a little relief and they say, “So what are we learning today?” And they open up, you know. Their minds become clearer, and they’re able to focus on what we’re doing. Sometimes when English gets hard, that creates hopelessness, so they go back to that moment. And then I go back and bring them back again with as much

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compassion as you can show. And I have a lot of students like that who really rely on that and my time with them to release some of the pain and sadness. #00:15:10-1#

Interviewer: With this little boy from Guatemala, was he experiencing traumatic events currently at that time, or was this after? #00:15:21-4#

Respondent: It was after he arrived in the United States because the parents said that they had never seen that before. The parents told us that after they arrived in the United States, they found this apartment to live in, and he was really afraid of using the bathroom. The parents, you know, said he was really afraid. They never told me if any of that was created by someone or, but where they came from there was a civil war. There were a lot of people that were getting killed in the regions and villages. And I don't want to say that I know what happened to him, but something happened during that war that made him feel so fearful and unsafe. #00:16:21-5#

Interviewer: Did you see anyways that that affected his learning in the classroom too? #00:16:28-6#

Respondent: It did, yeah. When he went into mainstream ESL, the teachers would often call the parents because of his behavior. He was, what do you call, hyper in the classroom and trying to avoid language learning. Sometimes he would punch people in the face, which he didn't before. Before he was just with-drawn, and he didn't want to do anything but then as he went into mainstream, he was a good student and a good reader, and his English improved and in two years he was talking. He could talk to everybody, but he didn't like writing. #00:17:27-7#

Interviewer: Why was that, do you know? #00:17:32-5#

Respondent: Because, whenever you have something that's hard, that triggers the past. So, anything that reminds you of challenges triggers what you have gone through before. And as children, I know this that they hide that with their attitudes and their behavior by playing, by punching, by running. So, it's up to us to actually work with them and again make them feel that you can do this. What are you going to do when you grow up? Sometimes you make a joke out of that and you keep going because, "This is where you are, and this is where you might be in the future". So, once you create that goal in the brain, where it's true that they're going through all of these feelings, but they have to climb. You know! They have to climb mountains and get to the top of them and get up there. And the feelings will be there wherever they go, but they will learn to cope as they go through them. So... #00:18:47-6#

Interviewer: So, you found that helping him create goals or helping him think about what he wanted to be when he grew up would help him. How old was he? #00:18:59-0#

Respondent: He was in third grade. And after high school, we had a hard time in high school. For a while, when he was sitting, he was thinking of dropping out and getting his GED and stuff like that. We had meetings. I went to the house. I went to talk to his parents a couple of times, just on my own time on weekends. And we would have these long conversations about education and the importance of building a life that would be different from the life they had before. And parents were not as encouraging because, again, they didn't also have that educational background. So, it was more like, "Well, he needs to get a job. He needs to work and make money. He's getting old". And working with them was challenging. They labeled him as lazy. And there was a teacher who actually called the parents and told them that he was lazy. And that was really hard. It's really hard to reveal that. And he said, "Well I'm lazy", it was like he was proud of being called lazy, you know. And I went to the counselor with him once and um, with mom's and parents'

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permission, they let me go. And that was my goal, was to reveal that. And I talked with the parents about not using negative language. So, in Spanish I gave them phrases for, “You can do this! You’re really smart! We love you!” And all of that repetition everyday really helped. So, he still sees counselors maybe once a month. He used to do that every week but now he does that once a month. He takes medication as well. #00:21:05-0#

Interviewer: Q4: Thank you for sharing this story! In looking at the next question, have any of the students with trauma that you have worked with included a refugee or English language learning population? That question has answered itself: yes! If so, what language learning settings or classes were the students involved in. So, perhaps you could answer, what level do you teach at the community college? What types of classes? #00:21:40-0#

Respondent: I teach English 3 and I have students from Africa and the Middle East, most of them with war traumas. I have students come Cuba. That’s a whole different story and of course Asia. A lot of them come from refugee camps and they have not had a country. As you know people that were in the refugee camps sometimes are not citizens of any country, so it’s also traumatic. They come here and it’s exciting but it’s just different, so... #00:22:27-3#

Interviewer: The resettling process in and of itself can be traumatic. #00:22:26-8#

Respondent: It’s really hard, yeah. And some people do well. It’s not easy but they do really well, but a lot of people don’t. But in the classroom, I teach level 3 and my students, some of them, have gotten through level 1 and 2 here, but some of them have just come to the country within months and they are put in my classroom for the first time. They didn’t go through basic English, so I have to provide that and then at the same time, their English level is level 3 English. #00:23:16-5#

Interviewer: Did they test into level three if they haven’t taken level 1 & 2? #00:23:19-3#

Respondent: They do test into level 3 because when they come they take a placement test. And depending on their score on the state test. It depends on the score of reading and writing and also the city’s placement test, writing test, and they put them together and if they score level 3 or level 1 or whatever level they score and then they get put in that class. #00:23:52-6#

Interviewer: Okay, and can you describe the language level of a level three classroom? What are their conversational abilities or language level abilities? #00:24:06-1#

Respondent: Some of them understand everything but still have a hard time with sentence structure, within a conversation you can complete sentences. I think that’s one of the main struggles in the classroom because people learn... I used to get them to speak English just enough, so people can understand them. So, they don’t really think about using complete sentences and they use broken English as they talk. So, one of my goals is that they can have a conversation and be able to answer using complete sentences. And then they also... writing is a challenge too. But in conversational skills, it is fun to listen to them, because I always put them together with different languages. And how they explain things to each other, I give them a topic sometimes and they have to talk about it. And if one doesn’t understand what the other one is saying, someone else in the group describes or explains what the other person is saying. So, once I know what they’re able to do that in a group, then I know I’m reaching my goal because in the beginning that doesn’t happen the first week or so. #00:25:47-1#

Interviewer: Sure, sure! How long do you have that level three class for? #00:25:53-7#

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Respondent: Well, we go by quarters. We start in September and we go through December 14 for example in this quarter. And at the end of the quarter I have to test them again with the city test in reading, writing, listening, and speaking. And then of course the test... and again we put that together. And if they pass they go on to level 4. A lot of them stay at the same level. #00:26:19-1#

Interviewer: Q5: So then if we look at question 5, what types of traumatic events have you seen represented in the lives of the students you've worked with or hear from their pasts? How have you come by this information? Has it been through teaching, through students sharing, or through other teachers telling you? #00:26:46-9#

Respondent: Mostly from teaching and students sharing. I have a sharing group that meets at the end of class. Students stay and have a chance to talk and through the hours, students show what they've gone through and through their stories. I have students who've, ... or I'll share my story and say, "Many of you came from a war zone. It's never the same, but I came from war zone too". And their eyes just open up and they tell me more. So, I share about my story and then the students start talking. The conversation last week was about how their houses were burned with children inside. And it's hard to listen to those conversations and feelings that are helpless. But at the same time, it's a really good moment to express themselves. Some of them get angry, not violent, just angry. Other people are sad and cry but then they relieve their feelings. So, like I said, students have been some of my best teachers. But I also have learned through other teachers and counselors. #00:28:38-1#

Interviewer: So, in your sharing group after class, do you find that many of the students stay and want to talk and share or just a few? #00:28:49-1#

Respondent: I have about 15. I have 31 students and I have had 10-15 students who stay, and they know that it is for sharing. They know what it is about. And they also, we talk about confidentiality and I give them a little contract about confidentiality. It says whatever you say and whatever you say stays here. And everybody knows each other because one of my biggest things in my class is to build community and trust in my students. So, I waited about a month before I started doing that so that students could get to know each other first and be comfortable. Once I hear them during class sharing things about themselves then I think okay, so you can do this. #00:29:43-3#

Interviewer: So, I'm really interested about this because one of the aspects of my research looks at the place of sharing in the classroom and how to do that. I'm going to come back to this in a future question, but before I get there, while we're on the topic... #00:30:08-0#

Respondent: I was just going to add a little bit to what you asked me about the group. #00:30:13-7#

Interviewer: Sure, go ahead! #00:30:15-6#

Respondent: So, what happens with those groups is that I also have students who have not experienced any of those traumas. And what I found is that it is really educational for them. These students who stay in the classroom for the conversation class are well-educated. I have one who is an attorney and all of them have degrees in laws and medicine and all this. So, it's been a really educational opportunity for them. And they thank the other students for sharing. They

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become more compassionate and I know that someday they're going to give back to the society because they are learning about what other people have to go through. #00:31:07-3#

Interviewer: And, with this group of students who stay during this time, is this sort of volunteer time of your own rather than paid teaching time? #00:31:21-3#

Respondent: Yeah... I do that once a week sometimes twice a week depending on my observation of the students. For example, holidays really affect how students feel and there are questions that I will ask like, "How is your family?" Or I have to ask in a diplomatic way. #00:31:51-5#

Interviewer: What are types of questions that you would not ask in a setting like that? #00:31:57-0#

Respondent: Well there is a question that everybody asks, but it's not our favorite as foreigners. It's, "Why did you come to the United States?" It's sort of considered as, "Why don't you go away?" That's how it's received. So, it's pretty direct. We talk about that question. Students have asked me, "Why did you come to the United States?" Or have told me that people ask them that. I thought it was just me who used to feel that way and now I have to explain, but we talk about that question. I ask them that question just because I know people will ask them, but I wouldn't ask them myself. But I ask them about how they're feeling, how they're doing, if they want to talk. If I know they have children, then I ask them about their children. I have to know enough about them in order to ask them. If they have shared with me situations like, one of them has family in their country still, their mom is there, or a relative of hers was killed, then I kind of rephrase the question. "How are you doing?" Instead of saying, "How is your family?" I do this because I know this situation is affecting her pretty much every day. And she will need to talk about it. If she needs to talk about it, I'm going to have that door open. And then if I know she has children then I go around and say, "How are the children, how are they doing, do they like school?" #00:33:48-0#

Interviewer: It sounds like you start with the individual by asking, "How are you doing?" and then as they share, if they talk about their children, then you can ask them about their children. #00:33:59-3#

Respondent: Yeah, get to know them before you ask questions. I go around when they arrive, they don't always arrive at the same time, so I get the opportunity to sit with them individually and at the beginning of the day. The first thing is, "Did you eat breakfast?" That's really important. I talk a lot about eating breakfast and taking care of themselves. So, I sit with one of them, I work with each one of them, and I talk. #00:34:30-0#

Interviewer: And it sounds like a unique opportunity and setting to do it at the adult level. Would you do this same set up in a high school classroom or with elementary school students or would it be different in any way? #00:34:47-9#

Respondent: With anyone, with any student. I have never taught native speakers, only ELL students. But, I do that with any level, any grade, because as students come from other countries, they need that. They need to know that everyday there is someone that cares. So, when they go to school, they give these 3-4 minutes or so, to be able to say, "I'm not happy", or "I miss my mom", or "I miss...". They have to be able to say that at the beginning of the day in order to be able to build that strength and confidence. #00:35:40-1#

Interviewer: To keep going and to keep learning. #00:35:42-5#

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Respondent: Right, and then touch base with them throughout the day, before lunch and after lunch, “How was your lunch?” and then keep encouraging them. That’s what I’ve always done. #00:35:54-6#

Interviewer: Q6: Thanks for sharing about this! So, my next question then is, how have you seen these traumatic events or PTSD affect students’ general language learning abilities or their grades, inside or outside the classroom? And then, how have you seen these affect their learning? Has it been through teaching or observation or talking with them? #00:36:24-4#

Respondent: Both! Observation, talking with them, teaching, it’s pretty obvious how the different events that you see as they learn, some of the things that I run into is: students with writing. That’s a big thing because as you teach levels they have to learn the structure of a paragraph and if, let’s say, there’s a topic that I give them to start with about themselves... so I have them write about themselves, it can be kind of delicate to write about themselves or family or friends and then they go to their country, and then move on to, “What are your goals?” Or they have to do a paragraph about this country, so their country, this country, and then their learning goals. But, the topic of themselves, they just want to pour everything in the paper. They just want to look for translation for their stories and what they want people to know... #00:37:49-2#

Interviewer: Something they want to talk about! #00:37:51-5#

Respondent: They want to talk about it and a lot if it is their experiences. And so, it is hard sometimes to say, “Well you are just not at that level yet, but here is a journal, write in your language. If something comes to you, just write in your language.” This shows me that they’re writing about it. #00:38:23-9#

Interviewer: Have you seen any other effects, positive or negative? For example: has trauma affected memory loss or attention span or whether or not they feel safe in the classroom because of past experiences affecting their learning? #00:38:48-7#

Respondent: Within the first week, before they feel comfortable, you see them just move away from you or you may be trying to hug him, and they feel like they have to move away. Many times, they don’t talk at all and they just sit there, and you can ask them as many questions as you want and they will not say anything until they feel comfortable. So, I’ve seen that a lot at the beginning. I had a student who didn’t speak for six months. #00:39:30-2#

Interviewer: For six weeks or months? #00:39:33-7#

Respondent: Months! #00:39:35-5#

Interviewer: Oh wow! #00:39:36-7#

Respondent: They were taking him to speech therapy. Teachers didn’t know what to do. So, I used to take him out from class and I would read to him. When I read he would point but he wouldn’t say anything. And then, after six months, we were working together, and he says, “Can I use the bathroom!” #00:40:01-6#

Interviewer: Ooooh...first words, and you were like “yes!” #00:40:06-5#

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Respondent: So, his silent period was long and a lot of it was do with something traumatic.
#00:40:13-2#

Interviewer: Q7: So, with question number 7, Larissa, in your professional role, how have you sought to assist students in overcoming traumatic experiences? Have you seen this affect their academic success and learning processes? So, are there any ways specifically as a teach that you helped them with that? #00:00:28-7#

Respondent: I have helped them, a lot of it, by talking to them one-on-one, by helping them write their stories as much as they want to write. And I noticed that students that are able to write their stories in their languages, are hungry for learning to share that in English. So, their writing and reading seems to get better once they try to express themselves about something that is so personal, so important to them. And I noticed that most of the students who come here with that good educational background, it seems like they just want to tell the story for education purposes, they see the need for people to learn about the world and what many of their people go through. That gives them a lot of hope when people listen to stories. So academically, I have used that approach to help them with their writing and then I do all five components with writing with them. So, we do writing, speaking, reading, and listening, and grammar. But, it's so delicate and not so much in a way of putting a lot of pressure on them, but just getting them to want to do that, and "It's okay if you do not want to write this! We will do something else." But the point is to get them to write about it if they want to. If they are not ready they will not. #00:02:41-9#

Interviewer: So, you give them the opportunity without the obligation to write about it and then if they do you might use that as a language learning opportunity for teaching grammar and other aspects. #00:02:55-0#

Respondent: Right, they usually write their stories if they want to. Again, it's always an option. "If you want to, write the story in your language. If you get to a point where you cannot write because it gets too... then stop. But see how much you will like to say in English from there." So sometimes they explain to me what they write and then we figure out a way to put it in English and that helps them not only psychologically, but academically as well. I don't usually share stories with anybody else, but if I have their permission, and I want to help another student understand that they're not alone, that other students have gone through... I say something without using names that I can give with their permission. #00:03:58-8#

Interviewer: Right, so there's still a level of confidentiality that makes it safe for them.
#00:04:01-4#

Respondent: Right, I take confidentiality so seriously and they tell me "Sacred, sacred to me!" So, I give them that. #00:04:11-9#

Interviewer: Q8: Hmm, okay! And then another question I wanted to ask is, what professionals in other fields: educations, social work, psychology, or any other fields have you worked with in order to support students with trauma. And what has this collaboration looked like? #00:04:25-6#

Respondent: I have worked with group counselors and I have had them visit class and I usually do a unit on mental illnesses, especially depression in the winter time and what it looks like. I do that with the counselors, so I go over and meet with them and I go over who the students are, where they come from, and then we come up with ideas on how to talk to them. That is a very delicate topic as well. Culturally, students don't want to talk about it and what I have learned is that when we talk about what it looks like and we show the pictures of "This is summer, and this

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is how the person felt and you see the sunshine. He looks like he's happy! And then fall starts, the weather starts getting cold, and this is what this person looks like. Here in winter this person cries every day. So, is that normal?" So, then we go from... they start saying, "Oh me too, I understand because..." and they start telling their stories about how they feel and from there we talk about help. #00:06:00-9#

Interviewer: So, you work with the school counselors to sort of teach this unit... #00:06:06-4#

Respondent: Mhmm... #00:06:09-1#

Interviewer: That's great! #00:06:10-8#

Respondent: I invite professionals sometimes. I invited them from the community. I have someone from the Frontier West once who came and talked about this topic. And we talk about and ask them, "What could be helpful to you". Sometimes we help them get into the YMCA and become members there, so they have a place to exercise which is a huge thing. #00:06:38-9#

Interviewer: Yeah, that helps a lot even mentally to be expending energy and holistic care. #00:06:42-4#

Respondent: Exactly! And they make friends with people who speak English. (laughing) So they come to me and say, "I was swimming yesterday and I saw my friend!" #00:06:57-4#

Interviewer: Q9: (laughing) That's great! Hmmm! Well my final question then is on the role that sharing about traumatic experiences might have in the healing process for students with traumatic experiences. If sharing plays a role, what settings would you say are most conducive for sharing about these experiences? And I know you mentioned a little bit before about the optional time after class that you have for students to share and the confidentiality of that. Do you find that it's helpful for students to share with other people in the right setting? #00:07:33-7#

Respondent: Sometimes it depends on the student. Sometimes students just want to share and sharing in a group is an opportunity for them. They feel safer I guess when they talk to other people who might have experienced the same thing. Um, what else? I can tell students would rather have a different setting: maybe an office with a professional or just a simple talk with the teacher. So, it just depends on where they are in the healing process. And I'm not a counselor, you know that, and I don't pretend to be. I'm just a listener and someone who loves them. And they know that. So, I just go along with what they feel like. If they want to laugh and share stories about funny things in their countries, we do that! And everybody laughs! I've told them my story one time that when I was little I climbed a mango tree with a knife because I wanted to peel mangos! And I feel asleep for 3 hours up in the tree! #00:09:02-0#

Interviewer: (laughing) Oh my goodness! #00:09:04-4#

Respondent: And they start to laugh, "Me too?" (laughing) It was really funny cuz we all had the same stories! You know we talk about toys and I tell them that all my friends got together, and they would make little airplanes from leaves and they would run around and they were like, "Yeah, we did too!" (laughing) #00:09:22-6#

Interviewer: (laughing) Well it sounds like sharing about positive experiences can be so beneficial and healing! #00:09:31-2#

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Respondent: It's healing! Oh yeah! Very, very helpful! And it all depends on what students feel like talking about. And I usually, if there's a really difficult topic and they start telling stories that are kind of getting them sad or depressed, then I start talking about my childhood and funny things because I know they will connect with me like, right away! #00:09:57-3#

Interviewer: That's great! #00:09:58-6#

Respondent: Going to school on a mule. (laughing) That was really funny! "Yeah when I was... my grandma..." and they start telling all these stories about horses! (laughing) #00:10:10-9#

Interviewer: (laughing) That's great! Well Larissa, I'm really grateful for your experience and for what I see in everything that you're sharing, is a love for your students that I'm sure they see, and they recognize, and that that is part of what lays the foundation of trust in which they do feel comfortable sharing and relate to you as a friend and teacher. #00:10:39-6#

Respondent: Yes. I think that teachers should first think of themselves as the caring mother or a caring father before they think of themselves as teachers, because when students come to you, they're so vulnerable. And your hope is that the teacher will encourage you and help you through the learning process. And when a child is growing, parents' encouragement and love is pretty much everything. The whole idea of, "I love you! You're going to do well! You're doing a good job! Keep it up honey!" And I mean, I don't say that to students but... #00:11:34-7#

Interviewer: But encouragement... #00:11:37-3#

Respondent: It's the whole idea of your body language saying, "I care so much about you! I believe in you! You can do this!" And it's, I think it's really important to set that foundation from the time when the students come. Give them that time, one-on-one time, so they have that opportunity to share with you what's helping, what's not helping, and what you can do to make their learning better. #00:12:09-8#

Interviewer: Well thank you so much for sharing, Larissa! Do you have any other thoughts from the perspective of a teacher that you want to share, or do you feel like you've shared anything that you want to? #00:12:21-2#

Respondent: No, if you have enough material? #00:12:24-7#

Interviewer: No, I think it's great, thank you so much!

CURRICULM VITAE

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EDUCATION

Eastern Washington University, Cheney, WA, USA.

2018 Master of Arts in English, emphasis in Teaching English to Speakers of Other Languages

Moody Bible Institute, Spokane, WA, USA.

2015 Bachelor of Arts in Teaching English to Speakers of Other Languages

TEACHING EXPERIENCE

Eastern Washington University

Cheney, WA, USA. ~ Fall 2016 ~ Present

English 101: College Composition: Exposition & Argumentation

English 201: College Composition: Analysis, Research, & Documentation

- Develop curriculum and class materials and teach daily lesson plans for 5-credit writing courses, implementing interactive learning activities and discussion of readings throughout the lessons.
- Assign in class, take home, and online writing projects, providing feedback on hardcopies, digital copies, and through in person conferences.
- Incorporate multi-media and technology into daily lessons for group discussion, presentation of assignments, and group presentations of assigned readings.

Zhongshi International School

Weihai, Shandong Province, China ~ 2015 Summer

- Collaborated with a 3-member team of teachers to assess students' English levels & placements
- Co-developed curriculum and daily lesson plans for a 3-level summer elementary English program
- Created and taught 2-week TOEFL listening and speaking workshops for high-school students

English Language Institute China Instructor

Dalian, Liaoning Province, China ~ 2014 Summer

- Hosted and taught a 5-week (75 hr.) training program with daily 3-hour classes for 18 Chinese EFL teachers, implementing communicative learning teaching (CLT) approaches and activities.
- Worked with a team of eight teachers to co-produce and present 25 seminars on American culture for Chinese adult teachers.
- Worked alongside and under the supervision of 3 school leaders at the Chinese school where the classes were hosted, in order to teach and present in their building and work effectively in their offices.

INTERNSHIP EXPERIENCE

Extension Program Research Writing and Presentation with Ron Belisle

Mukogawa Fort Wright Institute, Spokane, WA, USA ~ 2017 Fall

- Collaborated daily with Ron Belisle regarding lesson plans, objectives, and activities.
- Provided in-person student feedback for research writing, essays, blog posts, business letters, and research presentations.
- Assisted students one-on-one during all stages of their writing processes: outlines, research, citations, grammar, revisions, and presentation skills.
- Assisted the teacher by directing students' free-write topics and finding research sources from a local library for students' topics.

Summer English Program with Ron Belisle

Mukogawa Fort Wright Institute, Spokane, WA, USA ~ Spokane, WA, USA ~ 2017 Summer

- Collaborated daily with Ron Belisle regarding lesson plans, objectives, and activities.
- Led topics for and participated in daily class interactive conversation activities.
- Assisted the teacher by directing students' free-write topics and providing in person student feedback.

English 112 for ESL Students with Dr. LaVona Reeves

Eastern Washington University ~ Cheney, WA, USA ~ 2016 Fall

- Created and taught grammar lessons and journal prompts for the class, incorporating materials from the assigned readings.
- Conferenced individually with students to listen to, read, and provide oral and written feedback on their writing, resulting in their production of multiple drafts increasing in fluency and accuracy.
- Led and directed a group of ELL students in the creation and presentation of a PPT presentation based off assigned readings, resulting in their oral and theatrical presentation of the material.

PROFESSIONAL DEVELOPMENT

Panel Presentation in an Eastern Washington University Composition Practicum Course

Spokane, WA ~ 2018 Spring

Presented strategies for first year English instructors to develop successful curriculum and lesson plans and to overcome common challenges in teaching English 201 courses.

Spokane Regional ESL Conference & Eastern Washington University Symposium

Spokane, WA ~ 2018 Spring

Presented academic research on the potential effects of trauma on refugees' language learning processes.

Inland Infolit: Multimodal Composition Practices

Spokane, WA ~ 2017 Fall

Attendance at the conference.

Presentation at Eastern Washington University Research Symposium

Cheney WA ~ 2017 Spring

Presented academic research on contrastive cultural academic writing values seen in student composition

Practicum Coursework in Theory and Pedagogy

Cheney, WA 2017-2017

Completed a year-long training on English composition educational theories and pedagogy.

CURRICULUM DEVELOPMENT

Curriculum Developed ~ 2017

Created curriculum for advanced English 201 composition course.

Curriculum Developed ~ 2016

Designed thematic curriculum for multicultural ESL composition class.

Curriculum Developed – 2015

High School English listening and speaking workshop materials for Korean High School students in China.

Elementary English summer program for Korean elementary school students in China.