Chapter 1:

Trauma, Compassion, and Resiliency:

Background and Definitions

I. Lesson Plan

a. Purpose: Define trauma and adversity and explain how they impact students and educators developmentally, behaviorally, and academically.

b. Objectives:
   i. Introduction and Ground Rules
   ii. Trauma Definitions and Academic Implications
   iii. Background Knowledge/Findings for Compassionate Schools
   iv. Vicarious and Secondary Trauma

c. Time: 120 minutes

d. Preparation/Materials
   i. PowerPoint Slides, Computer, LCD Projector, Easel, Flip Chart, Markers

II. Training Session Content

a. PowerPoint Slides
   Slide 1-1: Introduction to Compassionate Schools: “The Heart of Learning and Teaching” Training
   Slide 1-2: Welcome and Introductions
   Slide 1-3: Ground Rules & Important Details
   Slide 1-4: Introduction & Overview
   Slide 1-5: Chapter 1 - Getting Started
   Slide 1-6: Chapter 1 - Quote
   Slide 1-7: The Language in this Chapter
   Slide 1-8: What is a Compassionate School?
   Slide 1-9: Chapter 1 - Quote
   Slide 1-10: Brain Development, Executive Functions and Self-Regulation
   Slide 1-11: Fostering Resiliency
   Slide 1-12: Stress
   Slide 1-13: Trauma
III. Activities and Directions
   a. Agenda for Participants
      i. Distribute slides to Participants
      ii. Allow for introductions
         1. Review Ground Rules
         2. Allow for Group Commonalities Activity
         3. Present Slides

IV. Evaluation
   a. Reflection Questions
      i. What did you learn (or re-learn) about children, youth and implications for Compassionate Classrooms?
ii. What personal or professional experience have you had dealing with adversity and stress in the classroom?
iii. How have these experiences impacted you?

b. Application Questions
   i. What can you do in the future to remain sensitive to the need for students impaired by trauma?
   ii. What supports can be put into place to support teachers in implementing Compassionate Classrooms?
   iii. How has or can this experience impact your practice in the future?

V. Additional Resources Available
   a. Chapter 1 resources from page 32-33
   b. Chapter 2 resources from page 62
   c. Chapter 3 resources from page 130-131
   d. Chapter 4 resources from page 175
   e. Chapter 5 vignettes 177-199
   f. Chapter 6 resources for text from page 202-218
      i. Printed Matter
      ii. Books and Journal Articles
      iii. Websites
      iv. OSPI Resources
Slide 1-1: Introduction to Compassionate Schools: The Heart of Learning and Teaching Training

Content of this slide adapted from: N/A

Materials Needed: “The Heart of Learning and Teaching” hardcopy of the book
Markers
Adhesive easel pad
Post-it notes

Trainer Tips: Establish a professional, upbeat, safe, and fun atmosphere.

What to Do, What to Say:

Do:
Pass-out participant materials/slides.
Review slide content with participants.
Smile, relax, and open the floor for dialogue!

Say:  Hello, and welcome to Compassionate Schools, “The Heart of Learning and Teaching” training. We are happy that you could all be here. We are looking forward to working with you. Over the next two hours we will get to know each other, talk about the foundations of the book “The Heart of Learning and Teaching: Compassion, Resiliency and Academic Success”, and review the agenda we will be working on during our time together.
Welcome and Introductions

Who Are Your Teammates?

- Name
- Where you work
- One expectation for this training
- One thing for which you are most proud

Slide 1-2: Welcome and Introductions

Content of this slide adapted from: N/A

Trainer Tips: Make eye contact throughout the room and be attentive to questions.

What to Do, What to Say:

Do: Review slide content with participants.
Introduce training team and/or facilitating staff.

Say: I would like to introduce your training team for the time we will be together.

Do: Have the training team (yourself included) introduce themselves.

Say: We want you to get to know something about the people at your table. Please go around your table and share your name, where you work, what your job is, why you are here today, and one thing about yourself for which you are most proud?

Do: Have them share out some of their expectations so all can hear.
Slide 1-3: Ground Rules & Important Details

Content of this slide adapted from: N/A

Trainer Tips: Allow for questions as applicable, have easels with paper and markers ready. Prepare or assign someone to record and write as the conversation progresses. Post details and responses after completion of activity.

What to Do, What to Say:

Do: Review training ground rules and important details. Post a piece of easel paper on the wall with the words “parking lot” on it.

Say: Here are some important details for our time together; for the week, for instance, the bathrooms are (explain & write on easel), what time we will be starting every day (explain & write on easel), how to receive continuing education hours (explain & write on easel), and who to talk to if you have any problems or concerns with your room (explain & write on easel).

Do: Check/gauge room for understanding.

Say: Are there any questions? Do we need to establish additional ground rules for our time together? If so, what do you think they should be?
Do: Ask them to provide their ideas out loud while you write them on the easel for everyone to see. Make certain there is agreement and clarify if needed. Make certain you offer ample time for responses. After there is a reasonable number of rules, make one final ask of the group. Allow time periodically throughout the training for added ground rules, comments or questions.

Say: *Raise your hand if you agree to abide by these ground rules and let’s hold each other accountable for them as needed.*

*It looks like we are all in agreement to have a great learning time together.*

Do: Post easel sheet with important details in a visible location in the training room. Post additional sheet labeled ‘Parking Lot’.

Say: *During our time together, if you have questions, please write it on a post-it note and post it on the “parking lot.” Questions will be addressed periodically during our time together.*

Do: Refer to the post-it notes on the table.
Slide 1-4: Introduction & Overview

**Content of this slide adapted from:** Wolpow, et al., “The Heart of Learning and Teaching” (2009)

**Trainer Tips:** Smile, speak slowly, remember to move around the room (when applicable), and make eye contact with participants.

**What to Do, What to Say:**

**Do:** Review slide content with participants.
Familiarize the audience with the agenda.

**Say:** *This is the content of this chapter. We will do this for each chapter so you will know what information we want to share with you.*

*Here is the overview of chapter one. We will be covering this material and will define the purpose of this chapter. It is important to clarify working definitions and explain the language used in this chapter; some information on brain development, the nature of trauma, how to navigate challenges, how trauma impacts wellness and learning, and how trauma can affect those who are working with those who are most impacted by it.*

*This chapter covers a wide variety of topics. Trauma impacts students and adults subjectively. That is, every person will see, feel, and react depending on their*
experiences, level of resiliency, and how they are used to navigating their natural environment.

This training has a wide breadth of information because it is designed to give you the knowledge, tools, and skills to work with students who are experiencing stress due to Adverse Childhood Experiences (ACEs). When working and learning about trauma, it is important we take care of ourselves first. How many of you here today have heard the saying, ‘you can’t pour from an empty cup?’ We will cover that in more depth in Chapter 2.

**Do:** Pause to assess understanding and comment on the number of hands raised. “Yes, almost all of us here today” or “okay, at least a few of us”.

**Say:** Even the most well-trained professionals cannot predict when internal struggle occurs. If something in this training or in your work brings up uncomfortable feelings, revives past or current memories that affect you - I am asking, as a colleague, to first be aware, and if needed, reach out to someone you trust or a professional. A great resource to clinicians, teachers, administrators, and to our students is the National Crisis Hotline. It is completely confidential, free of charge, open 24 hours a day, 7 days a week, and 365 days a year.

**Do:** Write the National Crisis Hotline telephone number 1-877-235-4525 on the white board and/or parking lot. Feel free to recommend participants write the number down on their materials.
Introduction

• The Language of this Chapter
• Trauma and Academics
• Just How Pervasive is the Problem?
• ACEs and School Performance

Slide 1-5: Getting Started

Content of this slide adapted from: Wolpow, et al., “The Heart of Learning and Teaching” (2009)

What to Do, What to Say:

Do: Review slide content with participants.
    Share purpose and objectives of this chapter.

Say: As we move through the chapters, they are broken into overviews by subtitles. Here, we are ‘Getting Started’ with Chapter 1. We will begin with an introduction and defining key terms together.
“While academic curricula matter, it is the social-emotional foundation of children that primarily determines academic success.”

Dr. Christopher Blodgett, Washington State University, 2013

Slide 1-6: Quote

Content of this slide: From the 2012 Washington State Readiness to Learn evaluation report, Dr. Christopher Blodgett, Washington State University.

Trainer Tips: Allow a few seconds for attendees to read the slide before speaking.

What to Do, What to Say:

Do: Review slide content with participants.

Say: We are going to start with a quote from 2012. Washington State University Director of the Child and Family Research Unit, Dr. Christopher Blodgett, was quoted with this statement, “While academic curricula matter, it is the social-emotional foundation of children that primarily determines academic success.”
Slide 1-7: The Language in this Chapter

Content of this slide adapted from: N/A

Trainer Tips: When giving working definitions, feel free to add or ask for applicable examples. Allow time for participation. There are no right or wrong answers.

Please note: This slide coincides with page 2 in the text.

What to Do, What to Say:

Do: Review slide content and definitions with participants.

Say: I am going to ask for your participation, but first please take a moment to look at these pictures. They are numbered below, numbers one, two, and three.

Do: Take a step back and face the screen, modeling reflection. Allow adequate time for participants to view slide photos.

Say: There are no right or wrong answers. What emotions do you see in each photo?

Do: Face participants, and echo their responses. Encourage participants to participate.
Consider the emotions you heard and hold on to them.

Click on the PowerPoint to advance the slide names associated with the pictures.

Picture number one was chosen to represent Adverse Childhood Experiences or ACEs. ACEs is a term coined by researchers to describe ten potentially damaging childhood experiences and the long-term relationships between these experiences and a wide array of adult health issues.

Typically, we cannot see the experiences people face, but we can see their reaction or response. What we can see of students and our co-workers is above the surface. We can see the structure, but need to recognize underneath the surface are large inter-connected experiences, thoughts, and emotions that create what we see above the surface. Sometimes they make sense to us, and sometimes they don’t. Observing students as holistic beings, honors their past experiences while seeking a deeper understanding into their behaviors. Insight into the causes of the behavior allows educators to pro-actively address student need in a timely personalized manner.

Picture number two displays Compassion. Compassion is all of the emotions you named, but defined as a feeling of deep empathy for another who is stricken by misfortune and the strong desire to actively do something about it. Compassion relays the human quality of understanding the suffering of others paired with desire to help alleviate it. Compassion may often be perceived as a soft approach. However, compassion as defined in this work is the blend of equal parts - caring and focused discipline. For our students, discipline is necessary in order to reach our goals.

Picture number three shows us Compassion Satisfaction or the positive feelings we get when we realize that the compassion we put into working with others is resulting in some positive changes such as relief, growth, or healing. In learning and teaching, compassion satisfaction is most often felt by both student and teacher and to the teacher can often be equal to or more important than the wage they earn. Many of us who work in the schools do so because our work provides opportunities for compassion satisfaction.

This may not be the first time you are hearing or working with these terms. Everyone here may have a different level of understanding. When these terms are used in this training, please refer to these working definitions through-out this training session.
So... What is a Compassionate School?

A school where staff and students learn to be aware of the challenges faced by others. They respond to the physical, social, academic and emotional challenges faced by students and families by offering support and guidance to remove barriers to learning – without judgment.

Continued:
The Language of This Chapter

Slide 1-8: What is a Compassionate School?

Content of this slide adapted from: Wolpow, et al., “The Heart of Learning and Teaching” (2009)

Trainer Tips: Feel free to add or ask for applicable examples.

Please note: This slide coincides with page 2 in the text.

What to Do, What to Say:

Do: Review the slide and ask for feedback before advancing the slide.

Say: Now that we know some key terms, what are some of the traits a compassionate school may encourage?

Do: Allow for a few comments and ideas before clicking the power point to advance to the definition.

Say: Comment on the responses. The technical definition of a Compassionate School is ‘a school where staff and students learn to be aware of the challenges faced by others. They respond to the physical, social, academic and emotional challenges faced by students and families by offering support and guidance to remove barriers to learning – without judgment’ (Wolpow, et al., 2009).
They may forget what you said — but they will never forget how you made them feel.

—Carl W. Buehner (1971)

Slide 1-9: Quote

**Content of this slide:** Carl W. Buehner (1971)

**Trainer Tips:** Allow a few seconds for attendees to read the slide before speaking.

**What to Do, What to Say:**

**Do:** Review the slide with participants.

**Say:** *In 1971, Carl Buehner was quoted saying, “They may forget what you said – but they will never forget how you made them feel. What does that mean to you?”*

**Do:** Process responses as a large group.
Slide 1-10: Brain Development - Executive Function and Self-Regulation

Content of this slide adapted from: (Brain graphic: Kushi Institute)

Trainer Tips: When giving working definitions, feel free to add or ask for applicable examples.

Please note: This slide coincides with page 2, 10, and 12 in the text.

What to Do, What to Say:

Do: Review slide content with participants pointing out the areas of the brain when referenced. Reference the ‘Parking Lot’ for questions as they arise.

Say: There are three main areas of the brain to consider. The brain stem, the limbic system (mid brain), and the neo cortex. These parts of the brain work together as an interrelated system and influence each other.

Our brain stem is the first part to develop and operates automatically. Its job is to keep us alive and functioning in terms of breathing, heart rate, etc. It is influenced by activity in the mid brain which contains the hippocampus and the amygdala. The mid brain is the emotional part of our brain and the center of freeze, fight, and flight. When we feel a sudden strong emotion, the connection between the mid brain and the
brain stem influences the heart to beat faster and for us to breathe faster. Its job is to survive.

- The Orbitofrontal cortex (contained in the neo cortex) is located in the top front of the brain. This area is the “rational” headquarters and is the last part of the brain to develop. Development of the neo cortex can help us overcome the emotions generated in mid brain and is where our executive function is developed. The working definition of executive function is: “Executive functions serve as “command and control” function; they can be viewed as the "conductor" of all cognitive skills. Executive functions help you manage life tasks of all types. For example, executive functions let you organize a trip, a research project, or a paper for school.”* These abilities are often lacking in children affected by trauma who therefore tend to ‘act instead of plan. Multiple studies reveal executive function does not fully mature until approximately age 25; of course, it varies depending on individual and surrounding circumstances.

The Amygdala in the mid brain is responsible for our freeze, fight, or flight response and is attached like a pearl onto the hippocampus. The hippocampus stores short term memory, until it can be processed, filtered stored into long term memory (which is a neo cortex function). It perceives immediate (not necessarily accurate) cause and effect and has the ability to flood your body with stress hormones (neurotransmitters) such as adrenaline and cortisol, both of which are extremely helpful when you are running from a lion or experiencing danger; but when released over long and chronic periods of time due to stress, can have significantly detrimental effects, especially to the heart muscle.

Over exposure to perceived danger or threats and cortisol shuts down your digestive track (because you do not need to digest when you are fleeing a lion) leading to stomach discomfort, fatigue, insomnia, irritability, inability to focus, and heart problems. Those of you who are health care individuals, especially in schools, may frequently see children living under conditions of stress will often complain of stomach pain.

As you can imagine, the Orbitofrontal cortex, amygdala, and hippocampus also affect the ability to self-regulate. Self-regulation is defined as “the ability to self soothe as a result of stress”. Self-regulation is a critical competency that underlies the mindful, intentional, and thoughtful behaviors and is seen by many principals as an essential ingredient for student success.

Before we advance the slide, are there any questions or comments?

**Do:**  Be aware of the time when fielding questions. Utilize the ‘Parking Lot’ if time becomes a concern.

* http://www.ldonline.org/article/29122
Slide 1-11: Fostering Resiliency

**Content of this slide:** Max Lucado quote, Wolpow, et al., “The Heart of Learning and Teaching” (2009)

**Trainer Tips:** When giving working definitions, feel free to add applicable examples.

**Please note:** This slide coincides with page 14 in the text.

**What to Do, What to Say:**

**Do:** Review slide content with participants.

**Say:** *The brain, as you have just seen, is a complex organ made up of many complex parts. It contains our ability to feel emotion and be rational, considering everything is working in a balanced way. Another thing the brain is good at doing is solving problems. One of the ways to solve problems when faced with adversity is to be adaptable and flexible, otherwise known as resilient.*

*The saying, “I can is 100 times more important than IQ” is a great beginning to fostering resiliency. Resiliency is defined as, “the capacity to rise above difficult circumstances, allowing our children to exist in this less-than-perfect world, while...*
moving forward with optimism and confidence.”* Empowering students by focusing on what they can do, in any situation, motivates them to keep trying, and thus, build resiliency.

**Do:** Gauge the room for understanding, answer questions, and put any additional topics or research questions into the 'Parking Lot'.

* Kenneth Ginsburg, M.D., M.S. Ed
Slide 1-12: Stress

Content of this slide adapted from: Natalie Markey, Wolpow, et al., “The Heart of Learning and Teaching” (2009)

Trainer Tips: When giving working definitions, feel free to add applicable examples.

Please note: This slide coincides with page 2 in the text.

What to Do, What to Say:

Do: Review slide content with participants.

Say: Stress may be acute, meaning brief and severe; or chronic, meaning over a long period of time. However, when it overwhelms an individual and/or community, stress can become the cause of trauma.

Short term, stress can help us become stronger. Stress sends signals to the body through the mid brain when we are overwhelmed and experiencing ‘distressing’ symptoms. Stress is physical, mental or emotional strain or tension. When we are able to rise above stressful situations, become adaptive, and solve problems, it builds our ability to be resilient. We learn from one stressful situation to the next how to work through our emotional states.
Trauma – Trauma is the unique individual experience of an event or enduring conditions in which the individual's ability to integrate his/her emotional experience is overwhelmed and the individual experiences (either objectively or subjectively) a threat to his/her life, bodily integrity, or that of a caregiver or family member.

(Saakvitne, K. et al, 2000).

Slide 1-13: Trauma

Content of this slide: Saakvitne, 2000 - “The Scream” – Munch

Trainer Tips: When giving working definitions, feel free to add applicable examples.

Please note: This slide coincides with page 2 and 7 in the text.

What to Do, What to Say:

Do: Review slide content with participants.

Say: Next to the painting entitled, “The Scream” by Edvard Munch, is a definition of trauma. Trauma is defined as “the unique individual experience of an event or enduring conditions in which the individual’s ability to integrate his/her emotional experience is overwhelmed and the individual experiences (either objectively or subjectively) a threat to his/her life, bodily integrity, or that of a caregiver or family member.” Notice that it does not say that trauma is the event itself, but rather the “unique individual experience.”
“Chronically traumatized children and young people feel like they are in a small boat on a large ocean. They are being tossed around the ocean. They have no chance of controlling the boat or even getting off the boat. Often, they experience the rocking and chaos associated with a storm, without ever being aware that they are at sea.”

Making Space for Learning
Trauma Informed Practice in Schools
www.childhood.org.au

Slide 1-14: Quote

Content of this slide from: “Making Space for Learning – Trauma Informed Practice in Schools”

Trainer Tips: When giving working definitions, feel free to add applicable examples.

Please note: This slide coincides with page 7 in the text.

What to Do, What to Say:

Do: Review slide content with participants.

Say: Chronically traumatized children and young people feel like they are in a small boat on a large ocean. They are being tossed around. They have no chance of controlling the boat or even getting off the boat. Often, they experience the rocking and chaos associated with a storm, without ever being aware that they are at sea.

If you live in a turbulent or unpredictable environment, the expectation of chaos is the norm. As a product of our environments, the experience of trauma does not end when a student arrives at school.
Slide 1-15: Sanctuary Trauma

Content of this slide adapted from: N/A

Trainer Tips: When giving working definitions, feel free to add applicable examples.

Please note: This slide coincides with page 2 and 13 in the text.

What to Do, What to Say:

Do: Review slide content with participants.

Say: Think to yourself what you have seen when a student’s academic or social behaviors change dramatically. How does your school respond? Do you see support and fostering resiliency by acting with compassion, or do you see disapproval, reactive discipline and/or turning away?

Schools can be supportive elements of a child’s community. Regrettably, this is not always the case. ‘Sanctuary trauma’ is defined as “a condition in which traumatized individuals turn to those from whom they hoped for sanctuary who are often family members, favorite teachers, or emergency room workers are turned to, only to encounter a dismissive response or a reception that is not supportive”. It does not have to be hostile reception, although this is sometimes the case.
The likelihood that students and their families will experience school-based sanctuary trauma is directly correlated to how well staff are informed. That is, if staff understand trauma’s impact on relationships, behavior, and learning, and they have the support they need to act with compassion, children and their families are more likely to get the help they need. On the other hand, if staff is poorly informed and unsupported, the likelihood is that traumatic experiences will be exacerbated.

Imagine you have a secret or a personal need. If you turned to someone for solace or help and they acted angry or dismissive - how would this affect you?

Let’s Play:
Name that Trauma!

Here are three clues.
Ready?
Go!

1. It is a reaction
2. It is internalized
3. It is not a direct reaction to an event

Slide 1-16: Vicarious Trauma

Content of this slide adapted from: N/A

Trainer Tips: For this activity, be enthused and energetic. Feel free to engage participants and call on them for participation. If you have prizes this activity can be used to give them away!

Please note: This slide coincides with page 2 and 29 in the text.

What to Do, What to Say:

Do: Review slide content with participants and click on power point to progress clues. Clues advance one at a time. With each click or advancement of a clue, review the new prompt and allow time for participants to guess.

Say: For this slide we are going to test your knowledge on recognizing a type of trauma. I am going to give you three clues!

Do: Click to advance the clues. Allow and encourage guesses before advancing to answer.

Say: Any guesses? The trauma referred to by the clues is Vicarious or Secondary Trauma. Vicarious trauma often carries many of the same symptoms as first-hand trauma or
post-traumatic stress disorder. It is defined as, “A medical diagnosis (in the DSM-IV) describing psychological symptoms of a distressing event “outside the range of human experience” that lasts longer than one month. Symptoms include hyperarousal, intrusion and constriction.”* Vicarious means: to feel through the experience of others; a secondary rather than primary experience.

In the second chapter, we will be discussing self-care as an ethical obligation and why it is necessary to recognize and prevent the impact of vicarious trauma.

Social Emotional competency bolsters resilience which is the strength based counter to the effects of trauma and adversity.

Slide 1-17: Countering Trauma, Adversity and Anxiety

Content of this slide adapted from: Hertel, (2015) Compassionate Schools Training

Trainer Tips: These are the three areas we most want to address for our most at risk students.

Please note: This slide coincides with page 28 in the text.

What to Do, What to Say:

Do: Do not read slide content to participants. Allow for a few seconds for participants to review slide and then begin to speak.

Say: Adversities are the challenges we face. Trauma can be our response to adversity and it can, at times, overwhelm us. Anxiety is a state of vigilance and arousal that is designed to keep an eye out for danger. Teaching social emotional competencies is a strength-based counter to trauma and anxiety. Recognizing our emotions and how they affect our bodies fosters resiliency and other protective factors.
“Life is 10% what happens to you and 90% how you react to it.”

Steven Covey

Trauma is not the event...
It is our response to the event.

Slide 1-18: Quote

Content of this slide adapted from: Steven Covey

What to Do, What to Say:

Do: Review slide content with participants.

Say: According to Steven Covey, “Life is 10% what happens to you and 90% how you react to it.” Trauma is not the event (pause) Trauma is our response to the event. It does not matter if the stimulus is real or not. How our brain responds to stimuli triggers how our body physically reacts. For example, when watching a scary movie you may have experienced ‘jumping, clenching your fist, or an increase in heart rate’ when the plot thickens. Obviously we are not in real danger, but our bodies act as though we are.
Slide 1-19: Maslow’s Motivation Model

Content of this slide adapted from: Abraham Maslow

What to Do, What to Say:

Do: Review slide content with participants and move-up the levels as the pyramid progresses.

Say: By a show of hands, how many of you have heard of or are familiar with Maslow’s Hierarchy of need? Several iterations of this have been introduced since it first came out in 1943. It was created by noted psychologist Abraham Maslow and published as, Maslow’s Hierarchy of need. The hierarchy is pyramid shaped so the foundation is the first need that must be met in order to solidly ascend to the top.

If you don’t address the lower levels in the hierarchy of needs you won’t find stability in the upper levels. Basic physiological needs such as food, shelter, safety, love and belonging, and self-esteem are all needed in order to stabilize and initiate our cognitive abilities. Teachers often do not consider these steps which are scientifically proven as needed to be present in creating the foundation for our ability to learn.

Do: Gauge audience for level of understanding and allow questions or comments if time allows. If time does not allow, encourage the “Parking Lot” for additional questions.
The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poorer quality of life in the United States.

- 17,421 adult members of a large HMO,
- 44 percent of respondents reported suffering sexual, physical, or psychological abuse as children, and
- 12.5 percent reported domestic violence in the home.

(Fellitti et al., 1998)

**Slide 1-20: What are ACEs?**

**Content of this slide from:** The Adverse Childhood Study (1998)

**Trainer Tips:** Grounding them in this epidemiological study.

**Please note:** This slide coincides with page 2 and 4-6 in the text.

**What to Do, What to Say:**

**Do:** Review slide content with participants.

**Say:** *In 1998, The ACE Study was conducted on 17,421 adult members of a large HMO. Findings suggest that ten childhood experiences are major risk factors for the leading causes of illness and death, as well as poorer quality of life in the United States. Significant findings suggest 44 percent of respondents reported suffering sexual, physical, or psychological abuse as children, and 12.5 percent reported domestic violence in the home.*

*The study of ACEs was a large part of the inspiration of Compassionate Schools and have been adopted into this work. ACEs creates a common language across a multitude of disciplines.*
Slide 1-21: What are ACEs? (cont.)

**Content of this slide from:** The Adverse Childhood Study (1998)

**Trainer Tips:** Grounding them in this epidemiological study.

**Please note:** This slide coincides with page 2 and 4-6 in the text.

**What to Do, What to Say:**

**Do:** Review slide content with participants.

**Say:** The study originally identified two categories of adversity: child maltreatment and neglect, and a dysfunctional family environment. From that, the investigators originally identified 9 specific Adverse Childhood Experiences.
Slide 1-22: What are ACEs? (cont.)

Content of this slide from: The Adverse Childhood Study (1998)

Trainer Tips: Grounding them in this epidemiological study.

Please note: This slide coincides with page 2 and 4-6 in the text.

What to Do, What to Say:

Do: Review slide content with participants.

Say: These are the ten Adverse Childhood Experiences that have been identified as a part of the study.
Adverse Childhood Experiences Impact on Wellness

- Chronic obstructive pulmonary disease & ischemic heart disease
- Depression
- Fetal death
- High risk sexual activity
- Illicit drug use
- Intimate partner violence

The higher the ACE Score, the greater the incidence of co-occurring conditions from this list.

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Slide 1-23: ACEs Impact on Wellness


Trainer Tips: Grounding them in this epidemiological study.

Please note: This slide coincides with page 2 and 4-6 in the text.

What to Do, What to Say:

Do: Review slide content with participants.

Say: When the ACE study was launched, the greatest focus was on the health and the wellness of the individuals who had been impacted by ACEs and to learn the toll of those impacts on individuals. It was an epidemiological study. Since then, it has gravitated into the public health arena and corresponding community response. Those of us in education looked at the potential cognitive impact of ACEs and began to question what we might consider doing as a means to mitigate the effects in the classroom.
A CLASSIC CAUSAL RELATIONSHIP
MORE ACEs = MORE HEALTH PROBLEMS

Dose-response is a direct measure of cause &
effect. The “response”-in
this case the occurrence
of the health condition - is
causd directly by the size
of the “dose”- in this case,
the number of ACEs.

Slide 1-24: ACEs: A Dose Relationship

Content of this slide adapted from: Washington State Family Policy Council (2008)

Please note: This slide coincides with page 5 in the text.

What to Do, What to Say:

Do: Review slide with participants.

Say: Research has made an especially significant finding: More important than the severity
of one ACE, is the greater the number of individual ACE’s, the greater the risk for an
array of poor physical, mental, and behavioral health across their life span. In
scientific terms, there was a direct ‘dose-response’ relationship between adverse
cildhood experiences and serious health issues.
Slide 1-25: How ACEs Affect Development

**Content of this slide adapted from:** Wolpow, et al., “The Heart of Learning and Teaching” (2009)

**Trainer Tips:** Use examples as appropriate.

**Please note:** This slide coincides with page 12-13 in the text.

**What to Do, What to Say:**

**Do:** Review slide with participants.

**Say:** To restate and emphasize the information from an earlier slide, the effects of trauma on a child who is learning is profound. Remember Maslow's hierarchy of need in a previous slide, acquisition of academics requires attention, organization, comprehension, memory, and engagement in learning and trust. Traumatic stress from adverse childhood experiences can undermine the ability of children to form relationships, regulate their emotions, and learn the cognitive skills necessary to succeed academically.

Students impacted by trauma struggle to use language to relate to people, often because they are overwhelmed and unable to use language to articulate emotional needs or feelings. While they may be somewhat effective to use language to get
something from somebody, they struggle with the language of mutual relationship. Many students struggle to relate well to others, or in conveying abstractions, both of which are essential skills required for higher-level learning.

Trauma impacted student can be hyper vigilant and hypersensitive to change. For example: students coming or leaving the classroom, substitute teachers, short days, and transitions. These students may struggle to understand cause and affect relationships and possess an inability to define or respect boundaries. This leads to poor ability to work in groups and navigate social situations due to a tendency to 'act instead of plan.' Classroom behavioral adaptations may include: aggression, defiance, withdrawal, perfectionism, hyper activity, and emotional swings.
Students impacted by ACEs tend to...

- Be at 2 ½ times greater risk to fail a grade.
- Score lower on standardized tests.
- Have language difficulties.
- Be suspended or expelled more often.
- Be designated to special education more frequently.
- Have poorer health.


Slide 1-26: How ACEs Affect Learning

**Content of this slide adapted from:** Wolpow, et al., “The Heart of Learning and Teaching” (2009)

**Trainer Tips:** Use examples as appropriate.

**Please note:** This slide coincides with page 12-13 in the text.

**What to Do, What to Say:**

**Do:** Review slide with participants.

**Say:** *We have just seen how trauma affects development. Proper development is essential for learning. Therefore, ACEs have a significant impact on learning and show up most predominantly in these six ways in the lives of our students.*

*Students who are impacted by ACEs may be unable to process verbal or non-verbal and written academic information that is presented to them in the classroom. They tend to have limited ability to understand or respond to classroom instructions or explanations, or to retrieve information on demand. They may very well be in the fight, flight or freeze mode. It takes a keenly attuned staff person to observe that condition, which is often times cleverly masked, and respond in a preventative way before a reaction may occur from the student.*
Successful completion of cognitive skills depends on the ability to bring order to chaos produced by the impact of ACEs. Some students clearly need support and guidance in managing this impact.
Slide 1-27: ACEs: Trauma in Our Schools

**Content of this slide adapted from:** N/A

**Please note:** This slide coincides with page 4-6 in the text.

**What to Do, What to Say:**

**Do:** Review slide with participants.

**Say:** *We are going to spend some time talking about ACEs impact on behavior, school performance, and throughout the lifetime of the student.*

*There is nothing new about the presence of traumatized children in our schools. What is new is trauma researchers have quantified the pervasiveness of trauma across urban, suburban, and rural communities and have established a direct measure of cause and effect, a “dose-response” relationship, between trauma and serious health issues (Felitti et al., 1998).*
Slide 1-28: Trauma and Academics: Playing Chess in a Hurricane

Content of this slide adapted from: Wolpow, et al., “The Heart of Learning and Teaching” (2009)

Please note: This slide coincides with page 3 in the text.

What to Do, What to Say:

Do: Show slide to participants.

Say: We have likely each had contact with students who have experienced these ACEs. Often youth experience different types and degrees of multiples ACEs. It is important not to assume or categorize youth - as each youth’s experience is unique to them. No two people will experience situations the same and sometimes these experiences can be very destabilizing. Trying to focus on academics and navigating social situations can be tricky for a well-rounded student. Academic achievement for students experiencing adverse situations is best summarized by a retired Mount Vernon educator, Dr. Kenneth Fox, who describes focusing on academics while struggling with trauma is like “trying to play chess in a hurricane”.
Slide 1-29: The Nature of Trauma

Content of this slide adapted from: Wolpow, et al., “The Heart of Learning and Teaching” (2009)

What to Do, What to Say:

Do: Review slide with participants.

Say: Understanding ACEs is the gateway to better understanding the impact of trauma. It is the beginning of being able to do something about its impact on our students. We need to understand these three areas in order to begin our process of crafting a strategy that will genuinely support our students toward a thriving life and better academic achievement.
Slide 1-30: Symptoms of Trauma

Content of this slide adapted from: The American Journal of Pediatrics (1956)

Please note: This slide coincides with page 8 in the text.

What to Do, What to Say:

Do: Review slide with participants.

Say: Stress response is a survival mechanism. It is autonomic and works unconsciously. While this is effective at prolonging our lives in the face of danger, during the stress response, our cognitive abilities are put on temporary hold; it impairs learning. For students who feel chronically under siege with few coping skills, the impact on cognitive abilities is significantly longer. As a means to survive, they may act out and lose control of their behavior, which can disrupt the classroom as well as impairing the ability for all students in the classroom to learn. If we understand that this is not intended to cause a problem, but is rather their primitive means of solving a problem, our approach to them can become more supportive than punitive. It is their solution to the problems they are experiencing. This is not a new understanding. Please note the date on the quote! For these kids, survival trumps learning.
Slide 1-31: Traits of PTSD

Content of this slide adapted from: Wolpow, et al., “The Heart of Learning and Teaching” (2009)

Please note: This slide coincides with page 2 and 8 in the text.

What to Do, What to Say:

Do: Review slide with participants.

Say: There are several ways to talk about the indicators of trauma. In the medical model, they talk about symptoms. As we progress, bear in mind that trauma symptoms are unwitting and reflexive. That is, freeze, fight, and flight are not things we think about. We do these instinctively. They are the limbic (mid brain) brain's solution to overwhelming threats.

The term PTSD was coined during the Vietnam War era to further explain some of the symptoms returning soldiers were experiencing. Mental health professionals have come to realize there is nothing 'post' about the traumatic stress many children exhibit. Labels such as 'complex', 'developmental', and 'broad spectrum' trauma have surfaced in literature and help us to better understand the true nature of its impact.
Slide 1-32: Biology of the Impact of Trauma

**Content of this slide from:** The Center for Disease Control

**Please note:** This slide coincides with page 9-11 in the text.

**What to Do, What to Say:**

**Do:** Review slide with participants.

**Say:** Sophisticated MRI neuro-imaging in children exposed to trauma which can lead to toxic levels of stress suggests that brain functioning and development may be impacted by the experiences we have. We now know that irregular behaviors seen in classrooms, from our students who have experienced trauma, can be explained scientifically.

The Developmental Neuropsychiatry Research Center at Harvard Medical School have concluded that trauma can produce lasting alterations in the endocrine, autonomic and central nervous system. Put more simply, the brain develops and organizes in reaction to how it is stimulated. The experience of the child affected by trauma can be fear, threat, unpredictability, frustration, chaos, hunger, and pain. This pattern of over-stimulation alters the child’s neurobiology to adapt to the toxic stress pattern.

Severe chronically stressed brains will atrophy over time due to the chronic presence of stress hormones – they will shrink and actually have less mass than non-stressed brains. Therefore it is a physiological correlation.
The two brain MRIs you see in this slide are from two three year old children. The MRI on the left is from a child who lives under everyday living conditions without noted significant stressors. The brain on the right is from the same aged child living under chronic stress. Note that the portion of the stressed brain that is normally dedicated to cognitive function (circled area) is not "lit up", and therefore, basically put on hold in the stressed brain.
Slide 1-33: Meeting the Challenge: Background Knowledge for Finding Solutions

Content of this slide adapted from: Wolpow, et al., “The Heart of Learning and Teaching” (2009)

What to Do, What to Say:

Do: Review slide with participants.

Say: This is the overview for our next section of chapter one.

If you need to stand or move around for this last part, please feel free to do so!
Building childhood resiliency requires an adult’s shift in thinking from an attitude of what’s “wrong” with you? to an attitude of what “happened” to you? (Rutter, 1990; Masten, Best and Garmezy, 1990; Wolin & Wolin, 1993)

The Nature of Resiliency

Slide 1-34: The Nature of Resiliency

Content of this slide adapted from: Wolpow, et al., “The Heart of Learning and Teaching” (2009)

Please note: This slide coincides with page 14 and 28 in the text.

What to Do, What to Say:

Do: Review slide with participants.

Say: You can almost hear the tone of “what’s wrong with you.” I’m sure many of us have heard that at some point in our lives from someone we cared deeply about. If our resiliency is not as strong as it could be, hearing those words can beat us down. A moment of understanding to inquire what may have happened to cause this person to behave in this way provides us with a more amiable platform to respond to the person who is seen as “wrong.” A moment of inquiry about cause can promote an entirely different and sometimes healthier response on our part as educators.

The counter balance of trauma is resiliency; the ability of an individual or community to withstand and rebound from stress. For example, a tree bends with the wind, but when the wind ceases to blow it bounces back. It is flexible. It is adaptable. The tree bouncing back from potential or traumatic injury, is resiliency.
The body of knowledge on childhood resiliency is growing. Researchers have made a paradigm shift from studying what is ‘wrong’ with ‘problem’ students to the study of what is ‘right’ with them. Some refer to this shift as a ‘strength based model’ versus a ‘deficit based model’. This switch in view aligns students in a supportive environment, which enables them to adapt, and in some cases thrive, despite traumatic stressors.

To foster resiliency and hope, we must consider the provision of unconditional positive regard in a safe and caring environment. Unconditional positive regard is an important ingredient in restoring a sense of self that can be undermined or destroyed by the happenings in our lives. Trauma can rob us of our sense of wholeness and integrity.
Students need:

• Inspiration
• High standards—sense of empowerment
• Boundaries and structure (helps them feel safe)
• Authentic choices and a sense of control
• Support for transitions
• The chance to practice and learn competencies

For a child impacted by a life of adversity and stress – these attributes are scarce.

Hertel, 2015

Slide 1-35: Meeting the Challenge: Fostering Resiliency

Content of this slide adapted from: Hertel, (2015) Compassionate School Training

Trainer Tips: This is a key information slide about what students need and may take more time than other slides.

Please note: This slide coincides with page 14-17 in the text.

What to Do, What to Say:

Do: Review slide with participants.

Say: There are some basics that schools can put in place to help build a thriving environment rather than an environment where safety and wellbeing are limited.

Inspiration is usually one of the first casualties of trauma. People who are resilient can self-inspire and find a path toward creativity. If you are just surviving and resiliency has retreated, creativity takes a back seat. Sometimes, external impetus can inspire and help those who have developed long-standing habits of only surviving to reach beyond that toward greater possibilities. A visionary teacher can do much within the structure of a compassionate school to inspire students toward great
achievements of personal interest and to follow the passions that develop. Many adults we encounter in our training can point to a teacher who inspired them. Maintaining high expectations is a cornerstone of a Compassionate School. It does a student no good when we allow the impact of their trauma to skew our view of them as too damaged to be able to achieve. All students are, at varying and yet recognizable levels, able to achieve great things.

**External structure and boundaries** are very important for students who have either lost or never had a chance to develop a set of internal structures and boundaries. Predictability and consistency is especially important for students. It is a way of letting them know what’s coming. For some of our students who are most impacted by trauma, it is not as much the fact that they may be consistently abused or neglected, but rather the unpredictability of a volatile parent – loving one minute and punitive the next. The unpredictability never provides them a chance to adjust.

Giving a student a sense of control by providing choices, especially during times of correction, is one of the most important things we can give them. A teacher or other responsible adult in the life of a student, can provide them with a series of choices, all of which are acceptable, and providing the student with the opportunity to choose the one they can best relate to. Sometimes, we can even just ask the student to state their preference if a relationship of trust is established.

**Transitions** are difficult and transitions can take many forms. The transition can be as simple as between school and home. It can be the transition from one subject matter to another. It can be a transition for play time to study or work time. The larger transitions come when we consider transition from home to pre-school/kindergarten (transitions for both the parent and the child are usually noted for that one), transition between elementary school and middle school, between middle school and high school and between high school and post-secondary education or a career. The most problematic transitions can be between an institution and school. Institutions can be juvenile justice/detention, drug and alcohol treatment facilities, and/or mental health treatment facilities. Often times, the transitions between these facilities can be abrupt. Studies have been done regarding recidivism of youth returning from juvenile justice or treatment facilities and the incidence of readmission or re-incarceration is high. Paying attention to details, the potential stigma, and systems of support that are available in the community is vital to a successful reintegration.

Lastly, is providing an environment for students to practice social/emotional skill building in a compassionate setting, in order to develop skills students can employ for life.

For students who are heavily impacted by trauma in their lives, these conditions can be difficult to find within their lives outside of school. Schools can be the place where they are offered opportunities and the structure they can obtain nowhere else.
Get to know each of your students personally in an effort to understand why they behave as they do. Begin with the students you find most challenging.

Students who seek attention need attention. However, giving them the right attention at the right time instead of reinforcing negative attention seeking is an important skill to learn and apply.

Students who believe themselves to be inadequate need confidence. Put these students, along with others, into positions of responsibility.

Providing students with choices can give them a huge sense of control and can circumvent many potential battles. All of the choices they are given can be “correct” from the standpoint of the adult.

Take time to assess your actions – be mindful.

Slide 1-36: Meeting the Challenge: Fostering Resiliency, (cont.)

Content of this slide adapted from: Hertel, (2015) Compassionate Schools Training

Please note: This slide coincides with page 14-15 in the text.

What to Do, What to Say:

Do: Read and review slide with participants.

Say: Effective teaching and human service methodologies focus on both effective infrastructure and the affective qualities of the heart, including courage, commitment, belief, and intuitive understanding. Compassionate teachers model, by example, the conviction that makes sense despite the inevitable adversities that each of us encounters.

Conclusion of one 30-year longitudinal study of resiliency in high-risk children emphasized the critical importance of having a bond with at least one adult in the family or in the community.* While the mother is often the most significant adult in early childhood, safe passage through the tumultuous years of adolescence and building resilience skills is often attributed to bonding with significant non-parental adults such as teachers and other school staff. Thus, schools are in an ideal position to provide students and their families with the social processes and mechanisms that foster resiliency. This kind of connection with a significant adult is essential for
learning. It may make both the teacher and the student feel vulnerable. It is through this vulnerability that the connection can become mutually transformative. In the words of one community leader, “You can’t teach what you don’t know. You can’t lead where you won’t go.”

* Warner-Smith (1992)
Staff in Compassionate Schools...

- Believe all students can be supported to achieve high goals.
- Operate under the assumption that compassion is not a dismissal of potential but rather a pathway to it.
- Know that learners cannot meet academic goals until their more basic human needs are met physically and emotionally.
- Are attuned to the needs of their students through keen observation.
- Use attentive listening when speaking with students.
- Consistently seek solutions to support students in navigating the barriers they face.

Hertel, 2015

Slide 1-37: The Nature of Staff in Compassionate Schools

Content of this slide adapted from: Hertel, (2015) Compassionate Schools Training

Please note: This slide coincides with page 2, 17 and 28 in the text.

What to Do, What to Say:

Do: Review slide with participants.

Say: In order to have compassion, one must have empathy. Empathy requires that we be in tune with the feelings and needs of others. However, compassion goes beyond feeling for others. We are compassionate when we act on those feelings in soothing, helpful, caring, accepting, and/or protective ways.

Recognizing that students cannot be expected to meet academic goals until other more basic needs are met, school and community professionals from all over Washington began gathering to share information and provide mutual support for this work. Operating under the principle that ‘you cannot teach the mind until you reach the heart’. Remember, compassionate schools is not a program- it is a process that is individualized for each school and each staff member to support student success. A Compassionate School community is welcoming, affirming, and safe. The support that
students receive in the classroom is extended to the whole school as well as their families.
When we see a child with traumatic affect, we are seeing the tip of an iceberg that extends into family and community.

**Slide 1-38: Ecological Views of Trauma and Resiliency**

**Content of this slide adapted from:** Wolpow, et al., “The Heart of Learning and Teaching” (2009)

**Please note:** This slide coincides with page 19 in the text.

**What to Do, What to Say:**

**Do:** Review slide with participants

**Say:** *This is a popular saying among those of us who work with children affected by trauma in schools. It illustrates the environment of the child which is largely under the surface or internal versus the tip of the iceberg and what staff are most often able to observe.*
Three of the most frequent causes of trauma are sexual abuse, rape and domestic violence.

Studies that reveal that crimes against boys and men are under-reported and more significant in number.

Although, each individual expresses trauma subjectively. Males and Females tend to manifest symptoms differently.

Lesbian, Gay, Bisexual, Transgendered, Questioning youth comprise as much as one quarter of all youth suicides.


**Slide 1-39: Trauma and Gender**

**Content of this slide adapted from:** Wolpow, et al., “The Heart of Learning and Teaching” (2009)

**Please note:** This slide coincides with page 27 in the text.

**What to Do, What to Say:**

**Do:** Review slide with participants.

**Say:** Gender role expectations often shape the ways in which trauma is experienced and interpreted by both victims and the people who come in contact with them. For example, within the American mainstream, women are often expected to act modest, tender, and emotionally sensitive. Consequently, many women report strong emotional responses to trauma. The male cultural role often comes with the expectation that men act tough, competitive, and independent. Hence, many male responses to trauma tend to be less verbal, with denial of fear and more acts of anger other guised as retributive aggression. For some, these roles are not absolute and internal conflict due to expected roles and responses may result in more complex reactions and interactions.
Slide 1-40: Healing and Trauma in Other Cultures

Content of this slide adapted from: Wolpow, et al., “The Heart of Learning and Teaching” (2009)

Please note: This slide coincides with page 21-26 in the text.

What to Do, What to Say:

Do: Read and review slide with participants.

Say: There are specific vignettes incorporated within The Heart of Learning and Teaching. Just as communities are diverse, support and treatment facilitation will vary and be diverse. There is no ‘one size fits all’ when working with students and families impacted by trauma.

It is important to embrace the diversity in the community by recognizing and understanding rituals and beliefs that are school/community. When appropriate, we suggest that cultural practices can be shared in the school/classroom to increase compassion, sensitivity, and respect for other cultures, but care should be exercised in terms of encouraging specific beliefs that may be different than others. Knowing about, understanding, and accepting specific family and student beliefs is another way to foster resiliency in the students we teach, as well as in ourselves.

Do: Encourage interested participants to further read pages 21-26 for case examples.
Ideas and questions to refine skills in providing opportunities for compassionate learning and teaching:

- Be mindful of appropriate boundaries when working with vulnerable students. Know your role. Over identifying with them will do more harm than good to both the staff and the student.
- Be mindful how emotions are expressed, identified and valued.
- Know how to demonstrate genuine respect for one another.
- Understand how gender roles influence behavior?
- Understand how immigration and acculturation impact students?
- Regard how and/or why education is valued as an element of esteem and self worth?

Compassion Requires That We Be Responsive and Relevant

Hertel, 2015

Slide 1-41: Compassion Requires That We Be Responsive and Relevant

Content of this slide adapted from: Hertel, (2015) Compassionate School training.

Please note: This slide coincides with page 28 in the text.

What to Do, What to Say:

Do: Review slide with participants.

Say: Personal boundaries are essential between staff and students. When we treat others compassionately, it is sometimes easy to become overly identified and involved in their lives. Over identification is not beneficial for the lives of the student or the staff and can often cause much harm. It is up to the adult to set appropriate boundaries. If this is not done clearly, for the staff person it can cause secondary trauma; and for the student, it can often result in an unhealthy relationship that is ultimately not supportive or helpful.

The rest of the bullets are but a few consideration examples of how social, cultural, and gender factors can influence trauma, resiliency, and compassion. Keep these in mind and you will refine your skills in providing opportunities for compassion as a foundation for learning.
• Trauma is not the event. It is a term used to describe the inability of an individual or community to respond in a healthy way (physically and/or mentally) to stressful events in our lives.
• Researchers have documented the pervasiveness of trauma across many settings and have established a ‘dose-response’ relationship.
• Students struggling with trauma are more likely to struggle establishing relationships with adults and peers, regulating their emotions and attention, developing executive function, and/or overcoming academic challenges.
• A child showing symptoms of the impact of trauma is only the ‘the tip of an iceberg’ which requires attunement, a deeper understanding, and adaptive strategies.
• Caring is the foundation for success in the work we do in schools. However, it is not uncommon for educators to experience vicarious and secondary trauma symptoms. Fortunately, these symptoms may be lessened or avoided with self-awareness and self-care.

Slide 1-42: Summary

Content of this slide adapted from: N/A

Please note: This slide coincides with page 30-31 in the text.

What to Do, What to Say:

Do: Review slide with participants.

Say: Please take a moment to reflect on any questions you may have to write on a post-it and put in the ‘Parking Lot’. We have one activity left to do and then we will take a break.
Chapter One - Activity

Please choose one Reflection and one Application Question. Spend a few minutes reflection on each chosen question. Take notes for yourself - sharing is optional.

a. Reflection Questions
   i. What did you learn (or re-learn) about children, youth and implications for Compassionate Schools and Classrooms?
   ii. What personal or professional experience have you had implementing Compassionate Environments?
   iii. How have these experiences impacted you?

b. Application Questions
   i. What can you do in the future to remain sensitive to the need for Compassionate Schools and Classrooms?
   ii. What team supports can be put into place to support staff in implementing Compassionate Schools and Classrooms?
   iii. How has or can this experience impact your practice in the future?

Slide 1-43: Activity

Content of this slide adapted from: N/A

What to Do, What to Say:

Do: Review slide with participants.

Say: We are going to try ‘Reflective Practice’. Given the material we just went over, please pick one reflective question and one application question. Using the paper provided, please spend a few minutes gathering your thoughts. You are not obligated to share!

Do: Allow participants to reflect. If time allows, you may ask for any volunteer to share.
Slide 1-44: Closing

Content of this slide adapted from: N/A

**What to Do, What to Say:**

**Do:** Review slide with participants.

**Say:** We have completed Chapter 1 of “The Heart of Learning and Teaching”! Please post questions on the ‘Parking Lot’ and take a break for (state time). We will meet (where will you convene) at (state return time). Thank you for your participation and time—we appreciate and value you!