

Trauma Informed Practice and Adult Literacy

CALP staff across the province bring considerable knowledge and experience to the field. Like the adult learners they support, CALP practitioners come to CALP by way of varied and diverse personal and professional pathways. Collectively we benefit from a variety of voices and are excited to highlight them with the heading 'Practitioner Voice'.

This week's guest blog post is by Rochelle Galeski. CALP Blog Posted: 9 February 2021

<https://calp.ca/blog/trauma-informed-practice-and-adult-literacy.htm>

Have you ever been nervous about public speaking? Does your voice shake when you talk? Maybe your hands shake as well and you turn red in the face? This is your hypothalamic–pituitary–adrenal axis (HPA axis) which essentially is your body responding to the effects of stress. I personally spent many years as a teen, dreadfully avoiding any public speaking event. The thought of going in front of a group of people to speak affected my digestive system, my voice would shake as I spoke and my face red as an apple. It wasn't until my parents put me in 4H public speaking when I was 16 years old and I had to publicly speak on a weekly basis, did I overcome the fear and dread of public speaking.

I recently attended a Trauma Informed Practice - Level 1 certificate program and I am working to complete the Community and Workplace Traumatology course. What I have learned is that although we are not clinical psychologists or counsellors, studying the neurobiology of trauma will help us to better serve adult foundational learners.

Understanding the science of trauma and the physical, cognitive and behavioural effects in our learners can impact how we meet, intake, support and teach our learners. It will also influence how we care for ourselves after working with a trauma affected learner. Knowledge of trauma informed practices can help us to be more empathetic, leaving the “door open” to reluctant learners. Trauma education assists us in not passing judgment about learners who miss appointments, who call in “sick” before a first meeting and often miss several sessions throughout their learning journey.

One of the most fundamental takeaways from my learning on trauma is about connectedness. When an individual experiences a series of stressful events or even a single traumatic event without connectedness, they will move from potential trauma to embedded trauma. Insufficient interpersonal support is directly related to embedded, unconscious and lifelong trauma.

Trauma that is embedded is not just in our head but leaves an imprint in our bodies, disabling our memory and transforming our brain.

We as tutors, may be the only connectedness a learner has experienced in a long time. Setting professional boundaries in our practice is a consistent example of healthy relationship building for our learners. Building trust with boundaries is not an easy task. I am often reminded of the difference between friends and friendly. A friend is someone who lifts you up



in joy and sadness and who you lift up during life's celebrations and challenges; a reciprocal relationship where you both give and receive guidance and advice. Friendly is someone who is kind, empathetic and a good listener. They are there to listen and create a safe space so that the journey is learner led.

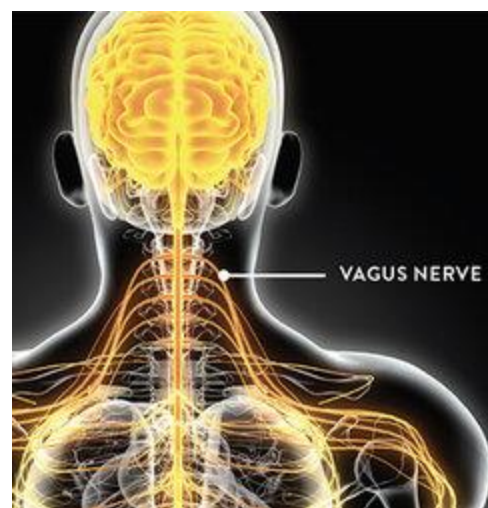
Many in our field of work worry about the "line" between psychology and adult literacy but we can't ignore it. The science and research behind trauma are the bridge to higher learner retention and success. Setting boundaries is a critical step in establishing a tutor-learner environment. The conversations and the activities should always remain connected to literacy and learning. I have had many experiences where the learner goes from talking about the book we're reading to explicitly sharing a traumatic experience. A good practice is to constantly direct the conversation back to learning.

Have you ever wondered what the connection is to low literacy and the physical and mental health risks of learners? The answer is embedded within the biological science of trauma and its impact on our bodies and minds. Essentially, our body traps stress and it affects our bodily functions. Stress and trauma affect our HPA axis which is our central stress response system. Proper functioning of our HPA axis is crucial in helping us to deal with stressors. However, repeated stress has the potential to disrupt the HPA axis therefore potentially damaging both our mental and physical health.

Have you ever had a learner tell you how nervous they are about meeting you for the first time? Do you meet them and their hands are shaking, they're out of breath and they're sweating? Perhaps they cancel for the first few meetings because they don't feel well. This could be a reaction to their past trauma and their bodies unconscious or conscious reaction to stress. Their HPA axis system may be so disrupted that they don't even realize the connection between being sick and their first appointment with you.

Understanding this can help us to support learners with a more empathetic approach. Sometimes we want to jump to conclusions such as, the learner is not ready to learn or they don't understand how important this appointment is. We create a vicious circle of biased opinions of why the learner keeps missing appointments but it could be directly related to trauma and the body's unconscious response to stress.

We then move on to something called Ventral Vagal exercise. The vagus nerve is the largest nerve in your body. Increasing your vagal tone activates the parasympathetic nervous system. This nervous system controls bodily functions when a person is at rest. Some of its activities include stimulating digestion, activating metabolism, and helping the body relax. Having higher vagal tone means that your body can relax faster after stress. Ventral Vagal exercises help increase your vagal tone which can relax you before a stressful situation. These exercises are simple methods and not high psychology practices. In our program we use short breathing exercises that prepare a learner to be in the right "space" to learn. This isn't an immediate, first meeting practice, but rather one that unfolds over time and is a decision the learner gets to make.



I personally use ventral vagal exercises after working with trauma affected learners. The exercise of breathing and allowing space for yourself to shake off the stress between tutoring appointments is how we can care for ourselves.

When we work on a 2-minute breathing exercise with our learners, we help to create a safe space that places control and calmness in the learner's hands. The stress of learning transforms so that learning becomes safer over time.

Returning to the concept of connectedness includes a critical component that we may miss on the initial intake. Mental health support is the bridge to learner retention and success as well. It is rare that I can support a learner who is in crisis but not working to better their mental health and wellness from specialized supports.

If the HPA axis is always activated, an adult that attempts to begin learning will struggle with memorization, concentration and a multitude of cognitive and physical side effects. In my experience supporting a learner who has no guidance from professional supports on how to regulate their emotions and stress because of a highly activated HPS axis ends poorly. The learner quits learning, often blaming it on life circumstances or health problems and possibly on our program.

Trauma Informed Practice is simply an opportunity to understand how trauma affects our reactions both consciously and unconsciously. Considering this knowledge as we meet and intake foundational learners informs our decisions and our interactions with potentially trauma affected learners. The more knowledge we have about adult learners and what personal history they may potentially be bringing to their sessions, the freer both tutor and learner are to grow and learn in a safe environment.

"The quickest thing to calm the nervous system down is empathy and connection." Tina Payne Bryson Ph.D.

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