



Washington State Association for Supervision and Curriculum Development

“The Practitioner’s Best Friend”
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‘Critical Questions’ Series

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Closing the Achievement Gap through Collaborative Bridge Building?

“Alone we can do so little; together we can do so much” — Helen Keller

Meeting with our local police officer regarding the behavior of one of our elementary students, our concern for his well-being, and that of his already over-stressed family, prompted a journey that forged collaborative relationships and deepened knowledge about the importance of children’s health in the context of school.

As educators, our daily priorities include analyzing data to close student performance gaps, designing professional development to support implementation of our new evaluation system, and supporting staff in deepening understanding of the Common Core State Standards. However, the reality is that many of our students do not arrive ready to learn; and are hampered by deep-seated health issues that affect their childhood and adolescence. In our quest to “close the gap” for all students, our understanding of the importance of health and our connections with health care services may be bridges to success for the children we serve.

Facing seemingly insurmountable challenges in educating the child and recognizing the fragility of a family in need, we stepped beyond our school to launch a *Community Connections Team*. We invited representatives from the police, schools, county health department, medical providers of low income health care, Child Protective Services, postal service, churches, housing agencies, and every other link to help that we could identify. As the meetings grew in size and enthusiasm, collaborative relationships emerged, along with products, such as a Community Resource Guide and a survey to identify needs and gaps for families.

Partners in the health care field expanded our knowledge to encompass emerging work in the area of Adverse Childhood Experiences (ACES). We learned that the National Center for Disease Control (CDC) is also involved in this effort, and that the Federal Maternal Child Health Program had recently directed states to provide support through the county health departments. As we interacted with others engaged in this work, we applied data gleaned from the significant Kaiser Permanente study to better understand the dynamics at play in the schools.

The ACES work helps us to understand that adverse childhood experiences, such as emotional and physical neglect, physical abuse, sexual abuse, domestic violence and parental substance use have lasting impact on the child. It is now recognized that these events, often referred to as childhood trauma, influence the brain with long-term effects. As the young brain develops stress hormones flood the child’s system, causing actual structural changes. Areas related to emotional regulation and cognitive processing are affected, which then become manifest in learning and behavior. Trauma can have impact even before the child is born, as maternal stress hormones affect the growing fetus.

Work by prominent leaders in the field offer insight into our students' behavior. Notably, Dr. John Medina, a developmental molecular biologist and an affiliate Professor of Bioengineering at the University of Washington School of Medicine, presents ground-breaking work that provides new direction for supporting our students' success.

Dr. Medina's book "Brain Rules" details a fascinating view of the effects of multiple factors on our brains and offers implications for school and workplace. In his chapter describing the physical impact of stress on the brain, we recognize that many of our students experience great difficulty learning for reasons beyond the scope of our schoolhouse walls. Chronic stress, including parental conflict, divorce, and other common situations, affect our children and teens in profound ways.

In light of this research, the Compassionate Schools model, referenced below, provides a tangible means to work with students affected by adverse childhood experiences. For example, in Walla Walla, where collaborative efforts between the university, schools, health care, and community resource partners are in place; significant and positive results are emerging. Most recently, at Lincoln Alternative High School, which has embraced the Compassionate Schools model, graduation rates have increased five-fold, discipline referrals and expulsions have plummeted and achievement scores have risen. As Lincoln High School, Principal Jim Sporleder notes in a blog, "Accountability and consequences are foundational to our model. We would be doing our students a disservice if these weren't in place. The difference for us, we seek for the cause, acknowledge the stress, offer support, teach strategies to learn how to self-regulate, and we teach our students about their brain and how stress impacts their inability to problem solve or take in new knowledge. The conversation depends on where the student is in their journey of understanding." This understanding of the impact of trauma on the brain and learning, as well as the partnerships within the community make success for increasing numbers of students possible.

Results from the Behavioral Risk Factor Surveillance Survey taken in Washington State in 2011 indicate that 74% of Washington residents have experienced at least one Adverse Childhood Experience, and 28% have three or more. This survey measures health status of adults, but the translation of ACES to younger generations can easily be recognized in the children. As these students' teachers, principals, and district administrators seek to "close the gap" for the children and young adults, awareness of the impact of trauma on the developing brain provides critical insight. In our quest to ensure success for every student, the nexus between the worlds of education and health offers both hope and results.

For more information, here are additional resources.

Hertel, R, Johnson, M. M., Kinkaid, S. O.. & Wolpow, R. (2009). [*The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success*](#). Olympia, WA: Washington State Office of the Superintendent of Public Instruction Compassionate Schools (OSPI).

Medina, J, (2008). *Brain Rules*. Seattle, WA: Pear Press.

[Resource List](#) from Adverse Childhood Experiences (ACES) from the Washington State Department of Health.

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