Chapter 9

ANIMATING LEARNING BY INTEGRATING AND VALIDATING EXPERIENCE

NISHA SAJNANI, KIMBERLY JEWERS-DAILLEY, ANN BRILLANTE, JUDITH PUGLISI, AND DAVID READ JOHNSON

Animating Learning by Integrating and Validating Experience (ALIVE) is a trauma-informed, drama therapy-based program aimed at supporting the educational goals of students and teachers. It is an outgrowth of a six-year collaboration between the Post Traumatic Stress Center and the New Haven Public School System. Beginning in 2007 with an after-school theatre program, then an in-school truancy group, crisis intervention supportive counseling, co-taught humanities course, and school climate interventions, ALIVE has expanded in 2013 to two high schools and seven elementary and middle schools. ALIVE uses a direct approach to addressing students’ concerns coupled with embodied, relational play to reduce the symptoms of traumatic stress towards facilitating student success.

SCHOOL

Schools are one our most enduring, familiar social institutions. Yet, like families, politics, religion, and economics, schools continue to experience a great deal of change, instability, and risk erosion. In the U.S., this erosion takes the form of increasingly tiered education systems, widening achievement gaps, and gaps in teacher development (Gillette, 2012). Efforts at reform reflect an ambivalence about who should take responsibility for these challenges, and blame for these failures is invariably shifted to parents, students, teachers, or specific communities. Others point to our shameful histo-
ry of social relationships that have given rise to current disparities between white and racialized students: “What is happening right now in the poorest communities of America—which are largely black communities . . . is the worst situation black America has faced since slavery” (Kozol, 2009, p. 313). As Kozol points out, the legacy of racial segregation in the U.S. education system continues to manifest in a tiered system wherein wealthy, often white, families experience greater social mobility and, therefore, have the choice to send their children to better funded public schools or private institutions. This leaves inner-city schools, often underresourced, and attended by and large by poorer, often African-American and Hispanic children.

Efforts at reform since the late 1970s have been directed at schools themselves and have usually involved a reinforcement of the cultural ideals around which schools are organized: high expectations, academic rigor, discipline, and the value of test scores, structure, punctuality, competition, and relationships with caring adults. Magnet schools, specialized public schools that explicitly focus on student diversity, were first launched in the late 1970s to help desegregate public school systems by encouraging children to attend schools outside their neighborhoods. Charter schools, an idea first translated into legislation in Minnesota, called for schools that (1) operate as autonomous businesses with a mixture of public funds and private donations; (2) grant principals and teachers greater flexibility in meeting the needs of their students; and (3) are required to meet educational standards set by the state but are not necessarily required to abide by the procedural requirements of district public schools (www.educationevolving.org; Peterson, 2010).

Charter schools such as the Knowledge is Power Program (KIPP), Achievement First, and Aspire exemplify this movement towards the corporatization of schools that aim to improve students’ performance on standardized tests, decrease dropout rates, and improve school environments. They provide an innovative curriculum, a no-excuse policy, longer hours, and seek student achievement as their bottom line (www.achievementfirst.org; Matthews, 2009). The No Child Left Behind Act of 2001 [No Child Left Behind [NCLB PL 107–110], 2002] that stressed standards-based educational reform involving the maintenance of high standards and measurable goals provided a political climate conducive to the proliferation of similar initiatives (U.S. Department of Education, n.d.). However, studies on the efficacy of the charter school model vs. traditional public schools are inconclusive (U.S. Department of Education, n.d.). Others are skeptical about the scalability of these approaches or cite declining student retention as evidence of the failure of charter schools to meet their mandates (The Economist, 2009).

Perhaps in recognition of the limitations of approaches that conflate achievement with test scores, older approaches that emphasize social devel-
development and attending to the whole child have regained prominence. One such approach is the Comer Method developed by Yale psychiatrist James Comer in the 1960s partially in response to the plight of "low-income black kids in cities" (Bass, 2009). This approach identifies six connected developmental pathways: the social pathway involves the ability of young people to develop healthy relationships through group work and team activities; the ethical pathway involves making decisions based on defined ethical and moral principles; the physical pathway involves physiological development including brain development, sensory development, and coordination; the cognitive pathway involves critical thinking, problem solving, analysis, and the application and synthesis of information and ideas; the language pathway involves the capacity for the expression and reception of language in writing and speech; and the psychological pathway involves emotional health, self-esteem, identity formation, confidence, and self-control (Comer, Joyner, & Ben-Avie, 2004). One of the most portable practices from this method is the morning meeting in which students are invited to share what is on their minds before engaging in their academic lessons.

What is clear is that the understanding of social development and adequate test scores cannot be construed as mutually exclusive goals. Further, approaches like the Comer Method have seen a correlation between students talking openly about their stressors and success in school. Despite this observation, children's traumatic experiences often remain unaddressed in schools. This is usually because (1) the school is not a mental health facility and schools have their own educational objectives to meet; (2) though school leaders may recognize a relationship between addressing mental health needs and academic achievement, schools often do not have adequate resources to counsel distressed students; (3) administrators, teachers, and support staff are concerned that addressing trauma will open up things they cannot do anything about; and (4) asking about a child's traumatic experiences may create unwanted legal liabilities.

TRAUMATIC STRESS AMONG STUDENTS IN NEW HAVEN PUBLIC SCHOOLS

An examination of the stressors that students are up against in their daily lives reveals that an overwhelming number of children are exposed to neglectful, violent, abusive, and at times life-threatening events. According to the U.S. Department of Health and Human Services' Children's Bureau, there were 3.3 million referrals involving the alleged maltreatment of 5.9 million children received by Child Protective Service agencies in 2010. Of these,
78% were cases of substantiated neglect, 18% were cases of physical abuse, and 9% were cases of sexual abuse. In 81% of cases, the perpetrators were the parent(s) of the victim (Children’s Bureau, 2010).

This situation is reflected in New Haven, which is a city characterized by high levels of economic and social distress. Out of the 46 schools in the New Haven public school system, 31 are elementary and middle schools, nine are high schools, five are transitional schools, and one is an adult and continuing education center (www.nhps.net/schools). Of the nine high schools, 30% experience a high level of dropouts by the 11th grade, low standardized test performance, and behavior problems requiring significant disciplinary efforts (Bailey, 2011). New Haven’s school system had a cumulative four-year dropout rate of 27.1% for the class that graduated in 2010, compared to a statewide drop out rate of 11.7% (Bailey, 2011). Full-scale efforts are being made to address these problems, through improvements in curricula, teacher and principal training, new school construction, and adjunctive programing during and after school hours. Nevertheless, the daily stressors many children are exposed to at home, in their communities, and in the city contribute to the challenges facing the educational system. These include poverty, parental unemployment, racial prejudice, substance abuse, community and domestic violence, and child maltreatment. We administered the National Youth Risk Behavior Survey (www.cdc.gov) to 108 ninth grade students at Connecticut Scholars Academy in 2010, and discovered that:

- 37% had carried a weapon in the past month
- 19% had carried a weapon on school property
- 37% have had sexual intercourse
- 15% reported having been raped
- 30% had felt hopeless in the past two weeks
- 13% had attempted suicide in the past year
- 69% had used alcohol in the past month, and 15% have binged on alcohol
- 7% had used needles to inject drugs

What these students experience constitutes complex, chronic, and, at times, acute stress. Exposure to stressful experiences in childhood leads to a host of problems later in life including poor academic performance. According to a growing body of research, adverse childhood experiences lead to disrupted neurodevelopment in early childhood which then leads to emotional, cognitive, and social impairment in childhood and adolescence (Felitti et al., 1998). These impairments leave children vulnerable to the adoption of many different health risk behaviors which lead directly or indirectly to a variety
of diseases, disabilities, and social problems, such as low self-esteem, apathy, cynicism, and hopelessness; gang involvement, arrest for drug dealing, theft, and assault; unemployment, divorce, and need for entitlements.

In a questionnaire given to 309 students at Metropolitan Business Academy in September, 2011, we discovered that:

- 40% reported violence in the home
- 30% reported being emotionally abused
- 22% reported being physically abused
- 10% reported being neglected
- 21% had a family member die from violence
- 8% had been arrested
- 27% felt like giving up
- 19% felt they would not succeed
- 33% reported depression
- 30% reported anxiety
- 16% reported feeling afraid

Significantly, 58% (179 students) felt these things were interfering with their ability to perform in school.

**THE ALIVE APPROACH**

ALIVE appreciates the various approaches that have attempted to increase student performance and has integrated many aspects of them: viewing the school as a system, focusing on student engagement, and emphasizing the importance of a healthy school culture. The ALIVE approach is not designed to be an alternative to these programs, but to enhance them by acknowledging students’ lived experiences. A characteristic of school reform programs is that they are consistently and pervasively positive in tone: no room is given for dwelling on the negatives. The result is that references to some of the truly negative realities in the students’ lives are avoided. Our approach also avoids dwelling on negatives, and calls upon the students’ means of coping with or adapting to stressful experiences as evidence of their strengths, knowledge, and wisdom while also examining the usefulness of these strategies in the present.

ALIVE is a multidimensional approach integrating principles of trauma-centered intervention, drama therapy, and popular education. Each practice in ALIVE, described in a later section, reflects these influences to varying degrees.
Trauma-Centered Component

Stress caused by negative events in the home, community, or school, whether mild or severe, can be suppressed if the environment provides sufficiently negative consequences for disruptive behavior. However, when occurring over many months or years, a child’s ability to effectively suppress their distress weakens, and minor stimuli or events in the school can trigger strong and maladaptive behavior. These behaviors include becoming distracted, inattentive, or dissociating, or in increased irritability and aggressive actions. They include withdrawing, avoiding contact with peers, sadness and depression, ignoring teachers’ instructions, and oppositionality.

Evidence from many sources indicate that when a stimuli in the present overlaps with a memory of a past stressful or traumatic event, the likelihood of triggering is increased (Herman, 1992; Lubin & Johnson, 2009; McCann & Pearlman, 1990; van der Kolk, 1987). Once the student shows disruptive behaviors, teachers will naturally begin to apply various control actions to contain or suppress the behavior. Quite often, these control actions, though completely rational and appropriate, may mimic some of the behavior of the perpetrator in the student’s stressful event (such as a rejecting parent, or a bully in the community). The control action then creates more anxiety and confusion for the student, whose disruptive behavior then escalates.
Normally, these incidents are handled as if they were overreactions in the present to present circumstances, when quite often they are rooted in events elsewhere. Having knowledge of the student’s background life circumstances will provide the context in which to help he/she address the confusion between school and home, present and past. These relationships are diagrammed in Figure 9-1.

Because the expertise of the teacher and the school is not necessarily in how to attend to students’ life circumstances, especially traumatic experience, and because the teacher must often give full attention to educating the class, additional personnel trained in trauma-informed methods are useful.

**Popular Education Component**

Popular education means people teaching and learning from each other about what matters most in their lives and using what they learn to organize with each other to bring about a just society. ALIVE draws on the teaching methodology developed in Latin America through the work of Paulo Freire (1970). An educator and activist in Brazil, Freire developed his approach, which he termed the *Pedagogy of the Oppressed*, as an alternative to what he referred to as a *banking model* of education where students are given facts and
figures without developing the capacity to reflect on the relevance of their education to their own lives. Popular education is a process in which teachers and students critically reflect upon current social issues, engage in collaborative problem-solving, and apply their learning to their lives. This continual process of action and reflection, or praxis, is meant to extend beyond the classroom space to other areas of a student’s life. In popular education, the learning process begins with identifying and describing personal experience which is then built upon through group activities. After each activity, debriefing exercises allow for collective analysis of the links between their own experiences and historical and global processes (see Figure 9-2). This consciousness raising approach to understanding oneself in relation to the dynamics that influence the shaping of society becomes the basis from which to actively work towards personal and social change. Below is a representation that is used as a reference for thinking through a popular education approach (Arnold et al., 1991).

**Drama Therapy Component**

The ALIVE model relies largely on the drama therapy method of Developmental Transformations (DvT), due to its flexibility in processing traumatic experience within a playful frame (Chapter 4; Johnson, 2009).

Play is a natural activity for children, certainly through elementary and middle school. Physical and imaginative role play has been shown to be very healthy for children, having not only positive effects on their self-esteem, interpersonal and social relationships, but also their cognitive abilities (Schaefer & O’Conner, 1983; Singer, 1973). The field of drama therapy arose out of interest in pursuing these effects more intensively, to explore means by which children and adults could express not only their joys, but also their sorrows and anxieties through play.

In the context of individual drama therapy conducted as part of the ALIVE program, the therapist introduces characters or situations that at first indirectly and then more directly reflect aspects of the child’s stressful situations (e.g., neglect, being bullied, performing poorly, hearing family arguments, neighborhood violence). The child is gently challenged to explore through the flexibility of the play environment new and more effective ways of coping with these situations, often by reversing roles and placing the therapist in the one-down role. This type of play usually produces a sense of closeness between the child and therapist which helps to lessen their feeling of isolation and helplessness.

Once the anxiety-situation has been played out a few times, in a number of variations, the child responds in a manner consistent with being desensi-
tized to the triggering stimuli. Thus, this intervention has much in common with progressive desensitization used in cognitive-behavioral therapies (Foia & Rothbaum, 1998). Once desensitized, the child is less likely to be reactive when triggered again, for example in the classroom or school hallway. Thus the aim of this treatment is to lower the reactivity of the student to stimuli that may trigger them.

The ALIVE approach also uses other interactive, action methods such as Playback Theatre (Fox, 1994), Theatre of the Oppressed (Boal, 1979), and Sociodrama (Sternberg & Garcia, 1994) in order to explore social issues; develop greater understanding between groups and individuals; problem-solve and make decisions; experiment and try out new options; rehearse new roles and strategies and predict outcomes. These approaches are concerned with social learning in a group. By using techniques such as role reversal, doubling, sculpting, or role playing within a number of different scenes, these methods also reflect many of the principles of popular education: drawing on people’s experiences; being relevant to their concerns; engaging people in the learning process through reflection and planning for new actions.

**PRINCIPLES**

**Goals**

Our first goal is to improve the students’ engagement in school, thus we aim to reduce incidents of disruptive behavior, and improve scholarly performance of students as well as the overall culture and climate of the school. Our second goal is to form strong relationships with the principals, teachers, and students with whom we work. Our third goal is to maintain a culture of open conversation with our partners and within schools about trauma and its effects.

**Interventions**

**Early Interventions**

By middle and high school, many students have been burdened by these stressors and their school performance has suffered. When possible, it is essential to identify students early in their elementary school career and provide supportive services then.
Immediate and Proximate Interventions

The usual process of identifying and referring students for supportive services often results in the student being seen several days or even a week later. Formal, weekly sessions with a counselor may not address the momentary disruption in the classroom. Teachers may not wish to call for assistance too often over relatively minor behaviors. Only when the student’s behavior becomes significantly disordered will a referral be made. The result is that many classrooms are frequently being disrupted by minor behaviors of a number of students, drawing the energy and attention of the teacher away from the main body of students who are trying to learn.

Brief Interventions

Quite often students’ disruptive behaviors have been triggered by relatively small stimuli that tap into their background pool of stress, which if directly attended to, can lead to a rapid decrease in their activation. Teachers are constantly seeking effective ways of dampening down these students’ behaviors. Referral to school support staff typically involves a delay between the time a referral is made, and the time when the behavior is addressed with the child. The standard format of half hour or longer sessions has the negative impact of removing the student from the classroom for too long a time. Therefore, the most effective intervention is often a brief one with the expectation that the student will return to class.

Developmentally Appropriate Interventions

Most elementary students have difficulty sitting in a chair and discussing how they are feeling and what is happening in their lives, for more than a few moments. Students who are under more stress or are less capable of managing stress are even less able to have these conversations. Many counselors will resort to games such as Uno, Checkers, Chutes and Ladders, to create a welcoming, relaxed environment for the child and intersperse questions about their feelings and events whenever they can. However, it is questionable how effective these interventions are. Providing the opportunity for elementary school children to engage in exuberant, physical role play with a trained drama therapist allows the student to engage in psychological exploration in a fun, developmentally appropriate manner. Our experience is that nearly 100% of the students we work with enjoy this format. The advantage of utilizing trained drama therapists is that they have the ability to weave into the roleplaying aspects of the student’s stressful experiences and feelings, providing not just a playful recess but a meaningful desensitization to stress-
ful cues in the environment. The key element is the purposeful introduction of anxiety-provoking reminders of the student's life into the supportive play environment.

Relevant Interventions

The teacher is restricted by his/her role in intervening in students' disruptive behaviors: they must address the student in terms of expected norms of the classroom and their departure from those norms, as well as interactions between the students. Teachers are often aware that while a particular student's behavior may be triggered by an event in the classroom, it is often generated by the strain from events at home or outside the classroom. Though teachers may be able to take the student aside and ask them about these events, there is a limit to how often they can do this, and doing so in the middle of a lesson is not possible. Having the student be able to talk about these stressful events privately and directly creates a greater possibility of decreasing their activation than purely suppressive methods. Utilizing counselors trained to interview children with traumatic experiences is an advantage because they are comfortable with direct questions and trained to handle the students' responses to being asked about difficult things.

ALIVE IN THE HIGH SCHOOL

Since beginning our program in 2007, ALIVE as evolved into several different but overlapping practices. Consistent with our approach, these practices evolved from the relationships and ongoing conversations we have had with principals, teachers, and students.

Metropolitan Business Academy (MBA) is an Interdistrict Magnet School in the New Haven Public School System with a current enrollment of 386 students attending from both New Haven and 14 surrounding cities and towns (www.metropolitanbusinessacademy.org). Sixty percent of students live in New Haven, and 40% are interdistrict students. Seventy percent of students enrolled qualify for free or reduced lunch. The leadership of Metropolitan Business Academy began its partnership with the ALIVE program in 2007 and the program has played a strong role in supporting healthy school culture. Over the course of this partnership, the ALIVE program at MBA has involved after-school and summer programs, a freshman humanities course, a school-based clinic, and teacher professional development. Its supportive and flexible structures allow the ALIVE partnership to remain responsive to the needs of the school and its students as they arise and change over time.
ALIVE Humanities Course

A key determinant of high school graduation is the successful completion of freshmen year (Donegan, 2008). The ALIVE Humanities curriculum offers a student-centered pedagogical approach to creating and sustaining a community of learners through fostering successful attitudes, transferable interpersonal skills, and critical knowledge to support freshmen through a successful high school transition. In this class, a drama therapist and a teacher work together to offer adolescents a forum for an honest exchange of ideas and open conversation about emergent, high interest, and universal topics including identity, community, conflict, and peace-building. This curriculum was designed by Ann Brillante, social studies teacher in collaboration with Nisha Sajnani, drama therapist, during the 2008-09 academic year to support the high school transition of students at Connecticut Scholars Academy. They co-taught the course for two years at that school. In 2011, this same course was implemented at Metropolitan Business Academy but taught by a different teacher with the original designers consulting on its implementation.

The pedagogical approach for ALIVE Humanities, drawing on the philosophy of popular education, begins with an exploration of students’ lived realities in a direct and fully engaged manner to study historical and current critical social issues in context. This includes their historical significance such as origins, challenges, and contributions to social change. The total curriculum is conducted in an atmosphere whereby positive, enthusiastic learning and achievement is encouraged and supported. ALIVE Humanities is aligned with the New Haven Public Schools (NHPS) 21st Century Competencies which are based on the Framework for 21st Century Learning (www.p21.org). By the time students graduate from NHPS schools, they will demonstrate proficiency in six competencies (Table 9-1).

The ALIVE Humanities course offers students multiple opportunities to develop proficiencies in 21st century competencies that, in turn, complement their learning in other core subject areas (i.e., Social Studies, World Language and Culture, Science, Health and Wellness). The course is a required freshmen course that meets for approximately 90 minutes, two to three times a week. Although the ALIVE Humanities course operates with a flexible and emergent curriculum, four general modules create the thread of the academic year:

- Module 1: Celebrating Diversity, Commonalities, and Identity
- Module 2: Insiders, Outsiders and Bridge Builders in our Communities
Table 9-1

<table>
<thead>
<tr>
<th>21st Century Competencies</th>
<th>As demonstrated by a student’s ability to:</th>
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<tbody>
<tr>
<td>Problem Solving and Critical Thinking</td>
<td>• Reason effectively</td>
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<td></td>
<td>• Make insightful judgments and decisions</td>
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<td></td>
<td>• Solve problems</td>
</tr>
<tr>
<td>Accessing and Analyzing Information</td>
<td>• Use research tools to access and evaluate information from multiple sources</td>
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<tr>
<td></td>
<td>• Organize and synthesize information using multiple methods</td>
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<tr>
<td>Communication and Collaboration</td>
<td>• Articulate ideas clearly and effectively to a variety of audiences using multiple modes</td>
</tr>
<tr>
<td></td>
<td>• Communicate effectively and work productively with others</td>
</tr>
<tr>
<td>Creativity and Innovation</td>
<td>• Demonstrate originality and inventiveness in work</td>
</tr>
<tr>
<td>Initiative, Self Direction, and Accountability</td>
<td>• Set and meet high standards and goals for oneself and others</td>
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<td></td>
<td>• Manage time and resources to produce high quality results in a timely manner</td>
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<td>• Take responsibility for one’s own learning</td>
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<tr>
<td>Citizenship and Responsibility</td>
<td>• Exercise empathy and respect for diverse cultures and perspectives</td>
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<td>• Contribute to and take responsibility for the larger community</td>
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- Module 3: Bridge Builders at Work: A History of Community Organizing
- Module 4: Community Service and Peace Building

While these modules remain constant, the content knowledge required and built upon during this course is completely emergent, flexible, and changes from year to year depending on what is most engaging to our students. Table 9-2 offers a sample of the topics that have arisen and the student centered projects that have been developed in this course.

While topics may change within each module, each class generally follows a predictable format including an opening exercise that invites students to speak about what is on their minds, presentation of new information, interactive discussion and dramatic exercises aimed at exploring issues from mul-
Table 9.2

<table>
<thead>
<tr>
<th>Sample Topics Discussed</th>
<th>Samples of Student-Centered Projects</th>
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<tbody>
<tr>
<td>Identity</td>
<td>Role-plays and Dramatic Scenes</td>
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<tr>
<td>Immigration</td>
<td>Public Service Announcements</td>
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<tr>
<td>Bullying</td>
<td>Short Documentary</td>
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<tr>
<td>Youth Leadership</td>
<td>Zines (handmade magazines)</td>
</tr>
<tr>
<td>Gender</td>
<td>PowerPoint and Prezi Presentations</td>
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<tr>
<td>LGBT rights</td>
<td>Collages and Posters</td>
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<tr>
<td>African-American Civil Rights</td>
<td>Poetry</td>
</tr>
<tr>
<td>Movement</td>
<td>Fictional Short Stories</td>
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<tr>
<td>Equal Education</td>
<td>Digital Life Stories interweaving</td>
</tr>
<tr>
<td>Women's Rights Locally and Globally</td>
<td>autobiographical and social themes</td>
</tr>
<tr>
<td>Community-based Policing</td>
<td></td>
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</tbody>
</table>

tiple perspectives, time for individual or group projects, and a closing game or exercise. Progress is assessed through a diverse array of strategies appealing to different styles of learning. These include written journal entries, writing assignments, role-plays, artistic projects, as well as opportunities for collaboration and group project-based learning.

The role of the trauma-centered drama therapist is to model open conversation about the students' personal experiences, as well as providing playful, surprising, emergent elements to the classroom activities, in tandem with the teacher, whose role is to facilitate learning while also managing the classroom and curriculum including providing links to background materials, books, films, and information for students to explore. Both the teacher and the drama therapist are involved in making ongoing adaptations to ensure that students are cognitively and affectively engaged. The trauma-centered drama therapist introduces and models ways of managing stress, crisis, and the after-effects of trauma in healthy ways. With their specialized skill sets of action exercises, use of play and humor, and group interaction games, they are able to notice and approach students who become outliers and engage them specifically with the intention of re-entry back into the conversation of the classroom.
Learning can be transformative especially if it emerges from a natural curiosity and interest. In the ALIVE classroom, we seek to recruit the interests of freshmen students in the process of investigating the relationship between their lives and critical, contemporary social issues. We do this through finding a point of entry into students’ lives that resonates with current social phenomena. We motivate students to participate in lively conversations about emergent topics covering current social divisions of power. We wish to inspire hope among our students about the power they have to alter and affect society as well as make choices that can benefit their own lives. We do this by providing them with the critical literacy and interpersonal skills they need in order to read, reflect, and act upon their worlds as well as through opportunities for community service.

The following is a generic lesson plan for one class to facilitate visualizing our curriculum. However, this lesson plan is not intended to be followed in a strict linear fashion as specific aspects may be emphasized depending on what is most compelling to students in relation to what makes sense pedagogically.

**General Lesson Overview**

I. Opening ritual where students are asked for their “highs and lows” of the day or of the week.
   - Here, the teacher and drama therapist work together to facilitate the conversation, notice those students who need additional support, and identify emergent themes.

II. General exposition of the topic
   - Students are given a focusing question to begin their inquiry into the day’s topic.
   - Students acknowledge each other as each shares their response to the question they have written in their own journals and then in a large group conversation.

III. Generating conversation about lived experience
   - Dialectical questioning about themes wherein both the drama therapist and the teacher assume opposite positions regarding the issue and welcome students to weigh in on both sides of the topic.
   - Similarities and differences in students’ opinions are acknowledged and it is made clear by both the teacher and drama therapist that though students may feel a particular way at that moment, their feelings may change several times over the exploration of the topic. Emphasis is given to why students hold particular opinions and not on changing student opinions.
IV. Add information and theory by providing numerous examples from past and present

- Detailed exposition about salient themes to deepen analysis, critical reading skills, and to elicit multiple perspectives on the theme.
- Use of short stories, films, music lyrics, art, or staged readings.

V. Projects demonstrating integration of skills

- Individual and group projects integrating themes related to topic.
- Applied theatre games and role-plays of current situations where this topic is salient.
- Directing students to new sources of information as their interest is engaged.

VI. Deepen analysis

- Application of knowledge from personal experience and new information (from written work, class debates, online collages, performance, artwork, journal entries and/or role plays) can be positioned side by side within an historical social context to enhance students’ ability to think critically about their perspectives in a broader context.

VII. Application of learning to life

- Students reflect upon how they can or have integrated classroom learning in life. Using their own in-class journal they write their personal reflections and share selected entries with the class. These ideas propel future class topics and projects.

Section Topics

Table 9-3 lists the four modules covered over the course of the year, along with their corresponding core questions and methods of evaluation.

Outcomes

At the end of each module (quarterly), students participated in a survey containing a consistent set of questions designed to gauge students’ perceptions of their adjustment to high school. Table 9-4 illustrates data from ALIVE Humanities students in the 2011–12 and 2012–13 academic years.

The data indicate that freshmen perceive the ALIVE Humanities class as improving their sense of belonging to the school community, being accepted by and accepting of their classmates, and desire to come to school. The data are consistent from year to year and are improving. In addition, in the year before ALIVE was introduced, 87% of freshmen were able to move on to tenth grade, while at the end of 2011, 94% of MBA freshmen moved on
### Table 9.3

<table>
<thead>
<tr>
<th>Time</th>
<th>Module (Topic Area)</th>
<th>Core Questions</th>
<th>Methods of Evaluation used over the year</th>
</tr>
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<tbody>
<tr>
<td>Marking Period 1</td>
<td>Identity</td>
<td>How do I see myself and how do others see me? How have I chosen to identify myself and how do others identify me? Who am I in my family? Who am I in my community? Who am I in this classroom? Do I have a preference about how I would like to be seen?</td>
<td>1. Completed journal entries, written-class assignments (one/class). 2. In-Class participation during large group conversations. 3. Completion of in-class projects. 4. Completed worksheets for stories, films, and research presented in class. 5. End of Term Assessment comprised of student self-evaluations in this module. Students are also asked to reflect upon the knowledge, skills, and attitudes they gain from this class. 6. Mid-Term/Final Exam comprised of student self-evaluations in the aforementioned areas as well as two writing assignments covering the semester's topics.</td>
</tr>
<tr>
<td>September, October &amp; November</td>
<td>Students explore familiar roles, along with racial, gender, ethnic, linguistic, sexual, and religious identities in this module. They also work on forming a sense of identity as a classroom community.</td>
<td>How and why do groups (such as families, community organizations, or gangs) form? What territories do I belong to? How does my family maintain its territory? Do I have my own territory? How do my people maintain territory? What happens when a boundary is contested? How do I deal with conflict?</td>
<td></td>
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<tr>
<td>Marking Period 2</td>
<td>Insiders, Outsiders, and Bridgebuilders in our Communities</td>
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<td></td>
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<tr>
<td>November, December &amp; January</td>
<td>In this module, students explore which of their identities have resulted in experiences of belonging and which result in experiences of expulsion or marginalization. They also explore the ways in which they experience and respond to conflict. The history of territory-making is ripe with examples of invasions, partitions, walls, and expulsions. Students explore the various territories they belong to as well as the territories that they must contend with.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Module (Topic Area)</td>
<td>Core Questions</td>
<td>Methods of Evaluation used over the year</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Marking</td>
<td>Bridge Builders at work: A History of Community Organizing</td>
<td>How have people organized against hatred, marginalization, and exploitation of social groups? What approaches were successful and how? What were the consequences for individuals and groups? What remains to be done today?</td>
<td></td>
</tr>
<tr>
<td>Period 3 March &amp; April</td>
<td>The history of community organizing is long, with many examples of how people have organized against the exploitation and marginalization of particular social groups over time. In this module, students explore issues such as the history of slavery, women’s rights, and the civil rights movement.</td>
<td>How can I contribute to the world around me? What does peace mean? What has it looked like for different societies? What would it look like in my community? What conditions are needed for peace?</td>
<td></td>
</tr>
<tr>
<td>Marking</td>
<td>Community Service &amp; Peace Building</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Period 4 March &amp; April</td>
<td>In this module, students reflect on the critical social issues surveyed over the course of this class. They are invited to consider various forms of community service and peace building that they can pursue within and outside the school</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 9-4

<table>
<thead>
<tr>
<th></th>
<th>2011-2012 (n=97)</th>
<th>2012-2013 (n=88)</th>
</tr>
</thead>
<tbody>
<tr>
<td>This class has helped me adjust to the ninth grade.</td>
<td>70%</td>
<td>90%</td>
</tr>
<tr>
<td>The topics that we discuss in this class are connected to me</td>
<td>80%</td>
<td>84%</td>
</tr>
<tr>
<td>and my life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>This class has helped me feel like I belong at Metropolitan</td>
<td>70%</td>
<td>93%</td>
</tr>
<tr>
<td>Business Academy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel like I can talk to the teacher(s) of this class about</td>
<td>60%</td>
<td>84%</td>
</tr>
<tr>
<td>most things.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel like the teacher(s) of this class are interested in me</td>
<td>77%</td>
<td>91%</td>
</tr>
<tr>
<td>and my life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel like I can be open about my life with the other</td>
<td>58%</td>
<td>64%</td>
</tr>
<tr>
<td>students in this class.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I like to help out the other students in this class by listening to them.</td>
<td>81%</td>
<td>93%</td>
</tr>
<tr>
<td>Being in this class has made it easier for me to come to school.</td>
<td>57%</td>
<td>75%</td>
</tr>
<tr>
<td>I feel I am accepted in this class even when I talk about the problems I have.</td>
<td>78%</td>
<td>78%</td>
</tr>
<tr>
<td>This class has helped me to be friends with people I would or would not normally be friends with.</td>
<td>70%</td>
<td>73%</td>
</tr>
</tbody>
</table>

...to tenth grade, suggesting that the ALIVE class may also have contributed to improved academic success among these students.

**ALIVE Clinic at Metropolitan Business Academy**

Combining trauma-centered psychotherapy and drama therapy principles from Developmental Transformations (DvT), the ALIVE clinic staff responds to the emergent and proximal distress of the students in a direct, immediate, and caring way. This emergent and proximal type of response by the clinic’s drama therapists matches the way in which trauma reenactments and triggers occur for students. The clinic follows an education model, providing students with the necessary emotional tools to succeed in their academic work. Students are seen on an as-needed basis and rarely for regular...
appointments, unless indicated. Appointments are kept to a maximum time of 20 minutes to ensure the students are attending to their academics. Referrals are provided by administrators, teachers, and students as soon as a problem emerges.

**Therapeutic Persona**

We actively engender what might be called a *therapeutic persona*, using our theatrical training to become somewhat larger than life for the students, embodying a role of the ever-present caretaker and witness. Thus, rather than remaining in an office or stationary location; the therapist roams the school. Roaming requires entering and crossing back and forth over the boundaries of the students’ spaces. In practice, the therapist frequently walks through the hallways, bathrooms, stairwells, cafeteria, and classrooms, looking for students who may be in distress. The therapist employs the principle of immediacy from trauma-centered psychotherapy (attending to the immediate distress of the client) and proximity from DvT (the embodied distance between a client and therapist). Also, the therapist directly inquires into the lives of the students at every contact. This role or persona communicates the following messages:

**We Know, We See, We Ask, We Can, We Will**

These five ideas are actively presented to our students:

- We know you are dealing with stress.
- We see this is interfering with your ability to succeed.
- We ask what is/is happening/happened.
- We can help you feel better and succeed in school.
- We will keep checking in with you.

The persona of the drama therapist employing these principles is important to the interventions of the clinic. The persona in many ways resembles a nurse in a hospital’s Intensive Care Unit: providing frequent and consistent attention, care, and checkup. The following case example will illustrate the persona in practice.

**Case Example**

A student arrived to class to see that another student had taken her usual seat. There were no assigned seats in this classroom, but this student was persistent about sitting in the same seat that she had been using for the past three
weeks of school. The teacher encouraged the student to sit in another seat, as there were still a number of them free for use. The student refused and demanded with rising anger that she sit in her seat. She began to yell, “It’s my seat! It’s my seat!” The situation began to escalate as the student confronted the student sitting in her seat. The teacher once again tried to redirect the student to another seat and asked her, “Please, calm down, and choose another seat.” The student was not responsive to the teacher’s request and continued to escalate, repeating over and over “It’s my seat! It’s my seat! It’s not fair!” Security was called to escort the student to the principal’s office.

While roaming the hallway, the drama therapist heard the commotion coming from the classroom. She stopped in to find the security guard and teacher trying to escort the student out of the classroom. The student was enraged, “You can’t take me away! It’s my seat! It’s my seat!” The drama therapist asked if she could help and the teacher and security guard agreed. The therapist asked the student if she could talk with her about what was so unfair and that she must be angry for a good reason. The student was resistant, but agreed to talk, yelling back at the other student, “You better be out of my seat by the time I come back!” The security guard and the drama therapist were able to take the student to the ALIVE clinic office.

The clinic’s drama therapist met with the student and noticed the exaggerated affect and emotionality related to the event in the classroom, which indicated the possible presence of a past stressful or traumatic event. When the student was asked whether she had ever been moved unfairly (based on the nature of the current situation), the student reported that she and her mother had experienced multiple house evictions, moves, and displacements. The student revealed that due to her mother’s history with drug abuse, and subsequent poverty, their housing had never been stable or secure. Often the student had to live in homeless shelters, with family members, or other random people. The student reported feeling safe at the school and benefiting from the structure and routine that contrasted with her life at home. She appreciated having a chair in her classroom that she could “call her own” and where she could rest and relax. The drama therapist asked the student if it was possible that she experienced the chair being taken away as a reminder of being evicted from her homes. The student was able to understand this connection and quickly calmed down. She agreed that her response to the chair in her classroom was exaggerated and connected to past traumatic experiences of displacement. After about 20 minutes, the student was ready to return to class. The drama therapist walked her back to class and let her know that she would be on her list of students to check in on in the next day or so. The student agreed to this, entered her class, and sat in another seat.

As with many traumatized individuals, the line between the past and present becomes blurred when present stimuli overlaps with past traumatic
events. Perceptual distortions of harm can become overwhelming and can lead to an outburst, flashback, or flood of emotion. For this particular student, it led to a classroom disruption that could not be deescalated by disciplinary action or removal from the situation. In fact, the attempt at removing the student from the classroom only escalated her further since it reenacted the multiple, forced removals from her homes.

The drama therapist in the ALIVE Clinic embodies the intersection of trauma-centered psychotherapy and Developmental Transformations to provide a therapeutic persona that directly interfaces with the students’ lived experiences. Through roaming, immediate intervention, and direct trauma inquiry, the drama therapist quickly and efficiently attends to the disruptions and obstacles that traumatic events can have on students’ success. Communicating the five messages “We Know, We See, We Ask, We Can, We Will” are essential to the therapeutic effectiveness of the work.

**Professional Development**

Our partnership with Metropolitan Business Academy would not have been possible without the collaboration of administration and teachers. On several occasions throughout the year, the ALIVE staff speak with teachers about how to recognize and respond to the signs of traumatic stress in their students and to provide updates on the outcomes of ALIVE practices in the school. Teachers have remarked that it is especially helpful to be kept informed about the outcomes of their referrals because they also spend time worrying about their students. Many have remarked on how helpful it is to know that there may be additional factors affecting students’ behavior in the classroom and that this information gives them pause when evaluating how to respond to disruptions in the classroom. They have also remarked that it is helpful to know that there is a team in place to respond to crises as they arise.

**Impacting the School-Wide Climate**

As our work progressed, we realized it was important that the assumptions and principles we were working with became shared by not only teachers and administration, but by the students themselves. Consistent with public health campaigns and other approaches to healing, such as Alcoholics Anonymous and cognitive-behavioral therapies, we decided to make our assumptions more public within the school. Such an approach helps to disseminate and consolidate learning in a social milieu. We developed what we call Miss Kendra’s List (originally called Miss Kim’s List), which invites students to think about the effects of child maltreatment (see Table 9-5).
Table 9.5

Miss Kendra's List

No child should be beaten, punched, hit with an object, pushed up against a wall or down the stairs.

No child should be ignored, not fed, locked in a room, have nowhere to sleep, or be left alone for long periods of time.

No child should be bullied, told they are worthless, stupid, the cause of all bad things, or that they should never have been born.

No child should be used for sex, prostituted, shown pornography, or be photographed for sexual purposes.

No child should be made to work—inside or outside the home—when others who could work, do not work.

No child should be exposed to gun violence in the neighborhood, school, or home.

No child should have to witness these things happen to their mother of father, brothers, or sisters, cousins, or grandparents.

BECAUSE

These things make it difficult for a student to concentrate in school, to complete homework, and be successful.

These things cause the student to feel depressed, anxious, eat poorly, or turn to alcohol and drugs.

These things cause the student to feel frustrated and angry, leading to arguments, fighting, and violence.

These things make the student feel hopeless and inadequate, and want to give up.

These things make the student more likely to experience loneliness, substance abuse, unwanted pregnancy, unemployment, obesity, arrest and imprisonment, prostitution, and failure.

We initially printed this list on large posters and placed them on the outside of our clinic door in the school. We then printed them on wallet-size cards, front and back, and handed them out to students. Many students valued these cards and kept them safe, referring to them often. The principal became tearful when she read the list for the first time. One parent confiscated the card from the student, who asked for another one. We found that almost everyone, when they read the list, simply said, “of course.” Having the list posted and disseminated, however, has made open conversation
about child maltreatment permissible and an important part of the school’s culture.

Once the list had become integrated into the school community, we decided to use it in a bolder manner to protect students. We believe that students need to be given overt opportunities to report their distress on a regular and frequent basis. The best screening point was at the door in the morning when the students came to school. We printed a revised version of the list, based on the data from our needs assessment, on a large 24” x 36” poster. This poster was then placed at the front door of the school in the morning three days a week, just in front of the metal detector that every student has to pass, with one of our counselors standing next to it. As each student passes by, they are instructed to read the list. Students who indicate that something might have happened are seen by the counselor within two hours. On average, two students per day are identified for follow-up. Table 9-6 shows the text of Miss Kendra’s List at the door.

A dedicated text number is provided on the poster that the students can use any time. During the two years, there have been no complaints from students, teachers, or parents regarding this practice. No referrals to the state youth protection agency were generated by this screening. Instead, several principal-counselor-parent meetings occurred when students reported concerning behaviors at home. In general, students felt a need to discuss stressful but not abusive events in their lives. The MBA Student Council reported to a city-wide meeting with the Superintendent that this practice should be incorporated by every high school in the city. They felt proud that their school was taking youth protection seriously. On the yearly school climate survey, the students’ ratings for “I feel safe in this school” and parents’ ratings for “My child is safe in this school” showed a significant increase from the years before (www.nhps.net).

Table 9-6

<table>
<thead>
<tr>
<th>If you have been:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punches beaten, or pushed</td>
</tr>
<tr>
<td>Insulted, put down, told you are no good</td>
</tr>
<tr>
<td>In arguments or fights with friends or family</td>
</tr>
<tr>
<td>Worried about your friends or family over death, sickness, or violence.</td>
</tr>
<tr>
<td>Without friends, food, clothes, or place to sleep</td>
</tr>
<tr>
<td>Used for sex</td>
</tr>
<tr>
<td>Subject to racist acts against you</td>
</tr>
<tr>
<td>Let Miss Kendra know!</td>
</tr>
</tbody>
</table>
The effect of these measures was to disseminate the philosophy behind ALIVE throughout the school. This philosophy has been physically represented in the role of trauma-centered drama therapists in the school, who manifest Miss Kendra’s list through their persona, interventions, and frequent check-ins with students. The list has become the objective commandments that students use as a basis for contacting our clinic counselors. The feared flood of referrals to state agencies has not occurred. In fact, once the list was incorporated, students felt freer to discuss their personal experiences, and most of them were relatively minor incidents of fighting and arguing, or stresses such as illness, within their families, issues that were easily managed by counseling and occasional meetings with parents. Miss Kendra’s list has also been incorporated into the curriculum of ALIVE Humanities (module 2) leading to an exploration of the kinds of behaviors students wished to reinforce. Here is an example of one freshmen group’s response:

Every child should be loved and cared for.
Every child should feel safe going home or to school.
Every child should be treated with respect.

Because

These things make a person feel important and worth something.
These things make a person feel comfortable, protected, and secure.
These things make a person feel confident and strong.

Thus Miss Kendra’s List has become a cornerstone in ALIVE’s prevention-oriented approach to students’ well-being.

ALIVE IN ELEMENTARY SCHOOLS

We were invited in 2011 to develop ALIVE programs in three elementary schools. These schools were facing many problems with their students’ socio-emotional functioning. Restlessness, inattention, inability to concentrate, disrespect, and fatigue were interfering with many students’ abilities to learn. Teachers felt they had few options. We had learned from our experience in the high school that brief contact with students, if trauma-centered and immediate, often quickly reduced their activation and helped them return to class. We decided to implement a similar model in the elementary school. However, we needed to adapt our program to two important differences: first, elementary school students remained in the same room most of
the day, with the same teacher; and second, these younger students were much less available for or capable of verbal processing of their stressful experiences. Thus we designed an intervention program that was classroom-based, and built on physicalized play.

**Classroom-Based Intervention**

We presented the program as a support to the classroom teacher, and focused our efforts in developing specific relationships between our counselors and these classrooms. We assigned one drama therapist to 2–4 classrooms, selected by the school principal. The counselor then took one student out of class at a time, for 10–20 minutes only, to a separate room for intensive drama therapy. The students were selected by the teacher, usually students who were restless and distracting other students, or withdrawn with their heads down on their desks. Teachers took some time to get used to being in charge of this selection, but once they did, they felt a sense of increased control over their classroom environments. Many teachers assumed that we were there to evaluate, judge, or teach them. Instead, we made it clear that we were there to assist them.

Over time, the presence of the counselor in and out of the classroom, taking children out somewhat randomly, paradoxically created a feeling in most classrooms that the counselor was there for the entire group, and not individual people. It was as if a doctor, nurse, or emergency worker was hovering nearby, occasionally checking in to see if someone was okay. Everyone began to feel more secure.

**Individual Drama Therapy**

On the way down the hall to the drama therapy space, the counselor asks the student what is bothering them, how things are going at home, and if anything had upset them. We ask personal questions such as who lives with them, and what kinds of things their family does together.

The room is usually a small empty room, in which a carpet has been placed. Once in the room, the counselor immediately initiates an exuberant play session, in which the child is allowed to run around, be chased, fight off monsters, hide from monsters, dance, sing, or play house. Few children have any hesitation about taking this opportunity to play with the counselor. The sessions almost always involve a great deal of direct physical contact, sometimes wrestling, bumping, and jumping on the counselor. The counselors follow the model of *Trauma-Centered Developmental Transformations* described in Chapter 4.
As the opportunity arises, the counselor weaves in themes or images into the play that match the issues or events mentioned by the student about their stressful experiences. These issues are at first indirectly referenced, and then if the child is able to process them effectively, the counselor makes more direct references.

We were impressed that such brief sessions appeared to be as successful as the longer, 45–60 minute therapy sessions we normally conduct in our Center.

Our objectives include:

- To provide an opportunity for the student to vent their frustrations, fears, and anxieties with a trusted adult, thereby reducing their reactivity and increasing their availability to attend to classroom tasks.
- To provide students with another person who knows what was happening in their lives, so they do not feel alone in their worries.
- To provide an opportunity for the student to receive a dose of exposure therapy for their traumatic or stressful experiences, thereby desensitizing them to triggers and reminders of these events at other times during the day.
- To increase the teacher's sense of personal control over their own classroom.
- To improve the classroom climate by removing problematic and distracting students, and returning them in a calmer state.
- To improve students' attention to classroom tasks by decreasing their worries about their friends.
- To gradually effect a change in the norms within the classroom concerning more open discussion of stressful experiences in the students' lives.

**Outcomes**

Within the three schools, we discovered that all of these objectives were achieved. Students love going to these brief but intense sessions, and teachers gradually became more comfortable knowing who to select. Many teachers use a system whereby a student had to be “bad” to go the first time, but then, to go more times, had to be “good.” Others simply select a few students whom they feel need it. Others have students sign up to go. The realization that we are not coming with our own agenda, or procedure, but are there to support the teacher in whatever way the teacher desires, is greatly appreciated.
Students are by and large very open about their lives, troubles at home, and their worries, which range from minor arguments with friends and family, to severe physical and sexual abuse. The play environment provided by the drama therapy appears to be very effective in making students feel comfortable expressing themselves. Many students return to class much calmer and in an almost introspective mood. Over the course of one year, in three schools, with 154 different students, and a total of 1271 sessions, only four referrals had to be made to the state youth protection agency, which constituted a reduction in the usual number.

Students were asked to rate how they felt on a five point scale, before they began the session, and then immediately after the session (see Figure 9-3).

Figure 9-4 shows the data from the students' self-ratings on this scale during 479 sessions, listing the improvement in distress for students at each level of initial distress. Students' level of self-perceived stress was rapidly and statistically significantly decreased by these individual drama therapy sessions.

In another school, we placed an evaluator who sat in the classroom quietly and rated students on several behavioral measures for 15 minutes before and then after their individual drama therapy sessions (see Figure 9-5).

These objective measurements show that students' moods, level of attention, social conformity, and restlessness improved at statistically significant degrees. Teachers reported that this effect lasted from one hour to sometimes the rest of the day. Thus the initial data that we have collected appears to support the efficacy of this intervention in the elementary school classroom.

We also tracked the incidence of office referrals and problem behaviors requiring disciplinary actions, and in all three schools significant decreases were noted not only from the students we met with, but for whole classrooms! In examining this result, we discovered that calming down the diffi-
Reduction in Distress in One Session  
(N=93)

![Graph showing reduction in distress levels before and after a session.](image)

Figure 9-4.

![Graph showing degree of improvement in mood, motor, conformity, and attention.](image)

Figure 9-5.
cult students calmed down the entire classroom, with many students thanking us for taking care of their friends. The atmosphere in the classrooms improved tremendously and the teachers had more time to teach instead of managing disruptive behaviors. Finally, we began taking teachers out for these brief DvT sessions, since they too needed some place to vent their frustrations!

The following year we were able to place our therapists in every classroom in one elementary school, and by midyear, the disciplinary data was unmistakable: problem behaviors in the entire school had collapsed, including office referrals, suspensions, and lost days due to disciplinary actions. Figure 9-6 illustrates some of this data.

The effectiveness of our brief, but intense, intervention is consistent with data from other exposure therapies in which rapid decreases in reactivity occur after only a few sessions. Our work is similar to that of early models of play therapy, such as Release Therapy (Levy, 1938), in which brief but intense play sessions allow children to vent their emotional stress. The treatment of stress in proximity to the classroom, with immediacy to the child’s state of distress, and with the expectation of rapid return to the classroom, mirrors principles of early trauma treatment discovered in World War I.
(known as PIE: proximity, immediacy, expectancy; Friedman, Schnurr, & McDonagh, 1994). These contrast with the more common format used in many elementary schools, consisting of (1) teacher referral, (2) school social worker intake, and (3) scheduled weekly appointment. It is also different than the usual drama therapy format, in which students have longer, scheduled sessions outside of the classroom. These more formal approaches appear to lack the immediacy and proximity to the classroom that is emblematic of our approach.

**Miss Kendra in the Elementary School**

Miss Kendra’s list was revised to reflect age-appropriate language and posters were placed in each classroom. Students soon asked who Miss Kendra was, and we created a *Legend of Miss Kendra*, a story about a woman who lost her only child at the age of ten, and could not have any more children, so volunteers at a school, greeting children as they came in. The questions that she asked became known as Miss Kendra’s List. We then provided a Miss Kendra mailbox in each classroom, and invited the children to write letters to her in special envelopes with a Miss Kendra stamp. The students love doing this, and as of this date we have collected over 3000 letters to her (see Figures 9-7 and 9-8). The letters are often poignant, and vary from reporting everyday events to significantly stressful experiences such as death of a parent, bullying, or maltreatment, which lead to a referral to the school social worker, bullying program officer, or the state youth protection agency. Miss Kendra (i.e., our staff) then writes back to every child, fostering a dialogue and directing the children to their teacher, our staff, or school social worker to talk about what they were worried about and had written about in the letter. At any time, a student who becomes upset is allowed to write a letter to her, as a means of extending the effect of our counselors, who cannot be there all the time. In her responses, Miss Kendra emphasizes emotional literacy (using emotion words for feelings), a growth rather than fixed mindset (i.e., that things can change for the better), empathic relationships (supporting students’ interest in how Miss Kendra overcame her hardships), and good handwriting.

**Professional Development**

As we worked in these elementary school classrooms, we noticed that the teachers also were under a tremendous amount of stress, and often were having difficulties maintaining an even temperament with the students. Thus we began to offer to take the teachers out of the classroom for brief DvT ses-
Figure 9-7.

Dear Miss. Kendra,

You can tell or show Miss. Cat.

Sometimes I feel so depressed and I always cry. I don’t know why sometimes I cry in the shower or I go upstairs when no one is home and cry in the guest room but I don’t know why. I don’t live with my mom we got taken away because my mom was doing bad things. Do you know what I mean?

Well when I write it makes me feel good.

Sincerely,

[Signature]

Figure 9-8.

Dear Miss. Kendra,

There are some things going on in my life. My family is separate because my dad lives in 1 place and my mom lives in a shelter and it distresses me from doing my work in school because I stay thinking about it in school and keeps me from focusing and I wonder what I’m gonna do when I get home because access I’m in a shelter with my mom and my little brother, I get so bored because my little brother lives my dad in the other place.

From,
sions, in which they too vented and released their distress (much to the pleasure of the students!). We have now instituted weekly teacher rejuvenation sessions at the end of the day in every school we work in. Alleviating the teachers’ level of stress has had an enormous impact on their capacity to teach, to be playful, and more tolerant in their classrooms. More recently, teachers have also been writing to Miss Kendra to ask her for advice or to vent their feelings.

CONCLUSION

The ALIVE model appears to be helpful to students without directly impacting the actual conditions that are causing their distress (e.g., fighting or abuse at home). Providing the opportunity to vent their distress, having someone outside their family who knows what is happening, and being able to desensitize themselves to stressful experiences appear to strengthen the students’ inner capacities and allow them to engage more effectively in their classroom tasks. Many students appear to be attempting to manage their stress by simply “holding on,” leaving them vulnerable to being triggered by a myriad of relatively minor stressors in their classrooms. By offering them a chance to lower this baseline stress level, their ability to manage themselves appears to improve dramatically. Our goal is to implement these services within all the schools of our public school district. At the time of writing this chapter, ALIVE has been incorporated into a city-wide policy calling for a community resilience strategy involving a comprehensive screening for adverse childhood experiences for all children in all New Haven Public Schools (www.cityofnewhaven.com). We are also planning ways to engage parents in helping out with Miss Kendra’s List activities as well as perhaps providing parents with stress-reducing drama therapy sessions. We believe that our experience and the emergent data show that there is a substantial role for drama therapy in schools.

AUTHOR CONTACT INFORMATION

nsajnani@lesley.edu

References


