



The Unique Learner— Case Studies of Clients With Complex Learning Profiles

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Trauma-Informed Educational Therapy

Children have returned to school again, and in many places, masking is now optional. As they catch up with the social and academic learning they may have missed during this long pandemic, they may need help to cope with their feelings. Children who have been traumatized by the effect of the pandemic on their families and wellbeing may need additional help from their teachers and caregivers so that they can bring their anxiety levels back to a manageable level as they resume learning.

What can we educational therapists do to help our clients repair whatever losses they may have suffered during the pandemic? This question applies to our clients' families and teachers, too.

I attended a lecture by Melody Barnes, a law professor at the University of Virginia and the first president of the Karsh Institute for Democracy, to find out. She told us that 6 of 10 teachers report feeling burned out by stress during the pandemic, up from 3 in 10 before the pandemic. Teachers who receive training in self-care and in social/emotional development for themselves are better able to teach these skills to children. However, most teachers have little technical training or education in teaching methodologies for our current moment. Few are trained in recognizing trauma in children or in how to develop resilience in affected children. Few of us have basic training in the psychology of relationships, the transference and countertransference that affect us all. At the end of her presentation, Melody Barnes quoted James Baldwin: "These are all our children. We will profit by, or pay for, whatever they become."

To think about how to address the needs of students, their families, and teachers who have been affected by the inordinate stress of the pandemic, I sought out John Richardson-Lauve, head of Trauma and Resilience programming at ChildSavers, a mental health institute for children in Richmond, VA. John instructs teachers nationally in how to work with traumatized children. We spoke for 45 minutes about the ways that educational therapy intersects with best practices in teaching resilience to children affected by the pandemic.¹

According to Richardson-Lauve, we should add trauma and resilience training to our practices so that we can address the deeper issue of fear and lack of safety among our clients. Trauma impedes the ability to learn because fear floods the prefrontal cortex with stress hormones that make it hard to act mindfully on new information a child is exposed to in class. When the world is predictable, manageable, and moderate, we can learn, but when our environment is unpredictable, uncontrollable, and overwhelming, we need to seek safety and connection in order to re-establish healthy control over our prefrontal cortex's self-regulatory functions. COVID-19 is a shared event with a threat to our health, social life, and routines, though not everyone has experienced the pandemic in the same way. Those children who have already been impacted by other trauma, such as the loss of a loved one, are doubly vulnerable to becoming overwhelmed by stress. Isolation, loneliness, and extra parental and teacher stress add to this long list of dangers to our clients.

We educational therapists must become good at the practices that foster connection and become comfortable helping teachers and students build resilience whenever we can. Luckily, we are attuned to children's traumas in the realm of learning differences and challenging life circumstances, and much of our practice revolves around those individualized methods we use to join with our clients in order to build rapport in the therapeutic alliance we foster.

Children who are traumatized have experienced greater than average adverse childhood events, and those who have had higher numbers of traumatizing incidents in their lives are at greater physical and emotional risk later in life. If we can help them name their fears, we can bring important information to their families and teachers and to the social workers and therapists who may be working with our clients. Our imperative as case managers offers a vital link to good communication among all parties tasked with helping our students. Teachers need our support and ear, especially now, as they too need a safe place to confront what it is about their traumatized students that frightens them. Burnout is the cumulative impact of not being able to help the people we want to reach, and for teachers who work not for pay but for impact, this can have a devastating effect on their self-confidence and ability to teach. In this way, the pandemic has led to a de-skilling of teachers and students alike.

Connection is joining with clients to say something like, "I know you are afraid and sometimes I am, too. But, we are in this together, and I'll help you while you are with me. If you can't tell me what's wrong, don't worry. I'll tell you what I see and help you name the things that are bothering you."² Being skillful clinicians, we can practice modeling how to acknowledge, name,

¹ If you'd like to view that conversation, here is the link: [Trauma and Resilience, Trauma Informed Educational Therapy in the Age of Covid.](#)

² For more information on helping children name the things that are bothering them, see pp 27-33 in Seigel, D. J., & Bryson, T. P. (2012). *The Whole-Brain Child*. Bantam Books.

and manage our feelings for children, their families, and their teachers alike.

Shame is an overwhelming feeling and very damaging to a client's wellbeing. A traumatized child may bury their feelings and so need help learning to name what is troubling them. We can help by naming potential feelings that may come up during work. I might say something like:

“I saw that you did really well on your second and third try at the game, and once you were clear about how to organize yourself to win, you got a perfect score. Did you notice that? Let's do it again. I'll write down all the steps you took to be so successful so that you can do it again anytime you like.”

Of course, when a child reveals trauma that we are not qualified to deal with, we must encourage our clients to relate that information to their therapists and family and to refer the family to an excellent therapist if they don't have one. We must be careful to keep boundaries even when our empathy is as engaged as it has been throughout the last two years.

Whatever subject we approach for remediation—imagine for a moment that it is reading—the client will have a long association of shame to it. It helps to consult the school and the parents in a separate meeting to let them all know how this remediation is going, where the hope is, and how the presenting learning issue will look at different inflection points in the child's life. We must consider that having a learning disability can be, and likely is, traumatic for some clients, and they are in need of the hope that we can, without exaggerating our abilities, give to them. The more we can reassure parents and schools that progress may be slow but is happening, the less anxious they will become, and by extension, the less anxious our clients will be. Taking risks in any subject assumes a reasonable probability of success, and our work is critical to increasing our clients' ability to take the risks of being wrong that are associated with learning.

Be on the client's side, explain their issues to them and parents, help parents free up resources to help the child by listening to their fears and offering honest feedback about how the learning disability their child has may appear over time. Remind them that educational therapy can be a long process and then begin to work through the issues, like dyslexia or ADHD, explaining your process as you go. Connect with your client so that you have a sense of building the remediation and the relationship together.

If you can, be in person with the child, at least some of the time. Make them safe to show themselves, their feelings, and expect them to test their relationship with you until they feel safe and know that you are not going to leave them all alone with their pain.

We foster safety, connection, and self-esteem through skills that help counteract fear and shame. We describe what we see with an emphasis on what the client can do well. We can applaud teachers who use a client's strengths and ameliorate their deficits to teach

them. If we can do this, we have changed the world by adding one happier and better-able learner to it, one learner at a time.

RECOMMENDED RESOURCES

Resource for courses in Trauma and Resilience: [Childsavers.org](https://www.childsavers.org)

Expert nurse and instructor on trauma among kids and how to help: nina.beaman@aspen.edu

Susan Micari, MEd, BCET, is the founder, along with Dr. Annalisa Perfetto, of EdTherapyNYC, a practice that serves adults with NVLD, dyslexia, executive function difficulties, and ADHD. Susan serves clients whose profiles are complicated by trauma, and she has designed courses in LD for parents in the UK, Australia, and the United States. Susan now lives in Richmond, VA, and continues her practice there both online and in person with middle, high school, and college students as well as executives who seek help for executive functions or dyslexia.