


Fall 2017

Teachers Supporting Students Affected by Trauma

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Teachers Supporting Students Affected by Trauma

By

Madeleine Smyth

Major Research Project

Completed in partial fulfillment of the requirements for the Social Justice And Community
Engagement Master Of Arts program at Wilfrid Laurier University

Brantford, Ontario

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Abstract

Although many people would like to think of childhood as a relatively peaceful and happy time, research has indicated that for many children this is far from the case. One study in the United States has estimated that 26% of children will witness or experience a trauma-causing event before they enter kindergarten. Trauma can have a serious impact on a child's learning and overall classroom experience. Teachers and other school staff can play an important role in recognizing and responding to students presenting with symptoms of trauma in the classroom and mitigating possible adverse impacts on their education. A qualitative study was undertaken to examine the experiences of 4 Ontario teachers in supporting children who had (or were suspected to have had) experienced trauma. The paper at hand details the variety of approaches they took, identifies existing trauma-related resources available to teachers, and provides recommendations for trauma-specific pre-service and in-service training for Ontario teachers. It is hoped that the results of the study may assist and encourage other teachers (and schools) in accommodating traumatized students

Acknowledgements

First and foremost, I want to thank my parents Gene and Bev, brother Ged, and sister-in-law Stacey for their unwavering support and encouragement throughout my educational journey. Thank you for always believing in me, cheering me on, and celebrating every milestone.

To my dearest friends, thank you for your encouragement, enthusiasm, and kindness always. Thank you for always listening, understanding, and showing genuine interest in my research.

I especially want to thank my advisor Dr. Catherine Stewart and my second reader Dr. Bree Akesson for their wisdom, feedback, and patience throughout the writing process. I appreciate everything you have done for me and feel fortunate to have worked under your guidance.

To my Social Justice and Community Engagement 2015-2016 colleagues, thank you for your friendship, support, and passion for learning. I am so inspired by your individual projects and I look forward to hearing about your amazing future endeavours.

Most of all, I want to thank the teacher participants for their willingness to share their stories. Without your support, interest, and honesty, this project would not have been possible. Thank you for all of the work that you do to support every child in your classroom.

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Introduction

Although many people would like to think of childhood as a relatively peaceful and happy time, research has indicated that for many children this is far from the case. From 1995 to 1997, nearly 17,000 middle-class American adults filled out a survey that pertained to their childhood and current health status. The information provided was combined with their physical exam results, creating the *Adverse Childhood Experiences Study*. The study revealed that almost two-thirds of the participants had experienced at least one adverse childhood experience (ACE) before the age of 18 (Felitti, Anda, & Nordenberg et al., 1998).

In the ACE study, the authors identified three categories of ACE's: childhood abuse (emotional, physical and sexual); neglect (emotional and physical); and household challenges (domestic violence, substance abuse, mental illness, separation/divorce, as well as the incarceration of an immediate family member) (Felitti et al., 1998). Other negative childhood experiences that have been identified in the literature include bullying, homelessness, living in violent communities or foster care, fleeing from war-torn countries, surviving natural disasters, enduring multiple medical procedures, and/or living with a parent(s) who has a mental illness (Danese, Mott, & Harrington et al., 2009).

An adverse childhood experience can impact children in both the short-term and long-term. The extent to which a child is affected is dependent on a variety of factors, including the number, duration and severity of the experience, as well as the presence of mitigating factors such as familial/social support and effective interventions (Terr, 1991). One of the most common effects of an ACE can be trauma and such instances frequently occur at a young age. One study has estimated that 26% of children will witness or experience a trauma-causing event before they begin kindergarten (Finkelhor, Turner, & Shattuck et al., 2015; MacMillan, Fleming, & Trocmé

et al., 1997).

As noted in the ACE study, child abuse is one of the most common causes of childhood trauma and this finding is reflected in other studies as well: it is estimated that 94,000 children in Ontario alone are living in situations that may be abusive and approximately 21 cases out of every 1000 children are investigated (Trocmé, 2010). Of the 125, 281 child abuse investigations conducted in 2015 (approximately 53 cases per 1000 children), 43,000 were substantiated as child maltreatment, neglect, and abuse (Fallon, Van Wert, & Trocmé et al., 2015).

Children who have experienced a traumatizing event, may come into contact with professionals and/or agencies mandated to help children who need help of some kind. These may include services for families, child protection, women's shelters, mental health and/or medical professionals. The institution that nearly all traumatized children will encounter, is the education system. Teachers and school staff have been recognized for some time as playing a key role in identifying and reporting cases where abuse is suspected and trauma may have occurred (Provincial Advisory Committee on Child Abuse, 2013).

In addition to identifying and reporting suspected cases of abuse, teachers can also play a vital role in supporting children through the aftermath of abuse and trauma. As most children spend more than six hours a day at school and more than 190 days at school per year, how teachers and the school respond to children who have been traumatized may have a strong impact (positive or negative) on their ability to deal with their trauma. On the one hand, teachers may even be able to help mitigate the impact of trauma on a child's ability to learn and sustain academic progress, but on the other may do further harm if they fail to respond constructively (Crosby, 2015).

My own interest in the potential and importance of the role of the teacher was reinforced

by a personal experience I had about two years ago. While pursuing my Bachelor of Education, I was also volunteering at a shelter for women and children who had experienced domestic violence and completing student-teacher placements. On the first day of one of my student-teacher placements, one of the students recognized me from being a volunteer at the shelter. After observing the class, I noticed that this student had a difficult time staying on task and appeared disengaged during instruction. In conversation with my mentor teacher, she remarked in a judgmental tone that this student was “spacey” with a limited attention span. I was troubled by my mentor-teacher’s reaction to this student because she did not consider the possibility that some external event may have explained the student’s mental state. Based on my experience within the shelter, I made the connection that this student’s disengagement was likely associated with the trauma she had experienced. However, the shelter’s confidentiality oath restricted me from sharing any information with my associate about this student’s situation. This was a dilemma, so I suggested she check-in with the student’s parent(s) about the disengaged behaviour. In the course of calling the student’s home, my associate was redirected to the main office of the shelter. This is where she learned that her student had been living there for several weeks because of domestic violence.

The following day, she expressed frustration and regret with regard to her initial assumptions about her student. To her credit, she realized she had made an avoidable mistake. For me, this experience made me realize the importance of teachers recognizing and responding appropriately to possible symptoms of upset and/or trauma, rather than making negative and incorrect attributions that may compromise a child’s classroom experience.

Reflecting on this experience, I wondered if other teachers have had a similar experience, where they made an assumption with regard to a child’s behaviour (e.g. apparent disinterest in

the subject matter), rather than inquiring as to whether there was another explanation for the behaviour, including the possibility of an upsetting event. This situation created more questions for me than answers; especially since my teacher candidate training did not discuss accommodation strategies for children who have experienced trauma. I wondered why my associate was not informed of that child's situation and also what steps she was going to take to accommodate the emotional and academic needs of this student. Ultimately, I wanted to better understand if and how teachers are accommodating the academic and emotional needs of children who have experienced trauma. As I neared the end of my Bachelor of Education, I knew that my experience had sparked a research idea, a project that was directly related to my career.

For my Master's degree, I elected to draw from my experience with the above teacher, and develop a proposal for the program requirement of a Major Research Paper, that would focus on the questions raised by what I had observed. I subsequently designed a qualitative research study that explored how teachers in Ontario are responding to children in the classroom who have experienced trauma. The question posed by my study is "How do teachers respond to individual students who have suffered some form of trauma and may be exhibiting typical trauma induced symptoms in the classroom?" A further question is, "What has the education system done to prepare teachers and other school personnel to both recognize and respond appropriately to students who are struggling with trauma?"

Literature Review

As indicated in the introduction, trauma affects a considerable number of children and youth. As stipulated in the United Nations' *Convention on the Rights of a Child*, children have the right to protection from physical and psychological harm, the right to receive help if

neglected or maltreated, as well as the right to receive a quality education that helps develop one's talents and abilities (United Nations, 1989, art.19, 28, & 29). Trauma may prevent children from accessing their basic rights to education because the symptoms of trauma may interfere with their ability to concentrate, to follow classroom routines, and to learn (Nader, 2007). In order to ensure that the educational experience is both accessible and effective, a child's traumatic experience must be taken into account and accommodated. The next section will review what the literature says about certain aspects of trauma and the implications for a child's educational experience as well as teachers' responses in the classroom.

Impact of Trauma and Implications for the Classroom

In 1990, author and child psychiatrist Lenore Terr identified that psychic trauma, "occurs when a sudden, unexpected, overwhelming intense emotional 'blow' or a series of blows assaults the person from outside. Traumatic events are external, but they quickly become incorporated into the mind" (Terr, 1991, p.12). Children respond to trauma in a variety of different ways; some are more resistant to trauma, while others more vulnerable (Terr, 1991). Some children choose to fight, run away, or psychologically freeze (fight, flight, or freeze) as a response to an upsetting event (Terr, 1991). In addition, they may have difficulty thinking and remembering, as well as regulating their emotions as a response to a traumatic event (LeDoux, 2014). Depending on the severity of stress they have endured, some children may experience post-traumatic stress (Regal & Joseph, 2017).

When a child experiences trauma, the intense emotions that ensue can trigger an area of the brain called *limbic* and *paralimbic* systems (Cole, O'Brien, Gadd, Ristuccia, Wallace, and Gregory, 2005). These systems are directly connected to one's ability to process language. The intense feelings and severe stress associated with trauma actually slow down this area of the

brain and make it more difficult for a child to comprehend information (Cole et al., 2005). As a response to trauma, some children completely dissociate as a way to retreat from overwhelming stress (Cole et al., 2005; Medina, 2017). When a person dissociates, their mind wanders for a short time and then tries to refocus. The problem is that when a person's mind tries to refocus, they barely remember what was happening before (Struik, 2014). Dissociation is a protective mechanism the brain uses to temporarily relieve people from overwhelming stress (Medina, 2017). This can be problematic in a classroom because dissociation limits a child's ability to concentrate and absorb information (Medina, 2017). Unfortunately, dissociation therefore can lead to "learning gaps" (Anda, Felitti, & Bremner et al., 2006; Black, Woodworth, & Tremblay et al., 2012; Cole et al., 2005; Wolpow, Johnson, & Hertel et al., 2009). A learning gap is a disparity between what a student has actually learned and what he/she was expected to learn by a particular age or grade level (Ontario Ministry of Education, 2013).

In addition to the traumatic event itself, learning gaps may be further exacerbated by sporadic school attendance, illness, family disruption and other sources of stress that often arise in the aftermath of trauma (Barbosa, 2016). Unaddressed learning gaps for children who have experienced trauma can often lead to lower test scores and course grades and lasting educational disadvantage (Grogger, 1997).

An additional factor that may contribute to learning gaps is how traumatized children respond to the teacher and how the teacher, in turn, responds to them. Some children often have difficulty focusing on their schoolwork because they are more concerned about interpreting the teacher's mood in the same way they may have learned to monitor the moods of adults' in an abusive family situation (Cole et al., 2005). Traumatized children can become fearful of punishment and may dissociate when they feel threatened or misunderstood (Cole et al., 2005;

Kenardy, Smith, Spence, Lilley, Newcombe, Dob, & Robinson, 2006).

Research has found that children who enter the classroom in a fearful state may refuse to respond to their teacher, ignore him/her, act aggressively or become extremely passive (Cole et al., 2005). In this scenario, teachers (or other school personnel) may label the child as defiant and oppositional; they may feel frustrated and assume the child is deliberately not listening or unwilling to cooperate (Barbosa, 2016). As their frustration builds, teachers may try to enforce their authority in an attempt to get a child to listen, but instead, by responding this way the teacher heightens student anxiety and makes it even more challenging for the student to respond (Cole et al., 2005; Barbosa, 2016). As an example, this student reflects on how their disconnection from math was a direct result of the teacher's assumptions:

I could see the math teacher's mouth moving in the classroom but couldn't hear a thing. It was as if I were in a soundless chamber. She was smiling and clearly talking, I just couldn't process a word of it. I had been an excellent math student, but the day she told me I was 'spacey' and unfocused was the day I stopped connecting to math. My grades dropped and they took me out of the advanced classes (Cole et al., 2005, p. 10).

In this case the teacher apparently misinterpreted what she was seeing and responded in a judgmental way (similar to how my colleague had responded to a child that was "spacey") that further distanced the student. From the student's perspective, she was trying her best to focus based on their awareness of the teacher's movements, but a psychological barrier was blocking any understanding. This student may have experienced *dissociation* as a response to trauma.

When any child is repeatedly faced with threat and danger, they may react with a "fight, flight, or freeze" as a defense mechanism to escape danger (Terr, 1991, p. 11). Children who have repeatedly endured dangerous situations will often be physically and emotionally

hypersensitive to minor threats of danger (Terr, 1991). These reactions are a protective defense mechanism as the human body reacts much differently under stress than when the body is calm (Terr, 1991). Children who experience symptoms of fight or flight will often scream and cry in hopes of receiving help from an adult (Nader, 2007).

In these stressful moments, children will often try to escape or defend themselves, but this can become especially difficult in a classroom. When children are feeling stressed in a classroom, they may abruptly run out of the classroom or pick a fight with a classmate. When this happens, they may compromise their safety and the safety of everyone else in the classroom. These incidents can be difficult for teachers to manage because they cannot leave a classroom of unsupervised students to chase after one student and there are liability concerns when physically intervening between students. When these situations occur, teachers often reach out to administration and other school support staff for assistance in mediating the situation (Mulford, 2003) .

Instead of picking a fight or running away from a difficult situation, some children involuntarily respond to adversity by *freezing*. In a classroom, freezing is quite literally when a child stops participating and interacting with their peers and instead has a blank look on their face (Terr, 1991). Children often freeze as a response to feeling overstimulated by their thoughts and environment (Terr, 1991). These overwhelming feelings cause children to instinctively disconnect. Unfortunately, teachers often get frustrated and mistake freezing as defiant and oppositional behaviour (Terr, 1991).

As previously mentioned, the extent to which a person is affected by trauma varies. For some, a traumatic experience can trigger symptoms of distress that can reoccur for several weeks, even years (Regal & Joseph, 2017). These symptoms can include: flashbacks,

nightmares, reclusive behaviour, difficulty sleeping, feeling stressed and confused, as well as reactionary behaviour such as being easily startled and/or having angry outbursts (Regal & Joseph, 2017). When these symptoms begin immediately after or within 6 months of a traumatic event after a traumatic event has occurred, a person may be experiencing post-traumatic stress disorder (PTSD) (Regal & Joseph, 2017).

Dr. Bessel Van der Kolk, clinician, teacher, and researcher of the effects of PTSD describes one theory that some people become "addicted to trauma" (Van der Kolk, 1989, p. 392) as a result of post-traumatic stress. When people are highly stressed, the endorphins running through the body help to alleviate any pain they may be feeling, improve their mood, calm anxiety, and help decrease aggressive behaviour (Van der Kolk, 1989). When stress is removed from a person's life who has consistently endured trauma and extreme stress, they can feel fearful, hyper-aroused and irritable because they are experiencing endorphin withdrawal (Van der Kolk & Ducey, 1989).

Van der Kolk (1989) explains that "stress-addicted" children are often those in the classroom who prefer a chaotic environment so they look for opportunities to antagonize others so that the environment becomes stressful (Van der Kolk, 1989, p. 392). These children have a tendency to act defiantly, pick fights with classmates, bully other children, and self-harm because they rely on the endorphins created by stress to help them cope with the trauma they have experienced (Terr, 199; Van der Kolk, 1989). When children are consistently feeling stressed, their cognitive abilities can be significantly compromised (Medina, 2017).

A person can experience great difficulty thinking and remembering when under a significant amount of stress, especially children whose brains are still developing. Their ability to think clearly diminishes because they think impulsively (Janis, 1982). As previously mentioned,

stress encourages people to act reactively as a method to self-protect from perceived danger. This reactive, impulsive behaviour limits a person's ability to think clearly, consider how their behaviour will impact others, and make good decisions (Janis, 1982).

With regards to how stress can affect a person's memory, neuroscientist Joseph LeDoux (1994) explains that when a person is in a state of fear, they often lose their ability to describe their experiences with words. When this happens, a person's brain relies on images, physical objects, and auditory sensations to make sense of the experience (LeDoux, 1994). LeDoux (1994) refers to this as "emotional memory", which can be problematic for those who have experienced trauma because this kind of memory is very difficult to erase (p. 52).

Children who have experienced significant trauma are susceptible to "flashbacks" - images that remind them of the stressful, frightening and painful moments they have endured (Bloom, 1999, p. 53). These flashbacks are often triggered when, "a child is feeling upset, frustrated, stressed or threatened, which overwhelms their brains to the extent they have difficulty articulating what they are experiencing" (LeDoux, 1994, p. 53). In a classroom environment, if a student is having a traumatic flashback they may appear "jumpy, irritable, and on-edge" (Janis, 1982, p. 4). Often children cannot explain what is happening in that moment, so they may express their distress through emotional and/or physical outbursts. These outbursts are natural reactions to flashbacks, but can be disruptive in a classroom and easily misinterpreted by the teacher as "angry, aggressive, anxious, and impulsive behaviour" (Bloom, 1999, p. 10)

Given the varying symptoms children can experience as a response to trauma, it would seem there is a need for teachers and educational support staff to have resources and direction as to how they can best support children who have experienced trauma. In researching what written resources are currently available to teachers in relation to responding to trauma, I found three

documents. It is important to note that these documents have not been peer-reviewed and have not been evaluated for their usefulness to teachers.

Existing Resources

The first document is one created by the Ontario Ministry of Education called *Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-being*, which is a two-part document designed to help teachers and other school-based professionals recognize and respond to student mental health needs. It cannot be viewed as a resource specific to trauma, but reflects a broader recognition of the need for mental health resources for teachers.

It is important to understand that children may require mental health support as a result of experiencing a traumatic event, but that does not mean they have developed a mental health problem. Nonetheless, this document discusses symptoms that could be related to trauma (ex. anxiety, impulsivity, depression, physical discomfort, and self-harming behaviour).

The document can be a useful resource to teachers and other school-based professionals because along with discussing symptoms possibly related to trauma, the document outlines what those symptoms can look like in a classroom and what educators can do to assist students in need. For example, a student experiencing anxiety may also be struggling with perfectionism. This student may worry about, "Making minor mistakes or doing work that is less than perfect; is overly critical of his/her performance; and works slowly, erases repeatedly, delays starting and/or completing assignments, or avoids attempting tasks altogether" (Ontario Ministry of Education, 2013, p. 34). Two of the six suggested strategies include: avoid drawing unnecessary attention to mistakes (not posting or announcing test scores), as well as reward small improvements (completing a task on time without unnecessary revising) (Ontario Ministry of Education, 2013).

By addressing possible symptoms of mental health concerns, what those symptoms may look like in a classroom, and suggestions for how teachers can support children in need, this document can help teachers respond more appropriately to children who have experienced adversity.

In the United States, Harvard Law School and Massachusetts Advocates for Children collaborated on the creation of two guidebooks for educators called *A Report on Policy and Agenda* and *Creating and Advocating for Trauma-Sensitive Schools* (Trauma and Learning Policy Initiative, 2016). Unlike the Ontario Ministry of Education document, as the title suggests, these documents were specifically intended to address trauma in the educational context. The first guidebook summarizes psychological and neurobiological research, explaining how trauma can impact a child's ability to learn (Trauma and Learning Policy Initiative, 2016). The second guidebook focuses on the process schools need to go through to become trauma-sensitive, as well as a policy agenda that outlines changes in laws, policies, and funding that can help schools better support children who have experienced trauma (Trauma and Learning Policy Initiative, 2016).

The development of these trauma-informed documents is a positive indicator that there is some institutional attention being paid to the need to support children in the classroom who have endured an adverse childhood experience. However, little is known about how many teachers are aware of these documents, what is being done to ensure these supportive documents permeate the education system, and how effective these resources are. In conducting the literature review, notably I could only find one North American study that evaluated how trauma-informed teaching practices impact a child's well-being, although the results of this one study were encouraging. Specifically, it found that students who displayed symptoms of post-traumatic

stress actually felt their symptoms subside because of the trauma-informed teaching practices that were implemented at their school. By participating in ongoing workshops and learning related to trauma-informed teaching practices, teachers and educational support staff were able to limit the post-traumatic stress their students were experiencing (Day, Somers, Baroni, West, Sanders, & Peterson, in press). This study confirms the importance of not only creating trauma-informed resources (documents, workshops, and programs), but also suggests that if implemented, they can have a positive effect. Nevertheless, more evaluation research on trauma-informed practices in the classroom needs to be done.

As indicated in the literature, trauma may compromise a child's educational experience, as well as their emotional well-being. It is critically important that school administration, teachers, and support staff respond appropriately to support these children. With the exception of the study cited above, however, the literature is generally scant in terms of its examination of how teachers are responding to students who have experienced or appear to have experienced trauma. With this knowledge, my study will examine ways in which teachers are accommodating children who have experienced trauma as well as explore some of the challenges involved in supporting students in the classroom.

Theoretical Perspectives

I undertook this research project and subsequent analysis from a social justice lens, specifically drawing on the United Nations' *Convention on the Rights of a Child*. According to UNICEF, the core principals of the convention can, "only become a reality when they are respected by everyone—within the family, in schools and other institutions that provide services for children..." (UNICEF, 2014, unpagged). As the education system is the most common

institution children encounter, it is vital that educators and administrators play a key role in optimizing every child's right to a quality education, regardless of any adverse experience(s) they may have endured.

In addition to the United Nations *Convention on the Rights of a Child*, I drew on current psychological understanding of trauma to inform and direct my study, as well as two perspectives that build upon each other to provide an understanding of what it means to support children in the classroom who have experienced trauma. Ecological theory and placemaking separate a child's world into ecosystems, explaining how direct and indirect factors can compromise a child's educational experience. Also, holistic pedagogy is the platform for how teachers can potentially mitigate the barriers children may encounter within their ecosystem by teaching to the whole child.

Ecological Theory and Placemaking

Bronfenbrenner (1979) views human development and behavior as the product of various interacting systems. *Individual behavior* is described as the interaction between a person's traits and personality with the environment (Bronfenbrenner, 1979). Although individuals are influenced by their biological and psychological characteristics, humans are also greatly affected by their families, school, community, and the larger social system (Bronfenbrenner, 1979). For this study, I will be adapting Bronfenbrenner's ecological theory to focus on children. I will also connect Edward Relph's concept of *placemaking* with some external factors associated with three sectors of a child's ecosystem: the microsystem, mesosystem, and exosystem (Bronfenbrenner, 1994).

The microsystem refers to children directly interacting with each other in their immediate

environment, such as with a parent or peer (Bronfenbrenner, 1994). For a child who has experienced trauma, they often associate the strongest sense of place with a familiar environment such as home, where they participate in daily routines with people they know well (Seamon, 2000). Unfortunately, for some children their immediate environment is a site of stress, chaos, and/or trauma. These children often gravitate to spaces unlike home (Cole et al, 2005). Since children spend the majority of their day in a classroom, classrooms can be powerful spaces where traumatized children can establish a new understanding of home.

In an ideal classroom, children exist in a space where they are known by their peers, they are aware of the physical layout of the classroom, as well as the daily routines. An ideal classroom environment promotes predictability, safety, and fun, as opposed to chaos, vulnerability, and stress (Sampson & Gifford, 2010). Optimally, for children who have experienced trauma, classrooms can be a positive alternative to their traumatizing experience. It is important to recognize though, that classrooms are not necessarily safe, welcoming environments due to several factors such as: the number of students within a classroom, the behavior of other students in the classroom (e.g. bullying), the size of a classroom, the teacher's attitude towards learning, as well as the teacher's understanding of his/her students' needs. Either isolated or combined, these factors can make for a very stressful, confusing, and difficult experience for some students (Oehlberg, 2008).

The mesosystem is comprised of little microsystems in a child's life, such as their interaction with a teacher or a peer from school (Bronfenbrenner, 1979). Collaborating with a student who has been affected by trauma to establish a safe learning environment is reflective of Edward Relph's concept of *placemaking* (Relph, 1996). Placemaking is, "the effort one makes to re-establish their selves in a new environment and find meaning in their new surroundings"

(Relph, 1996, p. 14). Re-establishment often occurs with the assistance of peers or supportive adults, such as a teacher or mentor. Relph (1996) explains that placemaking is often a form of healing because children tend to recognize the people and places that either helped or hindered their search for a safe place. In a classroom, teachers can help students establish a sense of place despite their difficult situation (Terr, 1991).

The exosystem has little or no direct interaction with a child but influences a child through little microsystems. For example, administrators (superintendents, principals, vice-principals) indirectly influence a child's educational experience based on the available supports (child and youth counselors, educational assistants, learning resource teachers, body break rooms) they arrange for their school. Also, the training teachers participate in decisions made by administrators that can indirectly affect a child's classroom experience (Bronfenbrenner, 1979). Especially for children who have experienced trauma, if and how a teacher responds to their situation can significantly impact their level of stress, concentration, comfort, and connection with peers.

Without the support from a teacher, children who have experienced trauma often feel a sense of *outsideness*, where they feel completely detached from the physical space they exist in (Relph, 1996). Existing in a space of refuge, rather than being in a constant state of stress can be frightening and overwhelming for traumatized children because they are not often familiar with those feelings (Relph, 1996). Children who have experienced trauma may appear disruptive and chaotic in the classroom because they may be unsure of how to handle their emotions. It is important for teachers to help students learn to self-soothe when they feel overwhelmed. Teaching children, especially those who have experienced trauma, how to regulate their emotions can help them feel more connected to their classroom. A classroom can then become a

place where they can build friendships, learn, and express themselves.

Holistic Pedagogy

When teachers create a holistic learning environment, they recognize the importance of children not only developing their intellectual skills, but also cultivating their “physical, psychological, emotional, interpersonal, moral, and spirited potentials” (Miller, 2008, p. 383). Dewey (1997) explained that teachers do not directly teach to children, but instead, create classroom environments that influence the education of children. Such environments are designed with opportunities and invitations that support open-mindedness, responsibility, and growth (Dewey, 1997). This is similar to Bronfenbrenner’s (1979) idea of a child’s exosystem, where teachers can indirectly impact a child’s education based on the type of learning environment they cultivate.

Holistic learning environments require that teachers first pay attention to the emotional needs of their students (Miller, 2008). For children who have experienced trauma, they may be dealing with several conflicting emotions, making it difficult to learn (Medina, 2017). When teachers tailor learning based on how children may be feeling, teachers are responding to children on a practical level. As an example, a child may feel stressed and overwhelmed being in a busy, loud classroom. To address their emotional needs, a teacher can designate calm times within the classroom when the lights are dimmed and quiet, lyrical music is playing in the background. Small physical changes within the classroom that are directly linked to a child’s emotional needs can greatly impact their educational experience. Alongside physical changes to a classroom, children who have experienced trauma often need opportunities that help them rebuild their self-efficacy, self-esteem, and self-worth.

Decreased self-efficacy has been linked to children who have experienced a traumatic event, greatly affecting their ability to learn (Bandura, 1994). Self-efficacy can be understood as a person's belief in their ability to succeed (Bandura 1994). When a child's self-efficacy has been compromised by trauma, often their self-esteem and sense of self-worth has also been negatively impacted (Bandura,1994). Studies have found that children who have experienced trauma tend to have significantly lower levels of self-esteem and self-worth compared to their peers who had no such history (Cecil & Matson, 2001; Larmoureaux, Palmieri, & Jackson et al., 2011; Stern, Lynch, & Oates et al., 1995; Swanston, Plunkett, & O'Toole et al., 2003).

Teachers who exercise holistic pedagogy can potentially mitigate the negative effects of trauma, such as decreased self-efficacy, that traumatized children may be feeling. A good example of how teachers can help children build their self-esteem is to create learning opportunities that play to their strengths. For example, a teacher can offer different approaches to one assignment, giving students an opportunity to choose which option best suits their strengths. For example, a summative assignment for a novel study could be completed as a multi-media presentation, a written essay, or a creative expression. Bandura (1994) explains that performing tasks successfully can help strengthen a person's sense of self-efficacy. This is especially important for children who have experienced trauma because in order to learn they must first feel capable of learning (Benight & Bandura, 2004).

Being in-tune with how children are feeling and recognizing any disruptions within their ecosystems can help teachers support the emotional and academic needs of their students. As a new teacher in Ontario, I wondered if and how teachers were supporting student learning in their classrooms, especially children who have experienced trauma. To address my curiosity, I designed a research study focused on the lived experiences of Ontario teachers.

Method

I undertook a qualitative study in order to take an in-depth look at the lived experiences of 4 Ontario teachers. Semi-structured interviews with 4 teachers helped me better understand the realities of supporting children in the classroom from a teacher's perspective.

Purpose of the Study

The purpose of the study was to examine how teachers respond to students who they suspect or are aware have faced adverse childhood experiences and have demonstrated signs that they have been impacted by trauma. This qualitative study addressed the following central research question: How do teachers respond to children in the classroom whom they know or suspect have been traumatized? What steps do they take to accommodate their needs, provide support, and possibly mitigate adverse impacts on their education?

Participant Recruitment

I advertised my research study on Facebook through my personal network. I was able to connect with teachers who self-selectively participated. The only criteria to participate in the research study was that participants had to be teachers in Ontario, they must be willing to talk about their experience in supporting children who had (or they suspected had) experienced trauma, as well as discuss the accommodation strategies they used to help support their students in the classrooms. Advertising through Facebook meant that I would likely have a personal connection with the participants, which created a noticeable difference in how willing and open each participant was to share their story. Given that I am a teacher and I have several teacher colleagues on Facebook, I anticipated a greater response to the research study. Thankfully, only 4 teachers reached out to me and they were very open and enthusiastic about sharing their

experiences. As the study was self-selective and open to any teacher within my network, I did not know how diverse the group of participants would be based on age, gender, and years of teaching experience. The participant group ended up being a group of self-identified women between the ages of 20 and 50, whose experiences ranged from a first-year supply teacher to a teacher who had previously worked in the field of mental health.

Interviews

The interviews were semi-structured and therefore flexible (Seidman, 1998). This meant that the interviews felt like a relaxed conversation between colleagues. The natural flow of the conversations helped quickly build rapport between the participants and myself. Keeping the interviews semi-structured also ensured that I was collecting data from each participant based on similar questions. This proved to be very helpful when analyzing the transcriptions, as I could make connections between like-minded ideas that were shared. Having a combination of open-ended and very few close-ended questions was beneficial as the open-ended questions allowed the participants to describe in detail their personal experiences of supporting students. Also, the participants could elaborate on the unique aspects of their experience, whereas the more close-ended questions gave me factual answers.

Data Collection

Prior to the interviews, I emailed each participant a copy of the informed consent statement (Appendix B), a copy of the interview questions (Appendix C), and reminded them that they could withdraw from the interview process at any time.

All four interviews were audio-recorded and stored on a password protected computer and each interview was conducted in a quiet, comfortable setting of the participant's choice. The

first two interviews were conducted in coffee shops close to where each participant lived and the final two interviews took place in the participants' homes. I provided a hardcopy of the interview questions to each participant and the interview lengths varied between twelve and fifty-five minutes. Despite being significantly shorter than the other interviews, the twelve-minute interview was rich with stories and information because the teacher had read the questions beforehand and prepared answers. This was evident during the interview because our conversation flowed seamlessly and she naturally added detail with little prompting. Also, I had anticipated that this teacher would speak quickly, so I was not surprised that the interview was much shorter than the others.

In keeping with Irving Seidman's idea that the presence of a researcher will naturally affect an interview (Seidman, 1998), I strategically asked questions and made comments to move the conversation forward. Working in the same profession as the interviewees, my experience supporting students naturally flowed into the conversation as a way to clarify ideas and make the interview feel more like a conversation between colleagues. By adding onto each other's experiences and ideas (co-creation), the interviews captured some of the realities of supporting students affected by trauma. Initially, my plan was to limit the amount of information I contributed during the interviews so that the participants' experiences would be the focus. After the first interview, I realized I had contributed more to the conversation than I had intended to and was worried my ideas would be distracting. When I read over the transcription though, I recognized sharing my personal insight and experience had added to the natural flow and comfort of our conversations. Reflecting on how well the first interview went, I decided to change my approach and willingly contribute during the remaining interviews. Ultimately, this made the interview experience a co-creative process.

Once each interview had been conducted, I transcribed the interview using *OTranscribe*, an online transcribing program, and then completed a member check by emailing each participant their transcription. The software gave me opportunities to slow down and quicken the voices, as well as pause mid-interview to record and reflect on the experiences shared. Asking the participants to review their transcriptions helped ensure accuracy and validity. It also provided an opportunity for each participant to reflect on the ideas shared, clarify and add to the interview, or remove any information they did not want shared. As a social justice researcher, it was my ethical responsibility to provide an opportunity for the participants to review their transcriptions and make any changes they wished, as well as review the final paper and request any changes to be made so that my interpretation of their experiences was accurate.

Analysis

After each interview was conducted, I wrote down any connections I could make to the other interviews, specifically what strategies the participant used to support student learning and their understanding of what students needed from them to feel supported. Once the interviews were transcribed, I went through the transcriptions line-by-line and colour-coded any recurring words and ideas by hand. Using these words and ideas, I created a “word cloud” so that I could see the overlap between the interviews in one image. A word cloud is a computer image comprised of words that range in size, colour, and style. The size, colour, and style of each word is based on recurrence (to show importance). By inputting the recurring words and ideas generated from my study, I created a visual representation of what ideas ‘stood out’ and overlapped among the interviews. After creating a mind-map using the word cloud, I could clearly identify several themes, eventually narrowing them to four major themes and five

challenges associated with how teachers respond to trauma within the classroom.

Ethical Considerations (REB Approval #4909)

This project was reviewed by and received ethics clearance from the Wilfrid Laurier University Research Ethics Committee. As this research study focused on the experiences of teachers interacting with children, I was cautious to maintain the anonymity and confidentiality of both the participants and the students described in their stories. For example, I did not include the schoolboards in which the teachers worked and students attended, I only identified that the participants were Ontario teachers. It was challenging to determine which details were appropriate to include and ultimately took several re-writes to ensure the details focused on the behaviour observed, not the students themselves.

Given the reflective nature of the study, this research had the potential to elicit some sense of defeat and frustration within the teacher participants. I anticipated that the teacher participants would share stories of both success and difficulty when supporting student learning. For the participants who felt less successful in their attempt to accommodate traumatized students, this research study may remind them that they could have approached student learning differently or done more to create a comfortable learning environment. To help mitigate potential discomfort, I reminded participants at the beginning and end of the interview that their lived experience is how we (educators) can better understand how to accommodate children who have experienced trauma.

When analyzing the transcriptions, I consistently ‘checked myself’ as a strategy to maintain the integrity of the participants’ stories. Being a novice researcher, I was concerned that I might over-analyze their ideas to the point the original meanings would get lost in my own

interpretation. To ensure the validity of their experiences in connection with my findings, I encouraged the participants to review the final paper in case I misunderstood or ‘stretched’ their ideas too far.

Teacher Interviews

As I reflected on the interviews, it was evident that all four teachers recognized that for a student to reach their full academic potential, their mental health needs to be the first priority. This notion supports the importance of teaching to the whole child, rather than just focusing on academics (Bloom, 1999). Every student experience, discussed in the interviews, highlighted how deficits in a student's microsystem (Bronfenbrenner, 1979) can greatly affect their educational journey, for example, the absence of a parent due to divorce or injury. Each teacher had made an extensive effort to recognize unusual behaviour, question behaviour, inquire as to how students are feeling, and create a place of refuge for all children within the classroom.

Participant One: Nicole (Pseudonym)

At the time of research, Nicole was in her eighth year of occasional and long-term teaching. Recently, she received a full-time permanent teaching contract. She commented on the experiences of two students, the first being a student who had been traumatized by her dad's motor vehicle accident where he lost two limbs. The other student was traumatized by her dad's battle with cancer. Although the motor vehicle accident had occurred two-years prior, this student continued to miss several days of school. The student's mother needed to attend her husband's prosthetic appointments and ongoing surgeries, which often overlapped with drop-off and pick-up times at school. Eventually, the school's principal and Nicole had a formal conversation with the student's mother about how everyone can best support her child's

academic and emotional well-being.

After an extensive discussion, this student and her sibling were pulled from school and home schooled instead, as Nicole, the principal and the student's mother could foresee several learning gaps due to family stress and sporadic attendance (Grogger, 1997).

This situation demonstrates some of the dilemmas faced by schools who are trying to act in the best interests of a student suffering from trauma. Although, from the teacher's account, it was clear that the school's intentions were good, I was concerned with the implications of this decision. Specifically, I worried that by removing both students from the school as a way of averting learning gaps that this could potentially create other gaps, as well as add stress for the mother, who then had to take on the task of home-schooling on top of the other pressures she was dealing with. Schools are spaces designed to foster not only academic learning, but also social development and personal growth. Further isolating the students from peers and their teachers may have the unintended consequence of hindering their social development. Interacting with peers and teachers can be especially helpful for children who have experienced trauma, as teachers and peers can be part of the healing process (Relph, 1996). Those interactions can help children regain a sense of belonging and safety, as the environment and individuals are familiar to them (Relph, 1996). Also, homeschooling may not be a better alternative for these children living in difficult home situations. As noted in the literature, it can be very difficult to learn within a stressful environment (Medina, 2017). As the medical appointments already took up much of their mother's time, their homeschooling education might be sporadic and inconsistent, providing little relief either for the children or the family.

The second student mentioned by Nicole, also had sporadic attendance; however, when she did come to school, Nicole would make a diligent effort to help her get back on track. On

Mondays especially, the second student struggled to focus in class because she had either been to the United States over the weekend where her Dad was receiving cancer treatments or she had stayed with her grandparents. Nicole explained, “You could tell what weekends she was gone to the States and what weekends she wasn’t. Just her behavior changed. She would come back unfocused so you would have to spend half the day Monday just getting her refocused and back into the swing of things”. With both students, Christmas and Father’s Day were major triggers for distracted and withdrawn behavior, as they were reminded that their family dynamics were unlike their peers’.

Recognizing the switch in their behavior, Nicole was deliberately lenient so that the student was less likely to feel additional stress within the classroom: “It helps to give them a little more leniency, as they are going through a stressful time at home whether it is with one parent or both parents, and they do not need the added stress of the teacher harping on them all the time”. By modifying the in-class expectations for the student whose Dad was battling cancer, this teacher could effectively guide her student back on track on Monday morning, while also being attentive to the rest of her class.

Participant Two: Carmen (Pseudonym)

Carmen recently completed her first year as a full-time teacher in Northern Ontario where she taught kindergarten. She had encountered several children under the age of 12 who have experienced trauma, including while she was completing pre-service teaching placements. During the interview she reflected on how her experiences of helping students cope with trauma have greatly affected her lessons: "I never thought I would have to consider trauma and coping strategies when I was going through teacher's college, that wasn't something I was like ‘Alright,

that is going to be the main focus in my lessons' ...". After her pre-service teaching placements and her first year in-service she recognized the prevalence of trauma and how it impacts learning.

She discussed one student in particular, a kindergarten student who chokes and scratches herself when she is angry and frustrated. When the student begins harming herself, Carmen calmly approaches her asking "Hey, what's going on today? How can I help you right now? What do you need from me right now?" to distract her and determine how she is feeling. Carmen explained that the student is initially quiet, but will eventually open up about what is bothering her, the most common reason being that she had a bad night at home. Home life for this student is hectic and cramped, with seven siblings and her mother expecting her ninth child, all living in a small two-bedroom house. Carmen discovered through parent-teacher interviews that her student had been molested at the age of 2 and is consistently exposed to abusive partnerships. Carmen suspected that the choking and scratching were signs of neediness and helplessness.

Activities such as group-work made this student especially anxious, which would often trigger self-harming behavior. Carmen strategically put her in the smallest group and reminded her that she could play with the sensory bins. These bins were filled with a variety of objects (different sizes and textures) to help focus a student's mind elsewhere when they appear distressed.

With the support of administration, Carmen arranged formal counseling for her student and her student's mother. As much as Carmen felt confident in her ability to support her student while she was in her classroom, she worried about what support would be available to her student once she left her classroom i.e. when she went home at night, as well as when she was eventually moved on to the next grade level.

Participant Three: Cassandra (Pseudonym)

Cassandra is a permanent contract teacher working in Southern Ontario who has been teaching for 6 years and has an extensive background in the field of mental health. Throughout the interview, Cassandra reflected on one student who had been placed into foster care because her dad was convicted of sexually assaulting her sister. Cassandra explained, “When he was charged, he took her in the middle of the night, took her for a car ride and went and burned all of her sister’s things to get rid of all of the evidence”.

For the first 2 months of school, this student would hide under Cassandra’s desk as she was having, “a very, very, difficult time being away from Mom...all of the trauma she was going through with dad. Also, being in a foster home and moving- moving schools and moving homes- and so she was very difficult, lots of problematic social behaviours”. The “problematic social behaviours” that Cassandra observed included: not listening, avoiding making a connection or responding, and ignoring Cassandra altogether (responses clearly consistent with trauma as earlier described).

In the course of reflecting on this behaviour, Cassandra recognized that the students she had taught who had experienced trauma often developed a “I’m not going to let you hurt me, so I’m going to be this way with you” attitude as a defense mechanism. This behavior is reflective of both fight, flight, or freeze (Terr, 1991) and dissociation (Medina, 2017). Sometimes Cassandra’s students would, “put up a fight by giving her attitude and being stubborn, whereas other times they would try and hide as a way to protect themselves”. When her students completely ignored her, they may have dissociated as a way to relieve themselves from any stress they were feeling (Medina, 2017). Luckily, Cassandra had had extensive experience working in the field of mental health and could recognize when her students were behaving to

protect themselves (Janis, 1982). With this understanding, Cassandra was not offended by challenging behavior and continued to build connections with her students.

To build a relationship with this girl, Cassandra scribed her student's ideas because she could not write. She was considerably behind in her learning development in Grade 4, so Cassandra, "Would just scribe and scribe and scribe for her just to show her how smart she was". Acting as a scribe, Cassandra could see the creative, imaginative, and reflective side of her student blossom and by the end of the year, her student was writing full paragraphs. In addition, Cassandra notes, "We really played to her strengths. Any project we did, I let her do as art, so if it was a book summary, I let her do an artistic book summary, like a picture to describe the book or something like that". By modifying assignment expectations and working one-on-one to improve her writing skills, this teacher appeared to have effectively built a trusting relationship with her student, giving the student opportunities to discover her written and artistic talents.

Participant Four: Leslie (Pseudonym)

Leslie works in Southern Ontario and was recently hired as an occasional teacher. She had taught several students who have been affected by trauma, including a student she taught while completing her pre-service teaching placements. Leslie discussed 3 students who exhibited behavior that could be associated with a traumatic experience, the first being a boy in grade 1 who vividly believed he had two brothers. He drew a picture of his family and explained how his brothers helped keep him safe when their dad got angry and shot his guns at him. Leslie and her mentor associate teacher became very alarmed because Leslie and her colleague (who was also Leslie's mentor) knew he was an only child and were very alarmed by the violence he claimed was happening at home.

As a response to their concerns, they decided to report the case to Child and Family

Services. The next day, he returned to school wearing a ring on his finger and he was convinced that the ring was responsible for his defiant behaviour. For example, during a lesson he would sporadically start hitting himself in the head really hard and often, to the point where Leslie had to gently hold his hands on his desk to keep him from further harming himself. Leslie suggested he take it off, but his hasty response was, “No! I have to keep it on, I have to keep it on!”, which added to their suspicions as to why halfway through the year this student began demonstrating unusual behavior.

After Leslie and her mentor/associate teacher met with his parents, child protection services conducted a home inspection where they did not find any guns, bullet holes, or suspicious content. That was the extent of information shared by child protective services, which left Leslie and her mentor/associate teacher feeling very uneasy and confused. Leslie questioned how a home inspection could reveal nothing suspicious after a student had shared such a disturbingly detailed account of violence. Leslie remarked how, “He intensely believed everything he was saying” and that she believes, “there was something messed up enough going on that everything made sense in his head”. Teachers often are not fully informed of what happened after they informed an external agency of a concerning situation. After reporting a situation to an external agency, teachers are often not fully informed of the outcome. In Leslie’s situation, she and her mentor/associate were unsure as to how to proceed in supporting their student with limited conclusive information and/or direction from the external agency.

The other two students that Leslie suspected had experienced trauma were two brothers in grades 1 and 4. The younger brother had shared with Leslie that his parents were divorced, but he was happy that his dad bought a mansion and that he had his own room. Overall he was a very pleasant boy, but his older brother was easily irritated and defensive. When Leslie occasionally

taught the older brother, anytime she would ask him to stop doing something he would respond with “Oh, it’s because you’re racist”. Although Leslie made every attempt to explain how she was not being racist, he consistently repeated that phrase anytime she would ask something of him. Leslie suspected he learned this phrase outside of school, as calling someone racist is a serious accusation that one would not likely expect from a grade 4 student. Also, Leslie suspected his defensive and irritable behaviour may have been connected to a deeper issue. As noted previously, often children who have experienced a traumatic event will resort to fight, flight, or freeze (Terr, 1991) when they feel any sense of threat. In this situation, Leslie’s student may have been accusatory and defensive to push Leslie away and avoid any interaction with her (Terr, 1991).

During lunch hour, Leslie noticed the older brother was verbally disrespecting a lunchroom helper and intervened to try to help calm him down. In the midst of her intervention, he suddenly blurted out that he and his younger brother, were “not going anywhere in life” and that they were “totally messed up”. This conversation was very worrisome to Leslie as she had never heard a grade 4 boy express such defeat and negativity.

Leslie left a note at the end of the day for the regular classroom teacher, explaining what she had observed and how worried she was about both students. She had hoped that the regular classroom teacher would follow-up with both boys in response to her note. A few weeks later, Leslie returned to the school occasionally teaching for a different class and noticed the older brother freaking out and yelling at the top of his lungs “Sexual assault! You can’t touch me! Sexual Assault!” towards his occasional teacher. Between accusing her of being a racist and screaming sexual assault at his occasional teacher, Leslie suspected that something traumatic had greatly affected the older brother’s ability to self-regulate (Bloom, 1999). Unfortunately, she did

not know what happened to those students because she was not called in to teach at that school during the last few weeks of the year.

As an occasional teacher myself, I understand the difficulties of following-up with student behaviour. Occasional teachers are often scheduled at different schools each day, which leaves any follow-up to the regular classroom teacher. When the regular classroom teacher returns, getting students caught up in different subject areas is often their first priority. This can be problematic because students having other difficulties that need to be addressed may be forgotten about. Also, when there is a different occasional teacher in the classroom for several days in a row, any potential follow-up may be further delayed. This inconsistency can be detrimental to recognizing and accommodating students who need support in the classroom.

In speaking with the teacher participants about their unique experiences of accommodating children who had or appeared to have experienced trauma, I noticed several themes emerging. Although their individual experiences were unique, they shared several overlapping important ideas that contextualized the realities of supporting student learning in the classroom.

Emergent Themes

After analyzing the data extracted from the interviews, I organized the emergent themes from the interviews into two parts: Realities of supporting children in the classroom, and other considerations. The first part addresses four emergent themes; a) Neediness, Avoidance, and Recognition, b) Seeking Comfort, c) Stepping Aside and Asking Questions, and d) Collegiality and Coordination. The second part identifies considerations the teacher participants had to take into account while supporting children who had experienced trauma. I narrowed these

considerations into the following categories: a) Limited Knowledge of a Student's Story, b) The Role of a Teacher, c) The Role of an Administrator, d) Limited Preservice and In-Service Training, and e) Every Child and Experience is Unique.

Realities of supporting children in the classroom

a) Neediness, Avoidance and Recognition.

All four teachers recognized that the children who have (or they suspect have) experienced trauma are often the students deliberately seeking attention or avoiding being noticed. Whether a student is avoiding the teacher's attention or consistently seeking their attention, it is important for teachers to be aware of any changes in student behaviour. Recognizing a distinct change in student behaviour provides an opportunity for the teacher to observe and initiate a conversation with that student as to what event or memory triggered that behaviour. For example, Nicole explained that children wrestling with trauma will often shut down or give a shorter answer, which can be perceived as unusual behavior for a child who is considered talkative. When unusual behaviour occurs, teachers sometimes misinterpret it and make assumptions about an individual student that are incorrect. These assumptions can lead to children feeling unfairly judged and/or disregarded by their teachers (Cole et al., 2005). When this happens, children may dissociate to escape the overwhelming stress they may be experiencing (Medina, 2017).

Often, it is difficult for people to describe how they are feeling, so instead they act out as a way of communicating something deeper that is bothering them (O'Connell, 2017). As an example, Carmen shared that her student removed herself from the group so that nobody noticed when she scratched and choked herself. This behaviour resembles a "flight" reaction (Terr, 1991), as she strategically removed herself from situations that made her feel overwhelmed,

frustrated, and anxious. Carmen explained that the self-harming behaviour seemed to be a coping strategy because in the midst of harming herself she appeared calm. This behaviour confirms Van der Kolk's (1989) idea that when children self-harm, the endorphins running through their body help calm any anxiety or unwanted feelings they may be experiencing. Given her student's calm demeanour, Carmen wondered if her student's behaviour was a self-soothing technique (Terr, 1991).

Nicole explained that her students who have experienced trauma will often display extreme neediness at school. She explained that they often seek attention and affirmation from their teachers and peers. It is important to note that not all needy or withdrawn behaviour is associated with trauma. Teachers need to be attune to recognizing unusual behavior and to question what may be provoking a student to behave a certain way. For example, Nicole noticed that the behaviour of two students whose traumatic experiences were related to their fathers, would be noticeably different when Christmas and Father's Day were approaching. These holidays reminded these students that their family was a little different, triggering a sense of embarrassment and hence, reclusive behaviour where they refused to participate in holiday activities. The feeling of neediness, but also reclusive behaviour is directly connected with Relph's (1996) concept of *outsideness*, when a person consistently feels separated from themselves and the world. For Nicole's two students, the neediness and withdrawn behaviour was likely a response to the lack of normalcy, attention, and consistency they experienced at home.

Initially questioning, rather than punishing, can lead to developing a supportive relationship between a teacher and student, especially when a student has endured trauma. For example, Carmen explained that she knew when her student preferred space or when she needed

Carmen's constant attention. To best understand how students are feeling, Carmen created a colour-coded feelings chart, which the kindergarten students used when they had difficulty articulating their feelings. For example, instead of saying "Teacher, I am feeling angry right now", they can say, "I am seeing red". To gauge their feelings, Carmen regularly facilitated exercises, such as watching scenes from the movie *Inside Out*. After watching certain scenes, Carmen asked students "Why is the little girl feeling sad? Why is she feeling angry?". By asking students to identify another person's feelings, Carmen demonstrated the importance of talking about feelings.

After they discussed the character's feelings, Carmen asked every student to write down (or verbalize) an answer to the question, "When I am feeling a certain way, how can my teacher help me?". Directly asking every student how their teacher can help them when they are feeling sad, angry or anxious helped her avoid making assumptions about students. This way, when a student felt a particular way, Carmen knew exactly how to respond based on what her students suggested. This exercise also ensured that Carmen was teaching to the entirety of her students and validating their right to a quality education regardless of their circumstances (Dewey, 1997; United Nations, 1989, art. 28-29).

b) Seeking Comfort.

Another key theme presented by the interviewees is that children who have experienced trauma will often bring a comfort item from home, such as a blanket to carry around at school. These comfort items represent familiarity and a sense of belonging to children whose lives have been significantly impacted by trauma. This confirms the idea of *placemaking*, where children try to establish themselves in a place with people and things that are familiar to them. For

children who have experienced trauma, sometimes the only thing that gives them a sense of place in an unfamiliar environment is a comfort item (Relph, 1996).

For some children, home may be a site of stress. To cope with stress, some children carry around a comfort item that reminds them of something positive when they feel out of place. As previously mentioned, domicile [the purposeful destruction of one's home] can also increase a child's sense of attachment and nostalgia (Akesson, 2014). A child's home can physically be destroyed by a natural disaster, house fire, war or homelessness, but their home can also be metaphorically destroyed by an illness within the immediate family, domestic violence, or severe stress. In either circumstance, children sometimes have to quickly leave their homes to escape danger, often bringing only a handful of items with them (if any).

Items such as a blanket or favourite toy may have come from a home where a child has experienced significant trauma, but these items are familiar and provide comfort while going through difficult times. For example, Carmen explained that her student, "...brings any items from home that looks like a worm, so it could be a shoelace, a pipe cleaner, a Kleenex kind of scrunched together...She is less anxious when she has her worm with her". These worm-like items helped calm this student and gave her a sense of comfort while at school. Recognizing the importance of the toy and incorporating the toy into the classroom is reflective of the teacher's motivation to accommodate her student. Another teacher may not have been as receptive and inclusive of the worm-like toys. Also, the other students in the classroom included the worm in all of their activities, which helped give Carmen's student a sense of belonging.

c) Stepping Aside and Asking Questions.

Teacher participants mentioned the importance of stepping out of the "teacher role" when

supporting students who have experienced trauma. Particularly if children are in the midst of some sort of crisis or suffering the aftermath of a trauma, it is important for them to feel understood and safe in the classroom environment. Although the focus of school is to learn curriculum material, for children who are struggling with trauma, their primary goal is to survive (Akesson, 2014). Leslie explained that when she notices a child's well-being has been compromised, she asks them about how they are feeling and if there is anything she can do to help them. For example, she focuses on students who physically appear distressed or angry (e.g. eyes full of tears, head down on their desk, or arms crossed and eyes squinted) as their body language is saying that their minds are focused elsewhere. Recognizing that children cannot focus or attend to their schoolwork when they are overwhelmed with stress, she steps outside of her teacher role to prioritize student mental health so that she can help her students to feel more comfortable and present.

By setting the work aside and focusing on student well-being, teachers create an opportunity to connect with students and develop trusting relationships with them. Especially for children who have experienced trauma, they can be apprehensive about trusting adults because it was an adult who caused the original trauma or because the adults that intervened after the event, may have worsened their situation (Cassandra). By recognizing that children cannot learn when they are in a negative state of mind, teachers can accommodate traumatized children by switching their focus from how much work they are supposed to accomplish, to focusing on their well-being in hopes they can complete their work (Cassandra). As Cassandra explained,

I think the best thing to do is try to develop a relationship with them no matter how you have to do that. And then once they feel comfortable with you and they know you care about them, I think they divulge a little more information to you.

For example, Leslie explained that students were so relieved when she recognized how they were feeling and reminded them that they could take a few minutes to collect themselves. Students are very aware of when a teacher is demonstrating genuine empathy and concern for a child's well-being, which may determine whether a student feels comfortable sharing their feelings with a teacher.

Leslie describes one particular student who was feared by her classmates because she had several cut marks on her arms. Leslie noticed that this student would regularly wander the halls without permission during class time. Instead of creating a consequence for her disruptive behaviour, Leslie kindly told the student, "If you feel you can't be in the classroom anymore just leave, but I would appreciate you letting me know and saying 'hi' just so that I know you're okay". Leslie's experience confirms the importance of exercising holistic pedagogy to alleviate any added stress children may be experiencing. Specifically, validating her feelings and offering a helpful and safe alternative to wandering the halls unsupervised, helped Leslie build a trusting student-teacher relationship. Leslie's understanding of her student's emotions and her flexibility in accommodating her needs, ensured her student felt comfortable enough to stay in class the majority of the time and complete most assignments.

d) Collegiality and Coordination.

When accommodating traumatized children, teacher participants emphasized the importance of seeking advice from each other and reaching out to other resources in the school who can suggest helpful strategies. As mentioned several times throughout the interview process, every child has different needs and sometimes the strategy that worked for one child does not work for the next. As mentioned by the teacher participants, it can be helpful to reach out to

colleagues for new approaches to supporting student learning, especially when a teacher feels as though they have exhausted their accommodation strategies. When teachers talk to other teachers about specific students, Nicole noted that it was important that they maintained confidentiality by describing the behaviour as opposed to details about the student. This strategy enables the teacher to address the concern, without opening the door to the child being widely labelled and his/her personal information known. Labelling children can compromise their educational journey, as other teachers and educational support staff may make assumptions about that student and their capabilities.

Nicole explained that she regularly relied on teachers and other support staff for insights and advice. Specifically, if another teacher or support staff had worked with a student previously, they may have different strategies and ideas for how she might be able to support that particular student. Nicole regularly reached out to the special education teacher for ideas because the special education teacher had developed individual strategies by working one-on-one with children who had experienced trauma. Support staff can include, but is not limited to, a child and youth worker, a social worker, an educational assistant, a special education teacher, and a learning resource teacher.

Also, Cassandra shared that the vice-principal was an excellent resource in helping her student who had experienced trauma. Anytime she was absent, her student would spend the day with the vice-principal. This student only trusted Cassandra and the vice-principal, so it was best for the student's academic and emotional well-being that they spend the day outside of the classroom when an occasional teacher was present.

Cassandra often sought advice from the learning resource teacher (LRT) in her school because he/she had worked with students who had come from a variety of circumstances. The

LRT would work one-on-one with students to gauge their emotional and academic needs. This was very helpful to Cassandra because sometimes she could not offer one-on-one support due to time constraints and addressing the needs of other students in her classroom. Cassandra would meet regularly with the LRT to discuss ideas and strategies for how Cassandra could create a learning environment that was more conducive to the needs of her students. When classroom teachers work in coordination with other school personnel, they can provide more consistent support for students who have experienced trauma. Coordination helps increase the likelihood that as children move from grade-to-grade, each teacher will better understand how they can accommodate students who have experienced trauma.

Other considerations

a) Limited Knowledge of a Student's Story.

Throughout the interview process, each participant noted that accommodating children who have been traumatized can be difficult because the full extent of the trauma is not always disclosed. Also, strategies are developed based on experience rather than specific training and every child's traumatic experience is unique.

Nicole explained that because her students are quite young, they are either too shy to tell their teacher what is happening at home or they cannot explain what is happening at home because they do not understand. Also, Nicole noticed that parents are often guarded and do not want the teacher too involved in their home life. Whether a child is too young to fully verbalize the experience they have been through or they are reluctant to say anything to their teacher, teachers can have a difficult time understanding unusual student behaviour when they are not informed of the complete story. Learning about and understanding what a child has been through helps a teacher customize a classroom experience that is sensitive to a child's needs. For

example, Carmen explained that she keeps her classroom lights off for the entire day, as she recognized a change in student behaviour when the lights were off versus when they were on. After learning about a particular student's traumatic experience, this strategy was implemented to create a more relaxing, soothing learning environment.

For her part, Cassandra also talked about the challenges of not receiving sufficient information about a student. She explained that at the beginning of the school year, she was given minimal information from the office about her student's dad. He had been recently released from jail and was not to come near Cassandra's student. Without having been fully informed about the incoming student's current situation and the trauma she had experienced, Cassandra encountered a terrified, quiet grade 4 student who hid under her desk for the first two months of school. Within the first few weeks of school, Cassandra made arrangements to meet with the vice-principal and the learning resource teacher to develop a plan to assist her student.

Luckily, Cassandra has an extensive background in mental health so she took the initiative to talk to administration and support staff about the student's experience and adapt assignments to play to her strengths. By playing to her student's strengths, Cassandra helped to improve her student's self-esteem and self-efficacy (Bandura, 1994). Cassandra explained that, "I only think I did so well with her because of my mental health background. Had I been a brand new teacher at a school without experience...I don't know if she would have honestly done that well". In this particular case, the teacher had enough knowledge regarding mental health to begin accommodating her student without knowing the student's entire situation. The concern arises when the behaviour of a traumatized child is mistaken as deliberately disruptive and/or defiant. When the classroom teacher is not made fully aware of their student's experience and/or the teacher has limited experience in accommodating traumatized children, there is a greater chance

a child's behavior may be misinterpreted. This concern speaks to the need for consistency and training among all teachers in Ontario.

b) The Role of a Teacher.

In coordination with administrators, teachers are expected to nurture the academic and personal growth of students by demonstrating kindness and empathy. This expectation of teachers comes from school administrators and parents of children. As elaborated on in the interviews, a teacher's role involves significantly more than planning lessons, facilitating classroom discussions, and writing report cards. Teaching has expanded beyond the curriculum where teachers are often challenged to wear several different 'hats' as a response to student needs. Based on conversations with my research participants, I observed that some teachers adopt the role of being a therapist and/or a social worker without the proper qualifications to do so. Despite not having the sufficient qualifications or training to act beyond their role as a teacher, some teachers work in schools and communities where they must engage in therapeutic responses to support their students. It is important to acknowledge that all 4 of the teacher participants in this study have frequently gone above and beyond their roles as teachers. I admire their willingness and creativity, as well as their perseverance when they were uncertain of how to support a child's educational journey. Their efforts are commendable and a reflection of their dedication to life-long learning.

In conversation, Carmen explained that due to unstable home environments and limited resources within the community, she naturally adopted a therapeutic approach to address student needs. For example, Carmen explained that she did not expect her students would need so much emotional support, specifically, how to express their feelings and self-regulate. This was a

challenging endeavour, especially being a new teacher with no training. Recognizing that her students had difficulty focusing on their schoolwork and interacting kindly with classmates, Carmen integrated daily activities to encourage discussion about feelings. Carmen's experience, much like the other participants, was problematic because she was expected to accommodate students, even though she did not have formal training specific to trauma. For Cassandra, on the other hand, before taking up a teaching career, she had previously worked in the field of mental health. She explained that without her prior mental health career experience, she could not have sufficiently supported her students.

Modeling resilience is also an important aspect in supporting the emotional needs of students who have experienced trauma. In a CBC podcast created by Mary O'Connell titled *All in the Family*, Principal Jim Sporleder of Lincoln Alternative High School explained that teachers are often the first person a student reacts to when they are struggling with their feelings (O'Connell, 2016). In these moments, students often say and do things that may easily offend or hurt a teacher (O'Connell, 2016).

Another contributor to the podcast, Teri Barilla of Washington's *Children's Resilience Initiative*, explained that children are not being,

...intentional, malicious, deliberate, or strategically trying to ruin a teacher's day when they act out. They are acting instinctively because a brain's job is to help a person survive, so when a person feels threatened they resort to survival mode (O'Connell, 2016, unpagged).

When most students begin to deescalate, they mention how sorry they are for hurting their teacher in the process. Not only is it important for students to apologize, but it is just as important for teachers to attentively listen and forgive students (O'Connell, 2016). When teachers attentively listen to and forgive their students, they are not only showing genuine concern and empathy, but they are teaching positive conflict resolution. This demonstration can

be especially important for children who have experienced trauma, as they may be living in situations of conflict and stress.

c) The Role of an Administrator.

From reading current literature and my own study, I became more aware of the role administrators (principals and vice-principals) play and how they, not only indirectly (Bronfenbrenner, 1979), influence a child's ecosystem, but also directly affect it through hands-on interventions and support (e.g. allowing a student to take refuge in their office), assistance that perhaps is more common in today's schools and reflects changing roles and expectations of administrators. Administrators are often responsible for assessing what supports are needed in a school and implementing them (Mulford, 2013). These supports include, but are not limited to: a social worker, a child and youth counselor, and designated spaces for children to retreat to (e.g. a body break room). They are responsible as well for ensuring that teachers have access to training that will in turn enhance their knowledge and effectiveness in the classroom, including their ability to respond and support students with emotional difficulties. This in turn is likely to impact a child's emotional and academic success.

Administrators can also influence how teachers and other school personnel collectively support the emotional and academic needs of students (Mulford, 2013). For example, Principal Sporleder spearheaded a school-wide shift in how he and his staff responded to student behavior. After attending a conference about toxic stress and how it affects a person's behaviour, Sporleder recognized that the behavioural issues occurring at his school were directly connected to the difficult home situations his students were living in (O'Connell, 2016).

Instead of suspending or expelling students for behavioural issues, Sporleder and other

school personnel worked together to create in-school consequences (O'Connell, 2016). Sending his students home would only heighten the amount of stress they were wrestling with and not address the underlying issue(s) (O'Connell, 2016). Each consequence was developed with the thought of helping the student feel listened to and understood. For example, one student was completely high on marijuana during school hours and instead of sending him home, Sporleder asked him to sit in his office until he was ready to talk about what was happening in his life. The marijuana was a definite concern, but Sporleder was more concerned about what pushed his student to use a significant amount of marijuana in the first place (O'Connell, 2016). The student explained how he was dealing with several losses in his family and the personal guilt associated with his sister's death. He explained that the marijuana had a numbing effect so that he did not think about his life (O'Connell, 2016). This behavior confirms the idea that children who have experienced significant trauma may self-harm as a coping strategy (Terr, 1991).

Alongside this in-school consequence, Sporleder arranged for his student to see the school counselor on a weekly basis. Sporleder's response exemplifies the impact holistic pedagogy (Dewey, 1997) can have on a child's educational experience. Recognizing that his student's ecosystem had been compromised by trauma (Bronfenbrenner, 1976), Sporleder responded in a way that supported the whole child. Being intentional with his response can help mitigate any negative feelings his student may have been experiencing, as well as help to rebuild his student's self-esteem and self-efficacy (Bandura, 1996).

Coordinating a support plan between administrators, teachers, and other school personnel can help alleviate any further distress for students who have experienced trauma. For example, Cassandra explained that one of her students did not feel comfortable being in the classroom when an occasional teacher was present. To alleviate any stress for this student, Cassandra and

the vice-principal made a plan so that every time an occasional teacher was there, that student would spend the day with the vice-principal. Having her stay in class would have been detrimental to her academic and emotional well-being.

To avoid further harm, both administrators took time to understand how their students were feeling and then created an integrated response with their teachers and other educational support staff to accommodate their specific needs. When administrators coordinate with teachers they enable them to support their students.

d) Limited Preservice and In-Service Training

A common theme among the participants was that none of them had received mandatory pre-service or in-service training specific to trauma-informed teaching practices. As discussed in the literature review, there is a growing literature on the prevalence of child trauma and its implications for classroom teachers, but practical support for teachers in developing specific accommodations for traumatized children is limited. The individual approaches discussed in my study highlight the reality that teachers are being asked to accommodate children without sufficient training.

The participants' lived experiences and suggestions from colleagues sparked their accommodation strategies. However, concern was expressed that although one teacher may be motivated to accommodate the needs of a child who has experienced trauma, the next year's teacher may be less willing and/or experienced, and therefore a child's emotional and academic support may not be available. A lack of continuity or consistency in terms of support can compromise any progress that may have already occurred. It also might mean in effect, a denial of the student's right to a "quality education" (United Nations, 1989, art. 28) and developmental support.

In Ontario, there are 16 teacher education program providers (found on the Ontario College of Teachers website) that offer several additional qualification courses that teachers can take after they have completed their Bachelor of Education degree. The troubling aspect is that of the over two-hundred options, none focus on trauma-informed teaching practices or trauma-sensitivity training. Also, none of the teacher education providers in Ontario include a pre-service course dedicated to accommodating students who have experienced a traumatic life-event. This is reflective of Cassandra's concern that there is no protocol for teaching children who have experienced trauma. Without consistent and systemically implemented pre-service and in-service training, it can be very difficult for teachers, administrators, and other school personnel to accommodate children who have experienced trauma.

e) Every Child and Their Experience is Unique

The final challenge discussed by each participant is that because every traumatic experience and how every child copes with trauma is unique, it can be difficult to accommodate every need of multiple children within the classroom. For example, Carmen describes that the biggest challenge when trying to accommodate children is feeling capable of accommodating all of them. To support the greatest number of students, she looks for outlets of commonality where she can overlap strategies for several students in hopes she is providing what they need.

Also, it can be challenging to make a decision based on the best interests of a child and the uniqueness of their situation. Nicole's situation, for example, proved difficult because as much as Nicole and her administrator wanted both students to continue attending school, they also recognized how stressed both children appeared at school. Nicole and her administrator had suggested several options to help both children attend more regularly (assistance with driving

both students to and from school, in-school tutoring), but after several meetings with the mother it was determined that homeschooling was the least stressful option for both students and their mother. Despite any reservations about homeschooling, Nicole and her administrator supported a difficult decision in the best interests of their students.

Lastly, it can be very challenging for teachers to be flexible when trying to meet the needs of over twenty students within a classroom. Flexibility becomes most important when a student reacts differently to a strategy than a teacher anticipated, especially when a strategic plan has already been developed and for some reason that student is unwilling to follow the plan. As suggested throughout the interviews, when a strategy is less effective than anticipated, teachers must try a new strategy in hopes of meeting the needs of that particular student. This process can be exhausting, confusing, and frustrating due to the unique nature of every child and the trauma they have endured.

Discussion

Study Limitation

My findings are based on 4 Ontario teachers and their experiences cannot be generalized to the experiences of other Ontario teachers because of the small sample size. Nonetheless, other teachers may find the results of this study helpful to their own pedagogical approach to trauma. Unlike the study conducted in the United States, I did not look at the effectiveness of the teacher participants' interventions. However, I found some of their approaches were quite creative and could be useful to others. In fact, this study is further confirmation that responding to trauma in the classroom based on knowledge of trauma according to the reports of the teachers can be helpful in the classroom (Day et al., in press).

As expressed by Cameron (1963), "Not everything that can be counted counts and not

everything that counts can be counted" (p. 16). Conducting qualitative research with a small sample size was beneficial in gaining an in-depth understanding of the participants' lived experiences. Their realities "count" as important insight into what is (and is not) happening in the classroom to support students who have experienced trauma. They also described useful and innovative approaches that are not provided in existing literature.

Study Contribution

The study was undertaken to address a seeming gap in the literature. It clearly identified a number of key issues that can be used for future research initiatives. The participants in this study relied on previous experience, support from colleagues and administration, as well as trial-and-error accommodation strategies to support traumatized children in their classrooms. Their self-motivated and creative approaches to accommodating children who have experienced trauma are commendable but problematic. The concern is that without provincially systemic approaches to accommodating children in the classroom, traumatized children may not receive consistent support from teacher-to-teacher.

Further Research

Several questions have come from this study, which could be pursued in a larger research undertaking. For example, it would be helpful to know how (if at all) the Ontario Ministry of Education informs administrators, teachers, and other school personnel of trauma-informed resources. Also, how many teachers in Ontario are actually using the available resources? The ultimate test to measure the effectiveness of the existing trauma-informed resources in Ontario would be to study the children who are receiving support. These questions provide a basis for a needs assessment in Ontario regarding teacher training and supports within the classroom for

traumatized children. By furthering research in Ontario regarding trauma-informed resources, we (educators) can be more informed of the existing supports for Ontario teachers, as well as the effectiveness of these resources.

Recommendations

Based on the experiences shared and the literature explored, I would recommend that the faculties of education within Ontario create pre-service and additional qualification courses that are specific to the effects trauma has on children. It can be challenging for teachers to accommodate children who have experienced trauma without first learning how they can support these students. A teacher's lack of knowledge and confidence to support children who have experienced trauma can be detrimental to the emotional and academic success of his/her students. Also, it would be beneficial for the Ontario Ministry of Education to measure the usage of trauma-informed resources. It is difficult to gauge teacher awareness of the available resources without clear monitoring and documentation.

Conclusion

As previously indicated, scholars have identified the prevalence of trauma and its impact on learning, and there have been some attempts to develop resources on trauma-informed teaching practices within the classroom. By speaking with educators who have experience teaching children who have endured trauma, I learned of specific and practical strategies that other teachers could use in similar situations. It is important to note that all of the strategies were developed by the teachers, in coordination with other school personnel. Also, the participants of this study were self-motivated to develop strategies on their own to try and create a welcoming learning environment for all of their students.

The concern is that for every group of self-motivated teachers, there is a group who is resistant to implementing new strategies. To address the concern and increase the likelihood of more teachers implementing accommodation strategies, it is important that all teachers participate in pre-service and in-service training specific to trauma. Also, it is important that teachers, other school personnel, and child-serving professionals outside of the school collaborate and coordinate on a systemic level as to how they can support the emotional and academic needs of children who have experienced trauma. When children feel connected with their teachers, peers, and school environment, their learning potential is optimized (Shochet, Dadds, & Ham et al., 2006).

I also learned that despite the fact that some resources were available online, the teachers I interviewed were unaware of the *Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-being* document created by the Ontario Ministry of Education. This was concerning because the document has the potential to be a helpful resource for teachers, but without a practical implementation strategy from the Ontario Ministry of Education, this resource is just an unknown document.

I believe that the results of this study contribute to the existing conversation regarding trauma and its impact on a child's educational experience. The results of this study should be made available to all Ontario teachers in hopes that it may be useful to them and also encourage further research in this area.

On a personal note, this project has made me reflect on how I have (and have not) supported children in the classroom. Specifically, my end-of-the-day notes for classroom teachers usually consist of a list of students who should be praised for their helpfulness and another list of students who should be followed-up with because of behaviour concerns.

Reflecting on these notes, I have yet to leave a list of students who should be followed-up with out of concern for their well-being. Through this project, I now recognize that some of the names I have written down may have been students who were demonstrating symptoms of trauma. As a teacher, it is my responsibility to teach to the whole child, and this project has changed my priorities as an occasional teacher.

It is stressed by administrators and regular classroom teachers that occasional teachers must follow the provided day plans to the best of their ability. Unfortunately, this often means that a *good* occasional day is measured by how much of the day plan gets carried out. As I continue to be an occasional teacher and progress to having my own classroom someday, my new understanding of a *good* day is that I have listened to my students, accommodated their needs, and created a safe learning environment. Making this connection with students can help them feel comfortable enough to focus and learn.

References

- Abram, K. M., Teplin, L. A., Charles, D. R., Longworth, S. L., McClelland, G. M., & Dulcan, M. K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. *Archives of General Psychiatry*, *61*, 403–410. doi:10.1001/archpsyc.61.4.403
- Akesson, B. (2014). We may go, but this is my home: Experiences of domicile and resistance for Palestinian children and families. *Journal of Internal Displacement*, *4*(2), 8-22.
- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., et al. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, *256*, 174–186. doi:10.1007/s00406-005-0624-4
- Anderson, E. (1994). The code of the streets. *Atlantic Monthly*, *273*(5), 80–94. Retrieved from [http:// www.theatlantic.com/](http://www.theatlantic.com/)
- Attachment and Trauma Network. (2015). Childhood Trauma Affects. In *ATN Learning Centre*. Retrieved October 1, 2016, from <http://www.attachmenttraumanetwork.org/wp-content/uploads/TSS-infographic-7-2015.pdf>
- Australian Childhood Foundation. (2010). *Making SPACE for learning: Trauma informed practice in schools*. Retrieved from <http://www.childhood.org.au/search-results?Keywords=Making%20SPACE%20for%20Learning%20>
- Bandura, A. (1994). Self-efficacy. In *V. S. Ramachaudran (Ed.), Encyclopedia of human behavior* (4), 71-81. New York: Academic Press.
- Barbosa, J. A. (2016). *Aftermath: Supporting Students Suffering from Trauma* (Master's thesis).
- Benight, C., & Bandura, A. (2004) Social cognitive theory of posttraumatic recovery: The role of perceived self-efficacy. *Behaviour Research and Therapy*, *42*(10), 1129-1148.

doi:10.1016/j.brat.2003.08.008

Black, P. J., Woodworth, M., Tremblay, M., & Carpenter, T. (2012). A review of trauma-informed treatment for adolescents. *Canadian Psychology, 53*(3), 192–203.

doi:10.1037/a0028441

Bloom, S. L. (1999). Trauma Theory Abbreviated. In *The Sanctuary Model*. Retrieved May 14, 2017, from <http://www.sanctuaryweb.com>

Brandt, D. (2006). *Delinquency, development, and social policy*. New Haven, CT: Yale University Press.

Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (1994). Ecological models of human development. In *T. Husen & T. N. Postlethwaite (Eds.), International encyclopedia of education* (2nd ed), 1643–1647. New York: Elsevier Science.

Cameron, W. B. (1963). *Informal sociology: A casual introduction to sociological thinking* (p. 16). New York: Random House.

Carmody, K. A., Haskett, M. E., Loehman, J., & Rose, R. A. (2015). Physically Abused Children's Adjustment at the Transition to School: Child, Parent, and Family Factors. *Journal of Child and Family Studies, 24*(4), 957–969. <http://doi.org/10.1007/s10826-014-9906-7>

Cecil, H., & Matson, S. (2001). Psychological functioning and family discord among African-American adolescent females with and without a history of childhood sexual abuse. *Child Abuse & Neglect, 25*(7), 973-988. doi:10.1016/S0145-2134(01)00250-2

CMHA. (2015). Looking Through a Trauma Lens: An Introduction to Working with

- Children, Youth and Their Families in the Context of Traumatic Experiences. In *Working with Children and Youth with Complex Mental Health Needs*. Retrieved June 3, 2016, from <http://www.complexneeds.ca/trauma-informed-care-workshops/>
- Cohen, J., Anthony P. Mannarino and Esther Deblinger. (2006). The Impact of Trauma and Grief on Children and families. In *Treating Trauma and Traumatic Grief in Children and Adolescents (3-19)*. New York: The Guilford Press.
- Cole, S., O'Brien, J., Gadd, M., Ristuccia, J., Wallace, D., and Michael Gregory. (2005). Helping Traumatized Children Learn: Supportive school environments for children traumatized by family violence. Retrieved January 9, 2015, from <http://traumasensitiveschools.org/tlpi-publications/download-a-free-copy-of-helping-traumatized-children-learn/>
- Crosby, S. D. (2015, July). An Ecological Perspective on Emerging Trauma-Informed Teaching Practices. In *National Association of Social Workers*. Retrieved August 1, 2016, from ProQuest (10.1093/cs/cdv027).
- Danese, A., Mott, T.E., Harrington, H., Milne, B.J., Polanczyk, G., Pariante, C.M., Poulton, R., and Caspi, A. (2009). Adverse Childhood Experiences and Adult Risk Factors for Age-Related Disease: Depression, Inflammation, and Clustering of Metabolic Risk Markers. *Archives of Pediatric and Adolescent Medicine*, 163(12): 1135-43.
- Day, A., Somers, C., Baroni, B., West, S., Sanders, L., & Peterson, C. (in press). Evaluation of a trauma- informed teaching intervention on the educational well-being of youth placed in residential care. *Journal of Aggression, Maltreatment & Trauma*, 24(7): 1-15.
- Demuth, S., & Brown, S. L. (2004). Family structure, family processes, and adolescent delinquency: The significance of parental absence versus parental gender. *Journal of*

- Research in Crime and Delinquency*, 41(58), 58–81. doi:10.1177/0022427803256236
- Dewey, J. (1997). In Simon & Schuster (Ed.), *Experience and Education*. 14-21. Toronto, Canada: Simon & Schuster.
- Duke, N. N., Pettingell, S. L., McMorris, B. J., & Borowsky, I. W. (2010). Adolescent violence perpetration: Associations with multiple types of adverse childhood experiences. *Pediatrics*, 125, 778– 786. doi:10.1542/peds.2009-0597
- Erdiller, Z. B. (2003). Little Witnesses, Secret Wounds. Issues in Education. *Early Education and Family Review*, 10(4), 13-21. Retrieved from ProQuest (1084-6603).
- Fallon, B., Van Wert, M., Trocmé, N., MacLaurin, B., Sinha, V., Lefebvre, R., Allan, K., Black, T., Lee, B., Rha, W., Smith, C., & Goel, S. (2015). Ontario Incidence Study of Reported Child Abuse and Neglect-2013 (OIS-2013). Toronto, ON: Child Welfare Research Portal.
- Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M., & Marks, J. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. In *Trauma Center*. Retrieved July 4, 2017, from http://www.traumacenter.org/initiatives/Polyvictimization_Articles/Felitti,%201998,%20Relationship%20of%20Childhood%20Abuse%20and%20Household,.pdf
- Finkelhor D, Turner HA, Shattuck A, Hamby SL (2015). Prevalence of Childhood Exposure to Violence, Crime, and Abuse. Results from the *National Survey of Children's Exposure to Violence*, 169(8), 746-754. doi:10.1001/jamapediatrics.2015.0676
- Gabowitz, D., Zucker, M., & Cook, A. (2008). Neuropsychological Assessment in Clinical Evaluation of Children and Adolescents with Complex Trauma. Retrieved July 2, 2017, from *Journal of Child & Adolescent Trauma*, 163-178.

doi:10.1080/19361520802003822

Glaser, B., & Strauss, A. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research* (pp. 223-237). New Brunswick: Aldine Transaction. Retrieved from

http://www.sxf.uevora.pt/wp-content/uploads/2013/03/Glaser_1967.pdf

Grogger, J. (1997). Local violence and educational attainment. *Journal of Human Resources*, 32, 659–682.

Hurt, H., Malmud, E., Brodsky, N. L., & Giannetta, J. (2001). Exposure to violence:

Psychological and academic correlates in child witnesses. *Archives of Pediatrics and Adolescent Medicine*, 155, 1351–1356. doi:10.1001/archpedi.155.12.1351

Janis, I. L. (1982). Decision making under stress. In L. Goldberger & S. Breznitz (Eds), *Handbook of Stress: Theoretical and Clinical Aspects*, 69-87.

Joseph, S., Williams, R., & Yule, W. (1997). *Normal and Abnormal Reactions to Trauma. In Understanding Post-Traumatic Stress: A Psychosocial Perspective on PTSD and Treatment* (5-33). New York: Wiley.

Joyce, H. D., & Early, T. J. (2014). The Impact of School Connectedness and Teacher Support on Depressive Symptoms in Adolescents: A Multilevel Analysis. *Children and Youth Services Review*, 39, 101–107. <http://doi.org/10.1016/j.childyouth.2014.02.005>

Juarez, J. R. (2014). *Trauma and Resiliency in Children* (Master's thesis).

Kenardy, J., Smith, A., Spence, S., Lilley, P., Newcombe, P., Dob, R., and S. Robinson. (2006).

Dissociation in children's trauma narratives: An exploratory investigation. *Journal of Anxiety Disorders*, 21(1), 456–466. Retrieved July 13, 2016 from

http://journals2.scholarsportal.info.myaccess.library.utoronto.ca/pdf/08876185/v21i0003/456_dictnaei.xml

Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., et al. (2008).

Creating trauma-informed systems: Child welfare, education, first responders, health care, juvenile justice. *Professional Psychology: Research and Practice*, 39, 396–404.

doi:10.1037/0735-7028.39.4.396

Lamoureux, B. E., Palmieri, P. A., Jackson, A. P., & Hobfoll, S. E. (2011). Child sexual abuse and adulthood-interpersonal outcomes: Examining pathways for intervention.

Psychological Trauma: Theory, Research, Practice, and Policy, 4(6), 605–613.

doi:10.1037/a0026079

Lawrence, R., & Hesse, M. (2010). *Juvenile justice: The essentials*. Los Angeles: Sage Publications.

LeDoux, J. E. (1994). Emotion, memory, and the brain. *Scientific American* 270, 50-57

MacMillan, H. L., Fleming, J. E., Trocmé, N., Boyle, M. H., Wong, M., Racine, Y. A., et al.

(1997). Prevalence of child physical and sexual abuse in the community: Results from the Ontario Health Supplement. *JAMA: Journal of the American Medical Association*, 278, 131–135.

Medina, J. (2017). *Brain Rules: 12 Principles for Surviving and Thriving at Work, Home, and School* (57-82). Seattle, WA: Pear Press.

Miller, R. (2000). Beyond Reductionism: The Emerging Holistic Paradigm in Education. *The Humanistic Psychologist*. 28, 382-393.

<http://dx.doi.org/10.1080/08873267.2000.9977003>

Mulford, B. (2003). School Leaders: Changing Roles and Impact On Teacher and School Effectiveness. *Organization for Economic Co-operation and Development*. April.

Retrieved from <https://www.oecd.org/edu/school/2635399.pdf>

- Nader, K. (2007). How Children and Adolescents' Brains are Affected by Trauma. In *Understanding and Assessing Trauma in Children and Adolescents: Measure, methods, and youth in contexts* (31-57). New York: Routledge.
- O'Connell, M. (Producer). (2016, August 10). All In The Family. Retrieved from <http://www.cbc.ca/radio/ideas/all-in-the-family-part-2-1.3532422>
- Oehlberg, B. (2008). Why schools need to be trauma- informed. *Trauma and Loss: Research and Interventions*, 8(2), 1–4. Retrieved from <https://www.starr.org/sites/default/files/articles/whyschoolsneed.pdf>
- Ontario Centre of Excellence for Child and Youth Mental Health (2015). Bringing people and knowledge together to strengthen care. Retrieved April 7, 2015, from <http://www.excellenceforchildandyouth.ca/>
- Ontario Ministry of Education. (2013). Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-being. Retrieved August, 2016, from <http://www.edu.gov.on.ca/eng/document/reports/SupportingMinds.pdf>
- Provincial Advisory Committee on Child Abuse. (2013, August). Reporting of Child Protection and Child Abuse. In *Provincial Advisory Committee on Child Abuse*. Retrieved June 1, 2017, from http://www.cpmc.ca/documents/Reporting_Handbook.pdf
- Perry, B. D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma*, 12, 240–255. doi:10.1080/1532502 0903004350
- Purvis, K., Razuri, E., Howard, A., Call, C., DeLuna, J., Hall, J., & Cross, D., (2015). Decrease in Behavioral Problems and Trauma Symptoms Among At-Risk Adopted Children Following Trauma-Informed Parent Training Intervention. *Journal of Child*

- Adolescent Trauma*, 8(1) 201-210.
- Regel, S., & Joseph, S. (2017). Post-traumatic Stress (12-13). Oxford, United Kingdom: Oxford University Press.
- Relph, E. (1996). Reflections on Place and Placelessness. *Environmental and Architectural Phenomenology Newsletter*, 7(3) 14-16.
- Salazar, A. M., Keller, T. E., Gowen, L. K., & Courtney, M. E. (2012). Trauma exposure and PTSD among older adolescents in foster care. *Social Psychiatry and Psychiatric Epidemiology*, 48, 545–551. doi:10.1007/s00127-012-0563-0
- Sampson, R. and Gifford, S.M. (2010). Placemaking, settlement and well-being: the therapeutic landscapes of recently arrived youth with refugee backgrounds. *Health & Place*, (16)1, 116-31. Retrieved from ProQuest.
- Seamon, David. (2000). A Way of Seeing People and Place: Phenomenology in Environment-Behavior Research. *Theoretical Perspectives in Environment-Behavior Research*, 157-78. Retrieved from ProQuest.
- Seidman, I. (1998). Interviewing as qualitative research. In *New York: Teacher's College Press*. Retrieved April 29, 2016, from ProQuest.
- Shochet, I., Dadds, M., Ham, D., & Montague, R. (2006). School Connectedness Is an Underemphasized Parameter in Adolescent Mental Health: Results of a Community Prediction Study. *Journal of Clinical Child and Adolescent Psychology*, 35(2), 170-179.
- Shonk, S. M., & Cicchetti, D. (2001). Maltreatment, competency deficits, and risk for academic and behavioral maladjustment. *Developmental Psychology*, 37(1), 3–17. doi:10.1037/0012-1649.37.1.3
- Stern, A. E., Lynch, D. L., Oates, R. K., O'Toole, B. I., & Cooney, G. (1995). Self-esteem,

- depression, behaviour and family functioning in sexually abused children. *Journal of Child Psychology and Psychiatry*, 36(6), 1077–1089. doi:10.1111/j.1469-7610.1995.tb01352.x
- Swanston, H. Y., Plunkett, A. M., O’Toole, B. I., Shrimpton, S., Parkinson, P. N., & Oates, R. K. (2003). Nine years after child sexual abuse. *Child Abuse & Neglect*, 27(8), 967–984. doi:10.1016/S0145-2134(03)00143-1
- Stewart, E. A. (2003). School social bonds, school climate, and school misbehavior: A multilevel analysis. *Justice Quarterly*, 20, 575–604. doi:10.1080/07418820300095621
- Struik, A. (2014). Traumatization in Childhood. In *Treating Chronically Traumatized Children: Don’t let sleeping dogs lie!*: 1-35. New York: Routledge.
- Terr, L.C. (1991). Childhood Traumas: An Outline and Overview. *American Journal of Psychiatry*, 148(1): 10-20.
- Tishelman, A.C., Haney, P., Greenwald O’Brien, J. and Blaustein, M. (2010). A framework for school- based psychological evaluations: Utilizing a trauma lens. *Journal of Child and Adolescent Trauma*, 3(4): 279-302.
- The Health Federation of Philadelphia. (2015). Multiplying Connections. Retrieved July 19, 2016, from <http://www.healthfederation.org/portfolio/multiplying-connections-2/>
- Thrive: Child and Youth Trauma Services. (2017). In *Thrive: Child and Youth Trauma Services*. Retrieved July 7, 2017, from <http://www.thrivechildandyouth.ca/>
- The United Nations. (1989). Convention on the Rights of the Child. *Treaty Series*, 1577, 3.
- Trauma and Learning Policy Initiative. (2016). Helping Traumatized Children Learn. *Creating Trauma Sensitive Schools*. Retrieved July 7, 2016, from <https://traumasensitiveschools.org/get-involved/creating-trauma-sensitive-schools/>

- Trocmé, N. (2010). *Canadian incidence study of reported child abuse and neglect 2008: Major findings*. Ottawa, ON: Public Health Agency of Canada.
- UNICEF. (2014, May 19). Protecting Children's Rights. In *UNICEF: For Every Child*. Retrieved August 5, 2017, from https://www.unicef.org/crc/index_protecting.html
- Van der Kolk, B. A. (1989). The compulsion to repeat the trauma: reenactment, revictimization, and masochism *Psychiatric Clinics of North America, 12. Treatment of Victims of Sexual Abuse*, 389-411. Philadelphia: W. B. Saunders.
- Van der Kolk, B. A., & Ducey, C. P. (1989). The psychological processing of traumatic experience: Rorschach patterns in PTSD. *Journal of Traumatic Stress, 259-274*.
- Walkley, M., & Cox, T. L. (2013). Building trauma- informed schools and communities. *Children & Schools, 35*, 123–126. doi:10.1093/cs/cdt007
- White, J. M., & Klein, D. M. (2008). *Family theories*. Thousand Oaks, CA: Sage Publications.
- Wolpow, R., Johnson, M. M., Hertel, R., & Kincaid, S. O. (2009). *The heart of learning and teaching: Compassion, resiliency, and academic success*. Olympia: Washington State of Superintendent of Public Instruction, Compassionate Schools.

Appendices

Appendix A: Recruitment Poster



Advisor: Dr. Catherine Stewart, Human Rights and Criminology Faculty
REB Approval #: 4909

Are you an elementary school teacher?

Do you have experience teaching children who have experienced a difficult event?

Have you implemented effective strategies in your classroom to accommodate children affected by trauma?

My name is Madeleine Smyth and I am a Social Justice and Community Engagement Master's student at Laurier Brantford and a new teacher. The focus of my research is accommodating students within the classroom who are known or suspected to have experienced trauma (e.g. domestic violence). This project is in partial fulfillment of my Master's degree.

Please contact me if:

1. You are interested in speaking about your experience in teaching children who may have been traumatized by some event in their lives, as well as
2. Sharing what approaches and/or strategies you have used to accommodate traumatized children in your classroom

If you wish to participate in an interview, please contact Madeleine Smyth, ([email](#))
by **June 25th, 2016**

Appendix B: Informed Consent Statement

Project title: **Teachers Supporting Students Affected by Trauma**

Principal Investigator: *Madeleine Smyth, Social Justice and Community Engagement program,
Wilfrid Laurier University*

You are invited to participate in a research study. This project will examine how a teacher's role can greatly affect the educational experience of students who are experiencing trauma. Teachers play a critical role in recognizing students who are affected by trauma and also knowing how to best accommodate their emotional and academic needs while they are in the classroom.

INFORMATION

You will be asked to participate in a one-on-one interview about your experience with accommodating children who are experiencing trauma at home (e.g., Family violence). I will be interviewing 4 elementary school teachers.

The interview will be recorded on a password protected device and later transcribed. You will be sent the transcription by email or mail, if you prefer, and will be able to review the document as well as make any changes that you feel are necessary.

You will be asked to review the transcription of our interview in order to approve its use or make suggestions for changes. You will receive any publication that results from this interview.

RISKS

There is a slight risk in this process of discomfort in sharing information related to trauma. If you feel uncomfortable at any point in the interview process, you may withdraw. Also, you do not need to answer any questions that make you feel uncomfortable.

BENEFITS

The researcher anticipates that there will be several benefits from this research project, including discovering innovative accommodation strategies to alleviate stress and anxiety for children affected by trauma, as well as potentially create effective undergraduate training for teacher candidates.

CONFIDENTIALITY

All interviews will be entirely confidential, conforming to the ethics guidelines of Wilfrid Laurier University. Only the primary researcher and the interviewee will have access to the interview recording and to the transcription. The data will be stored digitally, in secure, encrypted files, on the researcher's computer. The computer is stored at the researcher's home. The recorded data and any paper documents including the consent form and any field notes will

be destroyed or deleted within 1 year after the completion of the project.

Any participants choosing to remain anonymous will be assigned a numerical identity for the purposes of the researcher and will not be named at any point.

DISCLOSURE

During the interview, please do not mention specific names or unique identifiers of people you would like to discuss. It is important to protect the identities of the children being discussed given that they nor their parents will have an opportunity to participate in this research study. Your interview transcript will be carefully examined to be sure that all potentially identifying information is removed to protect the identities of any children being discussed (e.g., name, ethnic background, school).

LIMITS OF CONFIDENTIALITY PROTOCOL

If the interviewer suspects a child is at risk, the interviewer has a duty to report disclosed information to the principal of that child's school.

CONTACT

If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study) you may contact the researcher, Madeleine Smyth (###) ###-#### and/or (email). This project has been reviewed and approved by the University Research Ethics Board, REB APPROVAL # 4909 (9h). If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, (###) ###-####, extension #### or (email)

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study, every attempt will be made to remove your data from the study, and have it destroyed. You have the right to omit any question(s)/procedure(s) you choose.

FEEDBACK AND PUBLICATION

This research will result in the completion of a major research paper and will potentially be published as a training tool for teachers and school administrators.

You will receive a copy of the finished paper.

CONSENT

I have read and understand the above information. I have received a copy of this form. **I agree to participate in this study, with the understanding that my interview will be audio-recorded**

PARTICIPANT'S SIGNATURE _____ DATE _____

INVESTIGATOR'S SIGNATURE _____ DATE _____

I consent to the use of my quotations in this paper

PARTICIPANT'S SIGNATURE _____ DATE _____

Prior to including your quotations in this paper, you will have the opportunity to review and edit your interview transcription.

I wish to be named in this paper

PARTICIPANT'S SIGNATURE _____ DATE _____

Appendix C: Interview Questions

1. What behaviours do you find problematic in the classroom and how do you interpret them? How do you respond to these behaviours?
2. In your career, have you had a child in your classroom who has experienced a difficult event? What kinds of traumatic experiences have some of your students had? How did you see that playing out in the classroom?
3. Could you please provide a general description of some of the indicators of trauma you have seen in your career? If you felt it necessary to report suspected trauma experienced by one of your students, who might you consult for such assistance?
4. What strategies do you find most effective in assisting students who have experienced a traumatic event?
5. What do you believe are some of the challenges that teachers face when it comes to supporting students who have experienced trauma?
6. In your career, what formal training on accommodating students affected by trauma have you received?
7. In addition to responding to student's experience of trauma, do you teach students about coping with trauma and/or traumatic events? If yes, how?
8. What range of resources do you use to help you support your students with mental health disorders and/or students who have experienced trauma?
9. If you could give any advice to a brand new teacher regarding accommodating traumatized students, what advice would that be?