Teaching is a Work of Heart:
A Narrative Inquiry on the Impact of Trauma-Informed Practice on Teacher Self-Efficacy

by

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B.Ed (Elementary Education), University of Victoria, 2015

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Abstract

As society’s collective understanding of trauma has grown, we have begun to identify more children who enter school having already had several adverse childhood experiences. Teachers who engage empathetically with these learners can become overwhelmed and report a significant drop in self-efficacy, as they struggle to reach these children or feel unable to provide a safe learning environment. In some cases, teachers who work with children who have experienced trauma become traumatized themselves. This project examines the author’s experience as an educator to traumatized individuals through autoethnography to explain the positive impact of trauma-informed practices on their understanding of learners’ needs and sense of mastery in their role as educator.
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Dedication

My love of learning began in childhood, with the support of my loving parents, enthusiastic grandmother, and my adorable sisters. It continued with the encouragement of my husband, colleagues, friends, learners and families. It would not have been possible to pursue this work without all their love. Thank you.
Chapter 1: Introduction

As society’s collective understanding of trauma has grown, we have begun to identify more children who enter school having already had several adverse childhood experiences. They enter the building on high alert, scanning constantly for danger, and react with terror to the slightest of stimuli. Some of these children display severe aggression and intense fears, struggling to engage in the learning process. Even with this hypervigilance and sensory overload, for some of these children, school is the safest place to be. Yet for their teachers, these extreme behaviours demanding support, create something of a nightmare.

BC teachers are working within an educational system that struggles to meet student needs. Two-thirds of teachers have felt high levels of stress due to insufficient support for students with challenging behaviour needs (BCTF, 2008), and 92% British Columbia school teachers say they have been the target of student or parental violence at some point in their career (BCTF, 2018). Teachers who engage empathetically with their learners can become overwhelmed and report a significant drop in self-efficacy, as they struggle to reach these children or feel unable to provide a safe learning environment. In some cases, teachers who work with children who have experienced trauma become traumatized themselves.

This project did not start out with the intention of understanding the impact of trauma on educators. It began as part of a challenge in my graduate studies to sit with what bothered me, as encouraged by Dr. Jennifer Thom. Through the methodology of Transformative Inquiry, a process of discovery that supports educators who toe the line between research and practice, I was able to consider my insecurities and what was missing from my understanding. During this process, I felt moved to focus on teacher well-being and self-efficacy, as I had also felt called to do long ago during my undergraduate program. This same process is what brought me to trauma
– a topic that had not been on my radar until I had begun my practice as an educator. Learning more about the impact of trauma has been a transformative experience, and I feel privileged to learn and share this knowledge with a view of supporting all learners.

**What is Trauma-Informed Practice?**

Adverse Childhood Events (ACEs) can include witnessing violence or drug use, experiencing abuse or neglect, or having a family member leave due to divorce or incarceration (SAMHSA, n.d). Not included in these statistics are children who suffer chronic illness (mental or physical), undergo invasive medical procedures (cancer treatments), or experience homelessness or a lack of food security (Trauma Sensitive Schools, 2018). In the wake of a traumatic experience, a child’s reaction to the trauma is as varied as the child themselves, and supportive adults are expected to offer consistency and comfort to the child.

In trauma-informed practice (TIP), behaviour is viewed a means of communication of an unmet need, rather than an obstacle to overcome. The primary need of a child who has witnessed or experienced trauma is security and safety. They seek out predictable, safe attachments and rely on adults to provide a safe environment – emotionally, physically, and academically. (Trauma Sensitive Schools, 2018). Adults who use TIPs focus on building strong socio-emotional skills and building a safe school environment for all learners. More about the specifics of TIPS will be covered in the literature review.

**What is Compassion Fatigue?**

The term “compassion fatigue” has come into fashion in the medical field to describe the phenomenon of nurses and other primary care providers who develop feelings of emotional
exhaustion and depersonalization due to their front-line work with traumatized individuals (Borntrager, Caringi, Pol, Crosby, O’Connell, Trautman & McDonald, 2012). Compassion fatigue stems from a sense of ongoing helplessness – wanting desperately to help, but being unable to (Koening, Rodger and Specht, 2017). It has also been researched in other professions that encounter trauma, such as the legal field and social work. In education, however, the term has only very recently come into use. Another term that tends to go along with compassion fatigue is “vicarious traumatization”, where the care provider takes on the emotional toll of their patients and develops similar symptoms of post-traumatic stress as someone who has been directly affected by the trauma (Borntrager et al., 2012). The term is becoming recognized in other fields where the provision of care to traumatized individuals leaves service providers with symptoms like post-traumatic stress disorder (Borntrager et al., 2012).

**Connecting to Trauma in the Classroom**

My first meeting with the term compassion fatigue came while attending an educator’s conference in Vancouver in October of 2017. Dr. Gabor Maté, a physician, spoke to a small audience of educators about the causes of compassion fatigue and the physical impact of stress on the body. He described educators with long-term health conditions exacerbated by the stress of handling severe behaviour, escalating expectations from administration and parents, and changing needs in the profession. It resonated with me, as it drew me back to one of my very first professional research endeavours to respond to the needs of a very challenging class.

I took my first contract as an art and language teacher in a public elementary school the November following my 2015 graduation. I was already working part-time in an independent secondary school and was looking to fill the remaining days with additional employment. I
would provide prep time coverage for three intermediate classes and two primary classes in French immersion. One of these primary classes struggled with even the most basic of behaviour expectations. These children would fight and cause injuries to each other, would shout obscenities, could not sit for more than a few minutes at the carpet for a lesson, and were generally unmanageable.

With the support of some truly wonderful mentors, my next approach was to teach fundamental lessons about emotional regulation strategies. I was introduced to the Zones of Regulation (Kuypers, 2011) program and developed different ways to teach emotional regulation to these second and third graders. I used puppets (Toulouse the cat and Sami the dog) to role play different social scenarios and had the children practice identifying the feelings they expressed. I made up songs to recognize the body signs of the different zones and what to do to self-regulate. The children and their classroom teachers responded overwhelmingly positively to Toulouse and Sami and these social lessons – by the end of the year, most of the children were articulating their feelings and trusted me (or the puppets) to help them through difficult times.

It was only later, with my own classroom of Kindergarten-aged children, that I identified trauma as a major part of emotional dysregulation. Families with children who struggled in the classroom often identified an adverse childhood event during discussions about their child’s behaviour. I continued to teach with Toulouse and Sami and noticed that while this method improved to social-emotional learning of all children, this approach helped children with ACEs the most – they were willing to talk more about their trauma and use strategies to help handle the feelings that emerged as a result.
Chapter Two: A Review of the Literature

An Introduction

This chapter will review the literature in order to support the idea that Trauma-Informed practices (TIPs) support positive learning environments for students and teachers. To begin, I will review data that highlights the incidence of children in British Columbia who have experienced a traumatic event to demonstrate that there are significant numbers of children (higher than, I believe, the public understands) who would benefit from a trauma-informed approach to their education. I will then borrow from medical and psychological literature to explain how trauma impacts student performance in the school setting by highlighting differences in brain structures that may cause challenging behaviours in the classroom. I will connect this to the understanding that educators have identified challenging behaviours and lack of support/knowledge on how to support these learners as a major source of stress, and finally, demonstrate how TIPs allow for teachers and students to thrive.

To craft the review, I created a foundation based on journal articles to provide evidence and statistics around the general themes of adverse childhood events, teacher self-efficacy, trauma-informed practices, and the impacts of trauma. I add a contextual layer through provincial data and anecdotal evidence. By weaving the four themes together, I develop the argument that providing educators with training in trauma-informed practice not only improves the well-being of their learners, but prevents compassion fatigue and burnout in teachers.

Theoretical Framework

For the purpose of understanding the literature from a teacher-as-researcher perspective, I used two different but interrelated frameworks to guide my exploration. As an educator of young
children who places a great deal of importance on the lived experience of the teacher, finding a framework that could allow me to review the literature from a teacher’s perspective was important. Especially one that could describe how an experience would impact the educator’s identity and sense of self. Initially, I began with the work of Albert Bandura’s (1997) Self-Efficacy Theory, a framework I have utilized previously in research examining teacher experience.

The premise of this theory is simple enough – when someone feels they are doing their job well, the more likely they are to keep doing it and, more importantly, feel confident in performing that task. This determination of efficacy is based on four pillars – Mastery Experiences (opportunities where the person has done their job well), Verbal Feedback (someone else has given them positive feedback on their work), Vicarious Experiences (the person sees another person doing their job well), and Emotional States (how the person feels while doing their work). When all these experiences are largely positive, the person feels highly effective and is more likely to keep doing that job (Bandura, 1997).

Joseph J. Blasé’s (1982) Teacher Performance-Motivation Theory is similar in nature to Albert Bandura’s self-efficacy theory, adapted specifically to the practice of education. In Teacher Performance-Motivation Theory, teachers in the student/teacher relationship understand the needs of their learners and provide the necessary tools for them to succeed, which requires the expense of emotional energy and the ability to provide the tools required. In this theory, a teacher who has the skills and tools to provide what the learner needs is rewarded intrinsically (achieving personal fulfilment), and they are motivated to keep doing their job. In the self-efficacy framework, the teachers have many mastery experiences in their interactions with their learners, which makes them feel effective, and builds their feelings of self-efficacy.
However, in other situations, teachers may feel unable to provide what learners need to achieve. In viewing trauma through the lens of teacher performance-motivation theory and self-efficacy, teachers who do not know how to support learners experiencing trauma do not experience many mastery experiences and therefore feel a loss of control or understanding of their environment. The theory views the development of compassion fatigue as the consequence of the educator not receiving the mastery experiences or positive feedback that drive intrinsic motivation over a significant period of time. Specific to the Teacher Performance-Motivation theory, “the degree to which teachers feel ineffective depends on their perceptions and expectations about their efforts and the resultant student outcome” (Koenig et al., 2018, p. 263). The more effort a teacher puts into caring for these learners without enough intrinsic reward, the more likely they are to suffer from compassion fatigue. However, in this same framework, a teacher who is given the support and knowledge to encourage learners with trauma, will feel the reward when the child responds positively to their efforts and will be more likely to feel effective and be motivated to continue.

Terri-Ann Sartor (2016) writes that high self-efficacy is necessary for those who work with traumatized individuals because they must constantly engage with that trauma.

The incidence of adverse childhood events in British Columbia

How many children in British Columbia are suffering from the effects of trauma, and what does that mean? There is little data specific to the incidence of adversity in elementary years – the amount of hidden abuse and trauma in children is staggering and likely vastly underreported, so the data must be from the perspective of surveyed adults and teens who have
experienced childhood trauma. In this section, the literature stems from different perspectives, as trauma is multi-faceted and impacts health, education, and social work sectors.

To begin the review, I searched for general data available on the incidence of trauma in elementary school populations (searching for similar geographic or economic contexts) with the UVic Libraries search. Quantitative research completed in Canadian and American studies focused on this question imply a figure of around 1 in 3 children having experienced trauma by the fifth grade. Afifi et al. (2014) conducted a survey study with Canadian adults to come up with a figure of 32.1% of youth experiencing trauma in three of the most common Adverse Childhood Events (ACEs) (physical, sexual, and emotional abuse). In a similar geographical context, Perry & Daniels (2016) describe a figure of 13 in 30 children under the age of 18 in Washington (USA) experiencing 3 or more ACEs. Blodgett and Lanigan (2018) found that approximately 13% of children in a sample elementary school had experienced three or more ACEs. On the provincial side, the 2015 report “Growing Up in BC” (2015), indicates that of the over 896,750 children in BC at the time of the study, 7% experienced food insecurity, 6% experienced sexual abuse, and 13% experienced physical abuse.

To get more quantitative data on the incidence of trauma in youth in British Columbia, I turned to two sample populations that are particularly vulnerable to trauma exposure. Children and youth in government care are typically subjected to at least one traumatic incident – the loss of a primary caregiver – and many organizations including the Ministry of Children and Families (MCFD) and Representative for Children and Youth (RCY) provide quantitative and qualitative data about the well-being and health of youth in care. Another population where qualitative data exists was children living below the poverty line, which is researched by several non-profit organizations including First Call: BC Child and Youth Advocacy Coalition. While poverty itself
is not traumatic, the impact of the stress on caregivers and the vulnerabilities imposed by having a lack of resources, places this population at a high risk for traumatic incidences. Recent immigrants and single parent families are represented most strongly in the latter demographic, while persons of First Nations heritage are dramatically overrepresented in both (First Call, 2018).

With this understanding, I looked for clues in another one of the vulnerable populations – those living beneath the poverty line in British Columbia. In 2016, the child poverty rate in British Columbia was 20.3%, as measured by Statistics Canada’s Census Family Low Income Measure (CFLIM). The University of British Columbia, in collaboration with the province of British Columbia, uses a province-wide assessment called the Early Development Instrument (EDI) to identify areas of vulnerability for children in Kindergarten. This instrument suggests that 32% of BC kindergarteners start school with vulnerabilities in at least one area of development. There has been a marked increase in the number of children with multiple vulnerabilities, and the First Call organization’s “Poverty Report Card” (2018) connects this increase to poverty.

It would be irresponsible to talk about the impact of trauma in British Columbia’s youth without communicating the figures pertaining to children of First Peoples, who experience ACEs at a significantly higher rate that non-indigenous populations of BC. The legacy of forced assimilation has left a deep, painful scar on the social structures and traditions of the First Peoples of Canada. In my home district (Saanich School District #63), Statistics Canada noted that while most of my community’s percentage of children in low-income families hovers around 7.5%, the percentage of children experiencing poverty who also live on reservations nearby is between 50-80%. (BC Child and Youth Advocacy Coalition, 2018). 63% of children in
government care are Indigenous, compared to there being 9% of indigenous children in the regular population (RCY, 2018). In less than one year between June 2017 and March 2018, 412 children of Indigenous heritage were critically injured and 35 died in government care (Office of the Representative for Children and Youth, 2018). The Truth and Reconciliation Committee calls for more education and understanding across all domains that interact with children of the lasting impact of the residential schooling system.

Finally, I connected with the BC Office of the Representative for Children and Youth (RCY), which supports children and youth under government care. Of approximately 6500 children or youth in care at the end of March of 2018 (Office of the Representative for Children and Youth, 2018), 12% of those youth experienced a traumatic incident while in care (witnessing a death, being abused or neglected, or feeling that their health or safety were threatened as some examples) (Office of the Representative for Children and Youth, 2018). This figure is in addition to any previous trauma from apprehension or previous years.

The cost of childhood trauma borne by society is massive. D’Andrea, Ford, Stolbach, Spinazzola & van der Kolk (2012) cite the National Institute of Justice (USA) and estimate that the combined costs of mental health care, social services, medical care, and police services are $4,379 USD per incident of childhood abuse. Trauma affects every child differently, but it is documented that children who have three or more ACEs have a significantly higher rate of mortality and morbidity. Take, for example, the population of children in government care in British Columbia. All of these children have been faced with at least one adverse childhood event leading to ministry intervention. As a group, children and youth with a continuing care order in the public K to 12 school system have lower academic achievement than other students. Only 51% graduate within six years of beginning Grade 8. Children who were in government
care were significantly more likely to experience teen pregnancy, leave school before graduation, and abuse substances (BC Child and Youth Advocacy Coalition, 2018; Office of the Representative for Children and Youth, 2015).

![Figure 1](image)

The Substance Abuse and Mental Health Services Administration (SAMHSA, n.d) in the United States used the visual analogy of a pyramid (see Figure 1) to describe the relationship between ACEs and how they impact healthy life choices. Children who have experienced trauma in their childhood are more likely to have socio-emotional or cognitive impairments for reasons described later in this project and are therefore more likely to adopt detrimental behaviours as ways to cope with the unaddressed trauma. Persons who have experienced over three ACEs are several times more likely to struggle with health, safety, and independence. Overall, children who have experienced trauma are significantly more likely to experience early death. Worst of all, the cycle is self-perpetuating - adults who have experienced childhood trauma are more likely to struggle with parenting successfully, thereby exposing their own children to neglect or abuse (SAMHSA, n.d).
The physical, emotional, and behavioural impacts of ACEs

Trauma-informed practices work in three different ways – the first level is to provide a calm, consistent environment to allow the child experiencing trauma to feel safe and know what is expected of them. The next step is a protective effect, wherein they are given the language and skills to understand emotional regulation and social expectations in order to articulate their feelings appropriately and reduce externalizing behaviour. The third level is to build resilience for all children, where they know that even when bad things happen, they have the knowledge and safety net to keep them safe (Bath, 2008; Dorado, Martinez, McArthur & Leibovitz, 2016).

As a preface to this section, I wish to highlight the importance of acknowledging each child’s experience as an individual and trauma as complex and multifaceted. No child will experience trauma in the same way, and not every child will have the symptoms or behaviours noted below. This section serves as a review of the literature in order to understand the many ways trauma can affect a developing child, rather than as a handbook of diagnosis or prescription of how trauma “looks”.

To understand trauma-informed practices better, it’s good to start with how trauma affects brain development. What follows is, unless otherwise stated, an explanation of the impact of trauma on early development based on Herringa’s (2017) “Trauma, PTSD, and the Developing Brain”.

To preface, the limbic system is a collection of brain structures, which produce emotional responses. These structures are primarily the amygdala (which plays a major role in fear responses and emotional regulation) and the hippocampus (which has a primary role in storing memories). These areas communicate with the prefrontal cortex, which is part of the frontal lobe.
and oversees all higher order functions, like planning, reasoning, organizing, and decision making (Herringa, 2017).

In children who have experienced adverse childhood events, the physical structure of the brain is altered. The size of the hippocampus is reduced, causing hyper-reactivity and reduced ability to “read” their surroundings. The amygdala itself is also reduced in size (Hanson et al., 2015). The connections between the amygdala and the prefrontal cortex are severed or significantly reduced. Therefore, the prefrontal cortex is unable to regulate the emotional response to triggers provided by the hippocampus and amygdala. Smaller amygdala and hippocampal volumes were also associated with greater cumulative stress exposure (Hanson et al., 2015). Simply put, children who have experienced significant trauma do not have the biological structures to regulate their reactions in the same way as learners who are not impacted.

Applied to a classroom perspective, primary teachers often use the term “size of the problem/size of the reaction” to provide a sort of visual cue to understand the link between reaction and trigger. For example, a child who reacts to spilling their glass of water by finding a towel is demonstrating an appropriately-sized reaction to the size of the problem – it is quickly fixed independently and does not require any fuss. For a child who has experienced trauma, spilling a drink can trigger a large reaction as their brain will read the suddenness of the event as requiring a larger response, or no response at all (avoidance/denial) in order to protect themselves – the size of the problem and the size of the reaction don’t match.

In Thomason & Marusak’s (2017) research, there is further information into the neural pathway disruption experienced by youth exposed to trauma. One area of note in this research is how children affected by trauma respond to positive influences. Trauma is associated with
inhibited dopamine response – dopamine is a neurotransmitter that directs how a person feels about an activity. In chronic stress, the brain is flooded with dopamine, which causes the dopaminergic or the “reward” centre of the brain to become hyposensitive to dopamine (Schore, 2001) and develop functionally and structurally differently. As such, someone with reduced sensitivity to dopamine will struggle with positive reactions to positive things. That is, overall, they will be less able to feel “happy”, and appear to be irritable, sad, or neutral in expression (described in other literature as a “flat affect”). These children may appear withdrawn or unengaged in the classroom environment.

Gregorowski and Seedat’s 2013 article describes different presentations of trauma in children. They describe dysregulation of affect as “difficulty identifying and verbalising affective states [feelings] and poor communication of needs” (p. 106). Without the reliable support of a consistent caregiver, children who have experienced trauma are more likely to feel deeply and struggle with regulating those feelings. In addition, children who have experienced trauma feel that they cannot control their feelings or reactions and feel helpless about controlling how their behaviour influences others.

Carrion and Wong (2012) conducted a neuro-imaging study to learn more about the hippocampus in children who have experienced trauma. They found that children who experienced severe trauma demonstrated deficiencies in verbal memory – when asked to remember a collection of nouns during the scan, the children with chronic stress not only struggled to remember the words, but their hippocampus become hypoactive and appeared to “shut down”. Because of the physical effects of trauma on the language processing part of their brain, children with trauma may struggle to articulate how they are feeling verbally.
All of these structural and functional changes in the brain strongly affect behaviour and thinking in children exposed to trauma. With these impairments, problems are noted with a child's ability to communicate effectively, remember and organize information, and form positive relationships (West, Day, Somers, and Baroni, 2014). Because of reduced ability to regulate emotion, children can act out in severe or developmentally inappropriate ways. These are referred to as externalizing behaviours (West et al, 2015), where a child reacts to stimuli that reminds them of a traumatic event (commonly known as “triggers”). These externalizing behaviours can be severe and difficult to mediate because of the adapted brain structures and reduced sensitivity to dopamine. Gregorowski and Seedat (2013) suggest that behaviours arising out of trauma are largely avoidance-based (to keep the strong feelings away or to gain a sense of control of the feelings), or attention-seeking in order to build connections.

Overall, children who have experienced trauma are more likely to demonstrate challenging behaviour and, more notably, will struggle with coping with that behaviour. Because these structural differences in the brain are like those found in other affective disorders, the behaviours displayed by children who have experienced trauma can be mistaken for Attention Deficit Hyperactivity Disorder, Oppositional Defiance, Obsessive Compulsive Disorder, Conduct Disorder, depression, anxiety disorders, and other mental health issues.

The struggle to identify trauma correctly in children is compounded by societal stigma - children and families can be reluctant to admit to traumatic influences in their lives. Adding to the challenge of identifying trauma is the lack of a diagnosis that can be attached. In the latest version of the Diagnostic and Statistical Manual of Mental Disorders, used by psychiatrists and psychologists to identify and diagnose mental health problems, there is only one diagnosis that specifically identifies trauma as an antecedent: posttraumatic stress disorder (D’Andrea et al.,
(however, it can be argued that the diagnosis of Reactive Attachment Disorder implies some degree of trauma, as it involves difficulties bonding because of a lack of early attachment to a caregiver).

Another saddening aspect of the effects of trauma on children is how it impacts children’s understanding of themselves. Gregorowski and Seedat (2013) pay special attention to this, noting that children who have experienced trauma see themselves as bad, worthless, or unworthy of love. They may feel guilt or blame themselves for the trauma. Learners who have chronic stress build unhealthy mechanisms to simply get through the day – an interesting one being dissociation. In dissociation, children disconnect from awareness of themselves and demonstrate the flat affect noted previously. They may then experience difficulty acknowledging misbehaviour as their own, since it was done “automatically” without the child being consciously aware of it. This connects to their feelings of helplessness and loss of control.

All of these factors indicate that trauma is a significant challenge to identify and address in the school environment. Carrion and Wong (2012) have highlighted the extraordinary challenges specific to working with traumatized youth with the statement “youth with [trauma] have deficits in key areas of the [pre-frontal cortex] responsible for cognitive control attention, memory, response inhibition, and emotional reasoning—cognitive tools that may be necessary for learning and therapeutic processing of trauma” (p. 26). In short, the same parts of the brain that are damaged by trauma are the same ones that need to be healthy in order to heal from trauma. The myriad of causes and expressions are equally challenging to contend with for the unprepared educator.
Educators, vicarious traumatization, and self-efficacy

Teaching is a work of heart. We invest our time and energy into the learning of our students and are learning that more and more is needed to support struggling students. We celebrate the successes no matter how small and collaborate from dawn ‘til dusk to figure out what they need from us to succeed.

In this part of the review, I had to choose articles that related most deeply to my focus. As stated in my introduction, the interrelated concepts of compassion fatigue, vicarious traumatization, and secondary trauma are still in early stages of research in the education sector. Therefore, in this section, I did my best to focus on educator-focused articles, however supplemented with similar research in other care-providing fields as needed.

Compassion fatigue, often cited as the cost of caring, is when a person becomes so overwhelmed handling the emotions and needs of others that they develop a “numbness” or disinterest in emotionally engaging with others. They are emotionally and physically exhausted and view the world in a more negative way than before (Sprang, Clark, and Whitt-Woosley, 2007). This numbness is not unlike the flat affect described in traumatized learners, which is why this definition is also linked to vicarious or secondary traumatization.

Until 2012, there was little to no research on the impact of secondary trauma in public school teachers (Caringi, Stanick, Trautman, Crosby, Devlin and Adams, 2015). As knowledge of the phenomenon of compassion fatigue has grown, particularly in the medical field, we began to learn about the impact of learner traumatization on their caregivers. In secondary trauma, a teacher is consumed with worry for the welfare of a learner in the aftermath of a traumatic incident (Borntrager et al., 2012). The teacher starts to have their own symptoms – difficulty
sleeping, loss of appetite, flashbacks to their own trauma – which impacts how they interact with others (Dorado et al., 2015).

When confronted with children experiencing trauma, teachers may feel ineffective or helpless in this role. It is never easy to have a child lose control, but in neurotypical children, teachers will often be able to soothe an upset child or manage the behaviour quickly. When children demonstrate severe, targeted, or withdrawn behaviours that are resistant to a teacher’s tried-and-true strategies, these educators may lose their sense of mastery and feel emotionally depleted. With repeated exposure to children who have suffered trauma and this increasing helplessness, it is not surprising that compassion fatigue may start to seep in.

The major studies I will be referencing in this section include the work of Alisic (2012); Caringi et al. (2015); and Borntrager et al. (2012). Alisic (2012) researched teacher perspectives on working with students with trauma, looking to learn more about the teacher experience in working with children who have experienced trauma. Papers written with first authorship by Caringi and Borntrager are referenced separately throughout this review, however the two have collaborated and the papers reviewed read elegantly as companion pieces. Borntrager had first authorship on the 2012 paper researching secondary traumatic stress in teachers (looking at the incidence), and Caringi was the lead author on the 2015 paper looking at contributing factors to teacher traumatic stress.

Alisic (2012) studied the impact of working with traumatized students on teachers in the Netherlands. She wrote that “traumatic exposure and traumatic stress among their pupils were part of the most demanding aspects of [teachers’] work” (p. 56) and stated that the most challenging thing for educators in her study was the feeling of helplessness – the feeling that the teachers did not have the skills or ability to help their students. She found that 63% of the
teachers in the study felt that they did not know how to identify when mental health supports were needed for their children, and 51% did not know what supports were available to teachers in this regard. The teachers in the study expressed that they wanted more information on trauma provided during teacher education, rather than “being thrown into the deep end” (p. 55).

Student behaviour is a big factor in teacher stress. In Caringi et al’s (2015) study, it was noted that large class sizes made it difficult for teachers to provide individual attention to students and, as a result, manage behaviour. Many teachers in Alisic’s (2012) study voiced similar concerns, expressing that it was challenging to support a child who had been “confronted with a severe stressor” (p. 54) while also providing instruction and support to the rest of the class. Significant correlations have been found between the ability to manage behaviour and teacher burnout (Alisic, 2012; Caringi et al., 2015; Malinen, 2016). Alarmingantly, Caringi et al. (2015) noted that “educators are deeply impacted by the trauma experiences of their students, which has impacted their interest in remaining in their professions” (p. 254).

Another interesting factor in teacher burnout, especially given the context of trauma, is the impact of a teacher’s own trauma history. Borntrager et al. opined in their 2012 study that “a significant majority of participants self-reported a personal history of trauma exposure (76.4%)” (p. 45). Secondary traumatization may also be a form of re-traumatization for teachers, especially when communicating empathetically with a learner who has experienced a similar form of trauma. Alisic (2015) also noted that working with children who have been exposed to trauma often caused teachers to connect back to their own trauma and use personal experiences to inform how they work with learners – either furthering connection based on common experience or withdrawing to avoid the feelings.
So, in the end, how much is “the cost of caring” for educators? Caringi et al. (2015) recognized that educators reported alarmingly high levels of secondary traumatization, equivalent to levels of vicarious trauma found among emergency mental health care providers. Borntrager et al. (2012) have suggested that educators and other school-based care providers should have access to secondary trauma management systems in order to mitigate the impact of student needs on their teachers’ well-being.

**Trauma-informed practices improve teacher self-efficacy**

When a teacher feels effective in their classroom, they are more likely to remain in the profession (Schwarzer and Hallum, 2008). Teachers who are trained to recognize the impact of trauma on learners and know what skills, tools, and approaches are needed to support those children are more likely to feel effective. According to the document “Room for Improvement” (2017), published by the Office of the Representative for Children and Youth, 90% of educators who had received training in trauma-informed practices said that it had “a moderate to large positive effect on their ability to effectively support the education of children [who had experienced trauma].”

Trauma-informed practices give the teacher the tools to feel effective. As previously described in the literature, chronic stress of trauma impacts brain development by reducing a child’s ability to self-regulate (physically and emotionally), resulting in impulsive or explosive behaviours that are difficult to manage or withdrawal behaviours that cause difficulty in building connections. In formalized TIP models, there is a focus on tiered service delivery (Dorado et al, 2016), where Tier 1 is teacher-led and offered universally to all students to support their
learning. Tier 2 is for smaller groups, and Tier 3 usually one-to-one services provided to a child by mental health and other professionals.

Many types of programming are considered beneficial for trauma informed practice, without being explicitly described as such. There are many models that I personally admire, however for the purposes of this literature review, I will be focusing on current programs that have been studied academically with specific intention of promoting trauma-informed practice.

One of these organizations is Healthy Environments and Response to Trauma in Schools (HEARTS). When HEARTS training was implemented at a sample school, researchers Dorado et al. (2016) noted that there was a 32% decrease in total disciplinary incidents and a 43% decrease in incidents involving physical aggression after only 1 year of HEARTS, with an 87% decrease in total incidents and an 86% decrease in incidents involving physical aggression after 5 years of HEARTS implementation. Connecting with the knowledge that the incidence of severe behaviour affects teacher self-efficacy and leads to burnout or compassion fatigue, it can be implied that teachers using this model are more knowledgeable about addressing trauma and are therefore more likely to feel confident and prepared in their role. Of note in the HEARTS training, teachers learn not only about the effects of trauma on their students, but how TIPs can support educators too. In Dorado’s (2016) research, it was found that “learning about how working with trauma-impacted students was affecting [teachers’] own health, behavior, interactions and work helped to bolster staff’s coping resources and foster their wellness” (p. 166).

In Tel Aviv, research was done on the impact of the School Resilience Program, a curriculum enhancement delivered by educators to support students dealing with mass trauma (Wolmer et al, 2016). Teachers who had this training felt more empowered and capable of
supporting their students in self-regulation and emotional learning than teachers who had not been trained in trauma-informed practices. In addition, teachers who had been trained felt more capable in addressing discipline issues and enhancing tolerance and empathy in their classrooms.

Another model, The Partnerships Program implemented in impoverished elementary schools in Ohio, was notable for its effects on teacher self-efficacy (Shamblin, Graham and Bianco, 2016). The goal of the Partnerships Program was to pair teachers in a rural school with mentors who provided a socio-emotional curriculum to their students while providing collaboration time and training in trauma-informed practices. Teachers who had been teaching with this model reported feelings of competence and confidence, especially regarding their ability to cope with and change challenging behaviors in their classrooms. In addition, the teachers felt more skilled and capable of reducing stress in the classroom. They reported that child misbehaviour was reduced due to the skills taught in the program, and that the children were more resilient and capable.

Trauma-informed practices do more than simply curb behaviour and provide knowledge to educators. In a model that mirrors the tiered system recommended in trauma-informed practices for learners, Caringi et al. (2015) envisioned that educators would benefit from a structured “team-based collaborative program” for the prevention and mitigation of secondary traumatization and compassion fatigue. A tier-one, universal approach available for all teachers, would include programs to encourage wellness (mindfulness meetings in the morning, weekly exercise activities, discussion groups) that are culturally-sensitive and trauma-informed. Participants in Caringi et al.’s (2015) study identified the importance of peer-to-peer discussion reducing workplace stress. Tier-two supports for educators who are identifying symptoms of compassion fatigue can include small group or one-to-one collaboration with administration or
child and youth worker in a formal mentorship role with the goal of strengthening skills in trauma-informed care and classroom management, while suggesting ways specific to the individual educator to enhance wellness.

British Columbia has a long way to go. In 2017, the Ministry of Education revised its “Safe and Caring School Communities” policy to articulate strategies schools should use in creating inclusive spaces for all learners. One of these mandates includes “foster[ing] trauma sensitive schools and apply[ing] a trauma informed lens to student behaviour” (Ministry of Education, 2017). In fact, this policy is not widely adopted in BC public schools or, at the very least, not explicitly prioritized in district planning (Fraser, 2018). While it is unlikely that schools are ignoring the mandate, what is more likely happening is that teachers are using principles of trauma-informed practices without knowing it under the guise of social learning programs. For example, in Montessori schools, teachers use “peace corners” to encourage self-regulation and follow a structured routine to help the child feel safe (Phillips & Phillips, 2016). In the Saanich School District and other districts across BC, educators use socio-emotional learning programs such as Second Step, Restitution, WITS, the Zones of Regulation, or the We Thinkers! Series. These practices and tools all fall under the umbrella of trauma-informed practices, as they teach children to understand their emotions and provide different coping strategies to help them problem-solve independently.

By identifying what schools are already doing to support traumatized learners, and providing training on trauma to “fill in the gaps”, teachers can develop positive learning environments that not only improve outcomes for children, but also improve their own well-being. This makes the need for a province-wide understanding of trauma-informed practice vital for the health and well-being of the teacher, the learner, the school, and the community.
Areas of Future Research

Throughout this literature review, I have identified several gaps where literature on a topic could not be found, or sources referred to it being suggested for future research. While research into the effects of trauma is abundant in medical and social work literature, with the growing understanding that the educational benefits of implementing programming in schools are beneficial, it is important to acknowledge these gaps and the possible challenges in filling them.

One of the first challenges met in this research was determining the incidence of trauma in BC children and youth. There are numerous factors that make a study of adverse childhood events in British Columbia difficult to pursue. The first being that the definition of “trauma” would have to be clearly articulated in a manner that accounted for a diversity of variables – for example, would a researcher include children who have experienced the death of a parent, even if the child has never met this parent? Would the researcher include the siblings of a child who is enduring lengthy hospitalizations, even though it is not recognized as an “official” sort of trauma?

Even if a decent set of exclusion criteria could be established, data gathered in this area by academic research would require significant ethical oversight to ensure physical and emotional safety were provided to the subjects. Consent is another issue – parents of children who have experienced trauma may withdraw consent out of concern for re-traumatization, or
possible disclosure of ongoing abuse. I suspect that no matter what approach is taken, it is likely that an academic research approach to obtaining this data would not succeed in getting the real scope of traumatic events in BC children. It is likely that the most accurate way to understand the incidence of trauma in British Columbia is to obtain primary data from government and non-profit agencies that work with youth, such as the Ministry of Child and Family Development (MCFD), BC Child and Youth Advocacy Coalition (BCYAC), Ministry of Health, and the Representative for Children and Youth (RCY). If at all feasible, I feel that the organization and publication of this data as a primary source would be valuable to promote the understanding of how many children are impacted by trauma, and would justify additional training in trauma-informed practices for BC teachers.

Another major gap in the literature surrounds the understanding of compassion fatigue in education. This is due to its relatively new and complex definition – the term first came into use in the field of nursing in 1992, becoming more formalized in 1995 (Pehlivan, 2018), and is closely interrelated with concepts such as burnout, secondary traumatization, and vicarious traumatization. Koenig et al. (2017) recently published a pilot study in Ontario where educators took part in a 2-hr workshop on compassion fatigue, with the goal of the study being to see if educators felt more informed about the symptoms and effects of compassion fatigue. I echo their recommendation that further research into the incidence of compassion fatigue in Canadian educators and how it is impacting student learning be conducted to develop a further understanding of the effects of compassion fatigue.

Lastly, I have found that there is minimal qualitative research being done into teachers’ experiences in implementing TIPs (with emphasis on its effects on their own well-being and knowledge). In the principles of Teacher Performance-Motivation Theory, vicarious experiences
provide incentives for educators to become more knowledgeable and feel more effective in performing their role. Documenting the experiences of educators in implementing TIPs provides a new perspective in trauma research and, as knowledge is growing about the importance of tiered service models for school-based trauma care, it is important to include the perspectives of teachers and administrators.

Summary

The nature of trauma creates a challenge for the unprepared educator. With the high incidence of trauma in BC youth, coupled with the damage this trauma causes in brain development, educators are faced with children who demonstrate a spectrum of behaviours that run from complete withdrawal to violent rages, even at very early ages. This damage is not easy to repair and requires a multifaceted approach to ensure that the learner receives not just one-to-one support to deal with the trauma, but a calm and consistent environment where the likelihood of being triggered is reduced. Teachers who work with children experiencing trauma often feel exhausted and overwhelmed and report higher incidences of secondary traumatization. The impact on teacher well-being caused by working with these children can be devastating and lead to the educator feeling traumatized themselves and leaving the profession. However, when teachers feel empowered with strategies and tools that are designed to support these learners, benefit is derived not only for the learner, but for the teacher as well.

In the future, researchers may wish to develop qualitative studies on how learning trauma-informed practices impact teacher well-being. Learning the stories of teachers who have been empowered to help their learners will help provide insight into how trauma-informed practices benefit teachers, which could hasten the implementation of trauma-informed practices
throughout the province. In addition, further research is suggested in the area of compassion fatigue/secondary traumatization in educators, as it is an emerging area of study and may prove to be valuable in identifying and supporting those in the field of education.
Chapter 3: Teaching is a Work of Heart

Autoethnography Methodology

For the purpose of this project, I will use the qualitative method of autoethnography to narrate my experiences as an educator experiencing low self-efficacy at times, and impacted by vicarious or active traumatization. Chase (2005) describes autoethnography within narrative inquiry as a place “where researchers also turn the analytic lens on themselves and their interactions with others, but [w]here researchers write, interpret, and/or perform their own narratives about culturally significant experiences” (p. 660).

Autoethnography is the study (“-graphy”) of self (“auto-”) in the context of a cultural or geographical (“ethno”) experience. (Ellis, Adams, and Bochner, 2011). It began as a way of challenging mainstream or popular discourse on a topic by suggesting alternative points of view, countering the “universal idea” of a topic and suggesting that ideas are far more complicated and nuanced (Ellis et al., 2011). With the realization that (in social sciences and arts particularly) many valid interpretations exist beyond the established discourse, minority epistemology (for example, feminist or indigenous discourse) found that autoethnography was a way to be heard, recognized, and humanized (Ellis et al., 2011).

Surrounding autoethnography is the idea of narrative inquiry, opening up ideas to a broader community through the cross-cultural beckoning of storytelling. Clandinin and Huber (2010) explain that the purpose of narrative inquiry is to help the researcher and reader attend to the experience of the data, providing context for what is being analyzed and discovered. As an example, it is one thing to teach a child how something works, but a whole other dimension to share why it is important. This was important in my research because the goal of this project was
not to teach others how to implement trauma informed practice, but rather the specific reasons it was important to try.

Trauma is inherently cultural. It affects how people view the world, how they interact with each other, and how they raise their children. It is culturally significant not only because it directly impacts almost a third of our children, but because it impacts those who interact with them.

My experience with trauma, both vicarious and direct, will be told through a narrative story of conversations with different key individuals in a school district. These are based on actual experiences that occurred over the course of my research, with more detailed aspects to include references to literature or analyze key “touchstones” in my experiences.

The research process

No research can be performed without evidence, even in autoethnography. Many of the examples of narrative inquiry and autoethnography rely on the use of journals or other forms of personal documentation to provide insight into their thoughts. I am not one to journal things – I admittedly find it tedious and frustrating. However, I do have some documents to aid in reflexive practice.

Aspects of my narrative are recounted from emails and documentation about stressful or successful events throughout my teaching work. These documents create a comprehensive timeline of days where children who occupied most of my day left me depleted and defeated, or when I worked with others on finding support for reducing the effects of trauma. These include emails to and from parents of children, minutes from meetings with administration and learning
support at my school, and discussions with district learning coordinators and other teacher-leaders.

The decision to use narrative inquiry came from the simple fact that I am a storyteller. One of the things I enjoy most is crafting stories, weaving in the real and the imagined to captivate an audience. The opportunity to tell a story that pulls in my experiences, my research, and cultural critique is hardly one to pass up.

**Limitations**

In her humorous study of the complaints against autoethnography, Elaine Campbell (2017) recalls “one twitter user noted that autoethnography was the "selfie" of academia” and that such thoughts created the imagery of one “lying feverishly back on a chaise longue, pen in one hand, the other laid on [their] forehead, overcome with the toil of narcissism” (Campbell, 2017).

The purpose of autoethnography is to sharpen the image created by broad research. In stepping back and viewing my experiences in relationship with the knowledge I now have about the societal and developmental impacts of trauma, I am humanizing the research and adding personal perspective to a critically under-researched topic – the impact on trauma on teacher self-efficacy.

This is not to say that my experience is the same as others. The obvious limitation of autoethnography is that it cannot provide insight into other perspectives and experiences. My work in a smaller, independently-run high school and in a middle-class French immersion elementary school are going to be very different from an educator teaching thirty children in an underfunded middle school in a hub of community violence.

I can only speak to my own experiences.
Ethical Considerations

As is the nature of working in the teaching profession and dealing with vicarious trauma, there will be references to places and people that genuinely exist. All efforts have been made to ensure the privacy, including the omission or alteration of names and identifying details.
In my second year of university, I returned to my former elementary school to volunteer my time to help me prepare for my work as a teacher. This was my second year doing so, and while I had worked with children with unique learning needs during that time, I always chalked it up to different learning disabilities. It was here that I learned about sensory processing issues, and oppositional defiance, and dyslexia. The teachers I worked with had an explanation for every student’s behaviour that made perfect, logical sense.

This second year, I devoted my time in a Grade 1 class that had a number of severe behaviours. The teacher expressed feeling overwhelmed by their needs and even though there had been incidents of violence with these learners, the school was reluctant to appoint an assistant to the class. When I arrived as a volunteer, I expected to help put up or take down displays, or perhaps work in a small group. I soon became a behavioural assistant.

To summarize the high needs of the group, there were three learners who demonstrated little sense of empathy. They could not express or even comprehend how their actions would be hurtful to others. As such, the school’s strategies for restitution did not have much impact on changing their behaviour. Other students refused to do what was asked of them – one would make a point of doing the exact opposite of whatever was asked, even if it was something she enjoyed. Another student spent much of the day crying and moaning about how much she didn’t like it here and that she wanted to be home.

Between the classroom teacher and I, we began to learn the patterns for coping with the group’s behaviours. When Adam laughed at another person who fell, we followed the plan of
ignoring him and heaped attention on the victim of his aggression, which made him jealous and caused a reduction over time. We leaned that Stephen needed to be told of routine changes well ahead of time, and that playing with LEGO made him more irritable and more likely to hurt another person. We handled Olivia’s defiance through a token system, where any time she followed any instruction (no matter how small) she earned tokens towards a small reward. It was never perfect and there were many days where we would look at each other with a massive sigh of relief, but we managed to get through to the end of June relatively unscathed.

But there was more to the story than behaviour, you see.

Stephen’s family was overwhelmed with his needs. They told us about a hospitalization in the mental health ward of the hospital shortly before he began kindergarten, as he had attempted to choke himself because “he didn’t want to be alive anymore”. He was bounced from program to program as specialists struggled with his young age and severe behaviour. His father and mother both worked two jobs to make ends meet and felt that they couldn’t devote the time necessary to caring for their son’s mental health needs.

Olivia’s parents had separated shortly after her birth, and Olivia travelled back and forth between her parents. One parent lived in the community, while the other lived in South Africa. Olivia would spend six months with her mother, and six months with her father. Coming back to her home in our community was challenging for her, and she often expressed missing her father. She once said that she felt that if she was “bad” enough, her mother “would be mad and send her back to Daddy”.

Adam’s family never attended meetings with the teacher. She would talk to his mother on the phone occasionally, but after awhile it was clear that the family was avoiding the teacher. It
took a phone call from another staff member’s personal phone for Adam’s family to receive the 
request that they attend a school-based team meeting happening the following day in order to 
discuss a plan for Adam’s success at school. Adam’s parents arrived, his father irate, demanding 
compensation for lost time at work. “Just deal with it” he shouted at one point, “if you can’t 
handle a six-year-old kid, just suspend him and I’ll make sure he gets his ass whooped when I 
get home.”

All of this knowledge sparked worry in me. How on earth were these kids going to thrive 
in school if they weren’t even able to thrive at home? Who was there to help them, when clearly 
the help they needed was not available?

At the time, however, I never considered these things to be trauma. They were simply 
facts of existence – not every child has the opportunity to grow up in a loving, devoted home 
where things are consistent. It wasn’t until later, after I had finished my teacher education, that I 
began to understand that this reality was exactly the problem.

The School by the Sea

Matilda arrived at the school in the fourth grade, having transferred from a French 
immersion school on the Lower Mainland. She was a calm, quiet girl who listened attentively 
during my Core French lessons. Later, at the encouragement of my administration, time was 
made for a French immersion block for other fluent speakers, and Matilda enthusiastically joined 
in. Once she adjusted to the new routines and expectations, she became outspoken and enjoyed 
any opportunity to debate. She was articulate and spoke with fluency and deep understanding. 
She was, in short, the ideal learner.
At student conferences in December that year, I learned that many of the learners here had been affected by trauma. Matilda’s uncle sat at our table, expressing immense gratitude to us for “taking on” Matilda. He expressed that the last year had been challenging for her and that he was growing frustrated at the lack of support Matilda received from her previous school. It was here that I learned her parents had both passed within months of each other from drug overdoses. Matilda had only been three years old when she was left in the care of her grandparents, who transferred her care to her aunt and uncle when she was in the second grade due to her grandmother’s ailing health.

She exceeded expectations academically in her new school, expressing frustration with the relative immaturity of her classmates. Beyond these complaints, Matilda completed the year successfully and I am proud of her accomplishments.

The summer is short and, after a short contract at a public elementary school, I returned to the School by the Sea in January. Matilda had returned, finding a niche with a group of fifth and sixth grade self-described “nerds”, and she expressed absolute delight at being here. While a little reluctant to engage with the French language in her classes, she continued to attend and participate (especially when a discussion turned to controversial subjects). She joined my after-school origami classes “’cause why not” and quickly caught up with her older peers. From an outsider’s perspective, everything was going well for Matilda.

What happened just a few months later shocks me to the core. While I won’t recount the event for the purposes of maintaining privacy and out of respect to Matilda’s friends and family, needless to say a situation unfolded rapidly during one of my language blocks that Matilda is mysteriously absent from. Matilda is removed from the school and is absent for a significant period of time.
In the staffroom, the teachers involved were shaken and uneasy. We didn’t feel prepared to return to our classes and instruct the children who were understandably concerned about what had just happened. Our lead teacher called an emergency meeting at the lunch break and informed us that a notice will go home to parents that a situation occurred, and that the student involved is safe in the care of their family. I shared with the team my worry that I may have contributed to the incident, as Matilda had come and met with me to go over how she was doing in her classes and expressed that she was feeling overwhelmed. The lead teacher quickly interjected, saying to me that I was not at fault, and that it was likely the event was not spurred on by any particular conversation or interaction. With that, the meeting is closed, and I returned to my Core French class, which was home to the same group of “nerds” that felt the most insecure and distraught over the situation. I let the learners know that Matilda was in good care, and that I was happy to be a friendly ear should they need me. I continued with my planned lesson.

Even though I had not witnessed the event and was not directly traumatized, what unfolded following the event suggested that it had impacted me deeply. I dreaded coming into work the next few days, feeling like it was too difficult to carry on my usual lessons when the learners and I were clearly hurting. I was worried about what would happen when Matilda returned to school, or if she returned at all. I began to feel very insecure in my relationships with the students and began to strongly question my competency as an educator at the intermediate level. If I couldn’t help my learners in the most challenging times, what good could I possibly be doing?
**Analysis**

*Trauma is not always immediately evident, but surprisingly common.*

From the information available, Matilda likely fell into the category of BC children with an ACE score of 3 or more (Growing Up in BC). Matilda had suffered the loss of her primary caregivers due to substance abuse and had experienced the loss of other caregivers multiple times over her young life. Because of the substance abuse, Matilda was suspected to have been exposed pre-natally, which for many children affects their cognitive and behavioural functions. However, Matilda experienced little to no impairment in her cognitive function, as suggested by her strong academic skills and her motivation to learn, which indicates that although she experienced complex trauma from an early age, she also had several protective factors (the support of her grandparents, aunt and uncle) that mitigated the effects. However, Matilda continued to struggle with the effects of early neglect, which was one of the contributing factors to the major incident.

*Secondary Traumatization affects teacher self-efficacy*

My reaction to the event can be described as symptomatic of vicarious traumatization. As described by the TEND Academy (“Warning Signs of Vicarious Trauma”), I experienced “feelings of hopelessness”, “guilt”, “dread of working with specific [students]”, “diminished sense of career”, “feeling unskilled in [my] job”, and exhaustion. Like the majority of teachers in Alisic’s (2012) study, I wasn’t sure what to do in the face of a child who was dealing complex trauma because I simply did not have the knowledge or skills to address it. This sudden event caused my sense of self-efficacy to plummet and I doubted my ability to teach and support my learners. It was only time and repeated positive performance (Bandura, 1970) in other areas of my work that allowed me to feel confident in my role again.
The School at the Edge of the Island

Shortly after starting at the School for Creative Learning, I was hired by the School at the Edge of the Island in my first public school contract. The contract was for French Immersion prep time classes, focusing on Art and Music for grades K-5. In recognition that the primary classes already focused intensely on the arts and music, they asked me for oral language support for the K-2 classes. It didn’t take long before I started to notice that my confidence was quickly draining.

It is the last class of my day. During a usual class, before I can even shut the door, Matthew is crying because he misses his hamster. Ralph is rolling his eyes and telling him to shut the hell up. Kevin has seen his opportunity to escape and runs to the other side of the classroom, brandishing a paintbrush and growling as he proceeds to chew on the side of the bookshelf. Amelia stands up in the middle of the fray and glares in my direction with her hands on her hips, asking when the **** I was going to start teaching?

They were second graders.

Even with the support of my wonderful teaching coach, assigned through my district’s mentorship program, I quickly learned just how in over my head I was. Out of survival, I brought a pair of puppets to school one day, which succeed in gaining their complete attention for longer than fifteen seconds. I realize that perhaps my focus simply needs to be on teaching them emotional regulation and friendship skills – the language might come later. And thus, Toulouse and Sami were born.
Toulouse is an orange tabby cat puppet. He is usually a pretty happy cat, easily excited and fidgety, just like many of the first graders in my class from hell. Sami is an old English sheep dog puppet. She is more laid back, preferring to be quiet, and is very sensitive.

The children attached to these animals quickly, and I rejoiced when I realized that the puppets are the key to management and instruction. If I attempted to correct a behaviour, I was met with hostility and defiance. If Sami covered her ears and shook during a student outburst, the children immediately stopped and tried to soothe her by whispering kind words. The animals allowed the children to demonstrate empathy in a way they could not do with human adults.

Over the next few months, I focused entirely on social-emotional development for this group. Toulouse and Sami guided them through different emotional learning cues, roleplaying different scenarios. The children learned to express their feelings through the Zones of Regulation language. They learned songs (usually made up on the spot) to identify strategies for staying calm and ready to learn. They learned about positive and negative self-talk to help them feel successful and capable.

Slowly but surely, I began to see changes in these once feral children. Ralph often asked to hug Sami at the end of a hard day, preparing for his return home. Matthew talked to Toulouse about his hamster to help him express his worries peacefully. Amelia would laugh when the two puppets got into trouble – releasing her frustration - and would eagerly suggest ways the puppets could solve the day’s problem. Even Kevin started to engage, sitting at the carpet for longer periods of time, and he became eager to identify the zone expressed through the puppets’ body language during the lessons.
I noticed changes in myself as my work in building social-emotional skills began to take hold. I became calmer and less fearful – I would still steel myself before the children arrived using positive self-talk, but I no longer hovered by the sink. My confidence grew with the recognition that I was, in fact, successful in teaching them to self-regulate. I noticed the children using the language I taught them, and teachers in the school asked me for tips on teaching emotional regulation. My teacher coach praised me in our final mentorship meeting, noting the changes in my students’ behaviour since I began teaching emotional regulation and how I did it largely independently.

Analysis

Socio-Emotional Learning is a pillar of trauma-informed practice.

Shamblin et al. (2016) describe the first of the two primary goals of a trauma-informed school as “increasing teacher competence and confidence in meeting the social–emotional needs of students and reducing challenging behaviors in the classroom”. In order to accomplish this, the teacher is encouraged to “implement a social–emotional curriculum that meets the resilience needs of the children in a class”.

In using the Zones of Regulation, developed by Leah Kuypers (2011), I gave children language to identify feelings, recognize body cues, and name strategies to help them regulate. Gregorowski & Seedat (2013) noted that when children are able to identify their feelings and associated body sensations, they can improve their impulse control and reduce their incidents of severe behaviour. Giving them the skills to express themselves in a respectful (or, at least more
tolerable) way allowed them to understand themselves better and find more success in their interactions with others.

Using TIPs support self-efficacy and confidence in teachers.

Alisic (2012) described my circumstances perfectly with “learning through being thrown into the deep end was “not the best way” to acquire the necessary skills [for supporting children dealing with trauma]” (p.55). Prior to engaging with these children, I had no idea about the extent of trauma or how these events would impact behaviour. I also didn’t appreciate the magnitude of importance in teaching social skills. In my privileged upbringing, personally I had not experienced any traumatic events, and I did not have friends or relatives who spoke openly about traumatic pasts. Wolmer et al. (2017) identified that teachers in his study who were trained in supporting children who have experienced trauma have more confidence and a greater sense of self-efficacy than those who are untrained. While I was not formally trained in teaching social skills, using the framework of Zones of Regulation and researching how to teach social skills to young children allowed me to have more understanding of what needed to be done.

My self-efficacy, once implementation started, began to improve. Using the Bandura (1970) framework for self-efficacy, I experienced mastery events, verbal persuasion, and vicarious experience. The realization that my students were using the language I taught and expressing themselves appropriately acted as mastery experiences – hearing them and watching the change in demeanour proved that my methods were successful. Receiving feedback from other teachers, especially my mentor teacher, acted as verbal persuasion to suggest that I was doing well. Watching my mentor teacher and other educators employ the strategies that I was using acted as vicarious experience, where I could see that capable, confident teachers were
doing the same things that I was doing, which led me to believe that I was just as successful as they were.

A Friend in Crisis

Working with trauma sometimes extends beyond the walls of a school. As I began to learn more about trauma and its impact on individuals, I shared this with a “thinking friend”. She and I would meet every week or so to discuss our research, as we both happened to be pursuing our master’s degrees at different times. Leila was my age and researching cultural approaches to discipline in the field of Child and Youth Care. Initially her topic was simply interesting and one I could relate to as an educator, but as she shared more about why she had an interest in the topic, I began to notice signs of trauma.

Leila’s personal circumstances included a family dynamic that was challenging at best, traumatic at worst. While her parents were upper-middle class professionals who could afford the luxuries of life for themselves and their children, Leila often felt ignored, belittled, uncared for, and frustrated with herself. She developed an unhealthy sense of identity, where she felt like everyone was doing things better than she was. As I learned more about Leila’s history, I turned to what I was researching to help Leila understand what had happened to her.

Dr. Jonice Webb is a clinical psychologist specializing in the area of emotional neglect, one of the 10 ACEs listed. Her name had come up before in my research, and it was an article shared by the Gottman Institute on social media that I shared with Leila to gauge her interest. She didn’t respond until the next morning, where she let me know that she had gone to Dr.
Webb’s website and had put a hold on the book at the local library. I asked if she wouldn’t mind lending it to me afterwards, to which she replied, “would you read it with me?”

Our weekly coffee dates were eagerly anticipated. We would spend the week reading or listening to the book, then we’d get together at our coffee shop and discuss the chapters we had read. In the book Running on Empty (2012), Leila and I learned about the impact of emotional neglect on the emotional development of a child. As the book took us through the different parenting types that lead to this emotional neglect, Leila began to piece together a sense of her family.

One week, we were reading the chapter on the traits of the sociopathic parent. Leila was late to that meeting, so I sat and waited with my coffee for a little while. I was trying my best not to skip ahead in the book. Leila showed up about half an hour later, looking like she had been sitting in the car crying. She breathed a heavy sigh and looked at me sadly.

“My mom was a sociopath.”

It all made sense, she said. The emotional manipulation, the inconsistency between being hard and fast with the rules that benefited Leila’s mother but lax with the ones that didn’t, the “playing the victim” Leila so often witnessed in her interactions… It was a dark, deep revelation.

At that point, I had to find a way to address Leila’s realization of the trauma. I asked if she wanted to continue talking with me in the coffee shop, as she might not feel comfortable in the larger setting. She said that she would like to talk with me, but would it be okay if we sat in the car? We got to the car and I gave Leila the space to express her feelings and feel them safely, validating them where I could to help her feel listened to. In this situation, I was doing my best to fall back onto my research of trauma-informed practiced to help Leila understand her feelings.
We named them together. “It sounds like you are frustrated that your dad didn’t say anything about it.” “I’m so confused – how could I have had such a great childhood and such a crappy mom?”. I validated her choice to confide this to me by stating “thank you for telling me this. I feel so lucky to have such a kind friend – even if she did have a crappy mom.” Adding humour was my way of establishing that the foundational aspect of our lighthearted friendship would remain even after this. She expressed to me later that she appreciated it.

At the time of this project being written, Leila and I had finished Running on Empty (2012) and had begun reading Running on Empty No More (2017) to learn about how to heal from emotional neglect.

Analysis

Using trauma-informed practices helps protect a teacher from experiencing compassion fatigue.

In engaging with Leila as a “talking friend”, I expected only to engage with a fellow academic in a way that would provide deeper questions to inform my research. I had never expected to use my learnings to help support her personal growth. Suggesting Dr. Webb’s book to her was meant as an extension of our weekly meetings – I would have some dedicated time to read about a topic relevant to my thesis, and she might find some insight into her personal struggles. It became apparent early on that I would need to find a way to engage with Leila that would not only be positive for her, but would protect me from feeling burdened.

Choosing a familiar location that was comfortable and pleasant for both Leila and I helped reduce the likelihood of triggers. Having the weekly meeting created routine and predictability – if I was ill or needed to attend to a student’s needs at school, I would let Leila
know well in advance so that she could prepare for the change. While Leila and I would frequently communicate by text to share tidbits that were simply too exciting, I restricted my communications to daylight hours only and “muted” our conversations so that I would only see them during my lunch breaks or free time. I let Leila know of these boundaries ahead of time (when we first began our “talking friend” dates) so she was very good at attending to those needs.

While I never felt unduly burdened by Leila’s learning, I researched a lot about using trauma-informed practices to encourage self-care. I learned that educators who are feeling burdened by their students’ high needs often seek “pleasant, nonaggressive social contact” (Gulwaldi, pp. 515) to cope. The purpose of this is to share the experience with the others – not necessarily seeking direct intervention or support right away, but to have a compassionate ear and speak with someone who “gets it”. Borntrager wrote that “social support has been shown to buffer a myriad of secondary trauma outcomes and is among the first line of intervention recommendations” (2012, pp. 46). I chose not to speak with colleagues about Leila’s experiences, but socializing with others on other topics was very helpful for me.

I didn’t need to implement visual schedules or exercise breaks during our talks, however I was careful to read Leila’s needs and attempt to pre-empt them by suggesting a glass of water or asking her to check the time if we were running over. This gave Leila agency to guide the meetings and myself the permission to express my needs.

Knowing what I was doing and seeing the results of implementing these structures on Leila’s self-confidence made me feel confident and comfortable. At no time did I feel overly burdened or overstructured. Knowing that I was backed by research and that I could rely on that
when things did get tough, I understood that being trauma-informed would protect me from becoming overwhelmed and sink into compassion fatigue.
Conclusion

In my classroom today, almost eight years since entering Teacher Education, I am more aware of how my students’ private lives reveal themselves in my classroom. My learners might have more stress, more weight upon them than I have ever had in my childhood, and the best thing I can do is to try and lift some of that heaviness from them. I greet them each by name as they walk in the door, welcoming them into our learning space with the same routine. Walk in, hang up backpack, change shoes, write their name, and come to the carpet for attendance. We start with play, so that I can have an activity for each child while I tend to the ones who need a little extra help. They know this routine by heart. The doors could open on their own at 8:38 on a Thursday morning and these little people will all do exactly what I expect them to do. It is the routine, it is safe, and it is predictable.

The end of the day is the same. Half an hour is devoted to Toulouse and Sami, sharing their experiences that mirror the new challenges that emerge throughout the week. The children identify the “body clues” the puppets express and connect it to their feelings, and quickly offer suggestions to help the work through the feelings. They eagerly suggest ways to solve a problem, based on the ideas we use each day. The children know how to communicate their needs, how to apologize, and make something better. Their emotional intelligence improves steadily with each interaction.

When a child exhibits a severe behaviour – throwing a chair, hitting another child, a screaming tantrum – they know the routine. They are removed from the situation, and then they sit quietly with me. What happened? What were you feeling? Why did you stop? What can we try next time to make it better? How can we help the person who was hurt?
It’s a lot. I’m not going to fix five years of pain, hurt, fear and worry in a simple conversation. But over time, this understanding that this is exactly what they need becomes a mastery experience. The simple fact is, using these trauma-informed practices helps my learners. When I can help my little beings, I can be confident that I am doing the right thing.

Trauma is real and present for so many of our learners. It alters the way they view the world. It alters how we see them, and how we see ourselves. It is only when we take the time to understand why and how trauma hurts that educators can show themselves a little empathy. We’re facing a massive battle in teaching traumatized learners. We’re working against multi-systemic issues, cognitive development science, and societal stigma to try and make school a safe place to be for our most vulnerable learners. We grow exhausted with each new interaction, and we beg for training and understanding to help us understand. In the face of it all, we risk losing ourselves to compassion fatigue and burnout. We risk losing our confidence, our pride, our sense of self to this overwhelming power.

We keep on going. Knowing is half the battle, after all. Knowing just what to do with a child who faces their fear each day, and seeing your efforts soothe them, is what will keep teachers in the classroom doing what they do best.
References


