A NARRATIVE STUDY OF TRAUMA-INFORMED PROGRAMS IN AN EARLY ELEMENTARY EDUCATION SETTING

by

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Abstract

Trauma has a life-long negative impact on the growth and development of many children. School-based trauma-informed interventions provide the opportunity to offer cost effective mental health support to children who may not otherwise access counselling. Previous research has found that many school counsellors and teachers report feeling inadequately prepared to support traumatized children. Additionally, many teachers and school counsellors report never receiving training in trauma-informed practices. There is a current lack of empirical Canadian research on the use of trauma-informed practices by school counsellors, particularly with young children.

The present study investigated the stories of school counsellors and teachers using trauma-informed practices when supporting young children (ages five to eight) through narrative inquiry. Narrative interviews were conducted with two school counsellors and two teachers. Narrative thematic analysis was employed to construct themes and the verification process included member checking procedures. Four themes emerged from the analysis of participants' narratives: *Being Introduced to Trauma-Informed Practices*, *Trauma-Informed Practices as a Whole School Approach*, *Barriers to Trauma-Informed Approaches*, and *Strengths and Success of Implementing Trauma-Informed Approaches*. The constructed themes are presented and the implications of the findings, and recommendations for future educational policy, practice, and research are discussed.

Lay Summary

Trauma has a life-long negative impact on the growth and development of many children. Schools offer a unique opportunity to provide support to children who may otherwise never receive mental health care. Trauma-informed practices are models of care that educate school staff in understanding childhood trauma and its effects on students' learning, development, and well-being (Morgan et al., 2015). Currently, limited research exists on the use of trauma-informed practices in Canadian schools, particularly early elementary education settings. The present study collected and examined the stories of four school personnel (two teachers and two school counsellors) who stated that they are trained in and use trauma-informed practices in their work supporting young children (ages five to eight). The participant interviews were reviewed to determine common themes amongst the participants' experiences. The collected themes were reported and discussed, with a focus on how the findings impact future educational policy, practice, and research.

Preface

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Chapter One

Introduction

The Research Problem

A traumatic event is one which threatens injury, death, or the physical well-being of one's self or others and has the ability to induce horror, terror, and hopelessness (APA, 2013; Peterson, 2018). The long-term activation of the hormonal stress response system due to childhood trauma can result in neurobiological changes that can persist into adulthood (van der Kolk, 2014). These neurobiological changes are believed to be related to the development of posttraumatic stress symptoms (PTSS), posttraumatic stress disorder (PTSD), depression, anxiety, antisocial personality, disruptive behaviours, and an increased risk for alcohol and substance abuse (van der Kolk, 2014). These challenges can have life-long negative impacts on the overall functioning of individuals (De Bellis & Zisk, 2014; Langley et al., 2015). Furthermore, the estimated lifetime prevalence of PTSD for Canadians is 9.2 percent (Van Ameringen et al., 2008)

School-based interventions can play a pivotal role in providing mental health resources and support to children that would otherwise not have access to community-based mental health care due to financial and structural barriers. The availability of, and research on, trauma-informed practices for children at the early childhood education level is extremely limited, despite the number of young children who have experienced potentially traumatic events (Loomis, 2018). Although children's participation in high quality education programs has been found to help mitigate the effects of trauma, the large majority of trauma-informed practices have been developed for, and researched on, older children, particularly adolescents (Loomis, 2018; Purtle, 2018). Further research on how interventions are used with young children in school settings may help to provide more expansive early intervention to a wider group of

children, as well as offer educators and mental health care providers much needed education, support, and resources (Loomis, 2018).

There are a number of trauma-informed practices that have been developed for use in schools that have a wide empirical research base, including Cognitive Behavioral Intervention for Trauma in Schools (CBITS, Jaycox et al., 2012), Bounce Back (Langley et al., 2015), and Trauma-Focused Cognitive Behavioural Therapy (TF-CBT, Cohen et al., 2000). CBITS is a trauma-informed school-based intervention created for students in grades five through 12, who have experienced traumatic life events. The group-based intervention is delivered through 10 group sessions, one to three individual sessions, two parent psychoeducational session, and one teacher educational session. The program is designed to mitigate the experience of PTSD symptoms, depression, and behavioural challenges (Stein et al., 2003). Additionally, the program aims to improve overall student functioning, grades and attendance, social supports, and coping mechanisms (Jaycox et al., 2012; Langley et al., 2010; Nadeem et al., 2011). In a randomized control trial of 126 grade six students who had experienced trauma, Stein et al. (2003) found CBITS to be a highly effective school-based intervention for reducing PTSD symptoms, depression, and psychosocial dysfunction.

Bounce Back is an adaptation of the CBITS program for children aged five to 11 years old. The Bounce Back program contains many of the same treatment components as the CBITS program, but it additionally utilizes more parental involvement elements, as well as adaptations to alter the program to be appropriate for younger children. Similar to the CBITS program, the Bounce Back program provides 10 group sessions, two to three individual sessions, and one to three parent education sessions. Langley et al. (2015) conducted a study to evaluate the feasibility and acceptability of the Bounce Back program with 74 children from diverse backgrounds and their primary caregivers. Prior to the treatment program, all participants

endorsed clinically significant posttraumatic stress symptoms. The authors found that the treatment group displayed significant treatment gains on posttraumatic stress, anxiety, and depression, according to both parent and child reports. Post intervention groups maintained and some even continued to display improvements at both three and six month follow-ups, supporting the efficacy of Bounce Back as a school-based trauma-informed intervention for multicultural children in elementary school (Langley et al., 2015).

TF-CBT is an individual child or conjoint parent and child intervention model for children aged three to 18 years who have experienced diverse forms of trauma. TF-CBT utilizes multiple components of Cognitive Behavioural Therapy (CBT) including psychoeducation, cognitive coping and self-regulation, and relaxation training to address child trauma symptomatology (Cohen et al., 2000; Cohen et al., 2004; Cohen et al., 2016; Cohen et al., 2018). Hansel et al. (2010) investigated the use of TF-CBT in schools setting using 115 low-income students in rural Louisiana. The program offered weekly individual trauma-focused counselling to students impacted by trauma in grades one through 12 (average participant age of 14) as an attempt to mitigate the risks related to PTSD and trauma exposure such as depression, anxiety, and behavioural challenges. Hansel et al. (2010) found that participants self-reported trauma symptoms, on both the UCLA PTSD and the Trauma Symptom Checklist, were statistically significantly lower at follow-up compared to baseline measures, on PTSD scales of intrusion, avoidance/numbing, arousal, anxiety, and depression.

The Purpose and Research Question

The purpose of the present study was to explore the stories of elementary school counsellors and teachers providing school-based trauma-informed care. The following research question was explored: **What narrative do elementary school counsellors and teachers construct of the experience of providing trauma-informed practices to young children in**

school settings? Specific areas of their stories that were explored through narrative interviews include: reasons for adopting a trauma-informed approach to their counselling or teaching practice; the school counsellor's or teacher's story of administering trauma-informed practices; the training the school counsellor or teacher received in trauma-informed practices; factors that seem to facilitate or promote administering the trauma-informed care; challenges and barriers to using trauma-informed practices; and any suggestions the participants have in how to better implement or improve the trauma-informed practices they use. Based on the limited research into the use of trauma-informed practices in Canadian schools (Record-Lemon & Buchanan, 2017), the aim of this study was to explore school counsellors' and teachers' perceptions of children's experiences in the trauma-informed setting and their experience of providing trauma-informed care, through semi-structured narrative interviews.

Rationale for Narrative Method

The primary tenants of narrative inquiry provide participants with a structure of open-ended prompts that do not restrict or set limitations on the topics the participants can discuss. Narrative inquiry's form of open-ended interviews provides participants the opportunity to share their stories of engaging in and providing trauma-informed practices in early elementary school settings. Through providing participants with the ability to share the information they feel is rich and valuable, the researcher was able to obtain accounts that participants felt best represent their experience with trauma-informed practices. This technique provided a breadth and depth of information that may have been impossible to achieve through more standardized methods of research.

Potential Contributions of the Study

This research will hopefully inform both future training of school counselling professionals and teachers, as well as Canadian education policy regarding the challenges and

benefits faced by professionals providing trauma-informed programming to young children in school settings. As will be discussed further below, traumatic experiences at both the school-age and preschool-age are incredibly prevalent within Canada and can have serious adverse effects on development and long-term effects for individuals. Trauma-informed practices within schools represent a realistic and effective means of addressing this common issue. Trauma-informed practices can be implemented at both the whole school and individual student level. The programs provide school counsellors, teachers, parents, and students with important information about the prevalence, effects, and outcomes of trauma, as well as provides psychoeducation and strategies on coping with the effects of trauma (Herrenkohl et al., 2019). School-based interventions, similarly, are highly effective because of their ability to reach students who may not otherwise receive mental health supports, as well as their cost-effective means of providing whole school support and intervention to a large group of students, parents, and teachers (Jaycox et al., 2012; Nadeem et al., 2011). The present study has the potential to benefit not only educators and counsellors, but parents, families, and young children, as untreated childhood trauma can have consequences on the health and long-term potential of many vulnerable individuals.

Chapter Two

Literature Review

A traumatic event that takes place when an individual is 6 years of age or younger is considered an early childhood trauma. Children can experience a wide variety of traumatic events including intentional violence, such as physical or sexual abuse, witnessing domestic violence, school or community violence, acts of terrorism, or war experiences. Additionally, trauma can result from natural disasters, medical trauma, loss of a loved one, or suicide. Early childhood trauma is based on a child's perceived threat to their safety or the safety of their parents/caregivers and can have pervasive negative developmental effects (Peterson, 2018). Traumatic events not only have lasting psychological impacts on children, but they can similarly impair academic and social functioning (Langley et al., 2015).

Literature on childhood trauma and the biological, cognitive, and psychological effects on young children will be reviewed. Subsequently, research on trauma-informed practices in schools will be presented, with a focus on programs developed for and researched on young children. Finally, research supporting the need for further professional education on trauma-informed practices will be considered.

Childhood Trauma

Childhood trauma is a pervasive issue in both educational settings and the community at large. It is estimated that approximately 60-70% of children will experience traumatic events by age 17 (Briggs-Gowan et al., 2010). Greater numbers of children are experiencing early trauma based on events such as natural disasters, man-made disasters, migration from armed conflict, and terrorist attacks, as these issues are becoming increasingly common (Spates et al., 2007). Many of these traumatic events are affecting very young children, as 25-50% of preschool-aged children will have been exposed to a potentially traumatic event by age 4 (Jiminez et al., 2016).

Statistics Canada (2015), in a profile on adult Canadians, found that 33% of Canadians aged 15

years and older reported experiencing some form of childhood maltreatment before the age of

15. Childhood maltreatment includes physical and/or sexual abuse and/or witnessing physical

violence from a parent or guardian against another adult. Additionally, 40% of Canadian

Indigenous peoples report experiencing childhood physical or sexual abuse compared to 29%

reported by non-Indigenous people (Statistics Canada, 2015).

 Despite the popular belief that young children are protected from traumatic events based

on their age and the impermanence of many early memories, a growing body of research has

found that young children who have experienced traumatic events can be particularly vulnerable

to the effects of trauma when compared to older children (The National Traumatic Child Stress

Network, 2010). Young children do not have the resources or knowledge of how to protect

themselves from danger and are highly reliant on their caregivers to provide this sense of safety

and security. As a result of trauma, many young children blame themselves or their caregivers

for not protecting them from danger and for being unable to change the outcome (NTCSN,

2010).

 Young children are at a particular risk due to the increased vulnerability of their

developing brains. The long-term activation of the hormonal stress response system due to

childhood trauma can cause an issue called "toxic stress" (Centre for Disease Control, 2019; De

Bellis & Zisk, 2014). This hyperactivation can lead to reduced sizes of cortical areas that persist

into adulthood and can affect domains of executive functioning including language, attention,

memory, and cognition. These changes can have effects on both IQ and emotion regulation (De

Bellis & Zisk, 2014; NCTSN, 2010).

 Pioneering research on Adverse Childhood Experiences (ACEs, Felitti et al., 1998) in the

United States by CDC-Kaiser Permanente found significant connections between adverse

experience in children ages 0-17 and their long-term health and functioning. ACEs are defined as exposure to any form of violence, abuse, and neglect, as well as other situations that affect a child's environment if these situations have the power to undermine their sense of safety, stability, and bonding (CDC, 2019). These studies have uncovered extensive negative consequences of childhood abuse and trauma including disruption of healthy brain development and compromised immune systems, which can lead to an increased risk of substance abuse as a strategy to numb out the psychological pain. This research also found an increase in the risk of injury; sexually transmitted infections; mental health problems; teen pregnancy; suicide; and chronic diseases, such as cancer, diabetes, and heart disease. Finally, ACEs can have lifelong consequences for education, employment, and earnings potential (CDC, 2019).

Interventions to Address Childhood Trauma

When children and families are provided with prompt access to assessment, intervention, and support the behavioural and health consequences of traumatic experiences can often be alleviated (CDC, 2019). Interventions can be used to help reduce symptoms that result from childhood exposure to trauma, including depression, anxiety and fear, posttraumatic stress disorder, struggles in daily functioning and school, and other manifestations of distress, through meeting the unique needs of traumatized children. Trauma-informed treatments provide support that is guided by knowledge and an awareness of how trauma experiences affect survivors' lives and long-term functioning (CDC, 2019).

The majority of children who express or demonstrate distress due to trauma do not receive support or psychological intervention (NCTSN, 2010). There are many factors that can contribute to some children not receiving appropriate mental healthcare, including structural barriers such as a lack of familial resources, insufficient funds to pay for private treatment, parent/caregivers' inability to attend counselling alongside their young children, a lack of time or

means to take children to appointments, language barriers and inability to access sufficient translation of services, or parent/caregivers' distrust or lack of knowledge of mental health services and the mental health community (Nadeem et al., 2011). These barriers disproportionately affect individuals and families with lower socioeconomic status, as well as recent immigrants/refugees who have less resources and knowledge of the Canadian mental health care system (Copeland et al., 2018; Nadeem et al., 2011).

Trauma-Informed Practices in Schools

Trauma-informed practices are models of care and support that are developed with a recognition of the prevalence of childhood trauma and its effects on domains of learning, development, and well-being (Morgan et al., 2015). Trauma-informed practices attempt to introduce an understanding of trauma and its effects into all the various realms of education and counselling to create an environment which prizes and provides a sense of safety, choice, control, and empowerment (Poole & Greaves, 2012). Trauma-informed practices are very diverse and encompass various forms of intervention, including: basic trauma-informed approaches, such as creating a supportive environment; or trauma-specific services such as trauma assessment, psychoeducational, and/or trauma-based interventions (Poole & Greaves, 2012). Additionally, trauma-informed practices often provide education and support, not only to students, but also to families and school personnel by creating a system of safety, understanding, and well-being (Rishel et al., 2019). Research on school-based trauma-informed practices is a relatively modern field, with the majority of the programs having been developed and researched in the past 20 years (Chafouleas et al., 2015).

School-based interventions have been found to be an effective means of providing mental-health support to children and families that typically struggle to access these resources and programs. Research on school-based interventions indicate several positive effects on

children's emotional, behavioural, and psychosocial functioning (Jaycox et al., 2012; Nadeem et al., 2011). Many parents, especially those who have experienced unresolved trauma themselves, often struggle to provide children with the care and enrichment necessary to develop social, emotional, behavioural, and intellectual capacities (CDC, 2019). Schools can play a pivotal role in assessing and intervening when children and families are struggling, as well as providing a nurturing environment to support children to grow and thrive.

Trauma-informed programs in schools have a number of paths to intervention that can have remarkable effects on both teacher and child interactions. One of these key points of intervention is the re-education of teacher/educator interpretations of student behaviour. Children who have experienced significant trauma frequently have symptoms that manifest in behavioural problems, and challenging and aggressive behaviours (Loomis & Felt, 2020). Unfortunately, teachers are often unaware of children's trauma histories or otherwise do not connect children's experience of trauma to their challenging behaviour. This can lead to children who have been traumatized being punished and penalized for their behaviour rather than receiving understanding and support which, subsequently, can lead to a child's expulsion from the classroom or school (Loomis & Felt, 2020). Trauma-informed practices provide an alternative means of conceptualizing and understanding student behaviour that can help teachers and administrators to better support their students, while additionally providing teachers with tools to create safe and empowering classrooms.

While in the past two decades there has been a growing body of research on trauma-informed programs in school settings, most of this research has focused on older children and adolescents (Loomis, 2018; Purtle, 2018). Young children are often not included in trauma-informed school-based interventions, despite the vital developmental differences between children and adolescents with regard to their cognitive, interpersonal, and emotional functioning

(Langley et al., 2015; Loomis, 2018). The limited research on programs that provide trauma-informed intervention to children at the early elementary and preschool age levels will be presented.

Head Start Trauma Smart (HSTS, Holmes et al., 2014) is one of the very few programs developed for preschool age children, based on the amalgamation of three therapeutic models that are adapted for the appropriate use on young children. The three models consist of the Attachment, Self-Regulation, and Competency (ARC, Blaustien & Kinniburgh, 2018) model; Trauma-Focused Cognitive Behavioural Therapy (TF-CBT, Cohen et al., 2000) model; and Early Childhood Mental Health Consultation (Perry et al., 2010). HSTS was developed to be implemented by clinicians for students who have experienced traumatic events and display moderate-to-severe PTSD symptoms (Holmes et al., 2014). The program was provided, and outcome measures were given to 81 children aged 31 to 76 months. The intervention was offered in Head Start classrooms to children who were identified as experiencing trauma symptoms from within the community population. Holmes et al. (2014) reported positive outcomes from this novel trauma-informed program. The authors found that teachers and parents reported positive changes in children's externalizing behaviours and had favourable attitudes towards the program (Holmes et al., 2014).

Rishel et al. (2019) conducted a study on a trauma-informed program developed for children in early elementary schools called Trauma-Informed Elementary Schools (TIES). The pilot project was informed by research done in the United States on ACEs with the hope that early intervention on childhood trauma would help to decrease the occurrence of later drug use and dependence. The TIES program is based on the ARC theoretical framework and it strives to work alongside families to identify and support children who are in need of services, by creating a classroom environment that supports healthy development (Rishel et al., 2019). The ARC

framework is a complex trauma-focused model and intervention created by Blaustien and Kinniburgh (2010). Blaustien and Kinniburgh (2010) identified three primary factors that are affected by prolonged interpersonal trauma: attachment, self-regulation, and developmental competencies. The first intervention component provided by the TIES program includes school and teacher training. Prior to the beginning of the school year all teachers and school personnel were taught about the ACEs research, as well as the biological, psychological, and functional impacts and prevalence of trauma on children and families. School personnel were additionally taught about the symptomatology and triggers of trauma and ways to create a safe and supportive school environment for students (Rishel et al., 2019). The second component of the TIES program is providing a Classroom Consultant to assist each teacher in the TIES program. Classroom Consultants are licensed therapists, with a minimum education of a master's degree, that provide on-call support and training to teachers, as well as equip the classroom with a therapeutic "toolbox" and fosters the development of attachment and emotional regulation skills in the classroom. The third intervention component provides outreach and training to parents and caregivers on attachment, trauma, and the importance of the parent-child relationship. The program also provides mental health counselling and referrals to children and parents who require additional support (Rishel et al., 2019). The final component of the TIES program is assessment, in which the agency uses a Classroom Assessment Scoring System (CLASS) to help staff identify areas that require further improvement. While cautious not to overemphasize the results of a small pilot study, Rishel et al. (2019) found significant positive changes on two of the TIES domains: emotional support and classroom organization, supporting the authors' calls for larger scale research and potentially longer periods of intervention.

Jaycox et al. (2012) conducted research on an evidence-based, trauma-informed program for children at the elementary school level, specifically for students in grades four through eight.

CBITS was developed in a partnership between schools and clinical researchers to provide highly feasible and accessible intervention through schools. One of the founding tenets of the program is cultural sensitivity and applicability to diverse student populations (Jaycox et al., 2012). The CBITS program consists of ten group sessions, one to three individual counselling sessions, two parent meetings, and one teacher training. CBITS programs are run by school-based mental health professionals with groups of six to eight children (Jaycox et al., 2012). The CBITS curriculum is based on standard cognitive-behavioural interventions used to combat posttraumatic stress symptoms through a number of intervention components. Consisting of many of the same empirically based interventions used in Trauma-Focused Cognitive-Behavioural Therapy, CBITS utilizes psychoeducation, relaxation training, identification of dysfunctional thinking, reducing trauma related avoidance, assessing the safety of avoided experiences, creating a trauma narrative, and social problem solving (Jaycox et al., 2012).

Hoover et al. (2017) conducted a two-year study on the state-wide implementation of the CBITS program in an effort to determine whether trauma-informed practices in schools can be successfully implemented at a large-scale multisystem level (Hoover et al., 2017). The sample size was 316 school-aged children successfully completed the treatment. The program was implemented in grades five through 12 for students displaying symptoms of PTSD and psychological distress (Hoover et al., 2017). The program was provided by 20 school-based clinicians who had received two days of training in the CBITS program, as well as ongoing support and feedback from CBITS trainers (Hoover et al., 2017). The results showed that the program was capable of being successfully implemented within schools at a state-wide level and that students displayed significant reductions in PTSD symptoms and behavioural problem severity, as well as modest improvements in functioning. Parents reported high satisfaction

ratings of the programs and practitioners showed high rates of program implementation and fidelity (Hoover et al., 2017).

There are a number of factors that support the importance of investigating trauma-informed practices in schools. Within the Canadian context, there appears to be a distinct lack of research investigating trauma-informed practices in schools. Record-Lemon and Buchanan (2017) found that only one of the 27 journal articles analysed in their literature review of trauma-informed practices in schools was Canadian. This gap in Canadian research on trauma-informed practices in schools is particularly important when considered alongside statistics indicating that 76.1 percent of Canadians will experience at least one traumatic event in their lifetime (Van Ameringen et al., 2008). Additionally, there are increasing numbers of immigrants and refugees relocating to Canada who have experienced trauma related to forced migration, social exclusion and discrimination, and have witnessed or experienced armed conflict (Walker & Zuberi, 2019). Based on the important role of schools in providing mental health support and the limited research of trauma-informed practices in Canadian empirical contexts, further research may support and substantiate the need to institute a formalized system of trauma-informed practices in schools and in early education settings (Record-Lemon & Buchanan, 2017).

Teacher and School Counsellor Competencies

Teachers and school counsellors play vital roles in providing trauma-informed practices in school settings. School counsellors are key providers of mental health assessment and therapeutic intervention; whereas teachers help to create an enriching and empowering environment that educates and encourages students to develop support-seeking behaviours (Langley et al., 2010). Unfortunately, despite their crucial role, many teachers and school counsellors face barriers to providing this trauma-informed care, including insufficient training and education. Gubi et al. (2019) surveyed 82 school-based mental health trainers, trainees, and

practitioners to determine their self-reported level of confidence and competence in working with children who had experienced trauma. The online survey included investigator-generated items exploring school psychologists' experience, education/training, confidence and competence, as well as items from the Attitudes Related to Trauma Informed Care (ARTIC) scale. The authors found that more than 75% of participants rated their overall training in trauma and their confidence in working with students who have experienced trauma as none to minimal. Additionally, approximately 60% of the participants self-rated their training and confidence on the impact of trauma on development, learning, and behaviour as none to minimal (Gubi et al., 2019).

Alsic et al. (2012) investigated teachers self-reported concerns in supporting eight- to 12-year-old children after they have experienced a trauma. A sample of 765 randomly selected teachers completed the nine-item questionnaire using a six-point Likert-scale. The authors found that teachers report a similar struggle regarding the lack of training and confidence in supporting traumatized students. Alsic et al. (2012) conducted a study of elementary school teachers self-reported confidence in their roles assisting children who have been exposed to traumatic stressors to recover. The authors found that one in every five teachers reported a high degree of difficulty in supporting students who have experienced trauma, in their daily school life, based on a lack of knowledge and skills. The authors discussed the outcome of their study, indicating a need to further research and develop trauma-informed practices in elementary schools (Alsic et al., 2012).

Luthar and Mendes (2020) reviewed and reported preliminary data based on first-hand reports from teachers working within kindergarten to grade 12 trauma-informed schools, based on their experience of the challenges faced by educators teaching within trauma-informed programs. Luthar and Mendes (2020) utilized social media to elicit responses to their open-ended

qualitative questions. The question-prompts were provided to participants through an institution affiliated professional network group for teachers, as well as a personal social media page created by the second author. The question-prompts sought to attain responses from teachers based on their experiences of working in trauma-informed schools, the challenges they faced in those spaces, and how they can be best addressed. The authors found that teachers were at an elevated risk of burnout from the increased stress of supporting students' emotional well-being and providing ongoing empathic responding to struggling students. Luthar and Mendes (2020) additionally found that many educators felt further emotional distress and fearfulness of not responding to students' needs correctly or effectively. Many educators reported feeling inadequately trained and prepared to respond to students struggles. One of the primary requests stated by teachers included within the study to ameliorate the challenges presented in trauma-informed classrooms, was to increase the number of, and access to, trained school-based mental health professionals, as well as further training for teachers on students emotional and behavioural needs (Luthar & Mendes, 2020).

In their qualitative analysis of 13 school-based mental health professionals' experiences, training, and support needs of students' trauma, Berger and Samuel (2019) identified themes of a need for increased emotional support and external supervision for school-based mental health workers. Berger and Samuel (2019) conducted qualitative semi-structured interviews in which participants answered questions on the experience of supporting students with trauma, current training and support, and the need for future training and support. The participants reported issues among the school staff in relation to self-care and emotional support and the potential need for schools to develop a "self-care policy" to support staffs' emotional well-being, as well as to elicit external supervision for school-based mental health workers to speak with like-minded individuals and to gain advice on how best to support their own mental health (Berger &

Samuel, 2019). Additionally, participants reported issues with the current forms of trauma-informed training offered to school-based mental health professionals. The school staff indicated that training offered an adequate means of refreshing information on trauma-informed practices but rarely provided novel information or research that would help to extend staff's scope of practice. Berger and Samuel (2019) found that school-based mental health professionals reported the need for better whole school training. Participants stated that training within post-secondary institutions did not adequately cover student trauma and that there was an ongoing need for a shared language and cohesive responding to students' emotional needs when dealing with the demands of student trauma (Berger & Samuel, 2019).

Implications of the Literature for the Present Study

The research presented supports schools being an important and effective setting for trauma-intervention and care to be provided to children. Overall, the research findings suggest that school-based trauma-informed interventions can help to reduce students PTSD symptoms, increase students' feelings of emotional well-being, and support teachers and school counsellors in meeting students emotional and psychological needs. Based on the findings of the research presented, there is support for further research on the use of trauma-informed practices in school, particularly due to the dearth of current research on the use of trauma-informed interventions in early childhood education settings (students ages five to eight). The present study sought to expand the literature on the use of school-based trauma-informed practices through collecting and investigating the narratives of Canadian school personnel (teachers and school counsellors) about their experiences of using trauma-informed practices.

Rationale for the Study

The British Columbia Ministry of Education's 2004 Safe and Caring School Communities Policy, which was most recently revised in 2017, added a section that stated B.C.

school districts must strive to provide trauma sensitive schools and use a trauma-informed lens when interpreting student behaviour. Despite this mandate, the Ministry of Education has not provided a strategy, structure, or means of supporting teachers, school counsellors, or schools in implementing or providing this trauma-informed support and care to students. Furthermore, due to the seemingly limited research into the use of trauma-informed practices in Canadian schools (Record-Lemon & Buchanan, 2017), this study sought to explore school counsellor and teacher perceptions of children's experiences of trauma-informed practices and school counsellors' and teachers' experiences of providing this care.

Chapter Three

Methods

The purpose of the present study was to collect and examine the narratives of school-based mental health professionals and educators providing trauma-informed practices to young school children (ages five to eight). The method that was used to examine this topic was narrative inquiry. Narrative inquiry is based in a postmodern paradigm of social science and its epistemology follows the theory of social constructionism, which conceptualizes knowledge as being socially constructed whereby knowledge is understood as subjective, partial, and constantly evolving (Burr, 1995). Therefore, context plays a key role in providing information about how individuals understand and conceptualize knowledge and truth, as these can vary across both individuals and situations. Due to the subjective nature of narrative inquiry, it is particularly important to explicitly state the researcher's theoretical underpinnings and underlying assumptions in using narrative inquiry as a qualitative research approach. The key tenets of both social constructionism and narrative inquiry will be explicitly stated to establish the epistemological and methodological approaches that will inform the present study. Subsequently, information on the procedures, data collection, data analysis, and issues of trustworthiness will be presented.

Social Constructionism

Social constructionism is a multi-disciplinary movement that has been influenced by a variety of fields and intellectual traditions. The intellectual movement that social constructionism is believed to be derived from is postmodernism. Postmodernism is the rejection of the idea of absolute truths and the belief that the world is made up of covert structures which seekers of knowledge must uncover. Social constructionism contends that individuals should take a critical stance towards knowledge that is derived by deconstructing one's observation of the

environment and social world. Social constructionism cautions against the positivist, empirical assumptions that observation of the natural world will lead to unbiased accurate representations, and that what one perceives to exist is equivalent to what actually exists. The second primary belief is that the means by which individuals organize and understand the world is coloured by cultural and historical influences. The time and place in which individuals are raised and live change their perceptions of the world and one's personal sense of reality. Based on the wide range of possible beliefs and traditions of knowledge, there is no single version that represents the whole truth, or a single reality. The third tenet is that perceptions of the truth are derived through social interactions (particularly through language) rather than through objective observation of the world. The fourth primary belief is that knowledge and social action are connected. Based on the belief that knowledge and reality are subjective interpretations rather than objective fact, the social action that individuals choose to take based on these interpretations will be diverse and will stem from their individual beliefs and contexts. The final tenet of social constructionism is that there is no core self, waiting to be discovered. The self is constantly fluid, always in process and unfolding over time. This self is dialogically developed through language acts and performances (M. Buchanan, personal communication, December 4, 2020).

Narrative Inquiry

Narrative inquiry is based on the construction of individuals' stories of human experience. This methodology provides a framework in which researchers can study how people experience the world through the way they tell their stories. Narrative inquiry is an appropriate research approach for a diverse range of disciplines and topics, based on its capacity to investigate critical life events, while simultaneously acquiring a holistic interpretation of an individual's context (Mertova & Webster, 2020). This methodology provides researchers with the opportunity to gather data that is based on the fullness and richness of human experience,

through their stories. Narrative inquiry respects and represents the transitory nature of experience, as individuals' meaning of experiences and life events are constantly changing (Mertova & Webster, 2020).

Narrative inquiry as a research methodology in psychology is based on the examination of the content, structure, and function of the narratives' individuals use to interpret the world and the narratives they tell others to interact with it (Murray, 2003). A narrative approach to research does not pursue knowledge that is considered an empirical or objective "truth", contrastingly, it is concerned with how individuals socially construct their worldviews and communicate them through narrative forms (Murray, 2003). Riessman (2008) indicates a number of particularly pertinent functions of narratives in psychological research, including forms of storytelling, the collection of narrative data, and the application of narrative analysis as a form of systematic data analysis.

The Appropriateness of Narrative Inquiry

Narrative inquiry provides the means to explore concepts and phenomena that are evolving and dynamic processes, such as trauma-informed practices. Trauma-informed practices are a relatively modern concept and narrative inquiry provides an appropriate means for researching a concept that is currently developing and evolving (Mertova & Webster, 2020). Narrative inquiry is an ideal method for constructing and recording the stories of diverse sets of people. In the context of the current study, interview information will be gathered from counsellors and teachers providing trauma-informed care in B.C. schools.

Previous research applying narrative approaches to investigating a trauma-informed program has been utilized by Harden et al. (2015). In their mixed-methods review of the trauma-informed youth violence prevention program, the Truth N'Trauma Project, Harden et al., (2015) interviewed 32 youth participants and 18 faculty/staff about their experience of participating in

the program. The authors found the qualitative component of their study provided valuable data connecting participants' experience in the program to their self-rated positive change.

Purpose Statement

The purpose of this research study was to explore the stories of elementary school counsellors and teachers utilizing school-based trauma-informed practices. This study collected the stories of Canadian early elementary school counsellors and teachers who work within trauma-informed schools or who have experience utilizing trauma-informed practices in their schools. This research provides in-depth information about the experience of utilizing trauma-informed programs within the Canadian early elementary school setting, as well as potentially create a better understanding into how programs can be implemented and the resources or support that can be provided to practitioners within the school system.

Research Question

What narratives do elementary school counsellors and teachers construct of the experience of providing trauma-informed practices to young children in school settings?

Description of the Sample

The present study investigated the experiences of individuals utilizing trauma-informed practices in school settings directed towards young children (ages five to eight). The participants included in this study were school counselling professionals and teachers providing trauma-informed care. All the school counselling professionals included in this study had a minimum accreditation of a master's degree in psychology (clinical or school counselling), child and youth care, or social work. All the teachers included in this study had a bachelor's degree as well as a teaching certificate. Additionally, the participants included in the present study possessed training in providing trauma-informed interventions or approaches to children in a school setting. School personnel participants in this study were recruited based on their experience providing

trauma-informed programming to their students, as well as their interest and willingness to participate in the study.

Description of the Participants

The participant sample (n=four) was made up of two teacher participants and two school counsellor participants. Pseudonyms were assigned to each of the participants to ensure their privacy and confidentiality. Tessa is an integration support teacher working in the B.C. Fraser Valley with seven years of teaching experience. Daphne is a classroom teacher for grades three and four and a literacy intervention teacher for kindergarten through grade five, working in a school on Vancouver Island. Daphne has 12 years of teaching experience.

Sarah is a school counsellor in the Lower Mainland of B.C. working with children in a kindergarten to grade five elementary school. Sarah completed her Master of Counselling Psychology at the University of British Columbia (UBC). Alison is a school counsellor working in an Elementary school on the North Shore of B.C.. Alison completed her Master of Counselling Psychology at UBC.

Recruitment Procedures

Recruitment letters were shared with school counsellors and teachers in the Lower Mainland of B.C.. The recruitment documents contained telephone and email contact information given to school counselling professionals and teachers who were interested in participating in the study. Recruitment posters were posted on school counsellor and teacher social media pages and the CNPS Facebook group. The potential participants who contacted the researcher underwent a brief screening protocol (See Appendix A) to obtain information related to their position, credentials, trauma-informed training, age of students in their trauma-informed programs, and the type of trauma-informed program they use.

Informed Consent

Once the participants were identified, informed consent documents for participating in the research were provided to all participants (school personnel) both verbally and in writing at the beginning of each research interview (see Appendix B). Participants were told that participating in the study was voluntary and they had the right to end the interview, and their participation, at any time. Written informed consent forms were signed by the participants and a copy was provided to the school counsellors and teachers in this study.

Study Procedures

The total number in the sample for this study was four participants, made up of two school counsellors and two teachers (one classroom teacher, one special education teacher). All participants were engaged in a semi-structured, audio-recorded interview that elicited information from them about their stories of providing trauma-informed practices in an elementary school. The interview protocols utilized open-ended questions. The participants were informed that they could speak about any part of, or experience regarding, trauma-informed practices that they would like to share. The researcher had a protocol of prompting questions (see Appendix C) used in interviews that elicited further information on topics such as the benefits of providing and participating in trauma-informed practices, the challenges of providing and participating in trauma-informed practices, how they were first introduced to trauma-informed practices, and any recommendations they would suggest for altering these interventions to be better implemented in the classroom setting or with young children. The study began after the research received approval by the UBC Behavioural Research Ethics Board. The UBC Behavioural Research Ethics Board certificate number for the present study is H21-03403.

Overview of Data Collection Steps

The comprehensive interviews provided the ability to obtain informative accounts of important individuals' stories and experiences of providing of trauma-informed practices for

young children in a school context. In accordance with narrative inquiry, the structure of the

interviews was informal, with the purpose of the interview protocol being to provide a guideline

for investigating topics related to participating in or providing trauma-informed practices, and

aided participants in providing richer accounts of their stories. There are a number of key

standards that were maintained throughout the interview process to provide participants with a

safe and supportive environment to share their stories, including an empathic and understanding

interviewer, providing enough time and space to get to know each participant, and allowing the

participants to determine the parts of their stories that were important and salient to them

(Murray, 2003).

Data Analysis

Braun and Clarke's (2006) thematic analysis was used to inform the process of analysing

the participant data through transcribing and coding all participants' narrative transcripts. Braun

and Clarke (2006) define thematic analysis as a method of identifying, coding, and reporting the

themes and patterns present in the data set. Thematic analysis was selected for use in the present

study based on its ability to be used with a narrative methodology and its ability to align with a

social constructionist framework of examining information (Braun & Clarke, 2006). Braun and

Clarke (2006) break down thematic analysis into a six-step process: (1) Transcribing and

familiarizing yourself with your data, (2) Generating initial codes, (3) Searching for themes, (4)

Reviewing themes, (5) Defining and naming themes, and (6) Producing the report. The steps are

described in greater detail below.

Transcription and Familiarization (Step One)

Transcription of verbal data into written data is often seen as a key phase in an

interpretive qualitative methodology, as transcription can be seen as an interpretive act, as

opposed to a straightforward rote act converting spoken words to writing (Braun & Clarke,

2006). The thorough process of transcription and capturing a verbatim account of both verbal and nonverbal (e.g. coughs) utterances provides the researcher with the opportunity to gain in-depth knowledge of the contents of the data. Through this process, and the process of listening to and reading through the interviews repeatedly, the researcher begins the second component of step one, familiarization. During familiarization, the researcher gains an awareness of the content of the data sets and begins to create ideas and impressions of themes and patterns (Braun & Clarke, 2006).

Generating Codes (Step Two)

In this step of the analysis, the researcher engages in a process of identifying initial codes from the data that can be assessed as potentially useful or meaningful. The coding and organizing of data into meaningful units of analysis is a narrower, more specific process than the later organization of data into themes. At this stage in the process, the researcher will code for as many potential meaning units as possible, as well as be cautious to gather enough of the surrounding data when coding so that the context is not lost from the meaning of the text (Braun & Clarke, 2006).

Searching for Themes (Step Three)

This stage of the analysis groups and categorizes the coded data into broader categories of subthemes (or categories), as opposed to codes. At this step in the process, the researcher will determine how many different themes can be created from the coded data and what data can be categorized into different themes (Braun & Clarke, 2006). This step involves collecting similar codes and placing them under main categories—or sub themes.

Reviewing Themes (Step Four)

Step four of thematic analysis is the process of clarifying and refining the themes identified in step three. In this stage, themes are occasionally collapsed together as they are

found to be identifying the same idea, expanded into separate themes, or discarded should it be

determined that there is not a sufficient amount of supporting data (Braun & Clarke, 2006). The

data within the themes should be clearly related to each other, while the identified themes should

have a clear demarcation between them. The second component of step four includes examining

the validity of the themes in relation to the data set and whether the breadth of themes accurately

represents the essence of the data as a whole (Braun & Clarke, 2006).

Defining and Naming Themes (Step Five)

In step five of thematic analysis, the researcher will go through the process of defining

and refining the identified themes through determining the meaning behind each of the themes,

and the group of themes as a whole. This process provides clearer information about what

aspects of the data each theme is representing, as well as provides a greater means to name each

theme (Braun & Clarke, 2006).

Reporting the Data (Step Six)

The final step of Braun and Clarke's (2006) thematic analysis includes the final analysis

and write-up of the report. This final report must adequately tell the story of the data in such a

way that readers can be convinced of the validity of the report. This report must provide a clear,

concise, logical, and intriguing representation of the story told by the data. This analysis is

additionally required to provide meaning beyond a simple description and report of the data; it

must also provide an argument that is related to the research question (Braun & Clarke, 2006).

Numerous dissertations and thesis at UBC have utilized Braun & Clarke's (2006) method

of analysis in their narrative research studies, indicating the appropriateness of its use in the

present study. Additionally, narrative thematic analysis, as it was presented by Braun and Clarke

(2006), was selected based on its similarity to narrative thematic analysis, as described by

Riessman (2008) in her text on Narrative Research.

Issues of Trustworthiness

Creswell and Creswell (2018) suggest that qualitative researchers apply multiple strategies to support the accuracy of their findings and the trustworthiness of the data/report. The present study applied several approaches to enhance the accuracy of the researcher's ability to assess data. These strategies were to utilize member checking to determine the trustworthiness of the qualitative findings and to consider the bias and reflexivity of the researcher in terms of influence on the results of the study (Creswell & Creswell, 2018).

Researcher Bias and Reflexivity

One of the central tenets of qualitative research includes researcher reflexivity. Researcher reflexivity is the researcher's ability to be self-reflective and to create an open and honest narrative (Creswell & Creswell, 2018). I, as researcher, unconsciously shape the interviews and the data that is collected (Murray, 2003). Through the process of this study, I had multiple interactions with various participants, including recruitment, informed consent, narrative interviews, and the follow-up member checking. Participants' interactions with myself through the steps of the study may have affect the way in which they answered my questions in the interview process.

An additional component of potential bias is my experience working in early childhood education. During my years of experience teaching in a preschool classroom with children ages 30 months to five years, I worked with children who had experienced various forms of trauma, as well as saw first-hand the minimal education, mental health resources, and support available in a typical early childhood education classroom. Additionally, I currently work in a counselling capacity providing play therapy to children six years old and younger who have experienced trauma related to disruptions in attachments. My bias towards the need for additional training and resources, as well as training in trauma-informed practices, may have coloured my

demeanour and questions in interviews, as well as my analysis of the data. Therefore, I recorded

my thoughts and perspectives in a research journal. I posed self-reflective questions to flush out

my biases and understandings at each stage of the research process. I also consult with my

research supervisor about my subjectivity and my positionality in the research process in an

attempt to uncover my frames of reference. Finally, member checks provided the opportunity for

participants to provide feedback about the accuracy of the narratives and to correct any potential

misinterpretations.

Member Checking

Member checking adds to the accuracy of the final report, as it provides participants with

the opportunity to review the researcher's findings. In an interview after the process of thematic

analysis, participants were provided with the major findings and themes of the analysis so that

they could comment on the constructed narrative (Creswell & Creswell, 2018). The member

checks in this study took place to ensure the comprehensiveness, trustworthiness, and pragmatic

value of the constructed narratives (M. Buchanan, personal communication, October 13, 2021).

The criteria to assess trustworthiness was ascertained through asking the participants the

following questions: a) comprehensiveness—Are the findings comprehensive? Is there anything

missing or does anything need to be added? b) fidelity" – Is the narrative a trustworthy

representation of the participant's story as told?; c) pragmatic value—Do the findings have

implications for the delivery of this program in the future? d) recommendations—Do you have

any changes to recommend? Any feedback obtained from participants was included in the

findings of the research on trauma-informed practices for young children.

Limitations

While qualitative methods provided a unique opportunity to capture the individual stories

of providing trauma-informed practices, a narrative approach severely restricted the number of

participants who were interviewed in the study. According to Creswell and Creswell (2018), there are a number of limitations to using interviews as a primary means of data collection, including that the information gathered from participants is indirect and filtered through the unique world view of the participant. Similarly, information gathered through interviews is typically not gathered in the natural field setting. I am aware of the potential effect my presence may have had on the information I collected through interviews.

Ethics

One of the primary areas of ethical concern was the risk of a participant feeling distressed or triggered as a result of participating in the interviews. While the purpose of the study was to gather information on the experience of facilitating a trauma-informed program, the topic of trauma is inherently sensitive and had the potential to raise thoughts or feelings that the participants were unprepared for. In preparation for this potential, the researcher compiled a list of low cost/free counselling services in the Lower Mainland, in the case that any participant felt the need for additional support. The interviewer obtained both formal written and verbal informed consent from each of the adult participants prior to the beginning of the interviews. All participants were told they were free to withdraw from the study at any point and that they were under no obligation to participate.

Chapter Four

Findings

In the narrative interviews in the present study, participants were invited to share their stories of using trauma-informed practices in their schools. These stories represented a range of experiences in using and providing trauma-informed practices, including how they were introduced to these approaches, how trauma-informed practices are provided at an individual and school level, barriers to providing trauma-informed approaches, and their strengths and successes. The findings are shared in the present study through the use of pseudonyms assigned to each of the participants: Sarah, Tessa, Alison, and Daphne.

Theme 1: Being Introduced to Trauma-Informed Practices

Each of the four participants reported diverse experiences of being introduced to, and learning about, trauma-informed practices. Only one of the four participants reported being taught about trauma-informed practices in their post-secondary education. This school counsellor was first exposed to trauma-informed practices in their Master of Counselling Psychology degree at UBC. The other three participants shared that their post-secondary education did not include trauma-informed information and training. One participant believed that their training in the Master of Counselling Psychology program at UBC adequately prepared them to seek out further information and training on trauma-informed practices because the degree is a generalist program.

Both teacher participants were introduced to trauma-informed education and training through workshops and trainings provided by their school districts. One participant shared their experience of district offered trainings: "What's really good is like throughout the year there's trainings for special education teachers within the district" (Tessa). Multiple participants stated a particular interest in trauma-informed trainings that led them to actively seek out these

workshops and learning opportunities. Both school counsellor participants sought additional training in trauma-informed approaches to school counselling, including expressive arts therapy, sand tray, and somatic and body-oriented therapies. Participants additionally pursued education and training independently through reading books on the topic, listening to podcasts, reading academic and journal articles, seeking peer consultation, and participating in formal workshops and training on trauma-informed interventions, typically provided by child psychologists or non-profit organisations that work specifically with children who have experienced trauma.

Approaches, interventions, and trainings mentioned by the participants as important or influential include: research on the neurobiological effects of trauma, sensorimotor psychotherapy, Satir approach to Sand tray, EMDR methods of calming and self-soothing, National Institute for the Clinical Application of Behavioural Medicine (NICABM) trauma-informed programming, Second Step (school program rooted in social emotional learning), Low Arousal Approach (a range of behavioural management strategies that focus on reduction of fear, anxiety, and frustration), and My Way (school-based intervention to support children with severe behavioural challenges participate in learning and classroom activities at their level of tolerance). Each of the participants shared that these trainings and their independent means of learning were critical for their work and understanding of student populations. One participant explained her experience of first finding and pursuing trauma-informed training:

> When I was brand new that's what was open. Yeah, and all the kids I was working with had severe trauma, it seemed to me. And so, I just started like finding whatever I could about it and so then I was going to all these district ones, I just loved everything they were saying, and it fit with everything in my own experience. So, I was living it out and I was learning about it at the same time. And I was so . . . it really like built my perspective of what I was doing as I was becoming a counsellor. 'Cause I just- it just helped me be

able to see all the kids. And I guess it's not really . . . but polyvagal theory. I don't know

if he uses that language either but that all seemed to fit. And then I did training with [an

expert] in sand tray, and again, like her perspective is we're looking at kids either hyper

aroused or hypo aroused. And again, like this trauma response that the body is living in.

It just seems like everything I was finding, it all sort of fit together in that lens and it

worked for the kids I was seeing, so I kept using it. (Sarah)

But participants additionally expressed concerns that this education had to be pursued in

their free time and often these trainings and learning resources were paid for by the individual, as

opposed to the school or school district. In speaking of a training offered by the school district

one participant explained that "… it's a good program, but it relies on the unpaid labour of

mostly women" she continued, "Yes, these programs are so beneficial, and you know? They're

so needed, but then like let's make this part of the curriculum; let's get paid for this. So, you

know, this is still work" (Tessa). When trainings were paid for and provided by the school/school

district, an additional barrier was the fact that trainings were often offered, or had to be taken,

outside of school hours.

Theme 2: Trauma-Informed Practices as a Whole School Approach

A primary theme found throughout the participants' narrative interviews was a shared

belief that a trauma-informed intervention must take place at the whole school level, not

exclusively within the counselling setting, and trauma-informed care must be provided by all

staff and school stakeholders, not only school counsellors or special educators. One teacher

participant, Daphne, spoke to this challenge:

A lot of kids, especially by the time they get to grade four-five, if they had really

challenging childhood experiences, they don't have a lot of the coping mechanisms and

strategies for processing. And we have wonderful counsellors, but they are completely

over-run, right? It's really challenging and so the majority of that, and I think in most schools this is true, but the majority of the social emotional learning happens in the classroom. (Daphne)

Within this theme there are four main components: (a) *training of school staff* in trauma-informed practices (b) *trauma-informed teachers and classrooms*, (c) *trauma-informed practices changing perceptions* and how school personnel conceptualise and interact with students, (d) *key components of providing a trauma-informed setting*.

Training of School Staff

A common theme found between the participants was the experience of sharing their knowledge and training in trauma-informed practices with other members of the school staff. These educational sessions were provided both formally and informally to other members of the participants' schools, in both group training sessions and individual meetings and consultations. One participant shared how she was asked by an administrator to provide a formal presentation to the school staff on trauma-informed practices on a professional development day. Sarah described the interaction with her principal "[they] asked if I would lead some pro-d and so, at first, I was quite nervous about it. I didn't really like public speaking, but I was like 'oh yeah, this seems like an important piece of this role.'" The participants found that other staff members were largely interested and engaged in learning about trauma-informed practices. Both school counsellors reported feeling burdened by having to train the staff on the topic, while also feeling it was their responsibility to provide knowledge and education on such an important topic. For example, one participant spoke about the burden of providing trauma-informed education to staff:

I certainly felt a heaviness of having to bring that information to the schools and it sort of- I felt like it was just me personally trying to persuade teachers. . . . Well, my admin

were on board with it, but it still felt like it's only I personally was leading that

perspective. And I think it's helpful when a whole district is teaching that and not just

teaching the counsellors to then go teach other people. (Sarah)

All four participants expressed the importance of trauma-informed training starting at the district

level and, additionally, multiple participants found that it was crucially important that training

and education regarding trauma-informed practices be provided to teachers and school staff from

multiple sources. One school counsellor shared their experience of the pivotal difference that

professional development in trauma-informed practices from outside sources made in helping a

teacher to understand the effects of trauma, and the importance of being trauma-informed:

[They] just kept coming back to me with the same you know demands and the same you

know "you need to be doing something different", "you need to force this child to come

to school." So then after the trauma-informed training I remember we were in my office

with another support staff, this teacher, myself, and this teacher was going on again

getting angry. And I, and so I said, "Can we just stop and consider and remember that this

child has experienced trauma?" And I just noticed that it stopped everything, everybody

was quiet, and then I said, "If we're going to look at this child in the lens of trauma, how

can we be more inviting and understanding of what's happening?" And I-I was I felt like

that finally got through to this teacher, to just stop for a minute and consider the trauma

that the child had been through. (Alison)

Another participant shared a similar experience of the importance of not being the only

source of trauma-informed education through their experience with a teacher:

I just had a teacher come up to me and she'd just done a training about kids with FASD

and she was saying "it's like what you've been telling us about the trauma brain or from a

trauma-informed perspective." (Sarah)

Trauma-informed Teachers and Classrooms

Despite the challenge and pressure felt by the school counsellors in this study to lead the education of other school staff and to champion a trauma-informed perspective, all four of the participants expressed strong beliefs in the importance of trauma-informed practices as a whole school initiative. Multiple participants shared the experience that school counsellors only have a very limited time to spend with a very small number of children within the school. This strict limit on time means that trauma-informed interventions that take place within the counselling room are often very brief and few children receive this trauma-informed care. During most school hours students are predominantly interacting with classroom teachers and educational assistants. Thus, it is critically important that trauma-informed perspectives and interventions are utilized outside of the counselling room. One participant shared the importance of the district providing trauma-informed education and training to all the teachers within the district:

> For me as a counsellor I'll see fewer students and students who are really struggling, whereas the classroom teacher sees all the kids. The fact that the trauma-informed video and books were available to the whole entire staff was really significant, 'cause they would reach all the kids rather than just the kids on my caseload. (Alison)

Trauma-informed Practices Changing Perceptions

In the narrative interviews, every participant expressed changes in perception that trauma-informed practices had made to individuals understanding and perceptions of student behaviour. A common story between each of the participants was the experience that increasing knowledge and awareness of trauma and trauma-informed practices shifted teachers', educational assistants', administrators', and school counsellors' beliefs about students' behaviour. There was a widespread change from a "behavioural" approach to managing students' issues to a "empathetic" or trauma-informed approach.

So, working with the teachers, where they may not understand why a child is behaving the way they are. So, you know, talking to them about how the trauma has impacted the child's behaviour. I think that teachers could- can- so lot of my work is in working with the teachers, educating them. Instead of being really critical or judgmental, to kind of come at it through the lens of empathy and understanding. So instead of being angry and upset with a child or frustrated with the child just saying, you know, "here's what's happened for this child and this child is doing the best that they can." (Alison)

Participants found that before school staff had received trauma-informed training, there was an ingrained belief that students' misbehaviour was related to "bad behaviour", being "defiant", "refusal" to comply, and often children would receive the label of "being a bad kid". One participant explained their struggle with other staff who often complained that a particular child was "so defiant". The participant spoke of their dislike of this word and their belief in the need to "try to understand the function of what's going on here and then can we try to approach behaviour in that way of like it's satisfying a need." (Tessa) This approach, the participant believed, would help to reduce the belief that the child was purposely trying to bother the teachers or that they had no respect for the staff.

Participants tied this shift in perception in student behaviour to the teachers' understanding of the effects of trauma on brain and behaviour and the realization of the prevalence of childhood trauma. Multiple participants shared in their narrative interviews that school staff have struggled to empathize and understand students that are disruptive and struggle behaviourally within the classroom. This struggle was contrasted with the ease to which they accept behavioural challenges and adaptations to classroom rules and procedures that are made for children with other support needs, such as Autism Spectrum Disorder, Down Syndrome, and chronic health conditions. One participant expanded on this need to shift perceptions:

I often find that, for the adults in the building, there's a little bit more capacity for

acceptance and understanding, when a kid has a clear diagnosis. Like then they can say

"oh that's because of this" and they sort of like make space for that child. But a lot of

times kids who have experienced trauma, they don't always look different from any other

kid. (Sarah)

The participants noted a change in perception concerning children's behaviour as there

has been increased understanding about the role of trauma and that childhood trauma is not

always known to the teacher or counsellor. Despite this shift beginning to take place, all four

participants spoke of school staff who struggle to adopt this change in perception and continue

"butting heads" with both the participants and the children they support. One participant shared

their frustration in this interaction with some staff on adopting trauma-informed approaches:

Your expectation was kind of just like we would all see this as like the same benefit. That

you see it. Yeah, other barriers arise to like peoples' experience… experiences and ways

of being that make it a barrier for them to take it on. (Tessa)

Despite these challenges, all four participants were optimistic that teachers and key

school stakeholders could display increased empathy, patience, and understanding for student

behaviours when knowledge and education about childhood trauma is provided to school staff.

One participant was hopeful that the COVID-19 pandemic had increased school staff's

acceptance and awareness of individual mental health. With that increase in awareness, the

participant perceived greater empathy for children struggling within the classroom and the

challenges they may be facing at home and outside of the classroom.

I think there is always a resistance it was like "this is so annoying, this child needs to

learn this child needs to learn", "this child needs to do well in school." So, the focus was

so academic, but I think since COVID everybody is more open to looking at mental

health. And they're much- so they are able to see, I'd say, most educators are able to see

that if we don't address their mental health, they're not going to learn. (Alison)

Key Components of Providing a Trauma-informed Setting

When sharing their stories of providing trauma-informed care in the classroom, the

counselling room, and the whole school, there were common themes among the participants in

how they implemented these approaches. A primary factor that participants described as

necessary to providing a trauma-informed setting is predictability and creating routines. One

participant spoke about their work within the school as implementing a trauma-informed

framework. They shared their story of considering how the school can "set things up for success

when things are not predictable or are not normal" (Sarah). The participant shared their school's

process of creating systems for these times, such as when a substitute teacher is in the classroom

or when a visiting instructor is teaching tennis or hip-hop. With an increased understanding that

normalcy and predictability are critically important to helping students function and feel safe in

the classroom, special considerations were made in how to maintain and provide for this need.

Another participant spoke to the importance of creating routine for students when working on

academic skills. The participant shared that they often work with their students over a long

period of time to develop a pattern and consistency in their routine, in order for students to feel

safe and secure enough to begin learning:

> And a big piece of that, I'm finding, is like consistency, so they know, they know, when
>
> I'm coming, they know where we're going, and there's a routine too. So, like every time
>
> first we play with sounds, then we play with letters, then we play with reading. And then
>
> at the end there's, depending on the group, there's a game or a sticker. And just like
>
> doing those three things but doing it at a super easy level so that they're just like getting
>
> comfortable with coming and knowing me and like that's been months, months. (Daphne)

Theme 3: Barriers to Trauma-Informed Approaches

One of the major topics that arose within the narrative interviews, both naturally from the participants narratives and through specific narrative prompts from the researcher, was the major barriers facing the implementation of trauma-informed practices both within the counselling room and within the larger school setting. This theme is represented by several components that include: (a) *teacher burnout* and the experience of compassion fatigue, (b) *school counsellors' limited time and availability,* (c) maintaining *client confidentiality* in the elementary school setting.

Teacher Burnout

Each participant, both the teachers and school counsellors, expressed their compassion for the challenges faced by teachers working within the current school system. There was a shared concern amongst the participants that the expectations for classroom teachers was considerable and that the implementation of trauma-informed practices at a whole school level would place further expectation and pressure onto classroom teachers. All the participants within the study spoke to a shared ideal that before academic learning can take place, students must feel safe and secure within the classroom. One teacher participant recognized that research exists supporting the use of trauma-informed practices and that the time dedicated to social emotional curriculum increases children's capacity for academics, through contributing to an environment students can safely learn within. After speaking to this recognition, the participant additionally identified the stress and pressure this can place on classroom teachers to balance a social-emotional, trauma-informed curriculum while also attending to the academic expectations and needs within the classroom. This feeling of stress is exacerbated when teachers have dedicated time and energy to creating and preparing learning materials that are destroyed or thrown on the floor by students acting out.

Another participant spoke to the expectations placed on classroom teachers. The participant shared within their narrative interview an understanding of the benefits of including teachers within the trauma-informed approaches and training because a teacher can be "far more effective" than a school counsellor based on their time and availability with the students. While understanding this benefit and ability, the participant explained their viewpoint:

> I think one of the flaws of trauma-informed practice is it tries to look at how a system can support these kids by shifting perspective, without actually putting in more funding and more support. And I think we actually need more funding and I think we need more people and I think it's actually too much to ask teachers to also be counsellors… and know that much. (Sarah)

The participant additionally recognized that most teachers are very open and excited to learn about trauma-informed care because they want to provide quality care to their students, but that teachers lack the capacity to know how to do everything. This understanding was shared and expressed by other participants. One teacher participant expressed their frustration with the state of the current system and its inability to provide for the emotional needs of students. The participant had a strong belief that it is the school's responsibility to provide an environment in which students feel loved and safe but:

> . . . the really awful part is that we are so lacking in support that one person, one teacher in that room and even if I stepped in… OK split my time between like all of my kids. Maybe that is an hour a day or whatever, it's not but, like, say that it was, that's still not enough for… you know? Like, one teacher cannot provide that to 25 students in their class; it's just not possible. (Tessa)

A final reflection found within the participant narratives was that when working in the classroom it takes considerably more energy and effort by the teachers to use a trauma-informed

lens to interpret student behaviour and challenges than it does to send a child to the principal's office. The participant that shared this realization stated their belief that trauma-informed practices are a necessary step in creating a school environment that all students can learn within. They additionally shared their understanding that teachers experiencing burnout can lack the emotional resources and energy to interpret challenging student behaviour from a lens of empathy and understanding.

School Counsellors' Limited Time and Availability

Closely related to the issue of teacher burnout, is the severely limited time and availability of school counsellors to work with individual students or to work with the larger group. Every participant commented on the large caseloads assigned to school counsellors and that in the typical elementary school in B.C., school counsellors are only at a particular school two days per week. Both school counsellors that participated in narrative interviews shared feelings of guilt that they had so many students they were currently supporting, or on their waiting lists, that they felt they may never meet all the children who try seeking counselling through the school. One of the participants who works as a classroom teacher shared her experience within elementary schools of really appreciating the work done by school counsellors, but also recognizing that they are "completely overrun" which leaves responsibility for most of the social emotional learning that takes place at school, on the classroom teacher.

The school counsellors spoke to their struggle with overwhelming caseloads and the experience that they receive referrals to meet with students from a variety of sources, including parents/caregivers, teachers, and self-referrals. While the school counsellor expressed encouragement that so many individuals are seeking and seeing the need for mental health support, they simultaneously recognized that they are unable to meet the demand within the system. One participant shared her experience of facing time as a major barrier:

I'm only at a school two days a week and you know if you want to have a 20/25-minute session with a child, you could only see maybe eight to ten kids in a day. And at one school I have had 60 kids referred to me. I could see maybe 16 kids in a week. I've got 60 kids that want to see me, or their parents want to see me, or their teacher wants me to see them. And that 60, that doesn't include the kids to just show up at my door and want to just run something by me or problem- friendship problem solving that they're having. (Alison)

The school counsellor additionally found that the constraints on their time meant that they cannot provide psychoeducational programs and training to the students as a group, which may help students develop coping mechanisms and strategies. The school counsellor shared their feelings of frustration and guilt at not being able to provide preventative interventions to the students that they are unable to work with individually.

Client Confidentiality

A barrier identified by a participant in their narrative interview was the challenge of maintaining client confidentiality, as a school counsellor. School counsellors are often provided information from the child client or their parents about a trauma that has occurred. Some children and parents request that these disclosures be kept confidential from other school personnel for fear of judgement. The participant shared the challenge of balancing confidentiality when a child requires a safety plan or alterations to school rules or structure to help them function within the school. One school counsellor shared that in working with their clients within the school they may provide permission for the child to leave the classroom when they are overwhelmed or anxious and go to a "calm" or "safe" place within the school. This safety plan goes against the usual expectations at the school which states students must gain permission from the teacher before leaving the classroom. The school counsellor can struggle to get other staff on-board with

child safety plans and alterations to the school rules. As this counsellor explains, "Then what will happen is that one of the support staff might see a child alone and question the child 'why are you here?', 'where should you be?', 'you should be in the classroom', 'what are you doing?', 'why are you walking in the hall?'" (Alison) The school counsellor struggles to share information about the students' challenges with school personnel in a way that is respectful to the student and the family but understands that it can be a barrier for students using emotional regulation strategies when they experience school staff questioning them.

Additionally, one of the school counsellors expressed concern about the appropriateness of the school setting to do deep trauma work. The participant had concerns about students becoming hyper or hypo aroused and returning to a classroom setting, which may not offer a safe space. The participant additionally recognized that for some students, school counselling is the students only opportunity to seek mental health services and to see a counsellor, based on the lowered barriers of the student's ability to self-refer to school counsellors and that seeing the school counsellor is no-cost.

Theme 4: Strengths and Success of Implementing Trauma-Informed Approaches

A common theme that emerged from the participant narratives were stories of the many strengths and supports that were created within schools using trauma-informed practices. This theme was both naturally found within the participants' stories, as well as elicited at the end of the narrative interviews as a prompt provided by the researcher. The theme of strengths and successes of trauma-informed approaches is separated into three distinct subthemes: (a) *building relationships* with students, (b) *supporting diverse needs* through trauma-informed practices, and (c) *reducing mental health stigma.*

Building Relationships

In their stories of providing trauma-informed care, each participant spoke to the importance and strength of developing close, caring relationships with students. There was a shared belief amongst the participants that for trauma-informed practices to work within the classroom, students must feel that they are cared for, liked, and understood by the important adults that surround them. Furthermore, participants expressed that, students feeling accepted and safe within the school, seemed to them, to be a necessary precursor to students successfully functioning within the classroom and a necessary precursor to being able to learn. One participant shared that

> . . . relationship and connection it just doesn't seem like… especially with the student
> population, there is any capacity for learning. Like kids really have to know that you're
> on their side, that you like them, that you know them, you see them, to really be able to
> like to work hard for you. (Daphne)

Another participant conveyed their belief in the importance of relationships to be able to intervene when a child is in a moment of crisis or dysregulation. For the child "they know that I'm a safe person, I am coming to help them. I'm not coming in to, like, do worse. I'm coming to help them" (Tessa). The participants found that relationship building, and the empathy and understanding they gain through the relationship, is an incredible strength of trauma-informed practices and is a primary component in successfully working with many of the children within schools. One of the school counsellor participants found that relationships are not only key to working with students at the school, but also in gaining the trust and participation of parents.

> I would say sometimes it takes two or three years for me to build a relationship with the
> family in a way that they're trusting. So that we're working together to support the child.
> And they're, you know, then they're starting to listen to other ideas or alternative
> approaches. It takes a long time to build that trust and you have to invest in the time of

the relationships, right? And that's part of the plan that. . . this doesn't happen quickly.

You'll just see a child and you're like "OK great this is what they need". It's like, no, we

need to start building relationships, like helping the parents trust us, and then talking

about going to see a pediatrician, maybe. And maybe that's going to happened in a year,

and then a waitlist, and that's going to take another two years, and so that process of

trying to support families, it takes a lot of hours. And it's like, you have to be willing to

put people into the community so that they get to be a part of it, right? Stay in a place and

have the time, I don't just mean in hours, but have the capacity to connect with families in

that way. (Sarah)

Multiple participants shared stories of working with parents who would not engage with

the school, likely based on their own traumatic experiences of being within the school system.

One participant found that building a strong relationship with some families can take years of

dedication and trust building. The strength of fostering this relationship with families is that it

allowed the school counsellor to intervene with the children and families and to direct them to

assessment and treatment resources that families may never otherwise have been open to

exploring.

Supporting Diverse Needs

Another strength of trauma-informed practices is the ability to support diverse client

needs through one lens. One participant shared an important shift that took place in their career

upon discovering trauma-informed approaches. The participant described the experience at the

beginning of their counselling career of working with a wide variety of client challenges and

then feeling the need to research and train in different interventions that would support individual

client challenges, attempting to support individual issues with individual techniques. The

participant described their experience of discovering trauma-informed practices as a means of

conceptualising and understanding student issues that seemed to be able to support the broad range they were seeing within their caseload. Within the school counselling setting this approach seemed to be of particular use as the participant describes here:

> I think why I gravitated more and more towards it was the fact that as an umbrella theory . . . it seemed to really be big enough to describe the vast variety of kids that I was seeing in my day-to-day work. And it let me, as a practitioner, meet the needs of those kids without being overwhelmed by how much need there was, because like elementary school counsellors at the schools I was working at, like there I was working two days a week, and there were 300 kids at the school and I might have you know between eight and 15 kids with designations on my caseload. But then you might have another 20-40 kids who have been referred by teachers, or parents, or by themselves. So, there's a lot of different needs, and a lot of different kids, and a trauma-informed approach seemed to be able to meet the needs of all those kids in some way. (Sarah)

Reducing Mental Health Stigma

The final success and strength identified by the participants was the utility of trauma-informed approaches in reducing mental health stigma and increasing accessibility to counselling services. All the participants reflected on the increased knowledge of their students and teachers based on creating a trauma-informed whole school approach. One participant reflected on the unique strength of this increased knowledge and awareness, that students are much more open and interested in school counselling and the school counsellor. The participant shared that in the past there was much more stigma and ostracization of the students on their caseload, as in times when the school counsellor would arrive to collect the students for their sessions. A marked difference that the participant has identified since trauma-informed approaches and social-

emotional learning has been provided to students, is "that all the kids are happily identifying that they get to see me, and I've had kids say 'when do I get to see you? When's my turn?'" (Alison).

Summary of the Results

Through the narrative interviews, participants in the present study shared their stories of engaging in trauma-informed practices in early education settings. A clearer understanding of how school personnel are introduced and pursue training in trauma-informed practices was formed through participant narratives. Participants were provided trauma-informed training through their school districts, as well as independently sought deeper knowledge and understanding of providing this form of care. Many learning resources and experts in trauma-informed training were discussed in the narrative interviews, and multiple participants spoke about their experience in providing trauma-informed education and training to other school staff members. Participant narratives spoke to the importance of creating trauma-informed school cultures, rather than trauma being addressed on a case-by-case basis by school counsellors. Participants shared their stories of the struggles and challenges of championing and engaging in trauma-informed practices when working with young children. Participants shared their efforts to gain the support and agreement of school personnel in implementing trauma-informed practices. Some participants spoke to the pressure and expectations that are often placed on classroom teachers, due to the severely limited time elementary school counsellors are provided to work with students. Finally, participants shared their beliefs about the strengths in the use of trauma-informed practices, and their optimism for its future use within schools. These stories spoke to the strength in building close connected relationships with students, the ability to support children with diverse challenges, and the shift in mental health stigma. The results of the present study provide additional information to the existing literature on trauma-informed practices and

have implications for the future research and use within Canadian elementary schools. These results are discussed further in the subsequent section.

Chapter Five

Discussion

The present study collected and examined the narratives of four elementary school personnel working with young children (ages five-eight), two school counsellors and two teachers who self-identified as using trauma-informed practices in their work with students. This study is one of the first to explore the stories of trauma-informed school personnel, who work in early childhood education within Canada. The results of this study both support previous research within the field, as well as contribute novel findings, helping to address gaps within our current understanding of providing trauma-informed care within schools. The findings of the present study will first be discussed in comparison to previous research within the field of trauma-informed practices in school settings and then a discussion about the implications of the research and potential future directions will be presented. Finally, the strengths and limitations of the present study will be addressed and presented.

Discussion of the Findings in the Context of Previous Research

Multiple themes found within the participant narratives of the present study have been discussed and presented in previous research. The results of this study largely corresponded with topics that have been found in previous research including the themes *Being Introduced to Trauma-Informed Practices, Trauma-Informed Practices as a Whole School Approach,* and *Barriers to Trauma-Informed Practices.* These themes will be discussed with consideration to how the stories of the participants in the present study compare to the findings of previous research.

Conceptualizing Students in the Classroom

In their research on the use of trauma-informed practices in early childhood education, Felt and Loomis (2020) found that trauma-informed education could have a remarkable effect on

how teachers conceptualize student behaviours. Felt and Loomis (2020) emphasized one of the most important factors of instituting trauma-informed practices is re-educating teachers on interpreting student behaviours and understanding and recognizing trauma symptomatology. These findings are very similar to those discussed in the subtheme *trauma-informed practices changing perceptions.* The participants within the present study emphasized their belief in the importance of teacher perceptions and the importance of attaining key school stakeholder buy-in for trauma-informed care to be possible.

Supporting Whole School Intervention

Additionally, the findings of Felt and Loomis (2020) attest to the importance of providing *trauma-informed teachers and classrooms*, a second subtheme within the theme *Trauma-Informed Practices as a Whole School Approach*. Felt and Loomis (2020) spoke to an additional challenge trauma-informed practices face within the classroom: student behaviours being penalized or punished, rather than receiving support and understanding. A similar struggle was found within the participant narratives of the present study. Both the teacher participants and the school counsellor participants spoke to the struggle of working with other staff members that refuse to accept and institute trauma-informed approaches into their teaching practice. This struggle results in some staff interpreting student actions through a "behavioural" lens and often leads to conflict and interactions that are challenging both for the students and teachers within the school.

Rishel et al. (2019) reported similar findings in their study of the implementation of their Trauma-Informed Elementary Schools (TIES) program. Similar to what participants within the present study reported, the TIES program provided whole school training to staff members. The authors found that it was critically important that teachers understand trauma prevalence, symptomatology, and effects (Rishel et al., 2019). This base level of knowledge for teachers

aided in creating a safe and supportive learning environment for students. The authors found that the program produced significant changes in two measured domains, emotional support and classroom organization (Rishel et al., 2019).

Langley et al. (2010), provide further support for the idea that school counsellors and teachers each play a critical, unique role in providing trauma-informed care within schools. Langley et al. (2010) found that teachers help to bolster support-seeking behaviours in students and provide an enriching and empowering classroom environment and school counsellors provide trauma-informed assessment and therapeutic intervention.

Gubi et al. (2019), in their study of school-based mental health practitioners, found that most of the participants' self-rated confidence and competence, in working with students who had experienced trauma, was minimal-to-none. School counsellors within the present study reported they had very little training and experience in working with trauma when they exited their training programs. One school counsellor shared that they received no trauma-informed training prior to working as a school counsellor. This participant reported that they sought additional training and experiences when they realized the prevalence of traumatic experiences within their student population.

Alsic et al. 2012 found that teachers reported a similar lack of confidence in their ability to support children who had experienced trauma. The teacher participants included within the present study both reported that they received no trauma-informed training in their teacher training programs, and while further training and support was provided to both participants by their school districts, the participants had to actively seek this education. Additionally, often the training opportunities offered on trauma-informed practices had to be sought in their personal time and thus were not accessible to all teachers, leading to instances in which many teachers can feel under-prepared to support student struggles, as reported by Alsic et al. (2012).

Barriers to Trauma-Informed Practices

Luthar and Mendes (2020) found that teachers were at an elevated risk of burnout based on the pressure to support students' emotional well-being and in providing on-going empathic responding. These findings are similar to the experiences shared by both teachers and school counsellors in the narrative interviews in the present study, as discussed in the subtheme *teacher burnout*. In their study of kindergarten to grade 12 teachers' self-reports, Luthar and Mendes (2020) found that educators expressed feeling inadequately trained to support children who had experienced trauma. Participants within the present study similarly reported feeling inadequately prepared to support children who had experienced trauma, particularly at the beginning of their career. Additionally, the findings of Luthar and Mendes (2020) support the struggle reported by participants in the present study, that teachers are often expected to have the skills of school counsellors. Results of the study by Luthar and Mendes pointed to the need for more school counsellors, related to the theme amongst participants that school counsellors do not have the time and availability to meet the demand for school counselling, alleviate the pressure placed on classroom teachers, as well as provide further training and information to teachers on trauma and trauma-informed interventions.

Rishel et al. (2019) found that one of the best supports of implementing trauma-informed practices in elementary schools is providing skilled and educated school counselling professionals that are available to support staff and students. In their implementation of the TIES program, one of the primary resources that is provided to classroom teachers was an on-call masters-level, licenced therapist to support and train the teacher on the trauma-informed programming. Based on one of the primary components of this trauma-informed intervention being the availability and supportiveness of school counsellors, the findings of Rishel et al. (2019) support the subtheme of *school counsellors' limited time and availability*, and the

importance that trained mental health professionals be given the opportunity to support both individual student clients, as well as the class and classroom teacher.

Berger and Samuel (2019), in their qualitative review of school-based mental health professionals, found that staff had issues of self-care and required additional support and supervision by qualified professionals, including instituting a self-care policy. In the scope of the present study, school counsellors spoke to the pressure and guilt that they feel in the need to support student struggles and the pressure they individually take on in feeling that they are failing to meet students' needs, due to the lack of time and their overwhelming caseloads/waitlists. Berger and Samuel (2019) spoke to the need for better whole school training, similar to the struggles stated by participants within the present study. School counsellors in the present study additionally shared their feelings of pressure and stress to provide trauma-informed training at the whole school level to school staff themselves, because adequate training may not otherwise be provided. These findings emphasize the importance of the district wide school trainings discussed within participant narratives.

Implications for Future Research

The results of the present study offer several future avenues for research. One of the primary recommendations for future research on trauma-informed practices in early education settings is to expand the scope of the present study to include more participants. Due to only four participants being included within the study, there is certainly rich information to be gained through interviewing additional school stakeholders. Furthermore, the present study was limited to participants working within schools along the southern coast of British Columbia, excluding the regions of Northern and Interior British Columbia. These areas likely have diverse experiences of providing trauma-informed care and disparate concerns and recommendations to successfully providing these interventions. The implications of these findings would provide

much more robust recommendations to the Ministry of Education in informing future policy and

funding practices.

A large portion of the existing empirical research on trauma-informed practices is made

up of reviews of manualized trauma-informed programs and interventions, such as CBITS or

HSTS, as discussed in the literature review (Holmes et al., 2014; Jaycox et al., 2012). Based on

the information provided by the school counsellors and teachers that were included in this study

and those that were contacted through recruitment, it appears that the majority of trauma-

informed care within B.C. schools is not made up of manualized or formalized programs. The

common understanding of trauma-informed practices attained from participant narratives was the

educational and relational aspects of creating a trauma-informed environment, particularly at the

whole school level. This recognition of the implementation of trauma-informed practices in B.C.

schools calls for research that further investigates key school stakeholders. The present study had

the opportunity to investigate the stories of both teachers and school counsellors, but in their

narrative interviews, participants spoke of interacting with many other important individuals in

this process, including administrators, educational assistants, resource teachers,

parents/caregivers, and students. Through gaining the perspectives of other important individuals

in the implementation of trauma-informed practices, a more in-depth understanding can be

formed.

In the present study, one of the themes constructed from participant narratives was the

importance of school level intervention and training, and while one participant shared that their

school district provides trauma-informed training to all staff members within the district, this was

not the case for all the participants included in the study. This variation in standards of training

and provision of resources points to the need for further research on how trauma-informed

practices can be successfully standardized or implemented at both the provincial and federal level.

Implications for the Use of Trauma-Informed Practices

The present study offered an examination of the experience of providing trauma-informed practices in early elementary school settings, from the perspectives of a classroom teacher, special education teacher, and school counsellors. Through the participant narratives and the constructed themes, there is a rich breadth of information and knowledge to inform recommendations and implementation of trauma-informed supports and resources. As is typical in research utilizing narrative review, many of the recommendations were co-constructed by the researcher and participants through the process of narrative interviews and member-check interviews. One of the primary purposes of the present study was to collect detailed information directly from practitioners within the field to effectively inform change in providing trauma-informed care by school districts, teachers, and school counselling professionals.

Trauma-Informed Training

One of the primary suggestions discussed by participants was the importance of training and introduction to trauma-informed practices. Multiple participants expressed their concern that their teacher training and counsellor training did not provide trauma-informed education. Multiple participants stated that trauma-informed approaches should be a mandatory component of accrediting programs for any practitioner who intends to work within schools. Additionally, the participant that works within a school district that provides trauma-informed training and resources to all school staff spoke to the incredible difference this level of support provided. While all participants shared that their districts provided the opportunity to pursue professional development in trauma-informed practices, as a whole school intervention it is important that this training is provided to all school staff, not just individuals that self-select for that training. Both

school counsellors shared their belief in the importance that school districts encourage this training and approach in creating teacher and stakeholder buy-in. The participants shared within their stories the incredible difference it made to have multiple sources teaching and encouraging trauma-informed care.

Allocation of School Resources

A major challenge described by two participants in their interviews is the current system in which resources are allocated to schools, classrooms, and students. One school counsellor explained her struggle with the current system which provides supports, such as educational assistants, to schools based on student designations. Students are given a designation largely based on diagnoses and medical conditions, but the school counsellor shared, it is very difficult to assign students' designations based on issues such as trauma and anxiety. The participant shared her frustration that the current system allocates educational assistants to schools by the number of designations within their school, then schools are free to assign supports to classrooms based on what they feel is best for students and classrooms. Two participants shared their frustrations with this system because then there are two conflicting sources of information used in designating resources. This results in many schools not having enough resource teachers, and educational assistants in place to support all the students' needs. The participants spoke to the need to include student mental health needs and trauma as a factor when dividing district resources. Furthermore, this view speaks to the need to conceptualize traumatic experiences as major factors contributing to student functioning and well-being, just as other support needs such as autism and medical conditions.

Full-time School Counsellors

A common issue found within the participant narratives was the need for additional resources, and one of the primary resources cited by participants as lacking was school

counsellors. As discussed within the subtheme *school counsellors' limited time and availability,* participants stated within their narrative interviews that school counsellors had long overwhelming waitlists and are typically only working within a single elementary school two days per week. This major limit on time meant that school counsellors are unable to support all the children and families who would like to access their services, but it additionally indirectly affects the well-being of the school counsellors as they feel guilt at their inability to meet student demand. School counsellors are also unable to provide as much support and education to teachers who may like to utilize school counsellors as a resource in their classroom or to provide group psychoeducation or intervention. Participants strongly felt that increasing school counsellors' presence within the school and increasing the number of mental-health practitioners, would greatly benefit the school's ability to support student needs and provide a trauma-informed setting.

School as an Appropriate Setting

Both school counsellor participants explored within their interviews the question: Is school an appropriate setting for trauma counselling to take place? Both participants expressed their understanding that school provides a convenient and much needed resource in which children can access mental health supports without the barriers that traditionally exist in receiving counselling. School counsellors are no-cost mental health practitioners, parents do not need to organize or schedule appointments, arrange childcare for siblings, or travel to appointments, which makes school counselling highly accessible. Despite these reduced barriers, participants expressed concerns that currently school may not be the safe and secure setting in which children can access incredibly vulnerable feelings and experiences and then return to a group or classroom setting. Suggestions that arose when addressing this challenge were the possibility that school counsellors need greater time to spend with individual clients to debrief

and create safety or that other safe adults and spaces in the school should be available, such as resource teachers or safe spaces within classrooms.

In discussing what could be provided outside of schools, one participant shared her concerns with the current government-funded mental health supports that are available to children and families and the need to alter this system. The school counsellor shared that most families' experiences of searching for mental health supports begin with speaking to general practitioners, who refer families to Child and Youth Mental Health (CYMH). In her experience, CYMH only provides counselling to children that are actively suicidal but there is an incredible need for support for children and families that are facing other challenges and issues. The participant discussed the potential to provide greater support and intervention for trauma through after school programs or other mental health interventions aimed at supporting young children and families. The participant spoke to the need for more holistic support from community-based mental health services, in which the supports received and provided through the school can operate in tandem with supports that are available within the community.

Creating Trauma Smart Schools and Classrooms

An additional recommendation constructed from the narrative interviews was the idea of creating spaces and systems within elementary schools that take into consideration the needs of children who have experienced trauma. One participant shared how she is already developing these systems within her school to provide safety for students by creating predictability and routine. An important recommendation for how trauma-informed schools can be created is by considering how student needs can be met when there is disruption in routine. Schools can put systems into place when other adults are visiting the school such as substitute teachers, specialized teachers or instructors, or new staff joining the school. Special considerations and accommodations can be made to provide students with a sense of safety and control that can be

threatened when there are new or challenging events. When schools and staff take these events into consideration, they may be more likely to notice and take care of students that struggle during these situations and provide empathic and timely intervention and support.

Teacher and School Counsellor Advocacy

The final recommendation constructed through participant narratives, is the need for school counsellors and teachers to assume a role of advocacy for the promotion of trauma-informed practices. Participants spoke of the work they do to promote and disseminate information on trauma-informed practices. Participants shared experiences of providing training to other school staff, appealing to administrators to create trauma-informed programs, and encouraging other staff members to engage in trauma-informed approaches. School counsellors and teachers have a duty to promote social justice and to ensure that students are provided equal access to safe, supportive learning environments. These duties include the promotion of trauma-informed practices at the individual school, district, and provincial level.

Strengths and Limitations

The design and results of the present study have a number of both strengths and limitations. One of the primary strengths of the research design was the use of narrative inquiry as a method of investigation. The narrative method provided the time and opportunity to attain in-depth, nuanced accounts from participants that may have been impossible to produce using other methods of inquiry. The thoroughness of the participant data collected necessitated a small sample size (n=four) and is commensurate with sample sizes in narrative research (M. Buchanan, personal communication, January, 2022). Despite the increased ability to provide a comprehensive overview of participant narratives, one of the limitations of the study was the ability to only provide two teacher participant accounts and two school counsellor accounts, which reduced the ability to make as many similar connections between participant narratives.

While this was a limitation of the study, collecting stories from multiple key school stakeholders provided a well-rounded and more complete conceptualization of the experience of providing trauma-informed practices in elementary school settings, one that may have been less rich if the participant group was solely teachers or solely school counsellors.

The purpose of using narrative methodology was not to attain objective results that represented the most efficacious, effective, or empirical method of using trauma-informed practices in early education settings. The purpose of the method was to collect the stories of multiple participants, to create a larger narrative and understanding of the experiences, strengths, and challenges of providing trauma-informed practices in school settings. This method of investigation acknowledges that the individual narratives of participants and their stories of implementing trauma-informed practices are greatly affected by the setting and culture of their school and school district. The results and recommendations of the present study are, therefore, not generalizable to all schools or school personnel. Rather, the findings of the present study offer insight into the experience of using trauma-informed practices, by collecting, analysing, and constructing the stories of multiple participants who provide this care. Due to the disparate experiences and wide variety of stories provided by the participants, there was a large amount of variation in the accounts shared with the researcher. While there were often similarities in the experiences shared by participants, there was also considerable variation in the aspects of trauma-informed practices participants found most salient, socio-economic status of the schools and students, school experiences of participants, level and type of trauma-informed training, and their personal philosophy or what trauma-informed approaches they believe in. Each participant narrative received thorough and equal examination and review. The finding of the research may be restricted in representing and highlighting the depth and complexity of the individual participant narrative, based on the larger goal of forming a cohesive group narrative analysis.

Concluding Remarks

The purpose of the present study was to share the stories of four key school stakeholders who had experiences in providing trauma-informed practices to young children in a school setting. The present study expands the current limited research that exists on trauma-informed practices in Canadian schools, particularly at the elementary school level. The present study sought to increase our current understanding of how school practitioners implement, provide, and support trauma-informed practices within our current education system. The results of this research have the potential to be beneficial for other school counsellors and teachers, as well as school administrators, resource workers, educational assistants, policy makers, and parents/caregivers, as each member of the educational community plays a key role in ensuring students receive supportive and enriching school experiences. Trauma-informed practices within the B.C. school system are increasingly being recognized as imperative to student well-being. Despite this understanding there is a continued lack of standardization or generalized care across schools and school districts. It is my hope as a researcher and counselling practitioner, that the results of the present study provide a rich insight into the current system and that they will aid in the advancement and development of school-based trauma-informed care.

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Appendix A

Participant Screening Protocol

1. Date: _____

2. Name: _____

3. Gender:

   Male

   Female

   Other

4. Current School: _____

5. Position or Title (School Counsellor, School Psychologist, School Social Worker,

   other): _____

6. What age group of students do you work with?

7. What is your level of education?

   Bachelor's Degree (no teaching certificate)

   Bachelor's Degree (teaching certificate)

   Master's Degree (no teaching certificate)

   Master's Degree (teaching certificate)

   PhD or EdD

   Other: _____

8. What professional organizations are you a member in good standing with?

   _____

9. Have you taken any trauma-informed trainings/do you use trauma-informed practices

   in your school?

   _____

_____

_____

10. If yes, would you be interested in sharing your experiences in an interview for a

study on trauma-informed practices in schools?

_____

_____

11. What is a telephone number and email address you can be reached at?

_____

12. What are convenient days/times for you to be reached at for an interview?

We appreciate your willingness to participate in our study. You will be contacted shortly with

further information and to schedule an interview.

Appendix B

Informed Consent Form

Title of Study: A Narrative Study of Trauma-Informed Programs in an Early Elementary

Education Setting

Principal Investigator: Dr. Marla Buchanan, Professor

Department of Educational & Counselling Psychology,

And Special Education

Faculty of Education

University of British Columbia

Master's Student Researcher: Natalie Sweeney

Department of Educational & Counselling Psychology,

And Special Education

Faculty of Education

University of British Columbia

Purpose of the Study:

This study will collect the stories of Canadian early elementary school counsellors who work within trauma-informed schools or who have experience utilizing trauma-informed practices in their schools. This research will provide in-depth information about the experience of providing trauma-informed programs within the Canadian early elementary school setting, as well as potentially provide better understanding into how programs can be implemented and resources or

support that can be provided within the system. Your participation within this study is voluntary and you may leave the study at any time.

Why You Have Been Invited to Participate in the Study:

You have been invited to participate in this study because we would like to better understand the experiences of school counsellors working with young children who utilize trauma-informed practices. It is the researchers' hope that through investigating the experiences and stories of currently practicing school counsellors we can gain a richer understanding of the process of providing trauma-informed care within this setting and can help to inform future government policy and counsellor training.

Study Procedures:

If you agree to participate in this study, you will be asked to take part in an interview (around 1-2 hours in length) to explore your experiences of providing trauma-informed care. The interview will be audio recorded using Zoom audio recording. The recording data will be uploaded to UBC's secure cloud server before being transferred to an encrypted USB. After the data has been collected and analysed, we would like to share our results with our participants to allow you to provide feedback and your interpretation of the results. The member-checking interview (less than 1 hour in length) will provide participants the opportunity to share their feedback orally. Direct participant quotes maybe be used in the final study publication, but researchers will ascertain consent from participants prior to using the direct quotes in the research to provide individuals with the opportunity to retract their statements.

Potential Risks:

Sensitive or personal topics may be discussed during the interview process. You may decide not to answer any questions or to not participate in the discussions. Additionally, you may decide to end your participation in the study at any time. Participants may unintentionally reveal client's personal information or stories when sharing their experience of providing trauma-informed practices. To mitigate this risk and protect the privacy of participants' clients, the interviewer will remind participants at the beginning of the narrative interview that information the study is collecting is meant to be the counsellors experience and not the client's stories. If a participant inadvertently discloses identifying details about a student/client all details will be erased from the data to ensure the confidentiality of third parties.

Potential Benefits:

Participating in this study may provide you with a new or better understanding of your experience of providing trauma-informed practices within your school. Additionally, the results of this study will be provided to other school counselling professionals and school districts, alongside any suggestions or insights into how trauma-informed practices can be better implemented and supported in early elementary school settings.

Confidentiality:

The identity and privacy of participants will be protected. Audio recordings will not be shown or used for any other purpose than data analyses by the researchers. Your name and any other identifying information will be kept confidential and will not be included within the reports or

any other public documents. All the information from your interviews will be kept in a locked

filing cabinet at UBC for five years and then will be destroyed.

Open Access:

The results of this study may be submitted and published in an academic journal at the end of the

research process. This means that the information shared within narrative interviews may be

made publicly available. The researchers will endeavour to remove any identifying participant

information from the data included within the study to protect the participants' privacy. Despite

precautions taken by the researchers, by making data public there is an increased risk to

participants. Once the data is made publicly available the participants will no longer have the

ability to withdraw or alter their data.

Contact for concerns about the rights of research participants

If you have any concerns or complaints about your rights as a research participant and/or your

experiences while participating in this study, contact the Research Participant Complaint Line in

the UBC Office of Research Ethics at 604-822-8598 or if long distance email RSIL@ors.ubc.ca

or call toll free 1-877-822-8598.

Research Findings:

The results of this study may be published within an academic journal as a master's thesis. If

participants are interested in receiving the final results of the study they may indicate here their

consent to be sent the published research:

- I consent to receive the final results of A Narrative Study of Trauma-Informed Programs

  in Early Education Settings

Email Address the results can be sent to: _____

Consent Form

I understand that my participation in this study is completely voluntary (I do not have to participate if I do not want to), and I may refuse to participate or leave this study at any time. By signing this, I am showing that I have received a copy of this consent form for my own records. My signature below indicates that I have agreed to participate in this study.

_____

Name of Participant

_____

Signature of Participant Signing Above   **Date**

_____

Email or Phone Number

_____

Signature of Research Interviewer   **Date**

Appendix C

Possible Narrative Interview Research Prompts

How did you first learn about/become interested in Trauma-informed practices?

What training/workshops have you had in Trauma-informed practices, at either your post-secondary institution or through professional development that are relevant to working with young children?

Tell me about what felt relevant to your school or students in your age group in your trauma-informed trainings? What did you learn?

What was your experience of introducing trauma-informed practices to your school/students? How did this impact/change your counselling practice? Your students? Your colleagues? The school?

What did you hope or expect trauma-informed practices would bring to your school/counselling practice? How have these expectations changed over time?

How do you use trauma-informed practices in your counselling practice right now?

What are strengths or successes of trauma-informed practices?

What are the challenges or barriers of trauma-informed practices?

What are the unique challenges of providing trauma-informed practices to young children?

What are the unique benefits of providing trauma-informed practices to young children?

What are your hopes in using trauma-informed practices in your counselling for the future?

What resources or tools do you might you need to use for implementing trauma-informed practices now or in the future?

What would you like to share with others about your experience of providing trauma-informed practices?