VANCOUVER ISLAND UNIVERSITY

Fifteen-thousand Feet: What BC Educators Know and Need to Know to Embed Trauma Informed Practice in Schools

by

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B. Ed.

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

MASTER OF EDUCATION IN SPECIAL EDUCATION

Faculty of Education

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Vancouver Island University

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Abstract

Trauma informed practice in schools is a new field of education that has become part of policy in British Columbia’s public school systems as determined by the BC Ministry of Education. Though the Ministry of Education has mandated through policy that trauma informed practices must be embedded in school practices, there has not been any programming or professional development from the Ministry to assist BC educators in meeting this ideal. Existing statistics show that BC has a higher than average percentage of students with disability designations of “Behaviour Support or Students with Mental Illness” and “Intensive Behaviour Intervention or Serious Mental Illness”. BC also has one of the highest child poverty rates in Canada. These factors combined suggest that the rate of childhood trauma in BC may be significant. This study aims to identify what knowledge BC educators need to know to embed trauma informed practice in teaching practice, and compare that theoretical background to what a small group of BC educators already know and are actively doing to support students who have experienced trauma. A qualitative research methodology was used with interviews as a data collection instrument. Thematic analysis was applied. The results indicate that participants do not consider their practice to be trauma informed, nor do they have formal training to implement trauma informed practices. However, some of the practices BC educators are doing are consistent with trauma informed practice, though BC educators are not using the label of trauma informed to describe their practice.

Keywords: trauma, trauma informed practice, trauma informed schools, resilience, Core Competencies
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Chapter 1

Introduction

Trauma informed care is an umbrella term that has meaning in education, social work, psychology, and other disciplines. The field of trauma research and trauma informed care has gained momentum over the past half a century. Pro-feminist movements in the latter half of the 20th century gave attention to the effects of trauma experienced by women and children, and studies on the survivors of the Vietnam War allowed researchers new insights into post-traumatic stress disorder (Wilson, Pence, & Conradi, 2013). Trauma informed practice in education has been a growing area of interest and is now a much discussed topic in education.

What is Trauma?

The term trauma includes incidences of “physical abuse, sexual abuse, community violence, witnessing domestic violence, and natural disasters” and “can cause posttraumatic stress disorder” (Nabors, Baker-Phibbs, & Woodson, 2016, p. 79). The term trauma is further divided into two distinct types: acute trauma and complex trauma. Type 1 or acute trauma “results from exposure to a single overwhelming event”, whereas Type 2 or complex trauma “results from extended exposure to traumatizing situations” (Bath, 2008, p. 17). Acute trauma can lead to the development of post-traumatic stress disorder which involves “the repeated, cue-triggered, involuntary re-experiencing of the terror and helplessness (often through nightmares or flashbacks); a focus on avoiding cues that might be reminders of the trauma; hyperarousal and hypervigilance; problems with concentration and focus; and an exaggerated startle response” (Bath, 2008, p. 17). Complex trauma can lead to “the loss of the ability to regulate the intensity and duration of affects” (Schore, 2003, as cited in Bath, 2008, p. 80). It can result in in inability
to self-regulate emotions “including fear, anger, and sexual impulses” (van der Kolk, 2005, as cited in Bath, 2008, p. 18).

Trauma impacts individuals across a full scope of ages, socio-economic classes, ethnicities, and genders. British Columbia’s (BC) educators should anticipate that some students may be experiencing or be impacted by trauma, therefore BC educators need supports in place to address these needs. Educators need to know that there is a high representation of students who have experienced trauma in special education, that there are brain based biological consequences to trauma, and that trauma is perpetuated through an intergenerational cycle of trauma. Educators need to know which research based interventions are best practice in BC schools.

**Poverty and Trauma in British Columbia**

The need for British Columbia’s educators to use trauma informed practice is strengthened due to the link between poverty and trauma. Educators can better fit the needs of their students through exploration of an issue that may affect many of them. For numerous students, hunger pervades all aspects of their lives. Impoverished students may rely on local foodbanks and charitable organizations for clothing and personal care items. Schools in BC offer breakfast and lunch programs for these vulnerable students, and may also provide personal hygiene products and laundry facilities. Students who live in poverty may dread Professional Development and Non-Instructional days, winter and spring break, and summer break, because they lose access to the warmth and safety of the building, and go without having their basic needs met.

Brokenleg (2012) wrote, “poverty perpetuates trauma” (p. 11), and according to Statistics Canada’s Census of Population for 2016, 18.5% of children in British Columbia are categorized as low income. Only Manitoba, New Brunswick, Nova Scotia, and Prince Edward Island have
higher percentages of children in low income families. Every other Canadian province has a lower rate of children living in low income families than British Columbia.

The BC Child and Youth Advocacy Coalition reported that in the community this research study focuses on, including the outlying rural communities, 23.8% of children under the age of 17 live in low income families. The city itself has a child poverty rate of 22%, the fourth highest child poverty rate by urban area in BC. All of these students are serviced by one school district.

Brokenleg (2012) explained the link between poverty and trauma:

…not having a large enough income to buy sufficient protein—peanut butter, meats, cheese, eggs—can affect a child’s intelligence by a standard deviation if the mother misses out on good nutrition during her pregnancy. And, those living in poverty are not protected from other crises. Those who have a decent enough income could probably miss two or three days of work and will make it through the month. But those who are poor cannot miss a half day of work and be certain they can still put food on the table or pay their electricity bill at the end of the month. Poor populations are always at the mercy of the dynamics of life distress. (p. 11)

As “poverty perpetuates trauma”, trauma informed school practices are necessary in BC (Brokenleg, 2012, p. 11). Educators themselves may not have had experiences growing up in or living in poverty, and therefore need professional development to understand best practice for these students.

Acknowledgement of Traditional Territory

The intent of this thesis is to generate data that can be used to support educators working with both non-aboriginal and aboriginal students. BC educators must acknowledge that they are
living and working on the traditional territory of First Nations people, and acknowledge the intergenerational trauma that was caused through the practice of the Residential School system. According to Statistics Canada’s 2016 census, “over half of First Nations people live in the western provinces” of BC, Alberta, Manitoba, and Saskatchewan, with BC being the highest of the three at 17.7%. The last of 22 Residential Schools in BC was not closed until 1984 (BC Teacher’s Federation, n.d.).

BC educators need tools to help Aboriginal students who are affected by intergenerational trauma. Brokenleg (2012) stated:

Traumatic experiences are cumulative. If one generation does not heal, problems are transmitted to subsequent generations. In some form, this cultural trauma affects every Native person. It sculpts how we think, how we respond emotionally. It affects our social dynamics and, at the deepest level, impacts our spirituality. Intergenerational trauma has wounded us deeply. Not a day that goes by in which I do not think about some dynamic related to intergenerational trauma. There were times in my life that I wondered ‘Is there something wrong with me? Is there something wrong with us? What did we do to cause all of this to happen?’ The truth is there is nothing wrong with Native people; we are perfectly normal people responding to an abnormal history. (p. 10)

As a school system, our commitment to informing our practice for trauma is illustrated in the following example:

When trauma occurs in the presence of a supportive, if helpless, caregiver, the child’s response is likely to mimic that of the parent—the more disorganized the parent, the more disorganized the child…children with insecure attachment patterns have trouble relying on others to help them and are unable to regulate their emotional states by themselves. As
a result, they experience excessive anxiety, anger, and longings to be taken care of. (van der Kolk, 2005, p. 403)

Educators are in a position where they may be able to build strong parent-school relationships. Having knowledge of trauma-informed strategies and being able to pass that knowledge onto parents could help parents deliver trauma-informed strategies outside of school, which could lessen the likelihood of parents acting as the supportive yet helpless caregivers van der Kolk described.

**Resiliency**

Resilience is a “term used to describe a set of qualities that foster a process of successful adaptation and transformation despite risk and adversity”; a strong ability to be resilient can help a person who has experienced trauma “overcome the odds” and divert a “life trajectory of risk” (Benard, 1995, p. 2). All children are born with “an innate capacity for resilience” that allows them to “develop social competence, problem-solving skills, a critical consciousness, autonomy, and a sense of purpose” (Benard, 1995, p. 2). With the potential and importance of resiliency for students’ lifelong well-being, it would seem to be valuable for schools to provide attention to, and support for the development of resiliency.

**Current Climate in BC School Districts**

The province of British Columbia is in the midst of educational reform. The purpose of the reform is less to do with what is being taught, and more to do with how it is taught. Reading, writing, and math instruction has been transformed into curriculum that allows educators to teach “those skills in a way that connects them to collaboration, communication, and critical thinking skills that are so important after high school” (BC’s New Curriculum Parent Guide, n. d.). The changes are happening because “the world is changing and we need to make sure students have
the skills they need to succeed in our changing world…so students can succeed in the 21st Century” (BC’s New Curriculum Parent Guide, n. d.). Actions towards designing a new curriculum structure began in 2011, and the new curriculum has been adopted in kindergarten through grade nine, and will be required in higher grades for the 2018/2019 school year.

The new curriculum in BC includes six Core Competencies. These competencies are skills and qualities that schools can weave into day-to-day instruction to build thinking skills, intra and interpersonal skills, a sense of self, belonging, and identity, and responsibility. The six Core Competencies are: critical thinking, creative thinking, communication, positive personal and cultural identity, personal awareness and responsibility, and social responsibility. These new competencies place importance on holistic student-centred learning. Teaching to the social-emotional needs of students who have experienced trauma would align with the Core Competencies of personal awareness and responsibility, positive personal and cultural identity, and social responsibility.

The BC Ministry of Education’s 2004 Safe and Caring School Communities policy was revised most recently in 2017. The policy stated that school districts must “foster trauma sensitive schools and apply a trauma informed lens to student behaviour” (p. 1). However, there is currently no province wide program that is mandated in schools to achieve this. The BC Education Plan (2015) stated: “The best outcomes are achieved through learner-centred approaches that are sensitive to individual and group differences” (p. 3). Trauma informed practices will bring the sensitivity to these individual and group needs.

With a provincial requirement for trauma informed practices, and a lack of government sanctioned programming, some school districts in BC have begun “grassroots” movements
In the Cariboo-Chilcotin School District, a school principal described the process of bringing trauma informed practices into his district:

Our Local Action Team explored a trauma sensitive school initiative. Schools that understand the educational impacts of trauma can become safe, supportive environments where students make positive connections. As students learn to calm their emotions, allowing them to focus and behave appropriately, they begin to feel confident enough to engage in their learning. We have taken a multi-pronged holistic approach to facilitate a variety of programs in our school addressing issues around: self-regulation, mindfulness and cultural identity as we looked towards building attachment and trust both. (Shared Care BC, 2017, p. 8)

In Mission, BC, the relationship between trauma as a public health issue and as an education issue – a relationship which will be revisited in Chapter 2 – is described below:

Mission is actively engaged with inter-sectoral partners to raise awareness, identify action items and shift the public narrative around why so many of our young people and families are struggling to thrive, as well as contribute to a shift in how we view those living homeless, addicted and struggling. Mission is taking a grassroots community development approach to this work. To better understand our local landscape, we are engaged in school-based social work pilots, education with physicians, and dialogue with our school district. (Shared Care BC, 2017, p. 8-9)

The purpose of the current study is to provide information for the development of resources for BC educators based on the current climate in a BC school district that has not yet begun implementing trauma informed practices.
Research Question

The main question that will guide this inquiry is: **What do BC educators know and need to know about embedding trauma informed practices into their teaching practice?**

The study uses a qualitative descriptive needs assessment methodology to identify gaps in both our current knowledge and practices. It uses interviews as data collection instruments. The knowledge it creates could be used to inform the creation of an artifact or artifacts (workshop, unit plans, website, etc.) that could be used to provide professional development or new teacher education, with specific attention to teaching resiliency.

Resiliency was described earlier in this chapter as one of the best means of combatting trauma. Brokenleg (2012) defined resiliency as “[b]eing strong on the inside, having a courageous spirit. One cannot teach resiliency with words or posters. What we need are transformative experiences” (p. 12).

The Core Competencies in BC’s redesigned curriculum are a vehicle through which educators can offer those transformative experiences. A sub-question guiding the current investigation is: How can BC educators bring trauma informed practices into teaching practice through the lens of the Core Competencies?

Value and Limitations of this Research

Trauma informed practice in schools is a new field in education. The BC Ministry of Education has policies stating that schools should use trauma informed practices, such as the Safe and Caring School Communities policy (2017), but there are not Ministry resources available to assist educators and few school districts have implemented trauma informed practices to date (Safe and Caring School Communities). This research could lead to the creation of a website, workshop, seminar, or other resource that can assist educators in meeting BC’s
trauma informed education ideal. The value of this research lies in contributing teacher voice and
BC context into the body of knowledge around trauma informed practices in schools. Limitations
include a small sample size of educators who all work at the high school level in one school in
rural BC. The results might not generalize to give an accurate account of what BC educators
know about trauma informed practice, as opportunities for trauma related professional
development vary across the province, and the sample of educators surveyed in this research may
have substantially more or less knowledge than the provincial average.
Chapter 2

Literature Review

Introduction

This chapter reviews trauma informed research across the disciplines of public health, neuroscience, and education. First, this chapter discusses why trauma informed practice is a special education issue. Next, it reviews the need for trauma informed practice through research on Adverse Childhood Experiences. This chapter then reviews the brain based differences between children who experienced trauma and typical brain development. Thirdly, this chapter describes the role of educators. The theme of resiliency emerges across interdisciplinary research. With the need for educators to understand the magnitude of this issue already established in Chapter 1, this chapter looks at research based suggestions for effective school practices, the challenges of learning 21st century skills, and discusses the value of using BC’s Core Competencies as a vehicle to teach resiliency.

Theoretical Framework

Child development and influence does not happen in isolation, because “[n]o man is an island, entire of itself; every man is a piece of the continent, a part of the main” (Donne, 1624, as cited in Merton, 2002, p. xii). One overarching theory of child development is Bronfenbrenner’s Ecological Systems Theory (1974), which places the child at the centre of concentric circles of influence called the microsystem, mesosystem, exosystem, and macrosystem. The innermost system, the microsystem, is “the immediate setting that includes the developing person, for example the home or classroom, and what happens in that setting” (Miller, Lerner, Schiamberg, & Anderson, 2003, p. 85). This theory suggests that educators should act to provide supports and influence since the needs of the child are part of the needs of the greater community: the
classroom. The second level, the mesosystem, connects microsystems to each other. The nature of the relationship between schools, educators, and parents is important for the development of the child (Miller et al., 2003, p. 86). The exosystem includes “settings that do not ordinarily include the child but can, nonetheless, influence his development”, including the relationship between a parent’s work demands and “the time and energy that parents have to spend with children or the parents’ moods and overall psychological well-being” (Miller et al., 2003, p. 86). The system farthest out from the centre is the macrosystem, which includes “culture, subculture, and social and economic systems” as well as “cultural beliefs and values, public policies and program, and social norms” (Miller et al., 2003, p. 86).

With respect to public policies, the Safe and Caring School Communities policy (2017) in BC is a current public school policy that requires schools to “foster trauma sensitive schools and apply a trauma informed lens to student behaviour” (p. 1). The impact of “reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate external environment” in Bronfenbrenner’s Ecological Systems Theory places responsibility on the child’s influencers (family, educators, community, society) to be responsive to the child’s needs, including needs for supports, as the child does not innately possess these supports within his or herself (Bronfenbrenner, 1974, p. 117). Therefore, there is justification for educators to teach resiliency in trauma informed practice.

**Trauma Informed Practice is a Special Education Issue**

The Province of British Columbia published the Special Needs Headcount in 2017. The data set from the Ministry of Education listed the number of students with an official Ministry of Education special education Category Designation. The Special Needs Headcount report also lists the number of students in each designation category by individual school district. In special
education, students who have experienced trauma, or who are currently experiencing trauma, likely fall under the designations of Category R: Moderate Behaviour Support/Mental Illness, or Category H: Intensive Behaviour Interventions or Serious Mental Illness. The main difference between the two designations is that Category H students are required to use outside supports in the community, including therapies or counselling. It is important to note the fluidity between categories; students move between H and R Categories if they begin or stop using outside supports. Category H and R students are assigned a school administrator as their Individual Education Plan Case Manager and use supports from Learning Support Teachers, including enrolment in Learning Support blocks in their course timetable. These students are expected to meet the regular provincial graduation requirements for a Dogwood by completing all required courses.

Beginning with the earliest recorded data, the 1996/1997 school year saw 5,704 students classified as Category H in BC. These students represented 42% of Special Education students in the province, more than two-and-a-half times the number of students in the next highest category. The Category R designation did not exist in the data set until the 2002/2003 school year, where the provincial total was 9,575 students, over 15% of Special Education students. Category H or R students combined represented over 26% of Special Education Students that year, more than any other category.

In 2016/2017, Categories R and H combined represented 22% of Special Education students, more than any other category except Category Q: Learning Disability, which was 30%. It is practical to think of these two categories—R and H—combined because of the ease at which students move between them, and the single criterion that distinguishes one from the other. In the school district that is the focus of this research, Category H and R students
combined represented 30% of Special Education students in 2016/2017, 8% higher than the provincial average. In addition, students who experience trauma that is undiagnosed or fleeting – such as the grief after the loss of a family member– are not accounted for in this data. Historically and presently, supporting students who have experienced trauma or who are experiencing trauma is a special education issue.

**Trauma is a Public Health Issue**

Brokenleg (2012) stated, “[r]esilience is closely intertwined with trauma”, and the theme of resiliency as a defence towards trauma can be found throughout current academic literature across disciplines (p. 9). According to van der Kolk (2005) “[c]hildhood trauma, including abuse and neglect, is probably the single most important public health challenge in the United States.”, yet it is “a challenge that has the potential to be largely resolved by appropriate prevention and intervention” (p. 2). BC educators need to know this, as they can adopt a role as an agent of intervention.

In the 1990s, the Adverse Childhood Experiences (hereafter ACEs) study was conducted in the United States on a sample of “17,337 adult health maintenance organization (HMO) members” (van der Kolk, 2005, p. 402); the research showed that 11% of participants had experienced childhood emotional abuse, 30.1% experienced childhood physical abuse, 19.9% experienced childhood sexual abuse, 23.5% experienced alcoholism in their family, 18.8% witnessed mental illness, 12.5% witnessed physical acts of violence against their mother, and 4.9% witnessed drug abuse (van der Kolk, 2005).

In 2015, other researchers from the United States conducted an additional study to add to the existing data from the ACEs study. As the original ACEs study (Cronholm et al., 2015) provided data “limited to a sample of insured, primarily white, educated participants” (p. 2), the
original ACEs study did not account for all adversities children may experience, particularly adversity that are prevalent in diverse populations. The researchers of the 2015 study revised the original ACEs study to include “[q]ualitative data from African American and Latino youth support expanding the concept of childhood adversity to include community-level indicators such as: experiencing racism, witnessing community violence, living in an unsafe neighborhood, experiencing bullying, and having a history of foster care” (p. 2). The researchers found that “higher levels of adversity exist in minority and lower-income populations” (Cronholm et al., 2015, p. 4). BC educators can generalize this knowledge to minority and low-income populations relative to their district.

The “ACEs studies have led to a conceptual model describing the natural history of childhood adversity, resulting in impairment and adoption of health risk behaviours that promote early disease, disability, social problems, and early death” (Cronholm et al., 2015, p. 2). Statistics show that “people with childhood abuse and neglect make up almost the entire criminal justice population in the U.S.” (van der Kolk,, 2005, p. 402).

**Trauma is Brain Building**

The brain of a person who has experienced trauma can be structurally different from a healthy brain due the fact that “[b]rain development is directed by genes but sculpted by experiences” (Teicher, Samson, Anderson, & Ohashi, 2016, p. 652). This is important for BC educators to understand because “the effects of trauma may manifest as attention deficit hyperactivity disorder, conduct disorder, oppositional defiance disorder, reactive attachment, disinhibited social engagement, and/or acute stress disorders” (Brunzell, Waters, & Stokes, 2015, p. 3).
In particular, stress can alter the physical structure of a growing brain. According to Teicher et al. (2003) childhood stress “programs the individual to display enhanced stress responsiveness” and “exposure to high levels of stress hormones select for an alternative pathway of development that occurs through a cascade of neurobiological effects” (p. 33). They reported:

[P]ostnatal neglect or other maltreatment serves to elicit a cascade of stress responses that organizes the brain to develop along a specific pathway selected to facilitate reproductive success and survival in a world of deprivation and strife. This pathway, however, is costly as it is associated with an increased risk of developing serious medical and psychiatric disorders and is unnecessary and maladaptive in a more benign environment. (Teicher et al., 2003, p. 39)

The implication for BC educators is that, in addition to economic and social-emotional disadvantages, children who have experienced trauma may have biological brain-based deficits compared to their peers. For example, trauma informed educators need to know that students who have been emotionally or physically abused do not anticipate rewards for completing tasks to the same degree as other children. Educators need to know that there is a likelihood of “increased awareness of potentially threatening stimuli and a diminished anticipation of reward” which “would tip the balance in an approach–avoidance situation towards avoidance” (Teicher et al., 2016, p. 657-658).

Trauma affects the development of the left and right hemispheres of the brain. In a healthy brain, right or left handedness affects the size of the brain’s right or left hemisphere through an opposite relationship. A right handed person would have a more developed left side of the brain, and a left handed person would have a more developed right side of the brain.
Students who experience childhood maltreatment may not show the same pattern of brain opposite hemisphere development. Research showed that an electroencephalogram (EEG) of right-handed children who have experienced trauma may display “that their right hemispheres were significantly more developed than their left” (Teicher et al., 2003, p. 36), which is opposite of what would occur in a healthy brain, where a right-handed person would have a brain with the left side more developed. In the EEG of a child who experienced trauma, both hemispheres were underdeveloped when compared to a healthy brain. The corpus callosum, the part of the brain responsible for communication between hemispheres, is also compromised in children who have experienced trauma. The “interhemispheric communication” allows individuals to problem solve and “correlates most strongly with IQ measures” (Teicher et al., 2016, p. 659). The “integrity of the corpus callosum may be diminished primarily in susceptible individuals” and the brain often responds with “avoidance decisions, anger and aggression” (Teicher et al., 2016, p. 659-660).

Researchers anticipate that “[n]ovel means of enhancing resilience and pre-empting the adverse consequences of exposure will probably arise from future studies on the mechanisms linking maltreatment, brain development and psychopathology” (Teicher et al., 2016, p. 663). They expect to find “additional differences in the brains of the resilient subjects (either pre-existing or adaptive) that enable these individuals to compensate for abnormalities in stress-susceptible structures” (Teicher et al., 2016, p. 662) Resilience is a brain-based defense against trauma. After all, “it seems unlikely that evolutionary forces have not selected for brains that are resistant to the damaging effects of early-life stress” (Teicher et al., 2016, p. 653).

**Trauma is Intergenerational**

Trauma creates biological, brain based differences between children. In the qualitative study, “Promoting Resilience: Breaking the Intergenerational Cycle of Adverse Childhood
Experiences”, the authors conducted interviews with parents who experienced Adverse Child Experiences (ACEs). Specifically, “[t]he effects of ACEs on neural circuitry are particularly salient during sensitive developmental periods” which “highlights the need for effective intervention during infancy and early childhood” (Woods-Jaeger et al., 2018, p. 1). It is well established in academic literature that children with Adverse Childhood Experiences are often raised by parents who had similar Adverse Childhood Experiences themselves. Therefore the parents may not be able to provide specific supports to their children. A school can provide the supports that children are not able to receive at home, because in low income families, “the weight of these problems [intergenerational Adverse Childhood Experiences] combined with the stresses of economic disadvantage make it difficult for families to provide a supportive, nurturing environment for their children, which can lead to an intergenerational cycle of ACEs and chronic stress” (Woods-Jaeger et al., 2018, p. 1).

ACEs may transcend generations because “trauma history is passed down to… children through unresolved mental health problems” (Woods-Jager et al., 2018, p. 3). The presence of “one’s ACEs can limit parenting capacities or result in negative, unhealthy expectations for themselves [the parent] and their children” (Woods-Jager et al., 2018, p. 3).

Most parents want to create an environment for their child that is better than the one they grew up in. The research showed that “parents consistently referred to their hopes, goals, and motivation to do what was necessary for their children to be safer, happier, and more successful” (Woods-Jager et al., 2018, p. 6). Parents expressed their perception of the importance of “love in the midst of adversity”, “communicating openly [and] spending time together” (Woods-Jager et al., 2018, p. 6). Parents also “described the importance of preparing their children for the threat of ACEs” by “teaching children how to cope with adversity” (Woods-Jager et al., 2018, p. 6-7).
Recommendations from the parents to give their children the best possible chance to break the intergenerational cycle of ACEs were to “(1) raise awareness about ACEs in the community, (2) build and nurture a supportive community, and (3) provide accessible parenting education and support” (Woods-Jager et al., 2018, p. 7). In the absence of parents who, however much they desire it, may not possess the resources or skills to deliver the above recommendations, schools can act as agents to build resilience.

**Resiliency’s Role**

In a German study on mental health, the researchers conducted a study on depression in adults who experienced trauma as children. They wanted to find out, “Does resilience matter?” (Schulz et al., 2014). The tools for their research were the Childhood Trauma Questionnaire and the Resilience-Scale, the RS-25. The Resilience-Scale was applied to determine the “strength of the Resilience Core” which “is composed of the five components: [1] a purposeful life, [2] perseverance, [3] equanimity, [4] self-reliance and [5] the awareness of being on your own in a lot of situations in life (existential aloneness)” (Schulz et al., 2014, p. 99). They found that “strengthening resilience could be a useful therapeutic goal especially in subjects with CM [Childhood Maltreatment]” (Schulz et al. 2014, p. 100-101).

As noted above, there is a triangulation of evidence from the disciplines of health, neuroscience, and education that shows resiliency based education is an effective trauma informed teaching practice. The research showed that trauma as a special education issue, trauma as a public health issue, trauma as a brain based issue, and trauma as an intergenerational issue is effectively combatted through resiliency interventions. Schools can act as agents to build resiliency.

**Trauma Informed Practices**
Current researchers recognized a “gap between research interventions for children experiencing trauma and ‘real-world’ interventions” (Nabors et al., 2016, p. 80). The gap caused practitioners to “question the practicality of using evidence-based or research interventions” (Nabors et al., 2016, p. 80).

The Nabors et al. (2016) study called, “Community-based Counselors’ Interventions for Elementary School-age Children Coping with Trauma”, was clearly stated as means to gather data from practicing practitioners to compile a database of effective strategies. The guiding question behind the research was: what real world trauma informed interventions do practitioners in the field find to be the most effective?

The researchers held a focus group with the participating clinicians. The participants were “asked to discuss interventions used in outpatient therapy sessions with elementary school-age youth with a diagnosis of PTSD [Post-Traumatic Stress Disorder]” (Nabors et al., 2016, p. 82). The participants were also asked to report the theories that grounded their professional practice. During the focus group sessions, the participants and moderator were able to ask further questions (including questioning each other). A running transcript of the focus group was kept. Participants had the opportunity to view the transcript and add information to it. The data was analyzed through content analyses. The “method of analysis was deductive and inductive” (Nabors et al., 2016, p. 82).

The participants in the study were counselors and/or social workers. Included in the participants were individuals with certifications as Counselor, Outpatient Counselor, In-home Trauma Counsellor, Clinical Counsellor, and Mental Health Care Specialist. Their experience ranged from 1.5-31 years of practice in the mental health field, with specific experience working with children with post-traumatic stress disorder ranging from 1 to 28 years. Nine of
the participants were female, and two were male. All participants were Caucasian with the exception of one female participant.

The results indicated that effective practices include “helping children manage trauma reminders, cope with anxiety, engage in activities to promote feelings of safety and to promote resilience, address grief, and modulate dysregulated emotions” (Nabors et al., 2016, p. 82). Examples of specific activities included: “[p]lay and art interventions…[c]reating puppets and masks or other drawings of scenarios allow children to recreate events and discuss feelings related to their experiences. Trauma boxes allow children to identify and then contain feelings, especially if they leave the boxes, with upsetting feelings related to a traumatic event” and “gratitude journals” (Nabors et al., 2016, p. 82) Coping strategies included “relaxation techniques (breathing and visualization of happy events), use of positive self-talk to cope with upsetting feelings, and relaxing and positive imagery to combat anxiety and other negative feelings” (Nabors et al., 2016, p. 85). Building of resiliency through positive affirmations and self-talk, supporting the child to become autonomous, increase self-esteem, “connecting the child to cohesive, supportive group experiences” and “access to external support systems” (Nabors et al., 2016, p. 85).

The strength in this study lies in the corroboration between theory and practice. Of the effective strategies reported by each participant, the authors were able to ground each strategy in related academic literature. This study also provides a multitude of practical lessons that could be adapted to a school context by an expert in the field.

This article has a strong appeal to bring into practice because the data was collected from people actively working in the field. The benefit of listening to those who are actively
working in the field was famously praised by former United States President Theodore Roosevelt in a speech titled *Citizenship in a Republic*. He said:

> It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement. (as cited in Hegseth, 2010, p. xiii)

The key idea of using fellow teachers, social workers, counsellors, and other experts in the field as resources, practitioners who are “actually in the arena” is the path that transforms research into practice (Roosevelt, as cited in Hegseth, 2016, p. xiii).

Children spend an enormous percentage of time during childhood and adolescence in schools. Theron (2016) said that “[g]iven this prominence in children’s lives, school ecologies bear a special responsibility towards facilitating resilience processes” (p. 88). Theron reported that, especially “when children come from communities and families that put them at risk, then the value of school-based support escalates exponentially” (p.88).

Examples of school supports can be divided into two categories. The first category, formal supports, included “prevention initiatives, interventions, resilience-focused projects, or health-promoting school approaches”, whereas informal supports included “teacher-student relationships or a warmly inclusive school climate” (Theron, 2016, p. 88-89).
Resilience in practice was effective when teachers “champion resilience” and schools adopt “protective school-wide systems” (Theron, 2016, p. 91). Teachers promote resilience when their actions focus on: “[d]eveloping warm, respectful connections, including between teachers and students”, “[c]ommunicating and enabling achievable, consistent expectations for respectful classroom interaction and student success/competence”, “[e]ngaging and developing students as active, capable agents and facilitating mastery”, and “[i]nvesting in effective teaching, safe learning environments, and resilience-supporting classroom practices, and/or helping students to master classroom-based tasks” (Theron, 2016, p. 92). Theron defined five characteristics of whole-school resiliency programming: “[a] school climate that promotes student success and facilitates school engagement”, “[a] school system that addresses children’s basic needs” including basic health necessities and food programs, “[c]reative learning environments” including the arts and outdoor education, “[n]on-academic school-based or school-facilitated activity, such as sport, cultural events, music, and/or peer-tutoring and other similar service to others, facilitates resilience by affording children opportunity to make constructive connections, develop skills, and potentially experience mastery”, and “[c]urriculum content [that] supports resilience when it capacitates children to develop the skills and knowledge needed for them to function well” (Theron, 2016, p. 91-94). These suggestions for best practice emerged as themes from Theron’s research methodology, where she analyzed 33 articles from academic literature.

Theron emphasized that the responsibility of building resilience does not rest on the child; instead, “social ecologies…, are responsible for facilitating resilience processes in contextually-relevant ways” (2016, p. 97).

**Value of Trauma Informed Practice through the Lens of BC’s Core Competencies**

The 21st century learner is a new generation of students whom educators have not taught
before. The world has experienced monumental change since our current educational system began. Beginning with the inventions of computers and the internet, there has been a dramatic change in the fundamental tasks people do every day. The role of school has shifted from a model which churned out labourers and workers, to a holistic model that aims to develop not just students who can read, write, and do math, but students, who can think, create, explore, lead, and carry on the extraordinary changes the future will hold.

McCoog (2008) identified “key components” of a 21st century curriculum as: “21st century content (i.e.: global awareness, scientific literacy)… learning and thinking skills (higher order thinking, planning and managing, collaboration, technology literacy (using technology in the context of learning, E-communication), and leadership skills (creativity, ethics, creating products)” (p. 3). He identified other “21st century skills” including “cultural awareness and social responsibility”, “self-direction and an ability to collaborate with individuals, groups, and machines”. Educators need to know that students who have experienced trauma are disadvantaged at having these 21st century skills, because the “effects of trauma on a child severely compound the ability to self-regulate and sustain healthy relationships” (Brunzell et al., 2015, p. 3). In BC’s Core Competencies, 21st century skills fall under the competencies of Communication, Critical and Creative Thinking, Positive Personal and Cultural Identity, Personal Awareness and Responsibility, and Social Responsibility.

In a holistic, student-centred model, the socio-emotional needs of students who have experienced trauma must be addressed before their academic needs. BC lacks a regimented province wide program to deliver socio-emotional instruction every day. While some districts do have teachers who are hired to deliver Self-Regulation programming, or use MindUP programs, there is a high potential for variability in districts and schools (MindUp, n.d). The responsibility
of delivering holistic programming is placed upon individual educators, who were provided with
the lens of the Core Competencies by the Ministry of Education.

Characteristics of resilient people, include “social competence…autonomy…and a sense
of purpose” as described by Benard (1995, p. 2) and can be developed through the Positive
Personal and Cultural Identity and Social Responsibility competencies, which focus on
“relationships and cultural contexts”, “personal strength and abilities”, and “personal values and
choices” (BC’s New Curriculum, 2016). The “problem-solving skill” and “critical
consciousness” resilient people have, as Benard described (1995, p. 2) can be taught through the
Creative Thinking and Critical Thinking Core Competencies, which emphasize “questioning and
investigating”, “generalizing ideas”, “developing Ideas” and asks students to “analyze and
critique” (BC’s New Curriculum, 2016).

The Core Competencies justify teachers using class time to facilitate activities that are
trauma informed and resilience building. Further justification for the responsibility of schools to
actively teach resilience comes from the BC Performance Standards, which are “standards and
expectations for…key areas of learning” and use the language, “resilience” (BC Performance
Standards, n.d.). The Ministry of Education has published performance standards related to
academic achievement in literacy and numeracy, as well as in social responsibility and healthy
living. The Healthy Living Performance Standard includes a section on “School Connectedness”,
which states that “the advantages of a positive school environment coupled with ownership of
learning include greater well-being and happiness, an improved sense of belonging and a better
quality of life for students…school connectedness contributes to the students’ inner strengths,
life-long resilience and positive mental health” (School Connectedness, n.d.).

As noted previously, Brokenleg (2012) called resilience: “being strong on the inside,
having a courageous spirit. One cannot teach resiliency with words or posters. What we need are transformative experiences” (p. 12). If BC educators are knowledgeable about trauma-informed teaching practices, the Core Competencies provide a lens for these “transformative experiences” to build resiliency, and resiliency is an effective defense against trauma (Brokenleg, 2012, p. 12).

Gaps in the Literature

The Safe and Caring School Communities policy (2017) requires schools to use trauma informed practices. What is known is the prevalence of trauma for BC students, the negative impact of trauma on brain development, the intergenerational nature of trauma, and the value of using resiliency to combat it. What is unknown, however, is to what extent BC educators have training and knowledge specific to implementing trauma informed practices in BC schools. This study will fill this gap by first interviewing BC educators to find out what they already know. This information can be used to design training resources to further inform BC educators about what best practice for trauma looks like and how it can be realized in BC schools.
Chapter 3

Research Methods

Research Question

The research question guiding this study is: What do BC educators know and need to know about embedding trauma informed practices into their teaching practice? The study uses a qualitative descriptive needs assessment methodology to identify gaps in both our current knowledge and practices. This research will be unique in its context—a select school district in BC. This research will identify a gap in what local BC educators know about trauma informed practice. The information in Chapter 2 identified the knowledge that educators need to know about embedding trauma informed practices into teaching practice. The results of the study may lead to the creation of an artifact that BC educators can use to support their learning and teaching.

Methodology

The Needs Assessment methodology can “have an impact on what organizations do and how they change” (Altschuld & Kumar, 2010, p. 8). The term need describes “problems confronting organizations, groups, and societies” (Altschuld & Kumar, 2010, p. 20). Needs are “the measurable gap between two conditions—‘what is’ (the current status or state) and ‘what should be’ (the desired status or state) (Altschuld & Kumar, 2010, p. 12).

Conducting a Needs Assessment requires pre-assessment, assessment, and post-assessment (Altschuld & Kumar, 2010, p. 22). The pre-assessment phase includes “focusing on potential areas of concern, finding out what is already known or available, and making decisions on what is understood [and leads] to a wealth of information about the area of concern” (Altschuld & Kumar, 2010, p. 22). The next phase, assessment, includes “collecting new information” beyond
what is available during the pre-assessment phase, and “determining initial priorities of needs and causally analyzing them as relevant to possible solution strategies” (Altschuld & Kumar, 2010, p. 22). The third stage, post-assessment, includes “[d]esigning and implementing solutions for high-priority needs” (Altschuld & Kumar, 2010, p. 22). This research methodology requires the researcher to “intimately know the organization for which the assessment is being conducted” and “be familiar with its characteristics and how it goes about the accomplishing of day-to-day activities” (Altschuld & Kumar, 2010, p. 6). According to McGoldrick and Tobey (2016), “[i]f you have good data that help you understand what the real problem is, then you can solve it” (n.p.).

Chapters 1 and 2 of this study identified a need for educators in BC to act as trauma informed educators. There is currently a gap in available resources from the Ministry of Education, and individual school districts are tasked with implementing trauma informed practices through a grassroots approach. There is also a gap in the knowledge of what BC educators already know about trauma informed practice. This research will identify what the BC educators who participated in this study know about trauma-informed practice, for the purpose of comparison with Chapters 1 and 2, which described a theoretical understanding of what BC educators know and need to know to be trauma informed. The results of this research might be used to inform the development of teacher education programs, professional development programs for practicing educators, or other resources.

**Participants**

The participants in this study were practicing educators at a public high school in rural BC. The school district where this study took place services 14 schools and a student population of 4000. The goal of participant selection was to obtain a participant pool that was diverse.
Participants included those with and without specializations (ex. Learning Support) and there were no exclusionary criteria, such as a background in special education or previous trauma informed training. No interested participants were excluded from this study. Demographic information about the participants was not collected for the purposes of this study.

**Recruitment**

Educators were recruited at the school’s weekly Monday morning meeting. The researcher read aloud a recruitment letter to the whole staff (Appendix B) that explained the scope of the research, including its purpose to include teacher voice into the body of academic research around trauma informed practice. Participants were informed that they could choose between an in person interview with the researcher, or could choose to receive the questions electronically and type their responses into a computer document. The researcher explained that participants would be asked questions about formal training around trauma informed practice, their personal knowledge of teaching students who experience trauma, knowledge of brain and child development, and be asked for examples of how they support the social, emotional, and mental health needs of their students. The researcher explained that the study might lead to the development of teacher education or professional development resources, and that the findings of the research would be published to contribute to the body of trauma-informed research. A copy of the presentation script was placed in the mailboxes of all staff. The in-person interviews were conducted in the researcher’s office at a school.

**Ethical Issues**

All interviews were conducted confidentially to protect the privacy of the participant. The participants were informed that they could withdraw from the study at any time until the study concluded. A potential risk to participants was revealing that their current practice has areas of
weakness. All participants’ names were replaced using an alphanumeric code and all data was kept on a password protected computer in the researcher’s home to ensure confidentiality. Participants have not been named or referred to by direct identifiers. Research participants provided written consent to the researcher before the study began. There is a potential for bias due to the fact that the researcher is employed in the same school as the participants.

**Data Collection**

Data was collected through one-on-one interviews between the researcher and the participant. The tool for data collection was a standardized open ended interview with guiding questions. The interview questions used can be found in Appendix A. Both “the exact wording and sequence of questions [were] determined in advance” and “all interviewees [were] asked the same basic questions in the same order” (Cohen et al., 1993, p. 413). The conversations were audio recorded to ensure accuracy of transcription to a computer. If participating digitally, participants typed into the interview question document themselves and submitted via email to the researcher.

Interviews as data collection instrument are “used as the principal means of gathering information having direct bearing on the research objectives” (Cohen, 1993, p. 411). This makes interviews an appropriate data collection method for this Needs Assessment/Formative Research, where the aim is to gather enough information to be able to identify what educators already know and do. Interviews create knowledge “by providing access to what is ‘inside a person’s head’, [it] makes it possible to measure what a person knows (knowledge or information), what a person likes or dislikes (values and preferences), and what a person thinks (attitudes and beliefs)” (Tuckman, 1972, as cited in Cohen et al., 1993, p. 411). Participants were asked questions about their knowledge of what trauma education is and what they might already know about trauma
informed practices. They were asked about the extent of their professional training around trauma education and asked their preferred means of receiving more trauma instruction (website, seminar, workshop, etc.). Participants were asked questions about how they already support the overall social, emotional, and mental health needs of their students. Participants were asked how they are using or plan to use the Core Competencies in their practice. The themes of the questions centred on training related to trauma and strategies for supporting social and emotional student needs that may already be in place, though not necessarily done with direct intent to address trauma.

**Data Analysis and Interpretation Procedures**

A standardized open ended interview requires “respondents [to] answer the same questions, thus increasing comparability of responses” which “facilitates organization and analysis of the data” (Cohen et al., 1993, p. 413). The data were analyzed by hand using thematic analysis. Data was coded according to behaviours, activities, strategies, feelings, conditions and constraints, and data may be reflexive (responding to prompts from the researcher). The coding is non-hierarchical. This qualitative data analysis method was chosen to identify patterns and trends. The results were analyzed without preconceived themes in mind. The data gained in this study is original because no data of trauma-informed practice had been done in the selected school district. It adds to the existing research around trauma informed educational practices in BC. Each participant’s responses were looked at holistically with respect to the individual to maintain the accuracy of their responses, though there is potential for misinterpretation by the researcher. The data was analyzed for shared themes and areas where educators did not appear to have resources, training, or support to allow them to execute trauma informed practices with
integrity. This research required participants to contribute their own position in relation to knowledge.

**Application of Understandings**

The knowledge gained from this research could be meaningfully used to identify and fill any gaps in current knowledge for best practice. It could lead to the creation of an artifact that could be used to take action in a local school district by educating school personal on effective trauma informed practices. The type of artifact required is informed by the data.

**Limitations**

The limitations of this study include a small sample size with little diversity amongst participants. Cicourel (1964) described potential limitations of using interviews as qualitative research. Interview style research is so multifaceted that “many factors…inevitably differ from one interview to another, such as mutual trust, social distance and the interviewer’s control”, and the interviewee may “feel uneasy and adopt avoidance tactics if the questioning is too deep” (Cicourel, 1964, as cited in Cohen et al., 1993, p. 410). There is also the potential that “meanings which are clear to one will be relatively opaque to the other, even when the intention is genuine communication” (Cicourel, 1964, as cited in Cohen et al., 1993, p. 410). According to Kitwood (1977), “the solution is to have as explicit a theory as possible to take the various factors into account” (as cited in Cohen et al., 1993, p. 410-411). In this study, the “interviewer is able to answer questions concerning both the purpose of the interview and any misunderstandings experienced by the interviewee” (Cohen et al., 1993, p. 411-411).

**Significance**

The purpose of this research is to identify the current climate of trauma informed teaching practices in BC. This study is a needs assessment, which is a methodology “intended to
improve design theory for designing instructional practices or processes” (Reigeluth & Frick, 1999, p. 2) including “improving instructional resources and curricula” (Reigeluth & Frick, 1999, p. 4). The identification of actual practice based needs, skills, and preferences is a very appropriate choice for guiding the development of a practical tool to respond to those needs. Qualitative interviews as a data collection tool allowed individual responses to have variety and allowed for participants to frame their answers with autonomy and without constraints. This study contributes teacher voice into the existing research on trauma informed education. This research methodology allows for the acquisition of three factors that could be used to construct a teacher training resource: what is already working well, what is not working well, and what improvements need to be made? (Reigeluth & Frick, 1999, p. 5).
Chapter 4

Findings and Results

This chapter includes the results of this research study. The results were synthesised upon the completion of data collection. The purpose of this study was to determine what a small sample of BC educators knew about trauma informed teaching practices. It compares the current state of their knowledge to what existing academic literature identifies as best teaching practices. Information gained from these results is limited in that it has a small sample size of participants from one school, however, it is the hope of this researcher that the information gained in this study may contribute to existing and future research from BC. The data might be used to inform the creation and development of trauma informed training experiences for educators and trauma education for teacher education programs. Table 1 lists the topics that guided this research:

<table>
<thead>
<tr>
<th>Table 1: Topics guiding research</th>
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<tbody>
<tr>
<td><strong>Trauma specific practices</strong></td>
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<tr>
<td></td>
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<tr>
<td><strong>Demographic information</strong></td>
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<td></td>
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<tr>
<td><strong>Perception of own practice</strong></td>
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<tr>
<td><strong>Current practice</strong></td>
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<td><strong>Biological bases</strong></td>
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<td></td>
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<tr>
<td><strong>Resources</strong></td>
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<td></td>
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</tbody>
</table>
Lessons

Professional development
- How do educators prefer to receive training?
- What kind of training do they find most effective?

Resiliency
- Are educators fostering resilience?

Core Competencies
- How are they being used?

Demographic Data

All of the six participants were enrolling teachers employed by a public school district in BC. All of the participants worked at a Gr. 9-12 secondary school. No further demographic data was collected for the purposes of this research.

Familiarity with the Term Trauma Informed Practice

Participants were asked if they had heard about trauma informed schools or trauma informed practice. Their answers are indicated on Table 2. It was found that 3 of 6 (50%) had heard the terminology, and 3 of 6 (50%) had not.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sample Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>No I have not</td>
</tr>
<tr>
<td>3</td>
<td>I haven’t heard</td>
</tr>
<tr>
<td>4</td>
<td>-read and taken pro-dev workshops on Trauma Informed practice -aware of Trauma Informed practice that Ministry of Children has in place</td>
</tr>
<tr>
<td>5</td>
<td>Yes -I don’t know anything about it</td>
</tr>
<tr>
<td>6</td>
<td>Yes, -it’s either a school environment or… practices or strategies within classrooms, that specifically target students that have trauma base in their life and helping them</td>
</tr>
</tbody>
</table>
Level of Formal Training

Participants were asked about opportunities to receive formal training about trauma informed practices. Their answers are indicated on Table 3. An optional professional development opportunity on trauma informed schools occurred in this school district approximately six months before this data was collected. Participants who had formal training attributed that to requirements of graduate level programs – both Master’s degree programs—and represented 2 of 6 (33.3%) of participants. One of the six participants sought out trauma informed training themself (16.6%). No formal trauma informed practice training was reported by 3 of 6 (50%) of participants.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sample Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Not in terms of educational practices</td>
</tr>
</tbody>
</table>
| 3           | Took a Trauma ‘class’  
- Conscious of this ‘lens’ during all classes as part of [a] Master’s program,  
- Pro-dev workshops |
| 4           | No specific training |
| 5           | I chose to educate myself about this to be a better teacher |
| 6           | Trauma unit within my Master’s degree  
- Course on educating exceptional students  
- Leadership courses  
- Talked about trauma in my psychology classes  
- Learning disabilities and behavioural [effects in] kids who are facing trauma. |
Current State of Trauma Informed Practice Implementation in Classrooms

Educators were asked if they considered their own practice to be trauma informed. Their answers are indicated on Table 4. They were not given any prompts, such as a definition of trauma informed. These responses represent the educators own perceptions surrounding their practice. Results show that 2 of 6 (33%) self-described their practice as trauma informed.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sample Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>-I guess not as much as it should be.</td>
</tr>
<tr>
<td>2</td>
<td>-I don’t consider it to be trauma informed</td>
</tr>
</tbody>
</table>
| 3           | -Yes  
-approaching people in ‘trauma informed’ manner  
-responding in a way as to not ‘re-traumatize’ |
| 4           | -aware that you gotta know what else is going on in a kid’s life |
| 5           | -No, but it should be. As teachers we encounter students who have experiences [sic] trauma and are not equipped to help them. |
| 6           | -use different strategies within the classroom  
-I wouldn’t say that I specifically run day to day trauma informed practice, but certainly the check-in every day |

Participants were asked about resources they use in the classroom to support trauma informed practice. Their answers are indicated on Table 5. The data showed 5 of 6 (83%) of participants indicated that they did not have specific resources in use for delivering trauma informed practice.

<table>
<thead>
<tr>
<th>Interview question 9: Are there any resources (books, videos, lessons, etc.) around trauma,</th>
<th>...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview question 9: Are there any resources (books, videos, lessons, etc.) around trauma,</td>
<td>...</td>
</tr>
<tr>
<td>Table 5: Current implementation of trauma informed practices according to educators own perceptions of their practice through examination of use of related resources</td>
<td>...</td>
</tr>
</tbody>
</table>
Participants were asked about classroom strategies in use to support trauma informed practice. Their answers are indicated on Table 6. The results showed that 5 of 6 participants (83%) were able to identify at least one strategy that was used regularly in their classroom that would fit with their definition trauma informed practice.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sample Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>-No</td>
</tr>
<tr>
<td>2</td>
<td>-No</td>
</tr>
</tbody>
</table>
| 3           | taught Non Violent Communication  
- teaching ‘resilience’ explicitly  
- Mind Up Curriculum for groups  |
| 4           | -There are resources I have bought around emotional needs, but I haven’t used them yet.  |
| 5           | -I have taught a unit… which includes trauma and resiliency  |
| 6           | -zones of regulation resource  
- I have tips and… take-aways from… workshops that I use on a regular  
- I wouldn’t say that I have a resource that I regularly use on a regular basis.  |

Table 6: Current implementation of trauma informed practices according to educators classroom strategies

Interview question 11: What strategies do you use that you think would fit with trauma informed practice? For example, do you do a morning check-in with each student?

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sample Response</th>
</tr>
</thead>
</table>
| 1           | -read body language and have quiet conversations with students  
-let them know I am thinking about them  |
| 2           | -I can’t answer this one  
- I need to know more what trauma informed practice is  |
| 3           | - Welcoming ‘room’ where wellness could be a focus  |
| 4           | - touching base with them and seeing how they’re doing. |
Participants were not given a definition of or criteria for trauma informed practice at any point during their interview. This study was conducted using the participants’ own understanding of what trauma informed practices are and what they entail.

**Current Supports for Social and Emotional Well-being and Mental Health**

The development of the research questions in this study was done with a hypothesis that, while educators may not use the label “trauma informed” to describe their practices, they do offer social, emotional, and mental health supports, which could fall under the umbrella of trauma informed practice, though the participant may not realize it. Educators were asked how they support the social, emotional, and mental health needs of their students. Their answers are indicated on Table 7. The results show that all participants included these types of supports in their practices.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sample Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>-I am a naturally sensitive, caring and supportive person</td>
</tr>
</tbody>
</table>
- encourages students
- adapts my expectations … according to their emotional and social needs

2
- be a healthy adult
- treat them as individuals
- get to know them on a personal level
- safe place for all students
- informed about if there is a history

3
- everything is about social/emotional health
- feel that they belong

4
- find out where students are at, meet them with where they’re at, and support them with where they’re at

5
- “open-door policy”
- personal journaling
- share a lot of stories about my own life

6
- talk about how do you make friends, how do you get past controversy with friends, how do you share
- self-regulation
- providing quiet space
- providing time outs, walks, outside, inside
- go to person
- yoga
- mindfulness activities

Brain Based Nature of Trauma

Chapter 2 established that trauma may create physiological differences between a healthy brain and a brain that experienced trauma. The implication for educators is that trauma has a physiological root. Participants were asked about their knowledge of the brain. Their answers are indicated on Table 8. It was found that 3 of 6 (50%) of participants described themselves as having training specific to brain functioning.
Table 8: Knowledge of brain functions

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sample Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>University courses</td>
</tr>
</tbody>
</table>
| 3           | Yes  
- role the ‘brain’ plays in how we manage experiences                           
- importance of ‘plasticity’.                                                   |
| 4           | Yes  
- Psychology classes on child development [and] adolescent development          |
| 5           | Nothing specific                                                                 |
| 6           | Yes  
- Undergraduate work [in] psychology                                             
- Master’s degree… had a component of brain development, how it forms, what the  
  different parts are                                                            
- used to offer a parent presentation [on] how girls’ brains develop differently  
  than boys’                                                                       |

How to Deliver Trauma Informed Practice Professional Development in BC

Participants were asked how they would prefer to receive trauma informed training. This is important to this study because, as Chapter 5 will discuss further, this research could lead to the creation of a resource used to address the deficits in knowledge that this study revealed.

Educators were asked how they prefer to receive professional development. Their answers are indicated on Table 9. The results did not indicate a clear outcome, so this research indicates it may be most beneficial to create multiple resources to address preferences in teacher education methods instead of a single artifact. Multiple resources could provide a more comprehensive learning opportunity for all.
Table 9: *How to implement effective teacher education*

Interview questions 6 and 7: What resources do you think would be most useful for you to begin or improve trauma informed practice? Is there a resource other than the 4 listed above that you think would be more useful for you?

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sample Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>-educational articles to read</td>
</tr>
<tr>
<td>2</td>
<td>-seminar scenario where there’s back and forth that can happen.</td>
</tr>
<tr>
<td>3</td>
<td>-Information on supporting increase in all staff becoming more ‘trauma informed’ ie) pro-development for all adults working in schools (custodians, secretaries, etc.)</td>
</tr>
<tr>
<td>4</td>
<td>-I know an LST who’s been doing lots of research; I think she would be a good resource.</td>
</tr>
</tbody>
</table>
| 5           | -What to say/do when a student confides in you  
-ways to implement mental wellness into the curriculum  
-Pro-D on trauma  
-whole-school activities |
| 6           | -a website database of lessons and activities  
-a series of 5-10 minute activities  
-Pro-D workshop  
-a unit for teachers to walk through on their own, like as a Pro-d, or that they can do self-paced |

**Teaching Resilience**

Educators were asked if they teach resiliency in an explicit fashion. Their answers are indicated on Table 10. This topic was included because Chapters 1 and 2 established resiliency as a critically important trait to develop in students who experience trauma. Therefore, it is a critical component in a trauma informed teaching practice. The results show that 5 of 6 (83%) of educators do not believe they teach resiliency explicitly. However, 4 of the 5 participants (80%) who said they did not believe they explicitly taught resiliency reported to either “imply the need
for it”, “mention it”, or “explicitly teach some strategies that will make kids resilient but… don’t use the word resiliency”.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>-No -I imply the need for it by telling them stories of how this characteristic has helped me and others encourage them to just keep showing up in life</td>
</tr>
<tr>
<td>2</td>
<td>-I do not -it’s implicit in all the study habits that I might teach</td>
</tr>
<tr>
<td>3</td>
<td>-Yes….I’m very interested in resilience and explored it for my Masters project.</td>
</tr>
<tr>
<td>4</td>
<td>-I mention it, but I don’t know if it’s explicitly taught, and I don’t know if you can teach it</td>
</tr>
<tr>
<td>5</td>
<td>-No, but would love to learn how.</td>
</tr>
<tr>
<td>6</td>
<td>-I don’t call it resiliency, so I guess I don’t explicitly teach it -teach kids ways to overcome things -strategies and role playing and stuff for kids to be able to respond to things they’re not happy with, thing they’re frustrated with, somebody who gets on their nerves -explicitly teach some strategies that will make kids resilient but I don’t use the word resiliency</td>
</tr>
</tbody>
</table>

Use of Core Competencies

BC’s Core Competencies have been identified in this research paper as a vehicle to deliver trauma informed instruction. The Core Competencies are part of BC’s newly redesigned curriculum, which was in the process of being implemented in high schools at the time this research was conducted. The Core Competencies provide a holistic lens to view teaching and learning. Participants were asked how they use or plan to use the Core Competencies. Their
answers are indicated on Table 11. The results show that 5 of 6 participants (83%) were already using the Core Competencies in their practice.

Table 11: Use of Core Competencies

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sample Response</th>
</tr>
</thead>
</table>
| 1           | -design assignments which require my students to think independently  
             -Creativity—I give the students lots of opportunity to choose how to demonstrate their learning  
             -Self-regulation – this is fostered every day as the need comes up |
| 2           | -I’ve been wrestling with the core competencies and dealing with them in an implicit way |
| 3           | -teaching the kids about Core Competencies, and just trying to make it part of the language |
| 4           | -videos to encourage ‘motivation’ in the face of challenges  
             -explicitly ‘taught’ through IEP preparation |
| 5           | -Socratic discussions  
             -fishbowl activities  
             -learning style |
| 6           | -we do a lot around social responsibility, and positive personal and cultural identity, personal awareness and responsibility…communication  
             -kinds of greeting, how do you appropriately say hello to somebody in the morning,  
             -real life situations in terms of critical thinking  
             -critical thinking in terms of internet |

Critical Issues Identified by Educators

Participants provided some critical issues that they identified as important in BC classrooms. Their answers are indicated on Table 12. One participant said that they “need to
know what kind of trauma students are faced with in today’s world and how to better support them in my classroom”. Other critical issues educators identified included how to support students when trauma is “caused by their living environment”, how to address the “level of bullying that is often still in schools, and social media and … online stuff [including] the trauma associated with that specific kind of genre, online, social media”. One participant expressed concern over “putting more aboriginal First Nations content in the classrooms” because “anytime it gets a bit sticky or controversial …we back away and leave it to be handled at home, both for First Nations and non-First Nations kids”.

Table 12: Critical issues identified by educators

<table>
<thead>
<tr>
<th>Interview question 12: Is there anything else that you think the researcher needs to know, or any questions you are wondering?</th>
<th>Sample Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1: what kind of trauma students are faced with in today’s world</td>
<td>how to better support them in my classroom.</td>
</tr>
<tr>
<td>Participant 2: What's trauma informed practice?</td>
<td></td>
</tr>
<tr>
<td>Participant 3: demographics make a trauma informed practice in our schools critical.</td>
<td></td>
</tr>
<tr>
<td>Participant 4: What does the researcher need to know? I think they’ve got it under control.</td>
<td></td>
</tr>
<tr>
<td>Participant 5: how to deal with students’ trauma when it is caused by their living environments.</td>
<td></td>
</tr>
<tr>
<td>Participant 6: level of bullying that is often still in schools,</td>
<td>trauma associated with … online, social media</td>
</tr>
<tr>
<td></td>
<td>putting more aboriginal First Nations content in the classrooms but I think that</td>
</tr>
<tr>
<td></td>
<td>anytime it gets a bit sticky or controversial that we back away and leave it to</td>
</tr>
<tr>
<td></td>
<td>handled at home</td>
</tr>
<tr>
<td></td>
<td>not sure that we still have really good strategies for [the] insidious bullying,</td>
</tr>
</tbody>
</table>

**Conclusion**

This chapter reviewed the results of this study. The purpose of this study was to find out what the participants, who represent a small sample of BC educators, knew and need to know to
embed trauma informed practice into teaching practices. It aimed to compare theoretical elements in best practice to what BC educators are currently doing. The results show that some educators were familiar with the terminology and had strategies and training to implement trauma informed teaching practices. Educators had some knowledge of brain development and their practices attend to the social-emotional and mental health needs of students. In Chapter 5, the results are analyzed for themes with respect to individual questions. Chapter 5 will also identify broader trends, including trends within individual participants’ responses.
Chapter 5

Conclusion

Summary

The study concludes in this chapter through an examination of emergent themes. It examines themes on a topic-by-topic and question-by-question basis, as well as overarching themes, including themes that emerge by looking at the collection of responses from individual participants. This chapter will revisit the limitations of this qualitative needs assessment, and will outline recommendations that could increase BC educators’ ability to teach in a trauma informed way. This study concludes with a summary of its intent, research question, results, and implications.

Discussion of Findings

Themes that emerged from participant responses to interview questions include (1) familiarity with the terminology, (2) minimal level of formal training, (3) current state of trauma informed practice implementation, and (4) teacher voice; results also indicated (5) teachers provision of social-emotional supports.

Theme 1—Familiarity with terminology

The results showed that some participants were not familiar with the terms trauma informed practice or trauma informed schools. This study found that 3 of 6 (50%) of participants had heard of trauma informed practice or trauma informed schools. Trauma informed practice is mandated by BC’s Ministry of Education through the Safe and Caring School Communities policy (2017), as noted in Chapters 1 and 2. This result suggests that educators do not yet have enough familiarity with trauma informed practice and its terminology to effectively implement this policy, and suggests a need for the BC Ministry of Education to provide resources and
guidance, as currently there are no related resources on their website that are accessible to educators.

**Theme 2—Level of formal training**

One reason why 50% the participants in this study had not heard of trauma informed practice may be attributed to the fact that BC educators are not required to have any formal training around trauma to receive a teaching licence. The results showed that the 3 of 6 participants (50%) who did list formal training around trauma did not acquire that training through a Bachelor of Education degree – the prerequisite to teacher certification in the public school system. Participants who had taken graduate level university coursework represented 2 of 6 (33.3%) of participants. Both of these participants indicated that this coursework contributed to a background in trauma informed practice. The third participant with formal training acquired this training themself out of personal desire to improve practice. These results imply that some educators are willing to educate themselves on this topic. A trauma informed training requirement mandated by the Ministry of Education or Teacher Regulation Branch could be beneficial to raise the provincial standard of knowledge on how to implement trauma informed practice. None of the participants indicated any resistance against becoming more trauma aware.

The results showed that 3 of 6 (50%) of participants had training specific to brain functioning. This is a significant result, because as established in Chapter 2, there are physical and structural differences between a healthy brain and a brain that has experienced trauma.

Unlike the responses to the question, “Do you consider your practice to be Trauma Informed”, when asked if their current practice includes a body of knowledge around brain functioning, participants referenced their general undergraduate degree. One participant said, “I’ve been a teacher for twenty-something years and the last sort of brain science training I
would have had would have been the university courses”. Another participant had “taken Psychology classes on child development as well as adolescent development at the University of Alberta” and the third had taken “psychology of childhood… general psychology, intro to educational psychology and intro to learning difficulties, all of which had a component where you learned about the brain” (this participant also later had more exposure to this topic in a Master’s degree program). Including coursework on brain functioning to pre-service teachers seems to be more common that coursework on trauma.

The 50% of educators who did not report being knowledgeable on brain functioning described their knowledge as either non-existent or only surface level. One participant responded, “[s]uperficially; yes, I have some understanding of the role the ‘brain’ plays in how we manage experiences and understand the importance of ‘plasticity’”. A stronger knowledge of brain development, functioning, and deficits would be important for teacher training, because this knowledge allows teachers to understand that challenging behaviours and other characteristics of typical children who have been through trauma are physical in their origin.

**Theme 3—Current state of trauma informed practice implementation**

The results showed that 2 of 6 (33%) of participants believed their practice is trauma informed. Both of these participants referred to their role as a specialist with Master’s level education in answering this question. The first of these two participants described their current efforts to be trauma informed as including “approaching people in ‘trauma informed’ manner. I understand importance of responding in a way as to not ‘re-traumatize’”. This participant had taken numerous trauma related classes as a graduate student, as well as professional development experiences. This educator “took a Trauma ‘class’ & conscious of this ‘lens’ during all classes as part of … [a] Master’s program, pro-dev at UVic, readings. ‘Tapping’ workshops – learning
to support ‘integration’ of trauma as a way to move forward.” This participant had knowledge about the “Trauma Informed practice that Ministry of Children has in place; Aware of UVic’s ‘trauma informed campus’ initiative.” It is important to note that this participant – whose responses towards the remaining questions also show knowledge of trauma informed practices—did not trace the root of their knowledge to their initial teacher training and Bachelor of Education degree (the degree required to have a BC teaching licence). All of this educator’s opportunities to learn about trauma come from graduate level coursework or professional development.

The other participant who self-identified as a trauma informed educator also referenced graduate level coursework on trauma. This participant’s knowledge of trauma came from “a course on educating exceptional students and there was a trauma section in there about strategies” that was part of a Master’s program. In contrast to the first participant discussed here, the second participant’s undergraduate teaching degree “talked about trauma in my psychology classes, so I took general psychology, psychology of childhood, intro to educational psychology, and intro to learning difficulties in the classroom, and all of those had some chunks of learning disabilities and behavioural things that came out of kids who are facing trauma”. This participant attended a professional development workshop approximately six months before this research was conducted.

According to Statistics Canada (2017), less than eight percent of Canadians have a Master’s degree. While the percentage of educators with a master’s degree could be higher if just looking at that population as a subset of the general population, it is unlikely that many teachers have had access to trauma informed practice training through graduate coursework. As will be discussed under the heading, Recommendations, in Chapter 5, professional development
opportunities for educators are a sensible route to deliver trauma training. The two participants discussed in depth here have shown in their responses that they have applied professional development learnings to their practice.

There is likely a high variability of responses if this study was repeated in other districts around the province, because trauma informed practice implementation is currently independent to the district. As noted in Chapter 1, other districts such as Mission and Cariboo-Chilcoton have district wide trauma informed practice initiatives for teacher education. The district that this study focuses on has not had any similar district wide initiatives, so it could represent much less than the provincial average of trauma informed practice implementation.

**Theme 4— Teacher voice**

Participants expressed concern over challenges people face in today’s society, from bullying in schools, both in person and through social media, and an increase in Aboriginal content in schools, which may call upon the intergenerational trauma faced by aboriginal students. As noted in Chapter 1, children may mimic the responses that they see from parents and caregivers, including disorganized and dysfunctional responses; children who do not develop normal patterns of attachment can be unable to manage their emotions and experience heightened anxiety, anger, or a desire to be looked after (van der Kolk, 2005)

If incidents or curriculum in schools may either cause or recall trauma, it is critical that BC educators have access to trauma informed training.

There was no single type of resource that participants identified as being most useful to their own professional development, and the results were scattered between the options presented. In part, this could be due to a wide range in expertise on the subject of trauma – some
educators quite well informed, some quite unfamiliar—as well as differing amounts of exposure to trauma informed instruction during undergraduate and graduate studies.

None of the participants said that they would find a unit plan useful. This may be because, as one participant described trauma informed practice “I don’t think of this as like a math unit where I’m going to teach geometry and then move on to the next thing, I think it’s one of those things that needs to be embedded daily, weekly, as you go, so having a unit plan that’s, you know, start/finish it’s over with and move on to something else isn’t as effective”.

Three participants identified working with other educators rather than as individuals to be their preference. As teaching is a social profession, it is likely that that preference may generalize. One participant stated that they “learn best in sort of a seminar scenario where there’s back and forth that can happen”, another described seeking out fellow educators as resources, and a third described a whole-school mentality towards trauma awareness, describing "supporting increase in all staff becoming more ‘trauma informed’ ie) pro-development for all adults working in schools (custodians, secretaries, etc.)”.

A multifaceted resource with multiple avenues to access information could offer the greatest appeal to the diverse preferences of BC educators.

**Theme 5—Teachers provide social-emotional supports**

As noted in Chapter 4, it was a hypothesis in this study that, although BC educators may not identify or be able to describe practices they do with the label of “trauma informed”, they nevertheless are sensitive to the social, emotional, and mental health needs of their students and are applying interventions that are in fact consistent with trauma informed practice. This knowledge may make the task of “educating” educators about trauma informed practice more manageable, as it does not imply that educators must evolve in their practice to be more trauma
informed. Rather, if educators were given formal trauma informed training, they may be able to identify the trauma informed practices they already do, and make sure that that element of their practice is emphasized.

As with supporting the social, emotional, and mental health needs of students, this study found that 5 of 6 (83%) of participants were fostering resilience whether they used that label or not. The 5 participants were using that trauma informed strategy, though did not necessarily know to label it as trauma informed. For example, one participant who did not describe their practice as trauma informed said about resilience, “I imply the need for it by telling them stories of how this characteristic has helped me and others. I encourage them to just keep showing up in life etc…”

It is suggested in this paper that resiliency and trauma informed practices should be presented to students through the lens of the Core Competencies. This study found that five of six participants (83%) were already using the Core Competencies in their practice, which suggests that a transition to trauma informed practice using the lens of the Core Competencies may be appropriate.

**Overarching Themes**

**Common language.** None of the interview questions for this study included a definition of what trauma or trauma informed practice actually are. During in person interviews, no prompt or clarification was allowed to define those terms (though none of the participants asked to be provided with a definition). This was done intentionally, because the researcher was interested to know if participants themselves considered their practice to be trauma informed, regardless if their definition of “trauma informed” was technically correct. Apart from one participant who, during an in-person interview, jokingly replied, “I have First Aid” when asked about training
specifically related to trauma (interview question two, available in Appendix A), participant responses in general indicated a sufficient understanding of what trauma and trauma informed practice are.

As first defined in Chapter 1, the term trauma includes incidences of “physical abuse, sexual abuse, community violence, witnessing domestic violence, and natural disasters” (Nabors, Baker-Phibbs, & Woodson, 2016, p. 79); trauma includes “exposure to a single overwhelming event” and “extended exposure to traumatizing situations” (Bath, 2008, p. 17). Educators seemed to have a general understanding that trauma effects students in a profound and multifaceted way, and that educators may, regardless of ministry mandates, care for students on a deeper level than only delivering curriculum. For example, one participant who did not describe their practice as trauma informed said they thought “it should be”. They described themself as “a naturally sensitive, caring and supportive person who intuitively encourages students and adapts my expectations of them according to their emotional and social needs”. While this educator does not use the label trauma informed to describe their practice, they are alert to signs of distress in students: “I read body language and have quiet conversations with students – listen to their story and let them know I am thinking about them – etc…”. This educator weaves resilience instruction into practice, saying, “I imply the need for it by telling them stories of how this characteristic has helped me and others. I encourage them to just keep showing up in life etc…”. Yet, this educator does not consider themself trauma informed?

One possible explanation is that the educators in this study may not be comfortable labelling their practice as trauma informed. One participant voiced an uneasiness towards using the term: “Consider practice trauma informed? Well, I think I’ve always been aware, that you gotta know what else is going on in a kid’s life, but I’m not sure that’s trauma informed more as
it is just getting to know the student”. Another participant said, “I don’t consider it [my practice] to be trauma informed, I think I’m, this sounds like it has more of a specific definition”. The development of a plan to teach common language, including definitions for trauma and trauma informed practice, to school personnel is recommended.

**Relabeling vs. Restructuring.** As shown by the previous example, there are many practices that are being done by BC educators that would benefit the social-emotional wellbeing of students. During the creation of the interview questions, the researcher specifically added question four, “What do you do in your practice to meet the social, emotional, or mental health needs of your students?” to find out if there are existing teaching practices that fall under the umbrella of trauma informed. Of all the interview questions, this one produced the longest and most robust answers from participants. No participant indicated that they do nothing to support their students’ social-emotional wellbeing. One participant stated, “It’s my job so, everything is about social/emotional health; we know that students can’t learn if they are not ‘safe’ and feel that they belong.” Having a common language may allow BC schools to relabel, integrate, and emphasize existing practices into their understanding of what trauma informed schools look like. According to one participant, “[a] lot of the things that we do implicitly, I think, is one of the key things of the new curriculum that makes it more explicit”.

**Ready vs. Resistant.** As one participant put it, “[a]s teachers we encounter students who have experiences [sic] trauma and are not equipped to help them”. This participant wanted part of trauma informed teacher education plan to include learning “[w]hat to say/do when a student confides in you” and “would like to know more about how to deal with students’ trauma when it is caused by their living environments”. This research showed that the six educators who participated were not resistant to making changes in their practice. There was an overall tone of
wishing to be able to do more to help students who go through trauma. As referenced previously, educators who had taken professional development or Master’s coursework around trauma were able to describe how they incorporated their learning into practice. None of the responses to any of the interview questions suggested that the educators in this study viewed trauma informed practice as unnecessary, faulty, or unlikely to fit within the confines of the public school system in which they worked.

**Limitations**

This study revealed that BC educators are largely not trauma informed, though educators do seem to use some trauma informed practices under the umbrella of supporting students with social, emotional, and mental well-being. Limitations on the validity of this study include: small sample size, district used in this study may under or over represent the provincial average of trauma informed knowledge, and all educators are enrolling teachers at the Gr. 9-12 level (there is a possibility of significant differences between practices of elementary, middle, and high school teachers, which was not looked into in this study).

**Recommendations**

After a review of the participant responses and emergent themes of this research, the following recommendations are offered:

1. **School Wide Guidance**—trauma informed education is a comprehensive and immense topic. Guidance from an expert might be required to create school environments that are trauma informed. As discussed in Chapter 2, human development is a social process and is influenced by the environment, including the school and classroom environments. Bronfenbrenner’s Ecological Systems Theory (1974) describes concentric circles of influence. This contains “the immediate setting that includes the developing person, for
example the home or classroom, and what happens in that setting” (Miller, Lerner, Schiamberg, & Anderson, 2003, p. 85), the important nature of the relationship between schools, educators, and parents for the development of the child (Miller et al., 2003, p. 86) and “settings that do not ordinarily include the child but can, nonetheless, influence his development”, including the relationship between a parent’s work demands and “the time and energy that parents have to spend with children or the parents’ moods and overall psychological well-being” (Miller et al., 2003, p. 86). Because schools can exert so much influence, it is important that a culture of trauma informed practice, if established, is done with fidelity and integrity. In the Sooke School District, for example, there are staff members employed by the district to act as inclusion coaches (inclusion being a new field in education, similar to trauma informed practice). There are currently no indicators from the BC Ministry of Education that a regimented trauma informed practice plan will be instigated or enforced in schools, therefore BC school districts could independently or collaboratively seek out or devise a program to build school of district level “trauma coaches” who could then be assigned a small set of schools to oversee as they transition to being trauma informed. Additionally, educators should have access to good resources, such as those founded on scientific research and studies.

2. Multiple entry and exit points—it is recommended that there be multiple entry and exit points in the development of any trauma related educational plan, as the participants in this study showed a wide variety in their knowledge. The information collected from this study, as well as the larger body to trauma related practice research, could be beneficial for universities to design teacher education programs for pre-service teachers. Required professional development activities for in service teachers is recommended. One
participant in this study described an educational plan for in-service teachers: “a unit plan for teachers to be able to learn themselves, like if you created kind of a unit for teachers to walk through on their own, like as a Pro-d, or that they can do self-paced that might be really helpful”.

Conclusion

This study aimed to contrast what educators know and need to know about trauma informed practice. The importance of this topic is due to the nature of trauma informed practice being a new field in education, provincial requirements for teacher to be trauma informed, and the connection between a high child poverty rate in BC and poverty’s connection to trauma. The literature review showed that fostering resilience as an effective way to support students who experience trauma. The qualitative needs assessment methodology produced data from interviews with in-service educators, and themes in their responses indicate that they are not yet describing their practice as trauma informed, but nevertheless are addressing social/emotional and resilience building solutions in their classrooms. This implies that the BC educators in this study are receptive to becoming trauma informed, and it is recommended that districts create specialist roles within the district and create resources to support in-service educators, and universities may wish to provide opportunities for pre-service teachers to learn about trauma informed practice.
References


http://onlineqda.hud.ac.uk/Intro_QDA/coding_examples.php


http://onlineqda.hud.ac.uk/Intro_QDA/how_what_to_code.php


http://www.eric.ed.gov/ERICWebPortal/recordDetail?accno=ED502607


Appendix A

Questions

1. Have you heard of Trauma Informed Schools or Trauma Informed Practice? If yes, what do you know about it?

2. Do you have any specific training related to trauma? Please explain, listing any qualifications, university coursework, Pro d workshops, or any other formal training.

3. Do you consider your practice to be Trauma Informed? Please explain.

4. What do you do in your practice to meet the social, emotional, or mental health needs of your students?

5. Do you have any training around brain development or functions of different parts of the brain?

6. What resources do you think would be most useful for you to begin or improve trauma informed practice?

Please rank the following in order of Most Useful (4) to Least Useful (1):

<table>
<thead>
<tr>
<th>Type of Resource</th>
<th>Ranking</th>
<th>Please explain why you chose each ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit Plan</td>
<td></td>
<td></td>
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<tr>
<td>Pro D workshop</td>
<td></td>
<td></td>
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<tr>
<td>A website database of lessons and activities</td>
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<tr>
<td>a series of 5-10 minute activities that could be done throughout the day</td>
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</tbody>
</table>
7. Is there a resource other than the 4 listed above that you think would be more useful for you?


9. Are there any resources (books, videos, lessons, etc.) around trauma, resilience, self-regulation, or social emotional needs that you use in the classroom?

10. How are you using the Core Competencies in your practice? How are you planning to use them? For example, I have been leading my students in discussions about overcoming obstacles after watching short videos about people overcoming challenges and not giving up.

11. What strategies do you use that you think would fit with trauma informed practice? For example, do you do a morning check-in with each student?

12. Is there anything else that you think the researcher needs to know, or any questions you are wondering?
Table 2: Familiarity with term trauma informed practice or trauma informed schools

<table>
<thead>
<tr>
<th>Participant</th>
<th>Response</th>
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<tbody>
<tr>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>No I have not</td>
</tr>
<tr>
<td>3</td>
<td>I haven’t heard</td>
</tr>
<tr>
<td>4</td>
<td>Yes, I have read and taken pro-dev workshops on Trauma Informed practice; aware of Trauma Informed practice that Ministry of Children has in place; Aware of UVic’s ‘trauma informed campus’ initiative.</td>
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<tr>
<td>5</td>
<td>Yes, I’ve heard trauma informed schools, I don’t know anything about it though. Just [another colleague] has mentioned it.</td>
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<tr>
<td>6</td>
<td>Yes, I’ve heard about both. What I know about it is that it’s either a school environment or in the case of practice it might be practices or strategies within classrooms, that specifically target students that have trauma base in their life and helping them overcome that so that they can effectively learn and kind of get past that or at least work through the trauma enough that they can effectively learn and absorb information. Things like that.</td>
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Table 3: Level of formal training

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<tr>
<th>Participant</th>
<th>Response</th>
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<tbody>
<tr>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>I have First Aid, yeah, but no, not in terms of educational practices</td>
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<tr>
<td>3</td>
<td>took a Trauma ‘class’ &amp; conscious of this ‘lens’ during all classes as part [a] Master’s program, pro-dev at UVic, readings. ‘Tapping’ workshops – learning to support ‘integration’ of trauma as a way to move forward.</td>
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</tbody>
</table>
No specific training, Pro-d workshops? Nope.

The only exposure to trauma related education I have received was sought out by myself with the Sexual Assault Center in Edmonton, Alberta. I chose to educate myself about this to be a better teacher.

Well, I took, there was a trauma unit within my Master’s degree, I did a course on educating exceptional students and there was a trauma section in there about strategies and stuff to doing that, there was some talk about trauma in my leadership courses, which was Leading for Change and Leadership Theory and Practice, so there was some talk about providing leadership within a classroom or within a school for kids that have that, and then in my undergraduate degree we talked about trauma in my psychology classes, so I took general psychology, psychology of childhood, intro to educational psychology, and intro to learning difficulties in the classroom, and all of those had some chunks of learning disabilities and behavioural things that came out of kids who are facing trauma.

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<thead>
<tr>
<th>Table 4: Current implementation of trauma informed practices according to educators own perceptions of their practice</th>
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<tr>
<td>Interview question 3: Do you consider your practice to be trauma informed? Please explain.</td>
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<td>Participant</td>
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<tr>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
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<tr>
<td>4</td>
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<tr>
<td>5</td>
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</table>
I do some trauma informed kinds of strategies, like I do check-ins with the kids every morning; you know how’s your day going? Thumbs up, thumbs down. I’ll debrief with somebody if I notice they seem to be really struggling. I communicate with parents quite regularly so I know if there’s something going on … I do use different strategies within the classroom if I’ve noted those kinds of things either from files or from information I’m provided with, I wouldn’t say that I specifically run day to day trauma informed practice, but certainly the check-in every day would be one of those.

Table 5: Current implementation of trauma informed practices according to educators own perceptions of their practice through examination of use of related resources

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<tr>
<th>Participant</th>
<th>Response</th>
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<tbody>
<tr>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>No, not that I know of</td>
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<tr>
<td>3</td>
<td>When I was a classroom teacher (alternate program) we explicitly taught Non Violent Communication each year; we worked on scaling experiences (pre-post), and teaching ‘resilience’ explicitly…… I’ve used the Mind Up Curriculum for groups in middle school.</td>
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<tr>
<td>4</td>
<td>There are resources I have bought around emotional needs, but I haven’t used them yet. Does that count?</td>
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<tr>
<td>5</td>
<td>I have taught a unit on Malala Yousafzai, which includes trauma and resiliency. The students were very interested in someone who is so resilient and strong.</td>
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</tbody>
</table>
| 6           | I don’t have any specific things that I go to, I mean I have a library of books that all teachers, you know, do have, I do tend to work with the zones of regulation resource with my kids, and you know are you green are you yellow are you red are you orange, kind of thing. And as I said I’ve gotten some ideas from various places on resiliency and things like, you know, tone of voice, getting down to their same level as opposed to standing above them and making them feel like they’re being talked down to, those kinds of things, but I don’t, I wouldn’t say that I necessarily
have kind of a go-to resource but I do have a library that has like, self-regulation for autistic students, I went to a workshop on challenging, dealing with challenging behaviours with FASD students, you know, things like that, so I have tips and what I call take-aways from some of those workshops that I use on a regular basis in my room but I wouldn’t say that I have a resource that I regularly use on a regular basis.

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<tr>
<th>Participant</th>
<th>Response</th>
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<tbody>
<tr>
<td>1</td>
<td>No, I just read body language and have quiet conversations with students – listen to their story and let them know I am thinking about them – etc…</td>
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<tr>
<td>2</td>
<td>I can’t answer this one right now, because I need to know more what trauma informed practice is</td>
</tr>
<tr>
<td>3</td>
<td>Formal and Informal check ins with students; Welcoming ‘room’ where wellness could be a focus; with an elder, and resources to help people get into a state where they can do school… that they are able to check their issues at the door and do ‘school’.</td>
</tr>
<tr>
<td>4</td>
<td>Strategies, I think maybe not a systematic check in but just making sure, keep track that I have checked in recently with kids, especially if I know something’s going on or if something seems off, that’s the biggest strategy is just touching base with them and seeing how they’re doing.</td>
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<tr>
<td>5</td>
<td>I do a daily journal entry at the beginning of every lesson and there is always a prompt, usually linked to the lesson, however students are allowed to write about anything they want. I allow students to put these journals either in the “read” or “don’t read” basket. If they want it read, I will read that entry and reply back to them. If they do not want that entry read I don’t read it. I have found that students utilize this journal to vent frustration, work out feelings, reflect on their day or week and just check in with themselves as well as with me.</td>
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</tbody>
</table>
I do a morning check-in with each student as they come in, and if I’m not able to my EAs do, everybody, and quite honestly most of my EAs and myself, we all check in with them every day, and sometimes the response that the kids give to me vs. different EAs is sometimes different and sometimes they say, “I’m fine” and you can tell they’re really not but they won’t open to me, but then the next person will come in and it’s somebody they know longer than me or somebody they just have a more trusted relationship with, and they’re like, “No I’m not in a good mood, I’m” you know, I got the “Fine” but they tell them, “No, I’m not in a good mood, I got hardly any sleep, I gamed too much this weekend, I’m really in a pissy mood kind of thing”. So, we definitely do the check in, we do a bit of, we call it a dance party where we put on some of those, it’s that game where you can do the moves along, you know you score points, but we don’t actually do the points thing we just follow along, get the kids moving, particularly some of my kids with mental health issues, just so that they have some physical activity first thing in the morning so that the endorphins and things get going so that they can start their day in a more positive kind of way, so we do that, we try to keep voice tones low and we try and take anger or sarcasm out of our tone of voice, because that will set some of the kids off who are more prone, like I’ve had kids say to me... “When you talk that loud it scares me, it makes me angry”, and it’s not even that it’s there’s yelling or anything going on, it’s just sometimes even just the level of the voice, so the kids have gotten to the point where they’re pretty trusting of saying, can you talk quieter to me, or whatever, I always, when I’m talking to kids I try and bend down so that I’m at their level, or sit in the chair next to them as opposed to talking at them from above. I try really hard to give them predictive things that are coming up so that there’s never anything that is coming out of the blue at them, I give them lots of lead time if there’s going to be a change in schedule, a change in the way we normally do things, a change in classes, an assembly coming up, I give them lots of lead time for that. When we do assemblies and things like that we often go up to the mezzanine rather than sit in the general population down in the gym where it’s much more noisy and a lot more kids, because they just find it really difficult being in that noise, so we take them up to the mezzanine, so those are some of the things
that we do, yoga. We do yoga on a regular basis in our room, we ensure that the kids have something to eat all the time because some of them either come from homes where trauma is an issue so they either can’t or don’t have enough food, and sometimes it’s just self-regulation, they, you know, they’re expected to make it themselves and they don’t or won’t. So we always make sure somebody starts off with breakfast in some way shape or form and then something at lunch. We do those kinds of things, and we make sure that nothing in the room is exclusive, so if you don’t have enough money or you don’t have enough food you don’t have to embarrass yourself by asking for it, we’ve got process in place where it’s picked up or it’s noticed, or it’s just a free cupboard that you can go into without any questions asked and things like that so we’re not inflicting more trauma or what have you by them having to be embarrassed to say, “I don’t have any food, could you have something” or, you know whatever, and we ensure that, “Yeah, sure, no problem” and that the response is never punitive or, you know, that kind of thing, so those are some of the things that we do.

<table>
<thead>
<tr>
<th>Table 7: Current supports for social and emotional well-being and mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview question 4: What do you do in your practice to meet the social, emotional, or mental health needs of your students?</td>
</tr>
<tr>
<td>Participant</td>
</tr>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<td>3</td>
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</table>
4 What do I do in my practice? Just try to find out where students are at, meet them with where they’re at, and support them with where they’re at. That’s a complex question. You could write a thesis on that.

5 I encourage an “open-door policy” with my students to feel comfortable telling me anything. I also include personal journaling in my class to encourage students to write what they are feeling. I share a lot of stories about my own life to let students feel closer to me and know that they are not alone.

6 Mental health, I would say if there’s an identified mental health issue I certainly would work with whatever strategies have been recommended through the various teams that would have created reports and things on those ones. So I certainly would incorporate any of those kinds of strategies into my practice. In terms of emotional and social, if a child has trouble with social skills I’ll often try and pair them up with somebody, do some group work, do some pairing, we’ll talk about how do you make friends, how do you get past controversy with friends, how do you share, those kinds of things. Emotional, the same kind of thing, we do a lot of strategies around self-regulation, providing a quiet room, providing quiet space, providing time outs, walks, outside, inside, having somebody that’s in a position of trust with them, so if it’s not me it might be one of the EAs in my room, most of the kids have like a go to person when things are not going well that they can rely on to give them advice, things like that. We do yoga, we do some mindfulness activities, to just centre themselves and ground themselves, that type of thing

Table 8: Knowledge of brain functions

| Interview question 5: Do you have any training around brain development or functions of different parts of the brain? |
|---|---|
| Participant Response |
| 1 No |
| 2 Nothing recent, I think that, so I’ve been a teacher for twenty-something years and the last sort of brain science training I would have had would have been the university courses. That’s about it. |
Superficially; yes, I have some understanding of the role the ‘brain’ plays in how we manage experiences and understand the importance of ‘plasticity’.

Yes, I have taken Psychology classes on child development as well as adolescent development at the University of Alberta.

Training around brain development? Nothing specific

Yes, in my, like I said, in my undergraduate work, I did psychology of childhood, I did general psychology, intro to educational psychology and intro to learning difficulties, all of which had a component where you learned about the brain, whether or not those difficulties created a disability in some way in those, where the emotional part of your brain is, what forms first, why teens are so susceptible to making bad choices, all of those kinds of things. I also took again the educating exceptional students in my Master’s degree, which also had a component of brain development, how it forms, what the different parts are, and then I used to do some work with the BCTF and parent presentations and we used to offer a parent presentation on the differences between boys and girls and how girls’ brains develop differently than boys’ and why boys sometimes don’t read at the same level and who matures faster and at what levels of, what parts mature faster, that kind of thing, and in relation to behaviour and things like that, so I did some training all around, those kinds of things.

### Table 9: How to implement effective teacher education

<table>
<thead>
<tr>
<th>Participant</th>
<th>Response</th>
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<tbody>
<tr>
<td>1</td>
<td>I would like some educational articles to read about this</td>
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<td>2</td>
<td>Number one would be to learn about the field and what it entails, what is it? And once I learn what it is then maybe I could figure out what the best thing would be. Usually I find that I learn best in sort of a seminar scenario where there’s back and forth that can happen.</td>
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<tr>
<td></td>
<td>Information on supporting increase in all staff becoming more ‘trauma informed’ ie) pro-development for all adults working in schools (custodians, secretaries, etc.)</td>
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<td>---</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3</td>
<td>Resources. I know an LST who’s been doing lots of research; I think she would be a good resource.</td>
</tr>
<tr>
<td>4</td>
<td>What to say/do when a student confides in you, ways to implement mental wellness into the curriculum/ Pro-D on trauma/Having more whole-school activities that encourage students to feel supported by their peers/teachers/coaches and friends.</td>
</tr>
<tr>
<td>5</td>
<td>Is that these choices here? I would say, if I had to choose the ranking, that last two, so a website database of lessons and activities or a series of 5-10 minute activities that could be done throughout the day, I would rank those pretty close to either both number one or number 1 and 2, really being close together, because I think that trauma informed stuff isn’t like a unit you’re going to do, so I think having a variety of different activities would be good, because the trauma can come in so many different forms. The trauma might be due to poverty, it might be due to homelessness, it might be due to physical abuse, emotional abuse, sexual abuse, and so I think it’s tough to handle it as a whole unit, so those ones would both be really good so that you can pull what you needed for the specific trauma that you’re doing in your classroom, or dealing with in your classroom. The Pro-D workshop would probably be my next ranking, because I think there’s not enough of an awareness out there about trauma informed practice, or the fact that a lot of the behaviours we see in school are coming from something that has happened and we need to get at that and get it dealt with before either the behaviour stops or there’s an effectiveness for learning. So I think that that would be really good, especially if it included some lessons or activities. The unit plan, don’t know how useful that would be, to me, because I don’t think of this as like a math unit where I’m going to teach geometry and then move on to the next thing, I think it’s one of those things that needs to be embedded daily, weekly, as you go, so having a unit plan that’s, you know, start/finish it’s over with and move on to something else isn’t as effective if that’s the idea of what you mean by unit plan, in you’re thinking of the traditional kind of unit plan, I don’t think that that would be very helpful. It might be if it were a unit plan for teachers to be able to learn themselves, like if you created kind of a unit for</td>
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teachers to walk through on their own, like as a Pro-d, or that they can do self-paced that might be really helpful, but I’m not sure about it otherwise.

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<thead>
<tr>
<th>Table 10: <em>Teaching Resilience</em></th>
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<tbody>
<tr>
<td><strong>Interview question 8:</strong> Do you explicitly teach Resiliency? Please Explain.</td>
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<tr>
<td><strong>Participant</strong></td>
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<thead>
<tr>
<th>Table 11: <em>Use of Core Competencies</em></th>
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<tr>
<td><strong>Interview question 10:</strong> How are you using the Core Competencies in your practice? How are you planning to use them? For example, I have been leading my students in discussions about overcoming obstacles after watching short videos about people overcoming challenges and not giving up.</td>
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<tr>
<td><strong>Participant</strong></td>
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</tbody>
</table>
1. Critical thinking—I design assignments which require my students to think independently and them for themselves. I require them to recognize the biases and competencies and “purpose” of the sources they use to support their theses and to shape their own opinions. We have lots of debates and discussions.

2. Right now, I’m in the stage where I’m planning to use core competencies, and dealing with them explicitly with students, up to this point, I’ve been wrestling with the core competencies and dealing with them in an implicit way, so that’s where I’m at.

3. Core Competencies, we’re teaching the kids about Core Competencies, and just trying to make it part of the language.

4. Well, fortunately, I have an amazing teaching team that helps find videos to encourage ‘motivation’ in the face of challenges. Core competencies are being explicitly ‘taught’ through IEP preparation – in a learning resource centre context.

5. I teach students positive communication strategies to deal with conflict or disagreements through Socratic discussions and fishbowl activities. We also dissect why we think the way we do; metacognition, by discovering each students’ learning style.

6. I mean I deal with most of the core competencies all the time … we do a lot around social responsibility, and positive personal and cultural identity, personal awareness and responsibility, creative thinking not as much, critical thinking sometimes, communication. So, for example, we do all kinds of greeting, how do you appropriately say hello to somebody in the morning, you know if somebody says hello to you in the morning it’s appropriate for you to respond to them either, “Hi”, or, you know, “I’m not doing well this morning” rather than grunting at them or ignoring them, you know, things like that, I mean I could go on with a hundred example, cause we really do. The only two core competencies I don’t spend a lot of time on is critical thinking and creative thinking, although it will come up in critical thinking, you know we were talking today, you know, if somebody bids,
you know you need a bathroom reno done and somebody bids 12,500 and somebody else bids 6,000, how do you decide you know which person to go with, you know the 6,000 would be great because it’s not going to cost you nearly, like half as much, but are they using the same kinds of materials, are you, are they gonna have the same level of work, is it gonna take the same amount of time, how long are you going to have to be without a bathroom, you know, so we do those real life situations in terms of critical thinking, and we’ll look at critical thinking in terms of internet, like if we’re looking at things, is that an appropriate, you know, source to quote, or kids will come in and say, Oh I heard on the news you know, this that and it’s like which news, did you read it or did you see it on a broadcast, and if you saw it on a broadcast was it TMZ or was it Fox News, so we do some of those very specific, day to day, kinds of critical thinking, so, I mean those are some examples, I could think of a hundred examples for those ones.

Table 12: Critical issues identified by educators

<table>
<thead>
<tr>
<th>Interview question 12: Is there anything else that you think the researcher needs to know, or any questions you are wondering?</th>
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<tbody>
<tr>
<td>Participant</td>
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be. I’m concerned that there’s an acknowledgement of putting more aboriginal First Nations content in the classrooms but I think that anytime it gets a bit sticky or controversial that we back away and leave it to be handled at home, both for First Nations and non-First Nations kids, for example, the cancelling of going to see Indian Horse at the school, I mean, I get the concerns and things like that and I get that maybe it wasn’t a great idea to try and do it on a massive scale you know that kind of thing, but I worry that you know true truth and reconciliation isn’t going to happen if it doesn’t start somewhere and I don’t see it happening a whole lot in homes and things in general, and so I think that, you know, that’s one of the pieces, you know, where the education system needs to be the leader in that role and I’m not sure we’re there yet with that. But other than that I think, you know, I’m just not sure that we still have really good strategies for, you know, that insidious bullying, be it happening online or in schools or at recess or break or you know, lunch, and it’s so much a he-said-she-said and hidden and “I didn’t say that”, I just, I don’t know how to continue, you know like I don’t find that the strategies that we all use are always as effective. So I guess that, which I think is a lot of trauma that kids are facing in school you know. And even talking to adults, they’re still carrying around, ‘Oh yeah, when I was in school this happened to me, or that happened to me’, and you know so I don’t know if those are really questions or anything but those are just some things that I wonder about and, you know, are we doing the best job that we can and are we, you know are we really, even with the huge highlight of anti-bullying, you know stuff out there, workshops, lessons, and, you know, things that we do I’m not sure we’re putting as much a dent in it as we think we might be, I don’t know, but that’s just me, I think that’s everything.
Appendix C

Recruitment Script for Staff Meeting

Hello Staff,

I am currently completing my Master of Education in Special Education degree at Vancouver Island University and am ready to begin my research. I would value your participation because you would be contributing teacher voice. My study is called, “Fifteen-thousand Feet: What BC Educators Know and Need to Know to Embed Trauma Informed Practice in Schools”. The aim of my study is to find out what we, as BC educators, know about trauma informed practice. I will compare what we already know to what research suggests is best teaching practice for working with students who experience trauma. There would then be the creation of an artifact such as a website, PowerPoint, workshop, or seminar that could be used to educate teachers on trauma informed practices in BC.

If you choose to participate, you would be interviewed in person (and audio recorded) or answer the interview questions via email. You would be asked questions about any formal training you have around trauma informed schools, and your personal knowledge of teaching students who experience trauma, brain and child development, and you would be asked how you support the social, emotional, and mental health needs of your students. I will provide you with the interview questions at least one week before your interview. The interview would take 30-60 minutes of your time and could be done here at the school before or after school, or at a different location of your choice.

Thank you for considering participating in my research study. I would be happy to answer any questions or concerns that you have. We can discuss the scope of the research in
person here. I will place a copy of this script and my contact information in everyone’s mailbox in the staff room.
Appendix D

List of Available Supports for Participants

Campbell River Women’s Centre A program of the Vancouver Island North Women’s Resource Society (VINWRS)
Rose Harbour Building 10th and Dogwood Street Phone: (250) 287-3044 / Fax: (250) 287-3038
Website: www.crwomen.ca E-mail: info@crwomen.ca

CR Women's Resource Centre
105-1116 Dogwood Street
Campbell River, BC
V9W3A2

Campbell River Family Services
487 10th Avenue, Campbell River, BC V9W 4E4
Ph. 250.287.2421 • Fx. 250.287.4268

Vancouver Island Crisis Line 1-888-494-3888

Campbell River Senior Peer Counselling A program of the Vancouver Island North Women’s Resource Society (VINWRS)
105-1116 Dogwood Street, Campbell River, BC V9W 3A2 Phone: (250) 287-3044 / Fax: (250) 287-3038 Website: www.crwomen.ca E-mail: womenscentre@shawcable.com

Crisis Nurse (Campbell River Hospital Emergency Department)
375, 2nd Avenue, Campbell River, BC V9W 3V1 (250) 850-2647 / Fax: (250)850-2648

North Island Survivors’ Healing Society Counselling Centre for Adults Affected by Abuse
625D 11th Avenue, Campbell River BC V9W 4G5 Phone: (250) 287-3325 / Fax: (250) 287-3397 Website: www.nishs.ca E-mail: contact@nishs.ca
**Strathcona Counselling**

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**Vancouver Island Crisis Society - Crisis Chat**

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