Pan-Canadian Knowledge Synthesis on Trauma-Informed/Sensitive Practices in Education

Child Trauma Research Centre
UNIVERSITY OF REGINA

2022 | MAY

Saskatchewan

An invitation for consideration

Dear Reader,

Thank you for picking up this document. It shows u
important work. It also shows us that you care abo
and how you do it.

Any and every time we invite this kind of documen
we naturally connect it with our experience. We ca
that resonate and/or bump with what we are readi
Fundamentally, we are storied beings and we try to
complexities of our days, our professions, our lives

So, we invite you to think about this before you sta
because the information herein might call up stori
and with trauma; this reading can be hard, and the
hard too. And we did not want to send you into a d
caring for how you might experience it.

We have tried to shape this content so it is support
the young people you are privileged to be alongsid
this way, at the end of the document, you will find
included the poem because it inspired us, and we h
inspire you. In it is the following line: *Did I mention*
attention?

As you engage with this document, we hope that li
in your reading. We hope it calls you to think abou
what *want* means, who *your* is, and what *attention* l
hope that what we offer here is supportive of you,
and of the young people whose behaviours are rea
to let you know:
I want your attention.

REPORT CONTENTS

EXECUTIVE SUMMARY

REPORT GOAL

The goal of this literature review is to offer a synthesis of the vast amount of publicly available knowledge to support educators who are curious about, or committed to, trauma-informed/sensitive practices in schools. This document synthesizes the relevant literature that will support educators in relation to trauma-informed/sensitive ways of being. This, in turn, will help educators to support themselves and their students.

The audience for this report includes Kindergarten to Grade 12 (K-12) teachers, administrators, and school staff while also remaining applicable broadly applicable, recognizing that educators are navigating the collective and individual trauma(s) both shaped and exacerbated by COVID-19.

METHODS

Data for this synthesis was drawn primarily from the University of Regina's Dr. John Archer Library, Elsevier, and Google Scholar. The articles, journals, and studies reviewed were selected in priority of
1) how relevant they were to the Prairie region;
2) how relevant they were to a Canadian context; and,
3) those relevant to North American and Commonwealth nations.

Searches targeted both quantitative and qualitative studies from research journals from many fields, often using the search terms trauma-sensitive; trauma-informed; schools; education; educators; adverse childhood experiences; students; maltreatment; neglect; disclosure; COVID-19; and, trauma.

Articles cited have been weighed first in terms of recency, primarily searching for work published in 2017 through 2022, while also including resources frequently cited throughout the knowledge synthesis.

SUMMARY OF FINDINGS

Our search revealed five major themes: (1) adverse childhood experiences and how they manifest; (2) educators' experiences; (3) the trauma-sensitive classroom; 4) disclosures of neglect and maltreatment; and 5) the impacts of COVID-19 on trauma-sensitive education. These themes are reflected in the content and suggestions included in this literature review. Overall, we have found that education about trauma is essential for improving the outcomes of students in Saskatchewan school systems. However, there also exists an emergent body of literature that posits the positive impacts of focussing on teacher well-being, and how those impacts translate to better outcomes for students.

OFFERINGS

From this synthesis, we have also created 20 knowledge products (briefs) that provide evidence-based and practice-informed supports to educators in responding in trauma-informed/sensitive ways to adverse childhood experiences (ACEs), COVID-19, disclosures, and other related issues. This report and the related knowledge briefs are available in both English and French. The knowledge products are shaped to support educators as they work daily alongside children and families in vulnerable contexts, within communities, while simultaneously attending to the mental health and well-being of the educators themselves. While much work in relation to trauma-informed practices in education is being done around the globe, this project has offered a large-scale synthesis of over 120 peer-reviewed articles, webpages, programs, podcasts, reports, and resources relevant to the Saskatchewan context.

CHALLENGES OF THE SYNTHESIS

While positioned as a pan-Canadian knowledge synthesis for a Saskatchewan context, it is often difficult to find Canadian, and more specifically, Prairie/ Saskatchewan resources ready-made for the unique realities of living on the Prairies. Many resources also presuppose a certain level of technological capacity and are shaped within and for an urban context.
A second challenge was the ongoing limitation to our ability to build relationships in good ways with Indigenous consultants and leaders. Due to the short time frame of this synthesis (February-March 2022) and ongoing COVID-19 disruptions, the typical connections that we would have drawn upon through our university were interrupted. This report is developed with specific experiences of Indigenous children and youth across the Prairies in mind. However, we chose to practice our relational and reciprocal responsibilities and not simply take information that was not given, shared, or gifted in a reciprocal way.

INTRODUCTION

BACKGROUND & CONTEXT

Saskatchewan's education sector has named
mental health and well-being
as priorities in both its interim education plan and framework for a long-term education plan.

Findings from the University of Regina's Drs. Jerome Cranston and Nathalie Reid's research **Understanding Emotional Impacts of COVID-19 on Teachers, Administrators, and Professional School Staff** highlights educators' repeated requests for support in relation to trauma-informed/sensitive ways of being in order to support their students.

In an article entitled "The Downstream Effects of Teacher Well-Being Programs: Improvements in Teachers' Stress, Cognition and Well-Being Benefit Their Students," Carroll et al.,(2021) found that not only did participating in the 8-week stress reduction intervention decrease the teachers' distress and improve their self-reported well-being and commitments to their jobs, it also correlated with "increases in academic self-perception"(para 1) in those teachers' students. This suggests important downstream benefits for students when teachers are supported, trained, and feel knowledgeable.

To extend these findings, the Child Trauma Research Centre has committed to undertaking this pan-Canadian knowledge synthesis and mobilization project in relation to trauma-informed practices in education.

Key Issues Addressed in This Synthesis

Adverse Childhood Experiences (ACEs) & How They Manifest

Educator Experiences

The Trauma-Sensitive Classroom

Disclosures of Neglect and Maltreatment

The Impacts of COVID-19 on Trauma-Sensitive Education

PURPOSE & OBJECTIVES

The information in this report and the accompanying briefs will provide educators with knowledge supportive of their practice, as it relates to these sensitive topics in their, and their students' lives. With this knowledge supporting educators, all students can benefit from the downstream effects of a trauma-sensitive classroom/school environment.

Project Objectives

(1) conduct a pan-Canadian knowledge synthesis of trauma-informed best practices in education.

(2) create evidence-based and practice-informed knowledge products that draw on the synthesized knowledge and offer practical support to educators in responding to COVID-19 and other related issues related to adverse childhood experiences in the educational setting.

(3) make the briefs easily accessible and readily available to educators across Saskatchewan.

Data Inclusions & Exclusions

Data for this synthesis was drawn primarily from the University of Regina's Dr. John Archer Library, Elsevier, Google Scholar, and publicly available information. The articles, journals, and studies reviewed were selected in priority of: 1) how relevant they were to the Prairie region; 2) how relevant they were to a Canadian context; and, 3) those relevant to North American and Commonwealth nations.

Searches targeted both quantitative and qualitative studies from research journals from many fields, often using the search terms: trauma-sensitive; trauma-informed; schools; education; educators; adverse childhood experiences; students; maltreatment; neglect; disclosure; COVID-19; and, trauma.

Some exclusions included: some full-length professional development books, “trauma-informed” programs conducted in the United States private educational system, and questionable, non-evidence-based internet content. In general, exclusions generally reflected constraints due to time, budget, relationship, and feasibility.

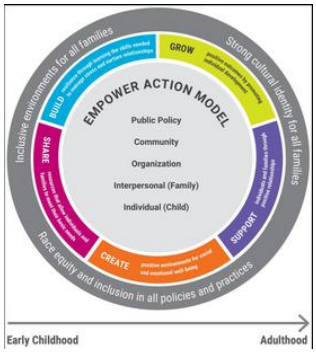
METHODOLOGY

Theoretical Framework

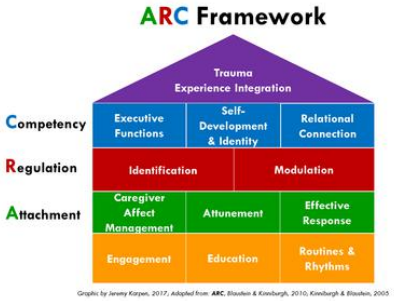
Guided by a socio-ecological framework, Margaret Blaustein's Attachment, Self-Regulation, and Competency Model, and the Empower Action Model (among many others), this synthesis grounded itself in a strength-based, healing-centered orientation to trauma and trauma-informed/sensitive practices.

Socio-Ecological Framework: (CDC, 2022) is an emergent course of study that attends to the multiple layers of experience in order to support the uncovering and understanding of the interrelations among the various personal and environmental factors shaping (in this case) trauma and trauma-informed/sensitive responses to it.

The Empower Action Model: (Srivastav et al., 2020) draws on the socio-ecological model and addresses ACEs by attending to health, equity, protective factors, and well-being to build resilience.



The ARC Framework: (Blaustein & Kinniburgh, 2017) attends to the experiences of complex trauma and focuses on attachment, risk, traumatic stress, and resilience through competency.



METHODS
HOW WAS THE KNOWLEDGE SYNTHESIS CONDUCTED?

This report is the product of an interactive search that began with an intended set of parameters, which lead to the inclusion and exclusion of others. The knowledge found was reviewed, vetted, and then synthesized, reflecting emergent themes which were then drawn upon to shape practical suggestions applicable to Saskatchewan educators and students..

1. Knowledge was collected from peer-reviewed research articles, websites, media, university research studies, and other organizations that have published relevant and recent knowledge on trauma and ACEs as they apply to students and educators.

2. Research and resources were reviewed and synthesized, highlighting emergent themes in the literature. Information and resources were vetted to ensure results and findings can be extended to students in Saskatchewan and Canada. As well as taking into account the current and future situations of educators due to the COVID-19 pandemic.

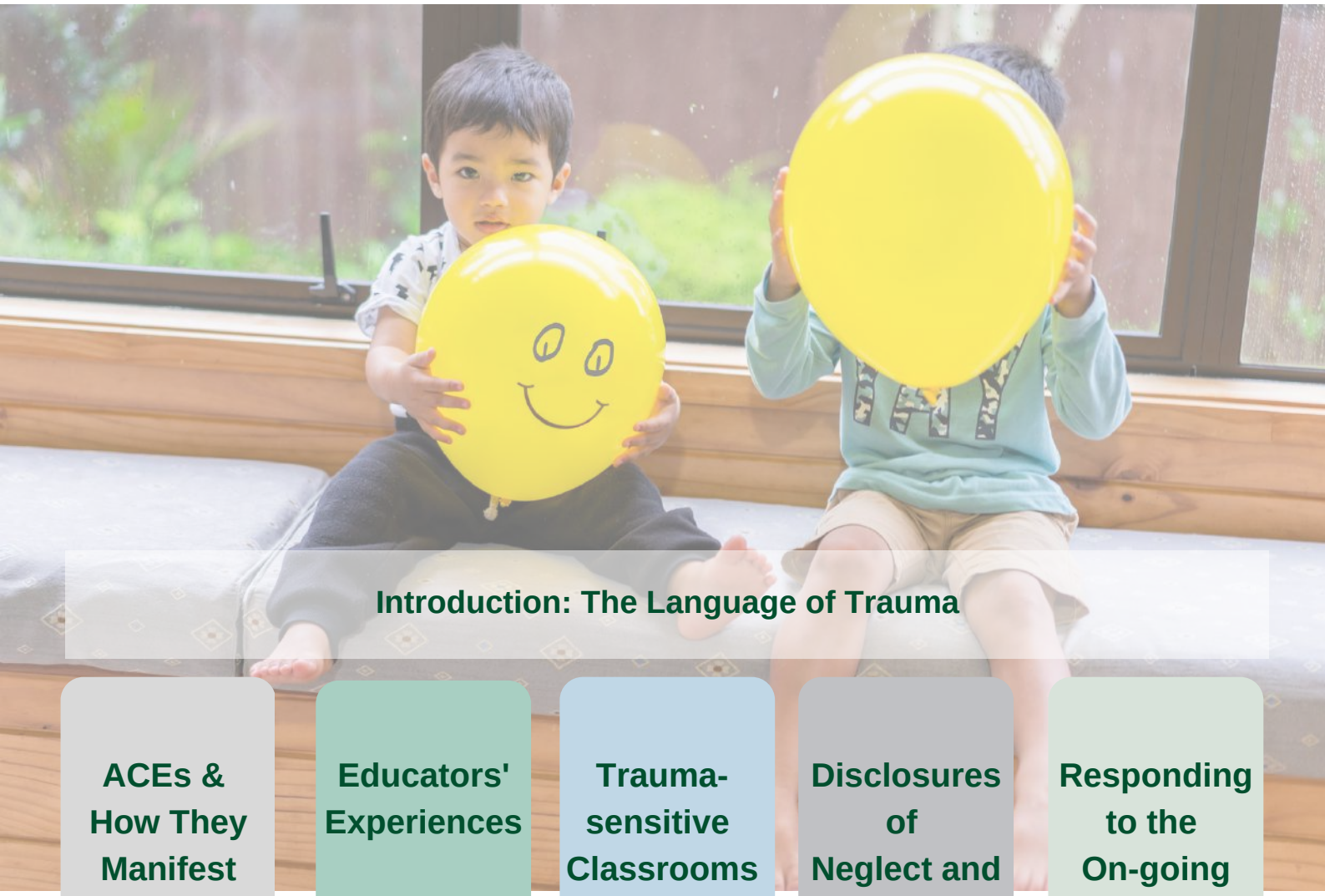
3. Knowledge products were created, including a full report of the knowledge synthesis and informational briefs, all of which will be made available in French to support educators across Saskatchewan.

4. Knowledge products were provided to educators from the Saskatchewan Ministry of Education and through the CTRC.

LITERATURE REVIEW

WHAT DID WE FIND?

The reviewed literature and resources revealed five main themes related to trauma-informed/sensitive best practices in education:



Introduction: The Language of Trauma

ACEs & How They Manifest

Educators' Experiences

Trauma-sensitive Classrooms

Disclosures of Neglect and Maltreatment

Responding to the On-going Effects of COVID-19

In the following sections, we begin with a high-level overview of trauma, and trauma-informed/sensitive practices, and then move to share the key findings within each theme. Each section includes both information and practical response suggestions.

INTRODUCTION: THE LANGUAGE OF TRAUMA

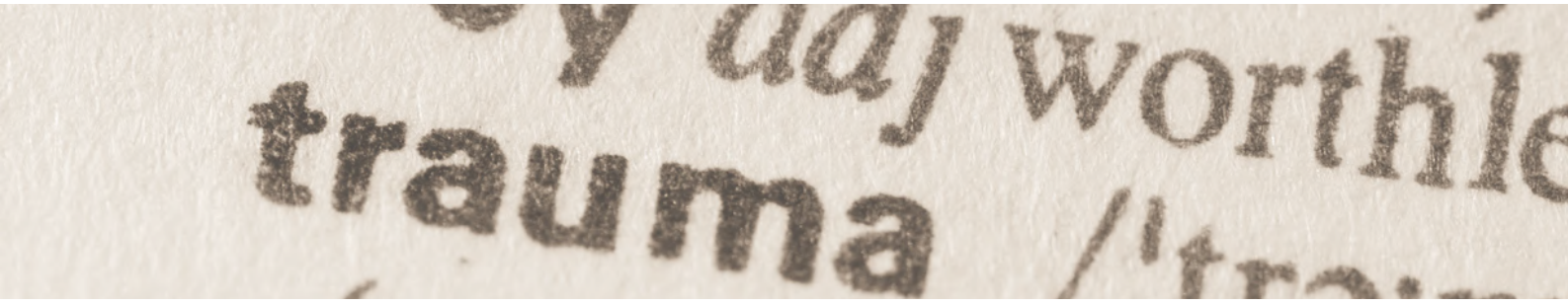
In this literature review, information is shared and best practices are recommended for working in education with an awareness of trauma, its causes, and its related experiential realities. In Saskatchewan, the education sector's commitment to mental health and well-being in both its interim education plan and framework for a new long-term plan laid the foundation for this synthesis. With the Ministry of Education's support, this synthesis is able to offer information as well as practical suggestions in relation to trauma-informed/sensitive approaches and practices in schools.

It is essential to begin with an understanding of the language used in emerging conversations around trauma, as often trauma-informed and trauma-sensitive are used interchangeably.

Trauma: is a personal, individual, emotional response to an experience that, for many reasons, overwhelms a person's capacity to cope. It can result from a one-time experience, or from prolonged exposure to adverse experiences. Experiencing trauma can have both short and long-term impacts such as unpredictable emotions and physiological reactions (e.g. sweating, nausea, headaches), impacts on relationships and learning, and can be re-activated by subsequent experiences.

Trauma-Informed Practices: take into account an understanding of trauma in all aspects of service delivery and place priority on trauma survivors' safety, choice, and control (Harris & Fallot, 2001) to create a responsive and collaborative treatment environment, most often involving the clinical aspects of mental health practices such as assessment and treatment. (Harris & Fallot, 2001)

Trauma-Sensitivity: is a more experiential term describing the work being done by educators in schools. Trauma-sensitive approaches are more common when referring to educational and school-based training programs and initiatives that aid educators in implementing approaches to education that take into account the emerging support/acknowledgment of ACEs' influence in educational settings (Institute for Child and Family Well-Being, 2020). It is in this experiential context that we will situate this synthesis, as it positions educators not as clinicians, but as supportive of themselves, and of the young people entrusted to their care.



ACES & HOW THEY MANIFEST

Background

Much of one's development through childhood and adolescence is spent as a student. Nowadays, it has become a concern that more and more students are carrying trauma and displaying it in the forms of mental health issues, academically harmful actions, and other antisocial behaviours, stemming from adverse childhood experiences during development (Sanders, 2016; Felitti et al., 1998). These adverse experiences have been linked to a variety of changes in brain function, structure, and stress thresholds resulting in an array of possible impairments to students' neurological systems (Anda et al., 2006; Teicher, 2006; Bremner et al., 2010; De Bellis & Thomas, 2003; Bright, 2017). Many of these impairments directly affect areas of the brain that play a critical role in learning and memory, such as the hippocampus, amygdala, medial prefrontal cortex, and other limbic structures (Gould & Tanapat, 1999; Bremner et al., 1997; Schmahl et al., 2003). The changes to these structures may account for the differences in neurodevelopment that affect one's ability to learn, ability to self-regulate, health and future health, resilience, and other protective factors (Ota et al., 2019; Peterson et al., 2014). It is important to note that exposure to adverse experiences or stressful interactions with one's environment can begin in the womb (Ross et al., 2015). Exposure to drugs, toxins and other stressors while in utero can result in children being born with neurological systems negatively impacted and more susceptible to future stressors (Coussons-Read, 2013; Ross et al., 2015; Wu et al., 2020).

Unsurprisingly, common struggles resulting from the effects of adverse childhood experiences can take form and display themselves as mental health and developmental issues. Issues that arise through childhood and adolescence have been shown to significantly impact academic performance, especially when left unaddressed (Hardcastle et al., 2019; Kendall-Tackett & Eckenrode, 1996; Leiter & Johnsen, 1994). These students often are considered to be disruptive to others by behaving in less than acceptable ways with teachers and classmates, have difficulty with interpersonal relationships, and are at risk for suffering increased absences. These effects can compound to affect students' grades, and also eventual life outcomes (Leiter & Johnsen, 1994). As the foundational study on ACEs found, all of these issues can make life more difficult for children across their lifespans, from academic failure to premature death (Felitti et al., 1998).

Since the initial ACEs study published the first known associated risks, many more articles have been published to accentuate the results. Bright et al. (2015) analyzed adverse childhood experiences' effects on physical health, mental health, and developmental outcomes. They found that those with increased frequencies of perceived adverse experiences were 2-5 times more likely to suffer from physical pain, mental health issues, or developmental issues than those reporting fewer traumas (Bright et al., 2015). Educators are in a unique role to notice the signs and symptoms of those entering the school with a background of adverse childhood experiences, those holding trauma, or other descriptors of children in need (Marsh, 2016; Johnson et al., 2011). In their roles, educators can facilitate a safe and trauma-sensitive classroom by modeling and implementing everyday practices that support mental health. Because of this, it is important for educators to be able to recognize signs and symptoms of mental health concerns that may be experienced by youth with adverse childhood experiences.

Identification

Educators have a significant influence on students' lives. The relationships that are developed with students tie in with all aspects of those youth's lives (Canadian Mental Health Association; School Mental Health Ontario, 2022; Johnson et al., 2011). Although educators' daily contact with their students puts them in positions to recognize when a student may need additional support, identifying students who have had adverse childhood experiences is not always an easy task. Educators working in trauma-sensitive ways are always looking for the signs and behaviours that may signal a student needing support in addition to academics. These students often show problems with emotion-based regulation and/or can be hyper-vigilant and distrustful (Ehring & Quack, 2010; McInerney & McKlindon, 2020). These students may also show repeated use of aggressive and confrontational behaviours in inappropriate situations, such as reacting aggressively to another student (Shields & Cicchetti, 1998). Children displaying these behaviours can be in what is known as a *trauma response* where their defense mechanisms have been activated and they are responding often involuntarily. Although these "defense mechanisms'' can be beneficial in certain circumstances, particularly when one is faced with a traumatic situation, they can be maladaptive in educational settings where they are not necessary.

The Acute Stress Response

The acute stress response is a physiological reaction to a threat (actual or perceived). Bradford Cannon, the first to identify this concept as a theory, espoused that animals (including humans) react to environmental threats by activating the sympathetic and parasympathetic nervous systems, preparing for, and engaging in, fighting or fleeing responses (Cannon, 1915). This is where the origin of the popular terms and alternative names for acute stress response - fight-or-flight - originated in theories of adaptation. The resulting actions from acute stress responses are not conscious/logical decisions, but rather are initiated by automatic reactions.

The ***fight*** response is activated when a perceived threat is manageable and is thought to be smaller or less dangerous than one's capacity to cope (Gellman, 2020). A student yelling at another, telling them to “leave him/her/them alone”, or more physically aggressive behaviors would be contemporary examples of engaging in the fight reaction when experiencing an acute stress response. The reaction to a threat by preparing to fight is often mistaken to be inherently maladaptive. The description of *fight* should be understood to mean taking progressive action in the face of a perceived threat. For example, a person who is responding to a rock being thrown at them, might a) try to catch the rock and throw it back at the person; b) pick up their own rock and throw it at the other person; or, c) run and tackle the other person either prior to or after the rock has been thrown.

The ***flight*** response is activated when a threat is perceived to be unmanageable through a fight response. It involves doing what is required to leave the environment the stimulus is in (Gellman, 2020). This can be done in either or both physical/mental ways. For example, a person who is in flight response to a rock being thrown at them will run away from the rock and the thrower and might hide at subsequent recesses to avoid the same circumstance.

Since the initial fight-or-flight categorization of responses, there have been additional responses included in this understanding:

The ***freeze*** response is characterized as responding to a threat by becoming immobile, and/or indecisive - effectively frozen. Thus, the freeze response is activated when the responses of fight or flight are determined not to be an adaptive way to react to a stimulus (Schmidt et al., 2008). Freeze can be adaptive in situations where a child is subject to ongoing mistreatment from a responsible adult in situations where fight and flight might make the situation worse. Freeze can include any action of self-preservation or defense including disengagement (which can often be misinterpreted as defiance or lack of effort). For example, a person who is in a freeze response to a rock being thrown at them will simply stand there and be hit by the rock as they do not have the cognitive ability in that moment to move and/or react.

The ***please/ submit/ fawn*** response has emerged more recently and is thought to correlate with repeated exposure to traumatic experiences more so than the other acute stress responses. This response is manifested by children/youth who prioritize pleasing others above all else with the end goal of avoiding danger. For example, a person who is in a please response to a rock being thrown at them may collect other rocks for the thrower, and pretend to shape a game where they are the moving target.

The activation, or ***trigger***, of *acute stress response systems* is dependent on interactions with the environments, stimuli, and other protective factors such as healthy relationships. This puts children with a history of ACEs at higher risk for activating acute stress responses in situations (in)correctly perceived to be threatening. When individuals are exposed to ACEs repeatedly, the associated trauma can change physiological structures and functions that support reasonable/rational responses. Since children's and adolescents' neurological systems are highly malleable, ACEs must be recognized for their ability to influence physiological changes that, in turn, affect the acute stress responses individuals experience (Dempster et al., 2021). The literature is congruent in stating that "it is clear that ACEs alter acute stress responses across multiple systems in a manner detrimental to physical health" (Dempster et al., 2021, p. 260). The literature also suggests a deviation from regular cortisol levels associated with common unnecessary activation of the acute stress response in adults who have reported ACE exposure (Dempster et al., 2021).

Increasingly, the distance between typical stress responses and acute stress responses has been connected with the experience of trauma, and thus these have been named trauma responses.

If physiological systems responding to stress are compromised due to environmental interactions, people may begin to display behaviours showing signs/symptoms of stress response disorder which are characterized and named in a plethora of ways in the literature; the most common of which is Post Traumatic Stress Disorder, or more recently Post Traumatic Stress Injury, and anxiety (Schmidt et al., 2008; De Bellis et al., 2003). Actions of fight and flight are more commonly related to externalizing behaviours (explained in the next section) whereas freeze and please are more related to internalized behaviours (explained in the next section).

The onset, or trigger, of acute stress responses is hard to decipher often because it can be a perceived, rather than an actual, threat that initiates the response. Equally, responses often involve undecipherable characteristics such as increased heart rate, dilation of pupils, and flush skin (as blood stores relocate to limbs). This is why being on the lookout for externalizing and internalizing behaviours may be able to support educators to identify which students are struggling with acute stress responses.

Externalizing and Internalizing Behaviours

Behaviour is one of the key ways children and youth communicate their needs (conscious and unconscious) to adults. As such, trauma-sensitive approaches support educators to seek to understand what a particular student is trying to communicate through a behaviour.

"One of the challenges educational professionals face is recognizing students who are truly in crisis, beyond the struggles and explorations of typically developing youth" (Johnson et al., 2011, p. 11); primary and secondary school teachers often interact with hundreds of students per day, making this task extremely difficult (Johnson et al., 2011). While being aware of the identifiers already mentioned, in order to engage with their students through a trauma-sensitive lens, teachers must be attentive to both *externalizing* and *internalizing* behaviours. This is because many issues may not be easily identified with the overt signs of sudden academic failure, or behaviour change. Students who are high achieving, and/or those students with mental health concerns that "tend to be much less conspicuous in the classroom" (Johnson et al., 2011, p. 10). This often leads to students with depression, anxiety, and other mood disorders being harder to identify in contrast to those students with disruptive or externalizing behaviours such as aggression (APA, 2013). Deciphering between the two - *external and internal* - is essential as the externalizing behaviours of some youth may overshadow the internalizing behaviours of others who need the same if not more support.

Externalizing Behaviours

The term e*xternalizing behaviours* refers to behaviours directed outward toward the social environment, which usually present challenges in schools (Marsh, 2016; Furlong et al., 2004). These behaviours manifest in the classroom through forms of aggression, difficult temperaments, or behaviour impulsivity. Clinical diagnoses "typically associated with these behaviours are conduct disorder, oppositional defiant disorder, and ADHD" (Marsh, 2016, p.319), while often, the behaviour itself might be a trauma response.

Externalizing behaviours may present themselves in these forms; aggression, difficult temperament, and behavioural impulsivity. In classrooms, externalizing behaviours can manifest themselves through "verbal threats toward peers and school staff, physical actions (e.g., hitting, kicking, biting) that cause physical harm, and severely damaging the property of others" (APA, 2013, as cited in Marsh, 2016, p. 319). They can also manifest through students engaging in behaviour that persistently defies classroom expectations (APA, 2013). Examples of defiance in the classroom may include not respecting assigned seating, recurring requests to use the bathroom, using the pencil sharpener unannounced, and being noticeably loud during instruction (APA, 2013).

Externalizing behaviours must occur consistently over a prolonged period (6-months) to be considered an indicator of adverse experiences or other stressors on the central nervous system (APA, 2013).

Internalizing behaviours

Internalizing behaviours are behaviours directed inward towards oneself (Marsh, 2016). Because of this, "these behaviors often go unnoticed because of their subtle nature" (Marsh, 2016, p. 319). The identification of these behaviours is essential for educators trying to help students in need (Johnson et al., 2011). Common to internalizing behaviours are mood and anxiety-related disorders. Below are examples of how anxiety-related behaviours and mood disorder-related behaviours may manifest in educational settings.

Anxiety-related: Anxiety-related internalized behaviours may manifest in the classroom at the onset of flight or freeze responses to people or situations that are non-life-threatening (Marsh, 2016). These behaviours are harder to see externally but may manifest in a student's "increase in heart rate, respiratory rate, and muscle tension" (Marsh, 2016, p. 320) when being called upon in class, or when working amongst their classmates (APA, 2013). Despite the difficulty of recognizing physiological markers of stress, students displaying anxiety-related internalizing behaviours may also display behaviours easier to see or take note of, such as truancy (Sanders, 2016).

Mood disorders: Like anxiety-related behaviours, students with mood disorders may seldom manifest clues to their situation. A student might mention, or a teacher might notice changes in a student's sleeping patterns, eating patterns, and their ability to participate in class, which may be signs of developing or present mood disorders (APA, 2013). Despite the difficulties in observing mood disorders, students suffering may exhibit observable behaviour such as difficulty completing schoolwork, fluctuating changes in weight, or a sudden disinterest in activities that used to bring enjoyment (ex: quitting extracurricular activities associated with the school) (APA, 2013).

Conclusion

This section highlights the importance of understanding behaviour through trauma-sensitive lenses, as this understanding can have dramatic impacts on students' personal and academic outcomes. This understanding also enables educators to notice the variety of behaviors connected with trauma, and results in educators becoming more capable of supporting themselves and the students they serve in trauma-sensitive ways.

In today's emerging context, it is important for educators to understand the deep connection between well-being, social development, and academic success. The research is adamant that academic outcomes improve with supplementary support for students' social-emotional well-being. Overcoming the obstacles that students face enables them to achieve more success in school and experience more positive life-long outcomes.

Subsequent sections of this synthesis offer practical suggestions supportive of both systemic and individual-level engagement in trauma-sensitive approaches.

EDUCATORS' EXPERIENCES

Background

People often wonder what becomes of children living with adverse experiences if and after they complete school. As mentioned, some students, although facing a background of trauma with little support, become highly successful, while some, experiencing no trauma, do not. As the implementation of trauma-sensitive programs and approaches continues in schools, attention also needs to be paid to the well-being of the educators facilitating these programs. Research shows that educators working with traumatized students can suffer from increased rates of vicarious trauma, of compassion fatigue, and of burnout. This can, in turn, impact student engagement with and in school (Herman et al., 2018; Klusmann et al., 2016; Carroll et al., 2021; Aloe et al., 2014).

Burnout and Occupational Stress in the Teaching Profession

The occupational stress and burnout that school personnel feel do not only affect them and their families but their students as well. Oberle and Schonert-Reichl (2016) were able to find correlations between teachers' stress levels and students' stress regulation. In this study, it was found "that higher levels of teacher burnout significantly predicted high production of the stress hormone, cortisol, in students"(Oberle & Schonert-Reichl, 2016, as cited in Carroll et al., 2021, p. 2). Cortisol also appeared in higher base-rate levels in those students with a history of adverse childhood experiences. These findings highlight the possibility of stress contagion, which suggests that in social contexts, stress from one individual can influence another individual who is in close proximity (ex: teacher to teacher; teacher and students in a classroom) (Dimitroff et al., 2017).

It has been found "teachers' emotional exhaustion [is] significantly negatively related to students' mathematics achievement" (Klusmann, Richter, & Lüdtke, 2016, p. 1193). These results reveal teachers' emotional exhaustion can be significantly and negatively related to students' academic outcomes. Correspondingly, it has been found by Carroll et al. (2021), that "reductions in teachers' self-reported distress and burnout were related to students' improved perceptions of their teachers' support in the classroom" (p.1), and that similar reductions lead to "greater increases of academic self-perception in students" (p.1). As such, these findings suggest the possibility that learning about and engaging in trauma-sensitive practices is the knowledge that is equally important for educators to apply to themselves. In attending to themselves, they also attend to their students.

Educators and Vicarious Trauma

Being an educator is a stressful job with significant occupational requirements and elevated risk. Some elevated risks are experienced by educators in both their professional and personal lives (e.g. COVID-19), while others might occur on the school landscape but also impact an educator's outside of school life. With the rapid influx of mental health issues on the rise in our province and across North America, educators often find themselves increasingly supporting students' emotional, nutritional, and behavioural needs. In these efforts, educators can come to experience secondary/ vicarious trauma (Ravi et al., 2021). Repeated exposure to trauma secondhand can lead to vicarious trauma. Vicarious trauma (also known as secondary traumatic stress) causes an individual to internalize the emotional experiences of others (ex: students) as though that individual had personally experienced the traumatic event or outcome. Vicarious trauma can result in a variety of negative health effects that can harm teachers (Jimenez et al. 2021). In a study conducted prior to the COVID-19 pandemic, it was examined that "factors contributing to [vicarious trauma] among teachers working with children affected by trauma, 75% of them had a plan to change careers, retire, or change schools" (Caringi et al., 2015, as cited in, Albrecht, 2021, p. 13), and the numbers of educators considering leaving the profession continues to be high. Vicarious trauma for educators manifests itself as negative changes in the behaviours of educators, arising from constantly engaging empathetically with students who have experienced or are experiencing their own traumas. That is why knowledge of this phenomenon and proactive care to avoid vicarious trauma when guiding students through their experiences is essential.

Often the words burnout and vicarious trauma are used interchangeably. While there are upfront similarities, there are also important differences. In contrast to vicarious trauma, exposure to student trauma is not a prerequisite for experiencing burnout. "Instead, burnout is characterized as chronic stress related to work" (Christian-Brandt et al., 2020, p.2), including long hours, a poor working environment, or hostility from students (Hydon et al., 2015).

Vicarious trauma may be more prevalent if/when there is counter-transference between an educator and the student they are supporting (Reid, 2020). Within psychiatry, counter-transference, applied to this situation, represents instances where an educator and their student may share similar trauma stories and life narratives. Despite the fact that teachers are often responsible for aiding and mentoring students through their stressful life circumstances, less attention has been paid to the emotional well-being of educators until recently (Nikischer, 2018; Reid, 2020).

Vicarious trauma is not an inevitable outcome, no matter how much second-hand trauma exposure someone may experience. Teachers can support students living with trauma through their work with students, and not experience the trauma themselves, but rather pull renewed energies and a sense of purpose from the experience (Wolf-Prusan, 2014). Thus, educators should not be encouraged to minimize these incidents, but rather be self-reflective and know to what extent they are comfortable in navigating exposure.

Compassion Fatigue

Compassion fatigue refers to the empathic strain, exhaustion, emotional erosion, exhaustion and physical wear that can develop over time when those in helping professions are unable to counterbalance their exposure with ways that support them to refuel/ regenerate. It has been called the "cost of caring" (Figley, 2002, p. 2) for others who are themselves distressed. For example, educators may find that they have become preoccupied and de-energized with the difficult and troublesome issues faced by their students; this would be characterized as compassion fatigue.

Over time, however, if these instances of "helplessness" begin to affect their worldviews and beliefs about the extent to which, they as educators, can impact change in students' lives, this would characterize itself as vicarious/secondary trauma.

Rural Access as a Challenge

Options for educators to access professional development and/or additional support for themselves or for their students may be hindered by the realities of teaching in rural/remote communities. In a study focused on rural educators in Saskatchewan, Hellsten, McIntyre, and Prytula (2011) found that there are challenges of community acceptance, isolation, and the impact of the rural/northern context on the work educators are doing. There are also access issues, and issues related to unreliable internet. These differences amplify the scarcity of resources on which teachers can rely to better support themselves and their students. Overall, the literature reveals that a better understanding of what supports are needed for educators in rural communities is essential.

Mitigating the Effects

Many of the studies on vicarious trauma primarily foreground the experiences of law enforcement officers, emergency care nurses, and paramedics. Often, the research on vicarious trauma in education is tied to complex situations or moments of extreme danger such as school shootings or closures due to environmental risks. Slowly, there has been an emergence of research tying the experiences of vicarious/secondary trauma to educators and their classroom experiences (e.g.Thomas et al., 2019).

Educators across the province are being asked to adopt innovative practices and thoughtful solutions to the challenges created by COVID-19, through incorporating trauma-sensitive practices. In the face of these traumas, educators are also being asked to conduct self-care on top of meeting the extra needs of students. While the understanding that self-care is important for educators' well-being, if it is positioned as an additional occupational requirement that an educator must undertake, then it holds the potential of feeling like an additional expectation/stress/burden. It is important to consider how these changes and recommendations are communicated systemically so that no additional pressure is added to educators who are already striving to be productive in a stressful environment. It is important for educators to know that it is not solely their responsibility.

Conclusion

While supporting the emotional care and well-being of students is often seen as the sole goal of implementing trauma-sensitive care in schools, it is essential to acknowledge that educators need the understanding and knowledge to recognize and address signs of compassion fatigue, burnout, and vicarious trauma within themselves and their colleagues. Educators need the systems around them to understand their occupational requirements and risks in order to also feel supported in trauma-sensitive ways.

"The teacher as a person is held by many within the profession and outside it to be at the centre of not only the classroom but also the educational process. By implication, therefore, it matters to teachers themselves, as well as to their pupils, who and what they are. Their self-image is more important to them as practitioners than is the case in occupations where the person can easily be separated from the craft" - (Kelchtermans, 2009)

THE TRAUMA-SENSITIVE CLASSROOM

Background

In addition to knowing the signs and symptoms of those carrying trauma, and being trauma-sensitive to one's own circumstances, educators can also live and practice this knowledge through shaping trauma-sensitive classrooms. The creation of classrooms that make all students feel safer and that foster these interpersonal connections have the propensity to support students to learn, grow, and develop the emotional coping strategies needed outside the classroom (Klem and Connell, 2004). It is, however, particularly important for those students living with trauma.

Teachers can support these students, as well as their entire class, by being aware of adverse childhood experiences, their prevalence, and their effects on childhood development and behaviour. More recent research positions trauma not solely based on the negative experience itself, but on the perception and experience from the child’s (or adult’s) point of view which affects themselves, including their development and outcomes (Bateson, McManus, & Johnson, 2019).

Intentional Fostering of Relationships and Classroom Climate

The literature suggests that the intentional fostering of relationships is one of the best practical applications of educators' knowledge about ACEs and trauma (Bright, 2017; Centers for Disease Control and Prevention, 2014). This is because healthy development following a history of adverse experiences "depends on the quality and reliability of their relationships with the important people" in the lives of students (Moore, 2008, p. 2).

Relationships between student and teacher and the creation of scenarios for peer relationship-building guided by the teacher are both important. Teachers can support students by using clear communication and by having clear expectations, rhythms, and routines in the classroom. These simple consistencies within the classroom can give students the comfort, predictability, and safety they may lack elsewhere.

As some students are entering schools with elevated stress levels that impact brain function and development (Anda et al., 2006; Teicher, 2006; Bremner et al., 2010; De Bellis & Thomas, 2003), educators are perfectly positioned to shape classrooms in trauma-sensitive ways, which in turn supports students' self-regulation (Ramberg et al., 2020). These effects are enhanced when teachers, with their interpersonal relationships, are able to help students co-regulate if behaviours signalling stress persist (Blaustein & Kinniburgh, 2018).

Teachers can provide opportunities in the classroom that initiate positive peer interactions. For every classroom, there are strategies for facilitating positive peer interactions through the practice of prosocial behaviour to help students learn how to build and maintain positive relationships. These interactions have been found to be strongly supportive of mental health and regulation (McManus & Ball, 2020), as strong relationships can also promote a sense of a classroom community (Killu and Crundwell 2008; Jennings & Greenberg, 2009).

Personalizing instruction, course concepts, and assessment by considering students' interests and strengths supports a sense of belonging and engagement. Additionally, individual assignments such as journaling, creative writing assignments, or “own idea” assignments, help more introverted students express themselves and have a mechanism that supports relationship-building with the teacher (Jennings & Greenberg, 2009). There is other evidence that the use of "visual organizers, daily planners, access to technology, and scribes for written assignments, can be particularly helpful to students struggling with mental health conditions" (Killu and Crundwell 2008, as cited in Johnson et al., 2011, p. 12). When educators provide students with the interactions and modeling needed to develop necessary academic skills, but also coping strategies and prosocial habits, it can positively affect their later life outcomes (Kaufman et al., 2004; Jennings & Greenberg 2008; Bright, 2017; Centers for Disease Control and Prevention, 2014).

Trauma manifests itself differently in every student (Bateson, McManus, & Johnson, 2019); similar symptoms do not mean similar trauma or even trauma at all. Intentionally fostering relationships by creating a classroom dynamic/setting that is aware of adverse childhood experiences and trauma is a necessary step to having trauma-sensitive schools supportive of all on the landscape.

The literature is conclusive that the intentional fostering of relationships with students and the manipulation of the setting/environment to create trauma-sensitive classrooms aids in the development of those students most affected by adverse experiences/trauma (National Scientific Council on the Developing Child, 2004; Kaufman et al., 2004; Jennings & Greenberg 2008; Bright, 2017; Centers for Disease Control and Prevention, 2014). However, it is important to note that the strategies and approaches of every educator will be different, based on that individual's strengths/personality, and based on the class’ unique composition in any given year.

Collaboration

Alongside the intentional fostering of relationships in the intentional shaping of the classroom setting in order to provide trauma-sensitive approaches and engagements, educators can benefit from collaboration (Ferlazzo, 2014). Oftentimes the pressure is put on educators, by others or themselves, to be solely responsible for helping students in their classrooms. Despite individual efforts, it is important for educators to remember the tools and resources available to them (case-by-case). Educators who are seeing students struggle can collaborate with other educators within the school, can engage with English as additional language teachers (EAL teachers), parents/ guardians/ caregivers, special education teachers/educators, counselors, and school psychologists, where and when available, thus providing students with wrap-around supports all dedicated to their growth and development.

For children and youth, witnessing positive adult to adult relationships in the school setting is supportive as well. When students witness that the educators/teachers in their lives are in support of each other, it bolsters a safe environment, especially for those who have been exposed to adult-adult conflict or those who have never seen positive communication between their adults at home.

Conclusion

What young people experience in schools affects the outcomes for all, regardless of a history of adverse childhood experiences. Relationships (with both peers and teachers) are one the most powerful mental health supports educators can facilitate (McManus & Ball, 2020). In addition to the safety and consistency provided by the classroom described above, the relationships between child and educator act as teaching opportunities that can lead to personal growth. The predictable environment provided by a trauma-sensitive classroom makes it easier to identify and support those who are living with trauma. Lastly, collaboration with other school supports, community supports, and clinical supports can be drawn upon to shape wrap-around support for students, and to support educators in feeling prepared and encouraged - thus supporting their mental health.

DISCLOSURES OF NEGLECT AND MALTREATMENT

Background

In the province of Saskatchewan, the Child Abuse Protocol 2019* (CAP) confirms every person's *duty to report* suspicions of child abuse, defines what constitutes child abuse and neglect under the law, and describes the processes by which people must respond.

Specifically for educators, the CAP identifies the important roles educators play in students' lives, and confirms that it is educators' responsibility to report all suspected and disclosed cases of child abuse directly to child protection services and/or the police. It is very important that a report be made by the individual who has direct knowledge of the child's circumstances, either through disclosure or direct observation.

For additional information, please visit: https://www.saskatchewan.ca/residents/justice-crime-and-the-law/child-protection/child-abuse-and-neglect

Ministry of Social Services Child Protection Lines:
Prince Albert (North) 1-866-719-6164
Saskatoon (Centre) 1-800-274-8297
Regina (South) 1-844-787-3760

Ministry of Education policy - Child Abuse Prevention Education and Response:
https://www.saskatchewan.ca/government/education-and-child-care-facility-administration/services-for-school-administrators/student-wellness-and-wellbeing/child-abuse-prevention-education-and-response

In educational settings, educators may suspect abuse or students may disclose abuse in a variety of ways to their teachers or other school personnel. There is reason to believe this becomes more prevalent when teachers have crafted trauma-sensitive classrooms (Blakey, Glaude, & Jennings, 2019; Holden, 2009). This is because disclosures often happen in the context of trusting relationships. Although these disclosures happen, they do not follow a distinct pattern. Some students/youth may be comfortable or feel the urgency to disclose a situation immediately to a trusted adult. Others may disclose years after-the-fact, while some may never disclose (Ullman, 2002).

Understanding this knowledge, however, need not be limited to educators and other school staff. It can be shared, in age-appropriate ways, with students as well. This may support students to feel more confident, and helps prevent phrases of warning from adults at the beginning of disclosures that could deter the process. Providing this information could be done in the context of school-wide information dissemination practices (Blakey, Glaude, & Jennings, 2019).

When reporting is necessary, the educator must be prepared to provide the following information to Child Protection Services and/or the police:

1. name and contact information (this information is confidential and may be provided anonymously; however, if the case is presented to court for a child protection hearing or criminal proceeding, those who identify themselves may be summoned to court)
2. relationship to the child
3. immediate concerns for the child's safety
4. the child's location, name, age, and gender
5. any information about the child's family, caregivers, and any possible offender
6. other children who may be affected
7. any other relevant information

Once reported, the process for interviewing children in school settings can be found on page 11 of the CAP, 2019 document. It is recommended that educators continuously re-familiarize themselves with the CAP so as to be able to best serve the children/youth they are alongside each day.
*The CAP is updated every three years, and is being updated in 2022.

Types of Maltreatment and Abuse

Disclosures of abuse and maltreatment may refer to circumstances that have negatively impacted the students' physical, emotional, spiritual, sexual, or psychological health. The *Saskatchewan Child Abuse Protocol 2019*, lists the following as common types of abuse/maltreatment disclosed to service providers:

- **Physical abuse** – any action, including discipline, causing injury to the child's body. E.g. Dangerous behaviour in the immediate proximity of the child; The parent/caregiver behaves in ways that are likely to result in injury to the child, including criminal incidents that occur while the child is present.

- **Sexual abuse** – any action involving a child in sexual exploitation or sexual activity including touching, exposure, using a child in the making of/or viewing pornography, and internet child exploitation.

- **Emotional maltreatment** – refers to emotional abuse and emotional neglect of the child that may impact the child's growth and development. E.g. expecting a child to be able to do things he or she cannot do, embarrassing or insulting a child, making hurtful comments about a child's appearance, intelligence, size, ability, etc.

- **Neglect** – any action/inaction that results in the failure to provide a child with enough food, proper clothing, shelter, health care, or supervision. E.g. Parental substance abuse.

- **Domestic violence** – refers to exposing a child to a pattern of abusive behaviour or threats of abusive behaviour by one caregiver against another, against a sibling, or against themselves (hitting, kicking, restraining, slapping, throwing objects, intimidation, stalking, etc.).

How Disclosure Manifests

Teacher-student engagement occurs in a variety of ways. Teachers and students interact in many modes and many settings from the gymnasium to the library, within written school work, and in extra-curricular engagements. With this level of access and array of environments, the school institution provides students with diverse opportunities to bolster relationships with educators. As previously mentioned within these environments and relationships, students may disclose various forms of neglect and or maltreatment they are experiencing. Because of the diversity of school environments, disclosures may be voiced to a trusted educator and can occur either directly or indirectly (Collings, Kumalo, and Griffiths, 2005; Ungar et al., 2009). Regardless, it is each individual educator's duty to report any suspected or disclosed cases of abuse/neglect.

Direct disclosure

Students comfortable with an educator may use a direct approach and ask a teacher for their help with a personal situation. In this type of disclosure, it is essential for the teacher to understand and communicate how they are able to support the student.

Indirect disclosure

Sometimes students may indirectly disclose that they are experiencing abuse or maltreatment. Indirect disclosure may appear accidental, but may just be masked as an accident in order to gauge the reaction of the trusted adult (Holden, 2009). In educational settings, indirect disclosure can be seen through a student's behaviours, art, writing, or appearance, among others. Indirect disclosure can also be communicated verbally as issues not directly attached to the student such as stories of a "friend" experiencing problems and needing help.

The examples below illustrate some of the indirect behaviours and how they may manifest in educational settings:

Indirect behaviours

- Communicating they are afraid to go home (sticking around after school).
- Flinching when approached by a teacher (physically or verbally).

Art

- Drawing or representing in other artistic ways abuse or maltreatment on one's desk, assignments, or other related material that is interacted with by both teacher and student.

Writing

- Disclosing through a variety of assignments by using themselves or just a general story of events happening to them (or to a friend) past or present or that they have been witnessed.
- Disclosing through writing concerning information in their immediate surroundings such as their agenda, desk, notebooks.

Appearance

- Intentional displaying/showing of self-harm marks (may hide from peers but not from a teacher). Not the action of self-harm, but the intentional "flashing" of marks to gauge educator reaction in hopes to initiate disclosure.
- Making no efforts to attempt hiding visual markers of physical aggression (ex: black eye, bruises, bleeding).
- Dramatic changes in appearance.
- Explanations do not match injury or there are inconsistent explanations.
- Location and type of injury is suggestive of a non-accidental injury.
- Injury is in the shape of an object (e.g. linear bruising, loopmarks).
- Inadequate clothing, shelter, supervision, care, or medical care to the extent that the child has already suffered or is likely to suffer serious illness or injury.

With both direct and indirect disclosures, the point of initiation is of the utmost importance for whether or not the disclosure will take place. Upon initiation, it is essential that educators do not express any shock, anger, or sadness that they may feel. It is important that educators do not lead any child to believe the information shared will be kept secret. Also, it is of utmost importance that educators do not make promises they cannot keep.

Supporting students through disclosure

When supporting students through disclosures the CAP is congruent with the broader literature in its application of active listening skills (Holden, 2009). Many acronyms and tables have been used to share the proper steps and explanations on what to do during a disclosure. The following summary of the Receive, Reassure, Report (RRR), an approach created from a synthesis of many approaches, including the CAP, can give educators some practical suggestions for the successful facilitation of a student disclosure (CAP, 2019; Australian Institute of Family Studies, 2015; British Council, 2019).

RECEIVE

- Move to a suitable environment where the student is free to say what they desire comfortably, away from areas with other students or staff, but that is still comfortable to them (e.g. classroom during lunch hour).
- Be patient and assume the position of someone who is open and ready to listen, rather than of someone who is anticipating what they may hear. Allow for the student to control the start of their process, and for the student to use the language of their choosing.
- Actively listen - Reframe using the child's own words to confirm listening, and understanding. Refrain from asking questions unrelated to what you have heard.
- Keep consistent eye contact with the child throughout the disclosure.
- Use open-ended questions and speak with appropriate vocabulary for the child's level of comprehension.
- Maintain poise and emotional regulation regardless of how difficult it may be as the child/ youth sees you as a trusted adult.

RESPOND/ REASSURE

- Reassure the child that they are safe and that this is not their fault.
- Reassure them that it was admirable and societally correct to share with you and that you are proud of that ability to talk about the topic.
- Verbally acknowledge you believe the child; avoid only implying belief.
- Address any concerns about the student’s immediate safety.
- Avoid asking the same question more than once or probing for more detail.
- Listen openly; do not respond in an emotionally elevated or distressed fashion.
- After disclosure, immediately write down all details to ensure accurate information. Avoid any biases and try to write down event details exactly as how the child described them.
- Avoid making any promises that cannot be kept (e.g. I won't tell anyone).

REPORT

- Report immediately to the closest Ministry of Social Services Child Protection Line and/or to the police. (Do not wait for any reason including feeling like you do not have all the information.)
- Report even if you think someone else might be reporting or already has reported this abuse.

Conclusion

The introduction of trauma-sensitive best practices and classrooms can correlate with an increase in disclosures (Blakey, Glaude, & Jennings, 2019; Holden, 2009). When educators are aware of this and aware of the best ways to respond and the responsibility to report, as per the provincial guidelines, they are better able to provide and/or refer their students to the help they need.

THE IMPACTS OF COVID-19 ON TRAUMA-SENSITIVE EDUCATION

Background

In addition to the exacerbating effects on educators' stress, students also feel the impacts of COVID-19. During the pandemic, research has been done to show the pandemic's effect on not only children's academics, but how it has affected them developmentally. This research highlights the pandemic's impact on all facets of life where interpersonal relationships are regularly developed (University of Oxford, 2020).

Recent research has shown that as a result of the pandemic, its shifts to and from face-to-face and remote learning, the canceling of extracurricular activities, the experience of absence, illness, and loss, COVID-19 should be adopted into the framework of what constitutes an adverse childhood experience (McManus and Ball, 2020; Sprang and Silman, 2013). Adverse childhood experiences affect students in different ways (Bateson, McManus, & Johnson, 2019), and to different extents; this is the same for COVID-19. Lockdowns forced some children to be home unattended, and/or in unsafe situations for prolonged periods of time, many experienced heightened neglect, and all experienced disruption to the taken-for-grantedness of school. As a result, children/youth may feel uncertain about what truly is to be expected. Everything feels much less predictable. Although all students feel the impacts of COVID-19, they feel them in different ways. Equally, educators, while experiencing the pandemic themselves, had to then learn how to teach remotely, then welcome students back into an unrecognizable classroom environment, while being expected to sustain the economy and enforce shifting government and health mandates.

Some "have talked about the great positives of COVID-19 in theirs and their children’s lives, such as spending more time together and strengthening family bonds” (Clayton & Potter, 2020, as cited in, McManus & Ball, 2020, p. 165), thus reinforcing the spectrum of reactions students may have to their environments. Educators cannot prepare for every reaction a student might have, but can be cognizant that issues stemming from COVID-19 may be presented similarly to trauma responses. This foregrounds the importance of seeking to understand behaviours that might have been shaped by COVID-19.

Non-School Spaces & COVID-19

COVID-19 mandates enforced lockdowns, a variety of school breaks, remote delivery, and hybrid deliveries. The previously accessed supports in the form of school counselors, educational assistants, EAL teachers, and special educators became harder to access for students as remote learning became the norm in some areas (Savitz-Romer et al., 2021).

COVID-19 also impacted more than simply academics. The economic impacts of COVID-19 have also increased the issue of food scarcity for many families (Polsky & Gilmour, 2022). This means more children are attending online classes or returning to class hungry, which is known to impact development and academic outcomes (Alaimo, Olson, & Frongilo, 2001). During COVID-19 Statistics Canada (2020) reported that almost 15% of Canadians indicated that they lived in a household where food insecurity was a factor in the past 30 days. For those who attend institutions that provide food, this impact is felt even harder as once-expected resources were removed from families.

Without being able to physically attend school, many children and youth were exposed to environments with harmful family members, responsible adults, or others in the home (Child Trauma Research Centre, 2021). The added stresses associated with COVID-19, not only led to food insecurity - but loss of employment, loss of access to daycare, and familial illness and death. As teachers usually spend a large amount of time with children and youth, they are able to recognize and receive disclosures of various mental health concerns and abusive or neglectful situations. Schools have been identified as an important site for disclosures (Georigiades et al., 2019) which were made un- or less available during the remote learning phases of COVID.

Equally important, for students experiencing adverse experiences, “school” was no longer a steadfast predictable presence in their lives. That loss of predictability, schedule, safety, resources, support, and consistency, also had significant consequences (Child Trauma Research Centre, 2021).

The return to a school that looked unfamiliar under new mandates made, at least for some, this transition “back” another transition into something new. Students may have been, and may continue to be uneasy and show signs of weariness and caution as they are suddenly exposed to a plethora of new rule changes that shape the ways they interact with their teachers, staff, and peers (ex: distance regulations, masks, hybrid learning, only being able to bring certain items to school). The ongoing potential for shifting, new rules, and dramatic change acts as a stressor and potential inciting for trauma in students (Arvidson et al., 2014).

Identifying common trauma responses related to COVID-19

The experience of COVID-19 has been ubiquitous. Thus, the potential for correlating trauma due to the pandemic is also ubiquitous (Bridgland et al., 2021). Despite COVID-19 affecting different people differently, the range of positive and negative effects can be strikingly different. For educators who have found COVID-19 to be less burdensome, it is even more important to remember that other colleagues and students may not feel the same. Equally, while students have all been affected by the resulting school closures, not all students will perceive and internalize COVID-19 as a trauma. Student differences in neurodevelopment and the presence of other protective factors affect their overall health and resilience (Ota et al., 2019; Petersson et al., 2014; Cisler et al., 2013). Despite this, some students may begin to display a variety of behaviours perceived as different from how they behaved prior to COVID-19.

Additionally, COVID-19 resulted in significant loss for some children resulting in an unprecedented number of children becoming orphaned, including in the U.S.A and Canada (Centers for Disease Control and Prevention, 2021) - a traumatic experience that will continuously shape children's lives.

The transition "back to normal" has been positioned as the ultimate goal - as a most desirable outcome. However, it presents challenges in and of itself as those who have adjusted to life under the new measures will once again have routine and expectancy changed; this constant change becomes an unpredictable life routine which in itself contributes to trauma and can affect a child's sense of safety within the various elements of their environment (Arvidson et al., 2011). Knowing some of these impacts of COVID-19 makes it easier for educators to understand some of the common behaviours, and struggles related to how individual students and their families have been affected by the pandemic. Educators are witnessing these impacts daily, and engaging in trauma-sensitive practices can be supportive of themselves and their students.

Understanding Learning Loss

With schools across Canada opening up, and with the removal of the COVID-related health mandates, many think everything is “back to normal.” However, the effects of COVID-19 will continue to affect students, and educators, for years to come. The issues/challenges brought forth by the pandemic have some citing that educators must work hard to make up for losses to learning; these demands seem to become louder when statistics show students, due to COVID-19, may be up to a full grade level behind in some subjects (Locke, Patarachipichayatha, & Lewis, 2021).

However, "it is important to remain cautious about an overemphasis on learning loss" (Vaillancourt et al., 2021, p. 33; Whitley, Beauchamp, and Brown, 2021). Learning loss has been defined as the discrepancy between the grade-level expectations and the actual academic performance of students (Pier et al., 2021). Learning loss as it pertains to COVID-19 assumes that no learning took place, or the learning that did take place remotely or online during COVID-19 was less valuable. The assumption can not be made that all learning was halted for all students, or that only school learning should be privileged. Terming the effects of the pandemic as *learning loss* puts pressure on teachers to make up for this “loss”, in ways that largely reflect the need for improving results on tests. These scores often undervalue the remote and land-based learning that became more common during the pandemic (Pier et al., 2021). This makes the “loss in learning” more of a focus on the loss of specific content learning. Westheimer (2021) calls on communities to reorient their thinking to acknowledge and celebrate the other 'kinds' of learning that took place such as the development of critical thinking and analysis skills (Westheimer, 2021).

Similar to the emphasis for teachers to “self-care”, the responsibility placed on teachers to help “make up” for learning loss can exacerbate the current turnover and employment crisis within the teaching profession. Rather, improvements to socio-economic determinants of health and well-being may be a larger factor than individual educators' effort to “make up” for “lost learning”. The social inequities that intertwine themselves within the education system should not be problems to be fixed by individual educators but should be systemic focuses to improve the outcomes for all children and youth.

Conclusions

As COVID-19 moves into being endemic, the effects of the experience will remain and will continue to shape school landscapes in many ways. Moving forward it is important for teachers to understand the impacts of ACEs on themselves and on their students; how ACEs manifest in our complex social environments in times such as COVID-19 or future interruptions to regular academic delivery; and how to implement and respond in trauma-sensitive ways.

CASE STUDIES AND PROGRAMS

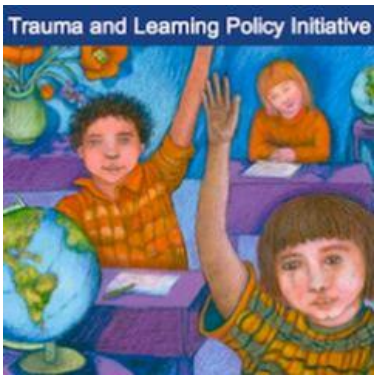
CASE STUDIES AND PROGRAMS

An Interjuridicational Scan

It is important to note that while this report is written for the Saskatchewan context, locally-developed resources and programs are more difficult to find. Even resources developed for rural and remote Prairie jurisdictions have been a challenge to find. As such, the following section offers a high-level overview of evidence-based prevention resources that can be adapted to a Saskatchewan context despite not being created here.

1. **TLPI - The Trauma-Informed Classroom:**

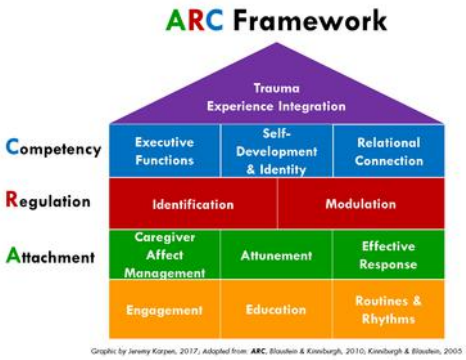
The Trauma Learning Policy Initiative offers case studies that show what trauma-sensitive schools do and can look like.One description of a trauma-infomred school is "one in which all students feel safe, welcomed, and supported and where addressing trauma's impact on learning on a school-wide basis is at the centre of its educational mission" (Fleming, 2019, p. 14).



https://traumasensitiveschools.org/

2. **ARC Model Interventions: Blaustein & Kinniburgh (2021)**

The ARC model fosters resilience in children who are experiencing traumatic stress. The model focuses on attachment, self-regulation and competency (Blaustein, 2016). As explained by Margaret Blaustein, the ARC Model is a tool to be used by those who are working with children and families who have experienced chronic traumatic stress (Boston Evening Therapy, 2011). The ARC Model sets a standard for Attachment, Regulation, and Competency and was designed as a flexible intervention developed to be used along with caregiving systems that foster resilience (such as schools). ARC's foundation is built upon four key areas of study: normative childhood development, traumatic stress, attachment, and risk and resilience. For examples of the ARC Model in schools view our brief on *Best Practices and Lessons Learned from a Multi-Jurisdictional Scan.*



https://arcframework.org/

3. Mental Health First Aid (MHFA)

Mental Health First Aid is the aid provided to a person experiencing mental health concerns. This if true if the latter is either a presently continuous, or recurrent issue. Just like physical first aid is provided until emergency services arrive, Mental Health First Aid can be given until the appropriate clinical support is found for the one in crisis or until their crisis is resolved (Imperial College London, 2016). Teachers/educators who are trained to practice Mental Health First Aid are able to listen, reassure and respond to students with a trauma-sensitive approach and to support and direct students to the correct professional supports such as counselors, therapists or others.

In 2020 The Government of Saskatchewan announced a commitment to provide Mental Health First Aid training within Saskatchewan schools. This training ensures that at least one staff member at each school is be trained in MHFA. You can read more about this at: https://www.saskatchewan.ca/government/news-and-media/2020/december/02/400000-provided-for-mental-health-first-aid-training-for-k12-school-staff

4. Brain Story

Many programs geared towards the development of children's life outcomes, such as the Alberta Familly Wellness organization and the Center of the Developing Child at Harvard University, have developed frameworks to emphasize brain development as connected to trauma. These are grounded in research that shows how trauma changes the neurology and functioning of the developing brain (Alberta Family Wellness Initiative, 2022).

This framework promotes the brain's engagement with many stimuli in many environments over time. These interactions adapt the brain to prepare itself for the next time a certain stimulus or situation arises (Family Wellness Initiative, 2022). Unfortunately, if the first situation was a situation of abuse or neglect or other adverse experiences, the learned adaptation to this interaction may be an acute stress response.

The changes to brain neurology affect the executive functioning that allows children and youth to organize information and regulate behaviour, including prioritizing, planning ahead, coping with frustration, following rules, and notably delaying gratification. When a young person experiences trauma, they may compromise areas of the brain associated with executive functioning, making them "experience higher levels of frustration, problem behaviour, and anxiety" (Family Wellness Initiative, 2022). More information and educational/classroom resources are available at:

https://www.albertafamilywellness.org/brain-story-tookit/

LOOKING FORWARD

SO WHAT & NOW WHAT?

On July 10, 2020, the Washington Post published an article entitled "The School Re-Opening Debate Reveals that We Don't Listen to Teachers About Schools". The comments following the article read: "Truth," "Yep," "They Never Listen," "So much truth, " and even more poignantly: "Of course not. Never have. This is why teachers also look at education research and researchers with squinted eyes. They know what their students, families, and communities need better than anyone." This literature review, supported both by Saskatchewan's Ministry of Education, and the Child Trauma Research Centre at the University of Regina, shows that in Saskatchewan teachers are being listened to and attended to. This literature review was grounded in the understanding that when educators feel supported, informed, and knowledgeable, the downstream impacts on well-being are often positive. This report, and the connected briefs, offer educators bite-sized, consumable, evidence-based understandings of: 1) the major concepts shaping the conversations of trauma and trauma-informed/sensitive approaches; 2) the experiences of both educators and students; and, 3) practical suggestions for best practices.

Too often, in the past two years, we have heard echoes across social media platforms, in news stories, and in articles that teachers are not okay. It begs to be said, that many of the factors shaping this sentiment pre-existed, but were exacerbated by, COVID-19. One of the intentions of this literature review and of the associated briefs is to support educators, from a systemic level, in being okay, in feeling heard and seen, and in feeling supported to do the work they do alongside those entrusted to their care.

This section is aptly shaped around the questions: So what? Now what? For the 'so what?' this literature review intended to respond to the experiential realities being lived out by educators and young people both on and off of school landscapes, where evidence-based does not only refer to research, but also to the experiences, stories, programs, and projects being shaped in and by educators.

SO WHAT & NOW WHAT?

One of the authors of this literature review was once asked: "*What does it mean to be trauma-sensitive? I feel like I don't know, and I feel like I am being asked to be something I don't know. Actually, I feel like I am being traumatized by being told I need to be trauma-sensitive!"* It was this question that inspired the research program, that, in many ways, has led to this literature review.

So, now what? Nel Noddings' (2012) wisdom offers the hopeful movement toward answering the 'now what' question:

> *In talks with teachers about this approach, I am often asked how they can "do this" - establish a climate of care- "on top of all the other demands". My answer is that establishing such a climate is not "on top" of other things, it is underneath all we do as teachers. When that climate is established and maintained, everything else goes better*. (emphasis in original, p. 777)

In many ways, the 'now what?' hopefully being shaped by this literature review is the moving away from trauma-sensitivity as a checklistable set of outcomes, and moving toward its practice as the motivation, passion, spirit, and foundation underneath all that is done in schools. In this way, we can hold the possibility of understanding the familial, economic, linguistic, cultural, religious, and experiential threads weaving our daily living.

Now what? It is the hope of the authors of this literature review, that trauma-sensitivity can be understood not as something teachers do for students, but rather as the way that the educators treat themselves and others, and feel treated by the systems in which they work.

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Bailey Hammer provided writing and general project support for this literature review. His additions come with the experience of having worked for/with a number of agencies/institutions aimed at contributing to the betterment of life outcomes for youth across Canada.

Dr. Nathalie Reid comes to this work after many years as a secondary teacher in four different schools and three different provinces across Canada. Her research program is focused not only on optimizing the experiences of children and youth in schools but also on optimizing the experiences of those entrusted with their care, with particular attention to trauma and trauma-sensitive practices.

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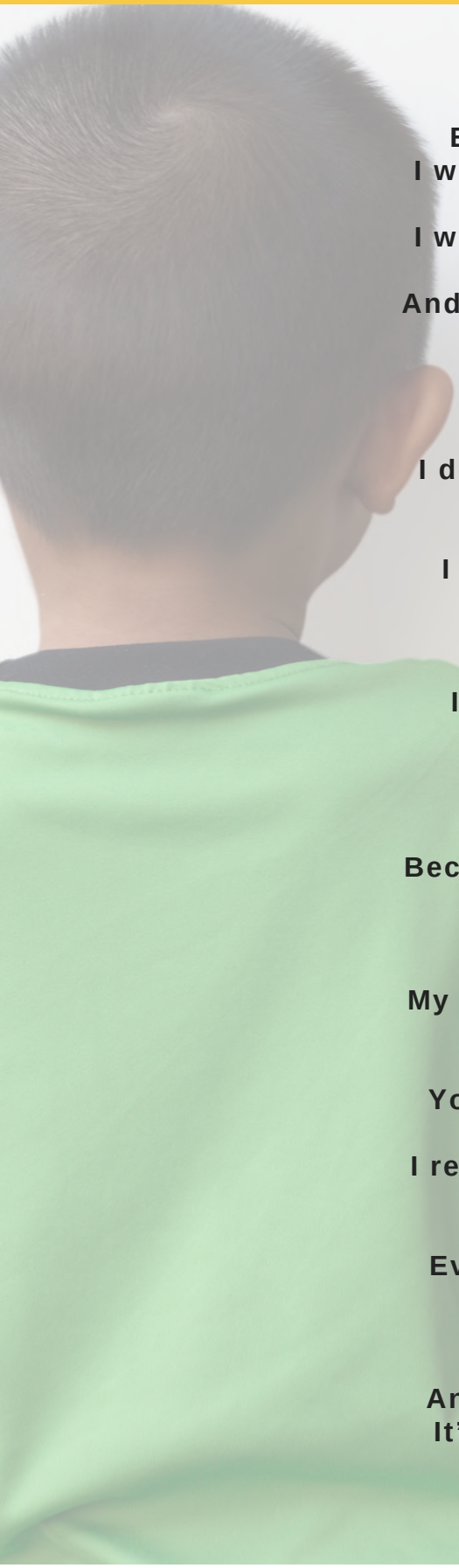
APPENDIX A - KNOWLEDGE PRODUCTS

TABLE OF CONTENTS:BRIEFS AND POSTERS

The following is a list of the accompanying knowledge briefs which have been shaped from the content of this scan, as well as from Dr. Nathalie Reid's years of experience as a secondary school teacher and teacher educator in Canada.

THINGS I NEED YOU TO KNOW...



I need lots of attention.
Even when I swear at you, I still need your attention.
I will talk endlessly about stuff like video games because that's all I'm really good at.
I will do odd, quirky things that always seem to get weird looks from people.
And when I tell you I don't care, it really means I just don't know how to let myself care.
The four-letter word that makes me the most uncomfortable is "SPED."

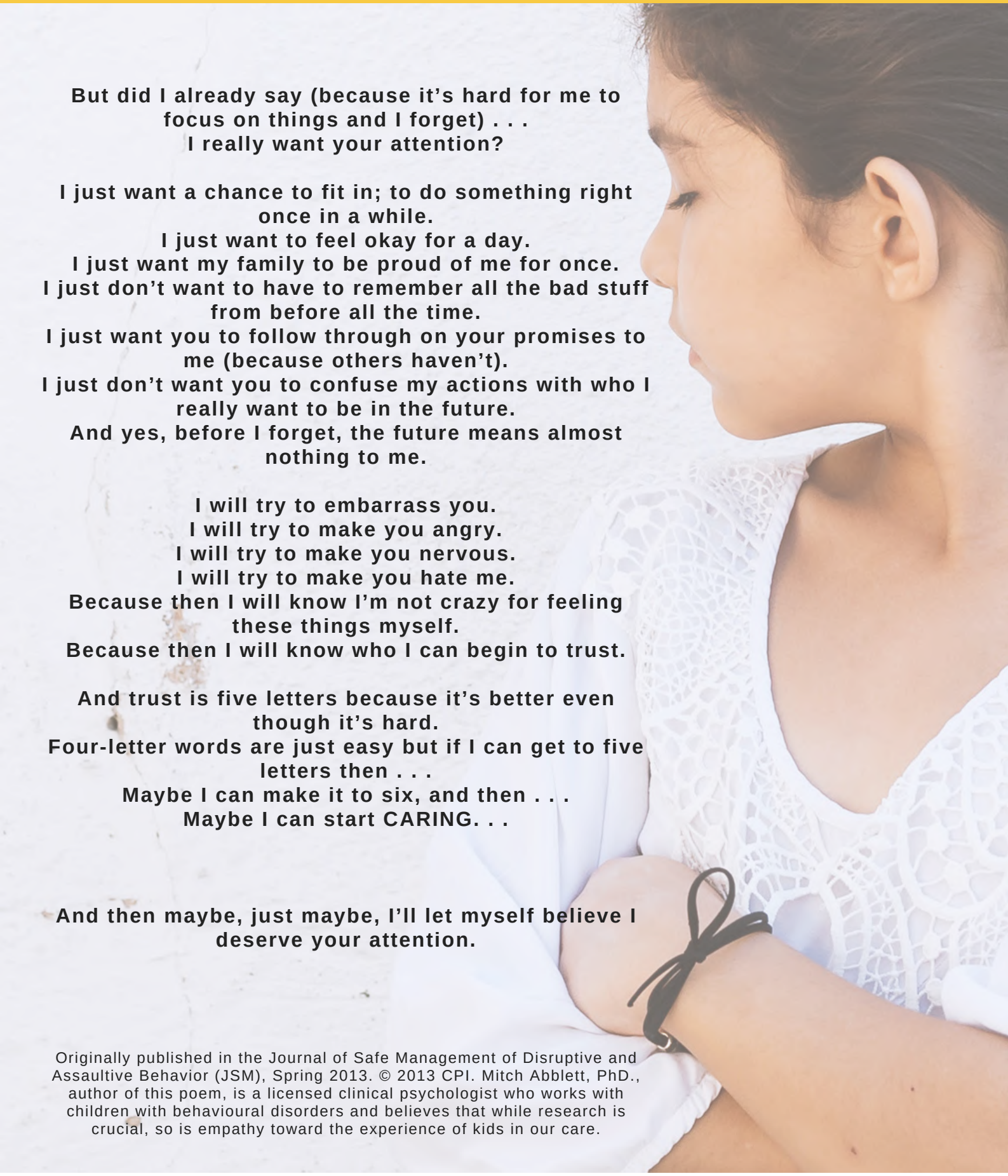
I don't want to be here because it means I failed in order to get here.
I've never belonged to things much in the past.
I learned a long time ago to reject you before you can reject me.
Did I mention that I want your attention?

I'll be looking for ways to get control by hitting your buttons,
And by "splitting" you against one another,
And against my family as well,
And by sparking other kids to get in trouble,
Because control is something I've been without for quite a while.

My file says I'm not [dumb], but I think I am.
My diagnosis crawls through my file like some sort of bug I want to squash.
You WILL misunderstand me.
You WILL assume I'm being "lazy" or "manipulative" or "nasty" on purpose.
I really just don't know what else to do to not have to feel the way I feel.

Every day, my medication is a reminder of how I'm sick but you can't see how.
Bald kids with cancer get cards and warm smiles.
I get blamed and punished because I'm bad.
And even if you tell me I'm not bad, I won't believe you.
It's your job to say nice things to me, so again, I won't believe you.

A POEM (CONTINUED)



But did I already say (because it's hard for me to focus on things and I forget) . . .
I really want your attention?

I just want a chance to fit in; to do something right once in a while.
I just want to feel okay for a day.
I just want my family to be proud of me for once.
I just don't want to have to remember all the bad stuff from before all the time.
I just want you to follow through on your promises to me (because others haven't).
I just don't want you to confuse my actions with who I really want to be in the future.
And yes, before I forget, the future means almost nothing to me.

I will try to embarrass you.
I will try to make you angry.
I will try to make you nervous.
I will try to make you hate me.
Because then I will know I'm not crazy for feeling these things myself.
Because then I will know who I can begin to trust.

And trust is five letters because it's better even though it's hard.
Four-letter words are just easy but if I can get to five letters then . . .
Maybe I can make it to six, and then . . .
Maybe I can start CARING. . .

And then maybe, just maybe, I'll let myself believe I deserve your attention.

Originally published in the Journal of Safe Management of Disruptive and Assaultive Behavior (JSM), Spring 2013. © 2013 CPI. Mitch Abblett, PhD., author of this poem, is a licensed clinical psychologist who works with children with behavioural disorders and believes that while research is crucial, so is empathy toward the experience of kids in our care.