Aftermath: Supporting Students Suffering from Trauma

By

Julie Anne Barbosa

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Dedications:

To Dr. Angela MacDonald-Vemic and my Master of Teaching cohort, thank you for your ongoing support, expertise and making this journey together truly unforgettable.

To my daughter Leidia and my son Noah, you inspire me to be better for you every day. Thank you for being my pride and joy and giving me the strength to be the best mom I could be. I love you and everything I do is for you.

To my mother Leidia, your memory will forever live on in my heart. There is not a day that goes by that I do not think of you and miss you. Time passing only makes me miss you more; it is in these moments that give me peace to continue because I know how much you would be proud of me. I dedicate this to you and all the other victims of domestic violence.

To my husband Brian, God made you the way you are because he knew that your future wife would need you to love her so much so that it would give her a purpose to live.
Abstract

Current research shows that while the Ministry of Education is beginning to prioritize students’ mental health at the policy level, many teachers and school communities feel underprepared to respond to students’ diverse mental health needs. Research has reported that teachers are concerned that they lack the knowledge and skills required to fully address their students’ mental health needs (Mazzar and Rickwood, 2013). Through a literature review and semi-structured interviews with teachers, this qualitative research project investigated how teachers are supporting students who are challenged with mental health issues, particularly those whose mental health challenges have been triggered by the experience of trauma. Interviews with two elementary school teachers and one elementary vice-principal of the Dufferin-Peel Catholic District School Board showed that they are willing to go above and beyond to ensure their student’s success. They do this through positive relationship building with all members of the community so that they can learn how to best support their student’s needs through lesson planning and accommodations. It is my hope that the findings from this study can aid in the process of destigmatizing mental illness and increasing student support by informing policy and curriculum development, education programs and teacher practice.

Key Words: trauma, mental health, teacher support, building relationships, accommodations
# Chapter 1. INTRODUCTION

1.0 Introduction

1.1 Research Problem

1.2 Purpose of the Study

1.3 Research Questions

1.4 Subsidiary Question

1.5 Background of the Researcher

1.6 Overview

# Chapter 2. LITERATURE REVIEW

2.0 Introduction

2.1 History: Definitions of Trauma and PTSD over the past fifty years

2.2 Medical Information: Biological Consequences of Trauma on Children and Youth
   - 2.2.1 Fight-Flight
   - 2.2.2 Freeze
   - 2.2.3 Dissociation

2.3 Research Studies: Academic Consequences of Trauma on Children and Youth
   - 2.3.1 Language and Communication Skills
   - 2.3.2 Attention and Regulating Emotions
   - 2.3.3 Sequence, Planning & Engagement

2.4 Research Suggestions: What can Educators do?
   - 2.4.1 Parenting with Parents and other Caregivers
   - 2.4.2 Supporting Staff
   - 2.4.3 Teaching Students
   - 2.4.4 What can Policy Makers do?

2.5 Considerations
3. METHODOLOGY

3.0 Introduction

3.1 Research Approach & Procedures

3.2 Instruments of Data Collection

3.3 Participants
   3.3.1 Sampling Criteria
   3.3.2 Sampling Procedures & Recruitment
   3.3.3 Participant Bios
      3.3.3a Participant One: Julian
      3.3.3b Participant Two: Samantha
      3.3.3c Participant Three: Charles

3.4 Data Collection and Analysis

3.5 Ethical Review Procedures

3.6 Methodological Strengths & Limitations

3.7 Anti-Oppressive Research

3.8 Conclusion

4. FINDINGS

4.0 Introduction

4.1 Through observations and anecdotal records teachers identify trauma and PTSD in the form of inappropriate behaviours, academic failures and social and emotional consequences
   4.1.1 Social and Emotional Concerns
   4.1.2 Behavioural Concerns
   4.1.3 Academic Concerns

4.2 Teachers access details concerning students’ backgrounds by reviewing the OSR, consulting with students’ former teachers, parents and having conversations with the students themselves
   4.2.1 Developing positive relationships with parents
   4.2.2 Teachers spend considerable time supporting students who are suffering a traumatic event or mental illness as well as accessing supports in the school and community

4.3 Teachers prioritize building relationships with students in order to properly
accommodate, learn more about them and their triggers, develop trust, and build inclusion.  

4.3.1 Work on developing positive relationships so that teachers understand their students and things that may trigger trauma and the consequences of trauma  
4.3.2 Once teachers have developed relationships with their students they plan appropriate lessons with accommodations.

4.4 Teachers set their students up for success by setting attainable goals and by challenging stigmas surrounding mental health through pro-active lessons and a faith based approach.  

4.4.1 Teachers set up their students for success with achievable goals and their student responses are noted  
4.4.2 Breaking down stereotypes regarding mental illness, encouraging acceptance and belonging through lessons and faith support.

4.5 The integration of the *Supporting Minds* document works to inform, support and create awareness for teachers; administrators work towards a “whole school approach” to help aid teachers in best supporting their student’s mental health needs.  

4.5.1 The ministry document as a priority in Ontario to support and inform Educators  
4.5.2 Teachers use the Supporting Minds document as a guide to foster school team collaboration.

4.6 Teachers identify the need for additional provision in regards to supporting student’s mental health in the form of Ministry funding, training and expert staff.  

4.6.1 The complexities of mental health and how teachers use the ministry document Supporting Minds to guide them in in their pedagogy  
4.6.2 Teachers seek more support through ministry funding, training and expert staff.

4.7 Conclusion.

5. DISCUSSION

5.0 Introduction.

5.1 Key Findings.  
5.1.1 Symptoms of traumatic experiences and its effects on school performance  
5.1.2 Building relationships with parents and students  
5.1.3 School personal and administrators use their knowledge to best support student mental health  
5.1.4 Expert assistance and Funding

5.2 Implications for stakeholders.

5.3 Implications for me as a beginning educator.
5.4 Recommendations........................................................................................................60
5.5 Future Research...........................................................................................................61
5.6 Conclusion..................................................................................................................62
REFERENCES.....................................................................................................................63
APPENDICES
Appendix A: Letter of Consent for Interview.................................................................66
Appendix B: Interview Questions for Teacher Participants........................................68
Appendix C: Interview Questions for Administrator Participant.................................71
Chapter One: Introduction

“Concern is growing in our society about the number of children and youth who are experiencing mental health problems. At the same time, our education system in Ontario is focused on making schools safe and accepting, and on meeting the needs of all students by providing the kind of instruction and assessment that is necessary for some and good for all”
- Ontario Ministry of Education (2013; p. 6)

1.0 Introduction

According to the Ontario Ministry of Education document entitled Supporting Minds: An Educator’s Guide to Promoting Students Mental Health and Well-being (2013) “approximately 20 per cent of children and youth have a mental health problem… [which] can seriously impair children’s ability to be successful at school and in their relationships with peers” (p. 5).

Supporting Minds was developed in harmony with the Ministry report entitled Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addictions Strategy made available on the Ministry of Health and Long-term Care website, to aid in the “comprehensive approach to transforming the mental health system through a clear mission, forward-thinking vision and long-term strategies for change” (2011). The goal for the first three years of the initiative was to focus on early intervention strategies, access to high quality and fast services for all people and to close the gaps in services for children throughout important transitions in their lives (2011). The release of the document in 2013 raises many questions regarding how teachers support their students inside the classroom. The document outlines the teacher’s role as to, “promote positive mental health at school; identifying students who may have mental health problems; and connecting those students with appropriate services” (2013; p. 6). In theory the Ontario Ministry’s initiative to support students suffering from mental health challenges is extremely positive however, it is less clear how the commitments outlined in it are transferring into practice.
1.1 Research Problem

A traumatic experience is one trigger for the development of a mental health illness or disorder. In *The Diagnostic and Statistical Manual of Mental Disorder* (2006) trauma refers to an “actual or threatened death or serious injury, or a threat to the physical integrity of the self or others” and results in “intense fear, helplessness or horror” (as cited in Cohen, Mannarino, Deblinger, 2006, p. 3). Additionally, it can refer to an “unexpected or violent death or injury experienced by a family member or other close associate” (Cohen et al, 2006; p. 3). According to the *Ontario Centre of Excellence for Child and Youth Mental Health* (2015) only one in six children and youth get the help needed. This has serious implications as it suggests that a child who is experiencing symptoms of a mental health disorder has a one in six chance of receiving assistance, whereas, a child who has *experienced trauma* is highly unlikely to received support from his/her educators in school, especially if the traumatic experience is not linked to mental health. This is why it is essential that the child’s traumatic experiences are known by the educators and by their classmates as well, so that the student can be properly assessed by the right professionals to avoid the student being identified with behaviour challenges.

Current research shows that while the Ministry of Education is beginning to prioritize students’ mental health at the policy level, many teachers and school communities feel underprepared to respond to students’ diverse mental health needs. In their research, Mazzer and Rickwood (2013) concluded that teachers have articulated the complexities regarding students mental health needs and that they lacked the knowledge and skill required to help them. Teacher insecurity about addressing the mental health needs of students raises questions as to how the Ontario Ministry of Education can further support teachers in this work. The detriment to students, if this work is not further supported, can result in continued stigma surrounding mental
health and reluctance on the part of students to seek help (Rickwood, Cavanagh, Curtis, Sakrouge 2004). Research has found, for example, that students are reluctant to discuss their symptoms with educators out of fear of stigmatization, and the result is that they try to deal with their mental health problems themselves or through more informal supports in the form of friends and family. It has also found that students nevertheless rely heavily on the education system for support, and for this reason it is important that they feel connected, accepted, respected, included, and supported by others in their school environment (Shochet, Dadds, Ham, Montague 2006). In turn, further research focused on how to achieve this is vital.

1.2 Purpose of the Study

The purpose of my research was to learn how Ontario teachers are actively working to support student mental health. In particular, I was interested in how they supported students who experienced some level of trauma, which may or may not have been linked to a mental health disorder. I was also interested in learning how student’s experiences of trauma become known to educators, and to learn how teachers were trained and supported in this area.

1.3 Research Question

This research was conducted as a qualitative study using semi-structured interviews with two teachers and one administrator who had demonstrated commitment to supporting students’ mental health and experience teaching students who have endured trauma. The main questions guiding this study were: How are a sample of school-based educators supporting students’ mental health, and what are their experiences supporting students who have experienced trauma? How, if at all, are teachers being prepared and supported to meet the commitments and priorities outlined in the Supporting Minds document?

1.4 Subsidiary Questions
Related questions this research addressed include:

- How do these teachers identify mental health issues in their students? How do they learn of their students’ experiences of trauma?

- What range of practices, strategies, and approaches do these teachers enact to respond to these students’ experiences of trauma in ways that support their mental health and social and emotional well-being?

- What do these teachers observe from students’ responses to these practices, strategies, and approaches? What indicators of response do they observe?

- What range of factors and resources support and hinder these teachers’ commitment to pedagogically responding to students’ experiences of trauma in ways that support their mental health and social and emotional well-being?

I am hopeful this research can lead to a more informed understanding of how teachers can meet the mental health needs of students suffering from trauma in our schools.

1.5 Background of the Researcher

While my mother provided my three siblings and me with a loving, nurturing, and safe environment, we did however survive off the welfare system as my mother was a single mom for many years. In turn, I relied heavily on the education system to support me academically as my mother had much difficulty tending to my academic needs. Sadly the course of my life took an unexpected turn on April 13th, 1994 when I found myself sitting on my older sister’s lap, looking blankly at two police officers sitting in front of me while I listened to the cries of my three siblings. I was numb. I learned my mother had been murdered by my father. I was eight years old. She had been missing for almost 24 hours, so when my principal called my sister and me into his office that morning and told us he was taking us home; I remember how ecstatic I was to
get home to embrace my mother. I did not anticipate the immediate changes I was about to endure. April 13th was my last day at a school I loved; the last time I would live in my home, and the first day I had to live without my mother. I became paralyzed, unable to speak for over a year from the trauma I endured.

The following years after my mother’s death, my life was in turmoil. I went back to school in the third grade and I was dealing with the death of my mother and living with family members (who were like strangers). I can remember sitting in class the whole year and not speaking to a single soul; the shock and pain unbearable. My teacher was very supportive and did not push me into speaking; however, I can remember feeling extremely lonely and feeling like an outcast. I often question what my experience would have been like if my classmates knew and were able to develop an understanding of what had happened to me. I struggled throughout the rest of my life because I always felt like people did not understand me. Moments when I do open up and share my story, however, are moments when I feel a sense of relief and comfort. My elementary school years and half of my high school years were terrible. I struggled academically, socially and emotionally. A typical school year for me included failing grades, no friends, constant bullying accompanied with depression, anxiety and lots of tears.

1.6 Overview

Next, in Chapter Two I review the literature in the areas surrounding trauma and PTSD over the past fifty years, biological and academic consequences of trauma on children and youth, what educators can do to support their students and considerations around the Ontario Ministry document entitled *Supporting Minds*. In Chapter Three I describe the research methodology and procedures used in this study, including information about the sample participants and data collection instruments. In Chapter Four I report the research findings and discuss their
significance in light of the literature. In Chapter Five I discuss the research findings and their significance for me as a beginning teacher and for the educational research and practice communities more broadly. I also articulate recommendations for practice and identify areas for further research. References and a list of appendixes follow at the end.
Chapter Two: Literature Review

“State Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child”.
- United Nations, 1989

2.0 Introduction

I begin my introduction with a preface from the United Nations Convention of the Rights of the Child (1989) to reinforce the imperative nature of my topic. The event of trauma holds no biases or assumptions, it is not particular to a specific age group, race or ethnic culture, and holds no limitations and boundaries when it occurs. It can take place at any time, in any form and in multiple ways: A tragic car accident, sudden death, serious illness, domestic violence and/or any form of abuse. The variance lies in the degree to which one internalizes and/or reacts to the severity of trauma endured, its lasting impression and its consequence in terms of how one functions in their living and/or contributes to the norms of every day society. Moreover, the definition of trauma and its identified symptoms has changed over the past fifty years, and within the course of its changes came the identification of Post-Traumatic Stress Disorder as one of its major symptoms (Cohen et al, 2006; DSM-5 2013; Nader 2007; Ontario Ministry of Health and Long-term Care, 2011).

In this chapter I review relevant points in history that have contributed to the current definition and understanding of trauma and PTSD, along with some assumptions about mental health disorders in children that have made it difficult to assess and determine whether or not a child is suffering from PTSD. Since my research is largely focused on student support and achievement, I further my exploration of the literature by reviewing the known consequences of trauma and PTSD on brain development and behaviour, making direct correlations to academic
performance and achievement. Finally, I present research-informed suggestions on what an entire school community can do - students, teachers, parents, administration, and policy-makers – to provide the proper support for students who are struggling and suffering because of a traumatic experience.

2.1 History: Definitions of Trauma and PTSD over the past fifty years

In the book *Treating Trauma and Traumatic Grief in Children and Adolescence* Judith A. Cohen, Anthony P. Mannarino and Esther Deblinger quote the American Psychological Associations manual entitled *The Diagnostic and Statistical Manual of Mental Disorders* (DSM IV), which defines trauma as “…sudden or unexpected events; the shocking nature of events; death or threat of life or bodily integrity; and/or the subjective feeling of intense terror, horror, or helplessness”. Example scenarios of traumatic events are, “…child physical or sexual abuse; witnessing or being the direct victim of domestic, community, or school violence; severe motor vehicle and other accidents; potentially life-threatening illnesses such as cancer, burns, or organ transplantations; natural and human-made disaster; sudden death of a parent, sibling, or peer; and exposure to war, terrorism, or refugee conditions” (Cohen et al, 2006; p. 3). This vast definition of trauma, and the examples provided, contribute to the varied outcomes that can occur in the area of mental health disorders related to children. One example of the consequences of trauma is Post Traumatic Stress Disorder; otherwise known as PTSD.

Nader (2007) discusses the development of PTSD scales for children. Prior to 1980, the examination of children who experienced traumatic events took place through study of recorded clinical cases and other case studies. Following the events of a school bus kidnapping and an open firing on an elementary school playground marked an “…emergency revision of Frederick’s (1985) 16-item Adult Posttraumatic Stress Reaction Index marked the emergence of
trauma scales for children” (p. 6). These scales consisted of measurements of depression, anxiety and fear in order to identify where the child was on the PTSD spectrum. Consequently, in 1980 PTSD was added to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. Symptoms of patients experiencing PTSD included three categories:

(1) Re-experiencing of the traumatic event; (2) numbing of responsiveness to or reduced involvement in the external world; and (3) a miscellaneous section which included memory impairment, difficulty concentrating, hyperalertness or an exaggerated startle response. Patients with PTSD were described as psychophysically hyperaroused and they showed an intensification of symptoms following exposure to events associated with the trauma” (Nader, 2007, p. 8).

Definitions of trauma and PTSD have been revamped many times over the past fifty years. In the recently published DSM-5 (2013) PTSD is described as a harmful disorder with many consequences. The revised definition includes:

…trigger to PTSD as exposure to actual or threatened death, serious injury or sexual violation…[and a person who] directly experiences the traumatic event; witnesses the traumatic event in person; learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental); or experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related) (American Psychiatric Association, 2013).

Previously, the DSM IV indicated that traumatic events resulting in PTSD were linked to an anxiety disorder, where an individual would experience it when emotions were heightened. Today PTSD stands on its own, as a stressor-related disorder that can seriously impair ones social interactions (American Psychiatric Association, 2013). Trauma had also been defined as “intense fear, helplessness or horror”; however these statements have been deleted as the DSM-5 believed the criteria had “no utility in predicting the onset of PTSD” (American Psychiatric Association, 2013).
A fourth category has been added to the already existing three categories linked to PTSD (American Psychiatric Association, 2013). The DSM-5 pays significant attention to the social and behavioural symptoms of PTSD rather than Horowitz’s focus of biochemical symptoms; namely ‘inhibition’ and memory. Joseph, Williams and Yule (1997) describe Horowitz’s theory of information-processing and how traumatic events elicit incompatible information with existing schemas. Horowitz (1997) believed that individuals possess schemata in which there is a process where information is stored through mental models. These schemas become disrupted when faced with a traumatic experience that consists of high level of stress. Horowitz suggests that individuals contain feedback systems that help protect them from emotional exhaustion called the “process of inhibition” which controls the flow of information. The feedback system of inhibition can become unbalanced; if low levels of inhibition occur ‘intrusive’ symptoms develop such as nightmares and flashbacks, if high levels of inhibition occur than symptoms of avoidance transpire (Joseph et al, 1997, p. 73-74). Horowitz theory of intrusive and avoidance coincides with the DSM-5, however Horowitz believe these symptoms were due solely to chemical imbalance. The DSM-5 discusses the four categories which describe the onset of PTSD as behaviourally charged with re-experiencing, avoidance, negative cognitions and mood, and arousal (American Psychiatric Association, 2013; Joseph, 1997). The DMS-5 incorporates Horowitz theory of intrusive and avoidance into the concept of “re-experiencing”. Re-experiencing refers to spontaneous recollections of the traumatic event which triggers the avoidance inhibition. Negative cognitions and mood present distorted feelings of blaming oneself or others, a lack of interest in activities that the person once enjoyed, and difficulty remember key aspects of the traumatic event. Arousal is described in the DSM-5 as “aggressive, reckless or self-destructive behavior, sleep disturbances, hyper-vigilance or related problems”
The complex nature of PTSD and its related behaviour symptoms have been thoughtfully developed over the past fifty years.

2.2 Medical Implications: Biological Consequences of Trauma on Children and Youth

According to Nader (2007), “Early childhood trauma or maltreatment has a greater capacity to inflict significant and cascading dysfunction than a similar experience in adolescence or adulthood” (p. 50). It is important to note that not all children who experience trauma deal with all or some of these kinds of consequences, but it is imperative to discuss them in the instances that they do, insofar as for the purposes of the need for intervention and treatment. Nader states that, “Following traumatic experiences, a significant number of children react in ways that substantially disrupt or impair their family’s daily lives, their growth and development, and their abilities to function normally” (2007, p. 3). A child’s brain can be altered if he or she has experienced a traumatic event. Children brains specifically are undergoing a sensitive transition. Their brains are considered ‘more plastic’ which makes them more vulnerable to situations that involve high stress. (Joseph 1997; Nader, 2007). Children can lose their sense of self because he or she is a product of ‘the biology that is distorting him’ which can cause long term consequences that can “…interfere with maturation of the brain’s coping systems, can lead to difficulties with identity formation, emotion regulation, and relationships” (Nader, 2007, p. 31-45). Due to these high stress scenarios children learn to develop coping mechanisms to help them deal with their day to day lives. Some of these coping mechanisms are called Fight-Flight, Freeze and Dissociation (Cohen et al 2006, Joseph 1997; Nader, 2007).

2.2.1 Fight-Flight

After a traumatic experience, a child’s high level of stress activates an alarm system in the body resulting in elevated heart rate, blood pressure, respiration, muscle tone, release of
stored sugar in the body; along with hyper vigilance and tuning out of all noncritical information (Cohen et al, 2006; Nader, 2007). If confronted with threat their body will release neurochemical hormones that will prepare the child for a fight or flight reaction (American Psychiatric Association, 2013; Nader, 2007). Children who experience symptoms of fight or flight often do not have the actual ability to engage the symptoms; they react in ways such as yelling, crying or screaming, more often than not in attempt to get the attention of an adult (Nader 2007). When children are faced with these biological systems their bodies automatically shut down noncritical information to prepare for protecting themselves, it makes it difficult to concentrate on the task at hand such as engaging in academics at school (Joseph et al, 1997; Nader, 2007).

2.2.2 Freeze

Another coping mechanism children use when dealing with the signs of threat is freezing. This method permits the child to silently listen to threatening sounds, environmental threats, and keen visual observations to make time to devise a plan for safety (Joseph et al, 1997; Nader, 2007). Research has found that “Children who enter the classroom in a state of low-level fear may refuse to respond to teachers either by trying to take control of their situation through actively defiant behavior or, more passively and perhaps less consciously, by “freezing” (Cole et al 2005, p. 35). Children who have this coping method are often misdiagnosed as oppositional and defiant. This can frustrate teachers as they feel the child is deliberately not listening or unwilling to cooperate therefore, teachers react by trying to enforce their authority in an attempt to get the child to listen or comply but this approach only exasperates the students anxiety making it even more challenging for them to respond (Cole et al, 2005, p. 35). Traumatized children have difficulty responding because they often are focused on the trauma they endured
and cope through escaping reality, or what has come to be known as *dissociation* (Joseph et al., 1997; Nader, 2007).

### 2.2.3 Dissociation

Struik (2014) defines dissociation as,

...emotional withdrawal which is a way to cope with overwhelming stress. The experience is too intense to regulate, is incomprehensible and cannot be integrated by the child. When a child dissociates during an experience, he is 'absent' for a short time...When the child ‘comes to’ and is ‘present’ again, he hardly remembers what happened; he is amnesiac regarding the event (p. 17).

This coping mechanism is extremely common with children who are dealing with the consequences of a traumatic event; going into an ‘external world’ allows the child to withdrawal from stressful situations and assume a different role such as a hero or animal, floating or “watching from the outside” (Nader, 2007, p. 35-36). This behaviour can be damaging for children as it does not allow them to fully engage or participate in the classroom. Additionally it is difficult to be noticed by a teacher as he or she might not be aware that the child is experiencing it and it can lead to academic consequences, and/or the child will become heavily dependent on the support of his or her teacher (Cole et al, 2005).

### 2.3 Research Studies: Academic Consequences of Trauma on Children and Youth

Cole et al (2005) developed as a report and policy agenda with the support of Massachusetts Advocates for children; The Hale and Dorr Legal Services Centre of Harvard Law School; and The Task Force on Children Affected by Domestic Violence, to raise awareness about the impact of trauma on children in all areas of development. With specific reference to academia, the text provides guidance to teachers on how to support traumatized children in hopes to create *trauma sensitive schools* and to inform policy makers about the need for *policies and funding* for schools in regards to traumatized children and the school community as a whole.
Firstly, I will discuss the academic consequences of trauma which include: Language and Communication skills followed by Attention and Regulating Emotions and Sequence, Planning and Engagement. Secondly, I will discuss what educators can do to support their students experiencing PTSD; and I will conclude with what policy makers can do to support the school community (Cole et al, 2005).

2.3.1 Language and Communication Skills

Research suggests that trauma experienced by children can disrupt the student’s ability to learn, process information and communicate effectively leading to difficulties with literacy skills, social-emotional development and self-regulation (Cole et al, 2005, p. 22). Traumatized children have severe difficulties processing information and expressing themselves verbally. They are frequently in a hyperaroused state and are constantly “on edge”, which can be characterized as ultra-sensitive to their surroundings, easily startled, and often experiencing difficulty relaxing due to lack of sleep or fear of danger. These symptoms make it extremely difficult to focus at school, as the child feels bad about their deteriorating grades and in turn develops low self-esteem (American Psychiatric Association, 2013; Cole et al, 2005). For example a female teenager describes her experience in math class after she had suffered a traumatic experience:

I could see the math teacher’s mouth moving in the classroom but couldn’t hear a thing. It was as if I were in a soundless chamber. She was smiling and clearly talking, I just couldn’t process a word of it. I had been an excellent math student, but the day she told me I was “spacey” and unfocused was the day I stopped connecting to math. My grades dropped and they took me out of the advanced classes (Cole et al, 2005, p. 24).

Clearly, the teacher’s weak limiting perception and misjudgment had a dramatic effect on the stamina and performance of this student. The possible ramifications for this student are certainly not limited to severity: the powerfully negative connotation of the teacher’s remark coupled with
the lack of support she needed during her difficult time affected her potential and capacity to succeed. Research suggests that traumatic experiences in childhood that yield high levels of anxiety and intense emotions, activate an area in the brain called ‘limbic and paralimbic’ systems which are connected to the processing of language, become less active and inadvertently effect the ability to comprehend information (Cole et al, 2005). In this scenario, a trauma trained teacher, could have supported this student if they were informed about the consequence of trauma on childhood (Cole et al, 2005; Purvis, 2015).

2.3.2 Attention and Regulating Emotions

A child’s lack of attention in the classroom can be associated in relation to fight-flight and dissociative behaviours. Children suffering from trauma may have difficulty paying attention because they are more focused on “…interpreting the teacher’s mood” (Cole et al, 2005; pg. 28) out of fear of punishment or they might disassociate altogether (American Psychiatric Association, 2013; Cole et al, 2005; Kenardy et al, 2007). The consequences of inattentiveness in the classroom can place the child at a disadvantage either by falling behind in or not being able to complete tasks at all: “Lost and unable to reconnect with the academic activities, their anxiety can increase, and difficulties with regulating emotion may come into play” (Cole et al, 2005; pg. 28). According to the literature surrounding self-regulation, research suggests that self-regulation is imperative to a child’s social and academic success however it is often the most common concern for traumatized children (Cole et al, 2005; Kenardy et al, 2006; Nader 2007). Self-regulation is when the “ability to modulate behavior, attention, and emotion underlie children’s adaptive functioning in a number of key domains, including self-development, academic achievement, and interpersonal relationships” (Cole et al, 2005, p. 28-29). When traumatized children have difficulty regulating they develop symptoms which include impulse control issues,
aggression against oneself or others, difficulty interpreting emotional signals lack of predictability and inability to trust others (Cohen et al, 2006; Cole et al, 2005). Consequently, children who have difficulty with self-regulation not only suffer socially, emotionally and academically but also physically (Joseph, 1997) to protect themselves from high levels of stress due to trauma they often complain with symptoms such as “…headaches, gastrointestinal complaints, body pains, and general malaise…Fatigue, sleeplessness, eating disorders, body-image concerns, and health problems” (Cole et al, 2005, p. 31).

2.3.3 Sequence, Planning & Engagement

The literature suggests that a child who is to be successful at school by completing academic tasks “…depends on the ability to bring a linear order to the chaos of daily experience…Traumatic experiences can inhibit this ability to organize material sequentially, leading to difficulty reading, writing, and communicating verbally” (Cole et al, 2005, p. 26). Traumatized children struggle with organization and sequences (especially children who suffer ongoing trauma) because their lives are constantly disrupted by stressful events which result in the “…difficulty organizing and processing the content of academic lessons for later retrieval and application” (Cole et al, 2005, p. 26-27). Children who lack this skill often flourish in classroom environment where lesson expectations are clearly stated with step by step instruction, orderly transitions, consistent routines and assistance with organization by an educator (Cole et al, 2005; Purvis, 2015). Once sequence is established it gives a child who has been traumatized the opportunity to develop planning skills, goal setting and predicting outcomes. This is sometimes difficult as traumatization can “…distorted inner representations of the world, [because they have no] internal maps to guide them and that, consequently, they act instead of plan” (Cole et al, 2005, p. 31). With the ongoing support of the educator children who are
traumatized need to be supported in ways in which meets their needs such as, more one on one time with educators, structured routines in the classroom and teachers who are willing to spend time discussing the ramifications of their actions (Cole et al, 2005; Purvis, 2015). Academic engagement is critical to the success of all children, however engagement can be extremely challenging for a traumatized child. By engagement, I am referring to the ability to be a self-initiated and self-regulated behaviours, and the ability to persist in regular and challenging everyday tasks (Cole et al, 2005). The difficulty of a child who is traumatized achieving this seems farfetched, however, we know now that once teachers are informed they can better support students in a more meaningful and productive way (Ministry of Education, 2013).

2.4 Research Suggestions: What can Educators do?

2.4.1 Parenting with Parents and other Caregivers

Building trust is often difficult when working with students and caregivers. If a child has suffered traumatic experience it is likely that the parents has also suffered that experience but in a different way. It is important then, that the relationship between the caregiver and school staff be strengthened so that the child can feel more connected to the school. This will most likely increase the child’s chances for success (Cole et al, 2005). Additionally, research suggest with proper treatment and early intervention can help children trust adults and their peers (Purvis et al, 2015). It is also important that educators involve the caregivers into the program by ongoing written or verbal communication and setting achievable goals for their child to succeed. (Cole et al, 2005).

2.4.2 Supporting staff

Children can be supported by Educators who are trained to understand their role in supporting traumatized students. The goal of this training would be to “enable them to create
stable, supportive classrooms in which traumatized children can become full participants in the school community” (Cole et al, 2005, p. 52). Other suggestions for training for teachers are based on already existing competencies such as: “teachers are particularly skilled at presenting information in a variety of ways, others are quite consistent, some are highly organized, and there are those who form positive ongoing relationships with students beyond the classroom. All these are among an array of strengths that can be reinforced and expanded with an awareness of how they can be useful in dealing with traumatized children” (Cole et al, 2005, p. 53). Building on teachers’ already existing skills will help to better understand how to use them to their advantage when working with children suffering from trauma (Purvis et al, 2015).

2.4.3 Teaching Students

Staff training in regards to how to meet the needs of children who have been traumatized is crucial to their success through the alleviation of symptoms. The authors of Helping Traumatized Children Learn discuss nine categories in the different ways teachers can be trained to support their students: (1) Helping children regulate emotions in order to master social and academic skills: Teachers learn to effectively recognize when a child is experiencing anxiety and then implement appropriate responses to help the child manage in the classroom. (2) Maintaining high academic standards: Teachers make it clear the standards of the classroom and the school and refrain from lowering these standards; this will help the child focus on maintaining their academic goals. (3) Helping children feel safe: Every effort should be made to ensure the child feels safe at school and at home so they do not regard the school/home as a threatening place (Purvis et al, 2015). This can be accomplished by teaching to the child’s interests and providing opportunities such as “Physical activities…martial arts, yoga, theater, and art are becoming recognized as important activities that can help traumatized children reduce hyperarousal” (Cole
et al, 2005, p. 55). (4) Managing behavior and setting limits: Teachers implement a behaviour management system that can include positive reinforcement and their involvement in a peer social-skills group (Cohen, 2006; Cole et al, 2005). (5) Reducing bullying and harassment: Through training, teachers will learn to provide an environment in which students have “…opportunities for students to deal with feelings of exclusion, anger, prejudice, and disempowerment, and conversely with feelings of community, speaking one’s voice and empowerment” (Cole et al, 2005, p. 56). (6) Helping children have a sense of agency: teaching teachers to allow students to take initiative and make choices on their own to help build their self-esteem and confidence. (7) Building on Strengths: Teachers create programs and/or differentiate their instruction to meet the needs and build on the strengths of their students. (8) Understanding the connection between behavior and emotion: Once teachers understand why a child is acting out they will be able to respond to what the child is feeling rather than solely responding to the problematic behaviour (Cohen et al, 2006). (9) Avoiding labels “Training needs to emphasize the negative consequences of publicly labeling children “traumatized” or abused (Cole et al, 2005, p. 56). Labeling carries the risk of making trauma into a prominent feature of the child’s identity (Cole et al 2005, Ontario Ministry of Education, 2013).

2.4.4 What can Policy Makers do?

Literature suggests that all key stakeholders must develop a plan to address the needs of children who have been traumatized. Susan Ko et al discusses the link between trauma and the higher usage of public health services such as health and mental health services, child welfare and juvenile justice systems (Ko et al, 2008, p. 397; Ontario Ministry of Education, 2013). Ko et al (2008) poses six recommendations to policy-makers to support students with traumatic stress. These recommendations including providing publicly funded schools with funds necessary to
develop appropriate actions plans; develop laws, policies and fund appropriate mechanisms to address the needs of traumatized children; proper training for teachers and administrators for the teaching and learning of traumatized children; the implementation of appropriate support staff such as social and child youth workers in school to support traumatized children; the ministry of education to continue providing information and support to schools (Cole et al, 2005; Ontario Ministry of Education, 2013) and research should be funded to continue the study of behaviour patterns of untreated childhood trauma and to discover best practices for addressing the educational needs of these students. The goal of these recommendations is to provide early interventions to minimize the possible long-term effects of trauma on children including the intensification of behaviour problems and the extraneous use of other social services including child welfare, health care and juvenile justice systems (Cole et al, 2005; Ontario Ministry of Education, 2013).

2.5 Considerations

Based on my findings from the literature, research clearly suggests that trauma experienced particularly by children negatively impacts their performance in schools and this impact begs for appropriate responses to support victims of trauma. By speaking to educators who have experienced having students in their classroom who have suffered from trauma and the strategies they use to support these children, my research will contribute to the existing conversation by identifying the necessary resources and appropriate and practical strategies teachers use to support these students, thus bridging the gap between theory and practice.
Chapter Three: Methodology

3.0 Introduction

In this chapter I describe the research methodology. I begin by reviewing the general approach, procedures and data collection instruments, before elaborating more specifically on participant sampling and recruitment. I explain data analysis procedures and review the ethical considerations pertinent to my study. Relatively, I identify a range of methodological limitations, but I also speak to the strengths of the methodology. Finally, I conclude the chapter with a brief summary of the key methodological approaches and my rationale for these decisions, given the research purpose and questions.

3.1 Research Approach & Procedures

This research paper was conducted using a qualitative research approach which involves reviewing relevant literature to my study and conducting semi-structured interviews with three teachers. I believe that qualitative research along with semi-structured interviews allowed me to achieve the purpose and plan of my research. Creswell (2007) states that, “…qualitative research begins with assumptions and the use of interpretive/theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem” (Creswell, 2007. p. 48). As stated in my Introduction of Chapter One is my commitment to anti oppressive research (Potts and Brown, 2005). By conducting a qualitative study the approach of my research helped to meet my goals of sharing the research process with my participants. Qualitative research allowed me to better understand my research topic through the lived experiences of my participants, and to access a more complex, detailed understanding of the issue that can only be established by talking directly with teacher participants and allowing them to tell their stories (Creswell, 2007).
3.2 Instruments of Data Collection

The primary research method that I used in my research paper was semi-structured interviews that were audio-recorded. I chose this method because not only did it attend to my research focus and questions but it also gave me the ability to be reflexive. According to Thomas Ryan (2005):

Reflexivity is a hallmark of excellent qualitative research and it entails the ability and willingness of researchers to acknowledge and take account of the many ways they themselves influence research findings and thus what comes to be accepted as knowledge. Reflexivity implies the ability to reflect inward toward oneself as an inquirer; outward to the cultural, historical, linguistic, political, and other forces that shape everything about inquiry; and, in between researcher and participant to the social interaction they share (p. 222).

Conducting a one-on-one interview while my participants were being tape recorded allowed me the opportunity to focus on being reflexive. A semi-structured interview provided me with the opportunity to focus on my research topic and questions and leave room for my participants to ask questions and speak freely. Through reflexive practice I focused on my own interactions with my participants, including my thoughts, feelings and behaviours in response to what they shared (Ryan 2005; p. 222). This allowed me to minimize my own values and judgements that I may have brought to the interview, and that I have considered in my reflections. As a reflexive researcher it allowed me to be aware of my ‘self’, and enabled me to “acknowledge the impact of the researcher’s own identity and values in the analysis of the interview data” (Denscombe, 1998; p. 188).

Similarly, semi-structured interviews provide a depth of information. I was able to ask questions that got straight to the point of my research, therefore my participants had the opportunity to provide a wide variety of information pertaining to my topic (Denscombe 1998). The goal of the interview process was to receive much insight about my topic that I might not
have been able to learn from reading the literature alone. My hopes as a researcher were to “…gain valuable insights based on the depth of the information gathered and the wisdom of ‘key informants’” (Denscombe, 1998; p. 189).

3.3 Participants

Here I review the sampling criteria I established for recruitment and the reasons guiding my decisions. I review avenues for teacher recruitment and I introduce each participant.

3.3.1 Sampling Criteria

For this research paper I wanted to recruit participants who have or have had students in their classrooms that have undergone trauma according to the DSM-5 definition of trauma. Additionally, I was interested in teachers who have demonstrated a commitment to supporting student mental health in the areas of leading professional development seminars for colleagues, contributing to curriculum development, acting as an advisor, and/or in a leadership role. The purpose of this recruitment criterion is because I was interested in learning from teachers not only how they would respond to these students, rather how they have. Additionally, it was important to me that at least one participant had less than five years of experience, whereas the others have more than ten years’ experience. I chose this criterion because my interest was to discern how both more experienced and beginning teachers respond to students’ mental health needs and to inquire into the significance of the current Supporting Minds policy on their pedagogy. Lastly, at least one of the participating teachers needed to have had experience with a student diagnosed with Post-Traumatic Stress Disorder. I chose this criteria so I could inquire into the significance of clinical diagnoses for how teachers respond to and support students’ mental health needs. I also wanted to identify (if any) the difference between students who have
endured trauma vs a child who has endured trauma and has been diagnosed with a mental disorder to disseminate the support (if any) that they have received.

### 3.3.2 Sampling Procedures & Recruitment

I chose to use purposive sampling for my research paper. According to Higginbottom (2004) purposive sampling is defined as “…judgmental sampling that involves the conscious selection by the researcher of certain subjects or elements to include in the study” (p. 11). I chose this type of sampling because of the necessity to find educators who were committed to supporting student’s mental health. I was interested in educators who have experience with students who have gone through a traumatic event and are willing to share their stories. I was also interested in teachers who are aware of the current policy regarding mental health because of the experience they can provide in regards to their role and commitment to their students mental health.

I contacted people and organizations involved in writing the Supporting Minds document (Hamilton-Wentworth Student Support Leadership Initiative (SSLI), the Child and Youth Mental Health Information Network). I also contacted student support workers at the board level, people who have led PD for teachers in this area and doing online research to locate names of possible participants or people who can make recommendations. I sent them an e-mail telling them about my research and the type of participants I was seeking out. I then asked them in the e-mail to forward my research proposal to anyone they felt might be interested in participating as well. The recruitment of specific educators was crucial to my research purpose and findings as I needed participants who had “…specific knowledge or experience” (Higginbottom, 2004; p. 11).

### 3.3.3 Participant Bios

#### 3.3.3a Participant One: Julian (Pseudonym)
Julian was a male teacher who at the time of the research was in his fifth year of teaching. Julian had taught junior and intermediate grades including special education. His school demographics included lower class income families, many of whom relied on government assistance.

3.3.3b Participant Two: Samantha (Pseudonym)

At the time of the research Samantha was teaching in a special education classroom. She had eight students in her classroom from the junior grades. Samantha had 52 different cultures in her school and the demographics included single income homes where most lived in rented basement apartments. At the time of the interview Samantha had been teaching for years.

3.3.3c Participant Three: Charles (Pseudonym)

At the time of the research Charles was working as a vice-principal and had been for the past three years. He had taught junior and intermediate grades including special education. His school was comprised of predominately white middle to upper class families. At the time the research was conducted, Charles had been teaching for years.

3.4 Data Collection and Analysis

Upon completing my interviews I transcribed each recording accordingly. Secondly, I used my research questions as an interpretive tool to identify patterns and themes in the research based on my participants’ experiences. Creswell states that, “…qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study, and data analysis that is both inductive and deductive and establishes patterns or themes” (Creswell, 2007; p. 44). This type of data collection and analysis allowed me to bridge the gap between theory and practice.
Similarly, I used Bazeley’s three part formula to help analyze the data: Describe, compare and relate (2009). She suggests that this simple method allows the researcher the opportunity to have a solid starting point when analysing the data. She suggests that to ‘describe’ the data the researcher must look at the demographic features of the participants and establish the first major category also known as ‘theme’. By doing so the researcher can then begin to look at how participants answered certain questions. Next the research compares the differences between the participants and also notes the things that were not said by all the participants. Finally the researcher looks at the other themes that have already gone through Bazeley’s three part formula and records what they notice in regards to similarities/differences in themes that have been found which will allow for further questioning. Bazeley states that “As you describe, compare and relate for each element with an enquiring mind and an eye for evidence, your picture will become increasingly complex and your theory or thesis will develop, building on the foundation you have laid. Your analysis, then, will come together around an integrating idea, with arguments to support it drawn from across your completed (interim) analyses” (Bazeley, 2009; p. 10).

3.5 Ethical Review Procedures

This research paper abides by the MTRP ethical guidelines which include various considerations such as anonymity, the right to withdraw, potential risks, participant’s right to review the research; and safe keeping of the data collected. All participants were given pseudonyms to protect their identities and no information in which might reveal their identities was written in the paper. Participants were notified that they had the right to withdraw from the research project at any time during the research process without penalty, and that they could choose to not answer any question during the interview. There were no known risks involved
with participation. While some questions had the potential to provoke emotional reactions due to the sensitive nature of my topic, I reminded participants that they could pass on the question at hand or take a break, if needed. Participants were also told that they have the right to review the transcripts and can have anything removed that they do not feel comfortable sharing. All data, including audio recordings, will be stored on my password-protected computer and will be destroyed after five years. My course instructor and I will be the only people who will have access to the data. Participants signed a consent letter (Appendix A), giving their consent to be interviewed as well as audio recorded. This consent letter provided an overview of the study, addressed ethical implications, and specified expectations for participation. Participants were expected to participate in one interview lasting between 45-60 minutes.

3.6 Methodological Strengths & Limitations

There are key areas that limit my study and design. Firstly, I must acknowledge the limitations surrounding the MTRP (Masters of Teaching Project) ethical guidelines which stipulate that only interviews with teachers (and not students or parents) may be conducted. Additionally I was not able to use instruments of data collection tools that include surveys and classroom observations and I was only able to interview a small sample of teachers. By having a small sample size of teacher participants my findings can inform my topic, but they cannot generalize the experiences of teachers as a whole.

A key area of strength in my research is semi-structured interviews, because they provide:

...the interviewer [with] a clear list of issues to be addressed and questions to be answered. However, with the semi-structured interview the interviewer is prepared to be flexible in terms of the order in which the topics are considered, and, perhaps more significantly, to let the interviewee develop ideas and speak
more widely on the issues raised by the researcher. The answers are open-ended. And there is more emphasis on the interviewee elaborating points of interests (Denscombe, 1998; p. 167).

This type of method validates teachers’ lived experiences and enables them to enact reflective practice by speaking about their instructional practice.

3.7 Anti-Oppressive Research

I am committed to conducting this study through the lens of anti-oppressive research (Potts and Brown, 2005). Anti-oppressive research invites researchers to see themselves as “potentially both oppressor and oppressed” and to “believe in your capacity for agency…to act and alter the relations of oppression…and recognize the complicity that each of us has in creating and sustaining oppression over others” (Potts and Brown, 2005, p. 258). As a victim of trauma I understand the position of the oppressed as I have lived in it for most of my life. I lost both my parents, I was severely neglected by family members, achieved low and failing grades, and lacked social skills with others. I was treated poorly by my peers and even some adults as less of a human or unequal; I was bullied, labeled and ostracized.

My goal was to work with my teacher participants to create a shared environment of the research process. I allowed my participants time to answer questions by not interrupting and allowing him/her to feel free to express his/her own thoughts and experiences. I asked open-ended questions so that my participants could answer according to what he/she felt relevant or appropriate for the conversation. I also encouraged my participants to feel free to ask me questions related to the topic being discussed and I gave opportunities for my participants to ‘pass’ on questions they did not feel comfortable answering. My research paper will also be shared with my participants before, during and after my research had been conducted.

3.8 Conclusion
By doing a qualitative study using semi-structured interviews and working with teachers who have experience working with traumatized children, I believe I have developed a wealth of knowledge pertaining to my topic. Next, in Chapter 4, I report my research findings.
Chapter Four: Research Findings

“In order to truly assist students in reaching their full academic potential, I believe a student’s mental health must be addressed first. If a child is not in a condition mentally, socially, or emotionally to learn, then inevitably their academics will be affected”

- Charles

4.0 Introduction

In this chapter I report the research findings derived from three interviews that I conducted with two teachers and one vice-principal currently working for the Dufferin-Peel Catholic District School Board (DPCDSB). All three interviews were conducted shortly after the commencement of the 2015 school year. Using the data from the interviews, I responded to my overall research questions: How are a sample of school-based educators supporting students’ mental health, and what are their experiences supporting students who have experienced trauma? How, if at all, are teachers being prepared and supported to meet the commitments and priorities outlined in the Supporting Minds document? I have organized my research findings into seven overarching themes (and several sub-themes) which include; 1) Through observations and anecdotal records teachers identify trauma and PTSD in the form of inappropriate behaviours, academic failures and social and emotional consequences; 2) Teachers access details concerning students’ backgrounds by reviewing the OSR, consulting with students’ former teachers, parents and having conversations with the students themselves; 3) Teachers prioritize building relationships with students in order to properly accommodate, learn more about them and their triggers, develop trust, and build inclusion; 4) Teachers set their students up for success by setting attainable goals and by challenging stigmas surrounding mental health through pro-active lessons and a faith based approach; 5) The integration of the Supporting Minds document works to inform, support and create awareness for teachers; administrators work towards a “whole school approach” to help aid teachers in best supporting their student’s mental health needs; and
6) Teachers identify the need for additional provision in regards to supporting student’s mental health in the form of Ministry funding, training and expert staff.

4.1 Through observations and anecdotal records teachers identify trauma and PTSD in the form of inappropriate behaviours, academic failures and social and emotional consequences

Two of my participants suggested that trauma experienced from home has resulted in a mental health disorder such as PTSD and ongoing symptoms of stress and anxiety which evidently has led those students into social, emotional, behavioural and academic consequences. Two of my participants solidify what the literature already tells us about children’s reactions to trauma affecting their daily lives and prohibiting them from functioning within the norms of regular school activity. Teachers were able to identify these mental health issues through daily observations over a period of time.

4.1.1 Social and Emotional Concerns

Indicators of social and emotional concerns of trauma and mental illness experienced by my participants’ students were expressed in their words and actions. Charles identified the social and emotional consequences of a student suffering from anxiety. He stated that she expressed “refusal to come to school”, and upon arrival this student would be “crying at the front door”. She also had “difficulty making and keeping friends”; this student “took frequent breaks during class time” and demonstrated signs of “avoidance”. Julian also identified the social and emotional consequences of his student who suffers from mental illness. At times this student would have difficulty with the way he “interacted with peers” and how he “perceived the world”. Often this student showed signs of anxiety as he thought his peers were consistently “out to get him”. According to the literature, learning can be severely affected because their brains are in a crucial stage of development and which can have a significant impact on their identity formation,
emotion regulation, and relationships over a period of time (Nader, 2007). Upon observing these students, these educators were able to identify there was a problem and they took action to support these students immediately to help them deal with the challenges they are facing due to experiences trauma.

4.1.2 Behavioural Concerns

Julian, Samantha and Charles all observed negative behaviours in their students. Julian expressed behaviours such as “disruptive”, “violent”, “very silly and easily distracted”. Similarly Samantha stated that her student was often “feeling angry, [had] negative behaviour [and] negative attitudes”. Charles explained that the behaviour of the student in his school might be getting worse as she gets older: “this year it has become more evident that she is dealing with anxiety in the way that she presents herself [in terms of her] body language [she] walks with head down [and] keeps to herself”. These indicators are similar to the indicators mentioned in the existing literature regarding trauma and mental health (Nader, 2007). One indicator, fight or flight, shows how children react by yelling, crying or screaming when they seek attention from adults (Nader, 2007). They do this because the body begins to shut down and they turn to defensive mode out of fear or feelings of being threatened. Often this indicator makes it difficult for students to participate in school and interferes with their academic performance. This is also an example of traumatized children having difficulty in processing information and expressing themselves verbally (Nader, 2007; Joseph et al, 1997). The hyperarousal state, feeling constantly “on edge” leads to ultra-sensitivity, and a typical response to this ultra-sensitivity is fear, anger and violent behaviours. These symptoms make it extremely difficult to focus in school which can lead to poor academic performance (Nader, 2007; Joseph et al, 1997).

4.1.3 Academic Concerns
At the beginning of this chapter I prefaced with Charles’ comment “In order to truly assist students in reaching their full academic potential, I believe a student’s mental health must be addressed first. If a child is not in a condition mentally, socially, or emotionally to learn, then inevitably their academics will be affected”. This supports the importance of teaching to the whole child and not just solely academics. Additional indicators of academic concerns were expressed by Julian, as he noted his student “didn’t really apply himself” because of the sadness he was feeling due to the loss of his parent which inevitably led to his “poor academic performance”. What Charles and Julian are discussing here is an example of the ‘Freeze’ indicator students experience after a traumatic event. Students get confused or miss critical instruction because the child begins to disassociate from the classroom as a coping mechanism. This is concerning because teachers can view this behaviour as defiant (Cole et al 2005). Research suggests that traumatic experiences activate an area in the brain called ‘limbic and paralimbic’ systems which are connected to the processing of language, which becomes less active and inadvertently effect the ability to comprehend information due to a high yield of anxiety and stress (Cole et al, 2005). Teachers need training to help support their students so they can accommodate them to help them succeed academically. Charles and Julian recognized that as an educator you cannot solely teach academics and that if you want your students to learn to their fullest potential than it is crucial that you take into account the overall well-being of the child.

4.2 Teachers access details concerning students’ backgrounds by reviewing the OSR, consulting with students’ former teachers, parents and having conversations with the students themselves

A common theme mentioned with all my participants was the amount of time and commitment they put into making sure their students’ mental health and social emotional well-
being was being addressed regardless of how much time needed to offer that student support. Samantha and Charles also discussed the importance of parent and teacher relationships not only to learn of their students’ experiences of trauma but also to aid in there healing and promote academic success.

### 4.2.1 Developing positive relationships with parents

Samantha and Charles expressed the importance of the parent’s willingness to work with the teachers to help their child get the proper support the child needs. Charles stated, “At all times, parents must be notified and recommended to seek professional help for their children if necessary”. Charles commented in regards to the girl in his school suffering from anxiety, “The parents have been instrumental in terms of being open to communicate their daughters concerns to us”, and Samantha stated “the mother came in and told us that the father has been diagnosed with cancer”. This evidence along with what I found in the literature solidifies how valuable the relationship are between the parents and teacher (Cole et al, 2005); it is obvious here that there is a level of trust and comfortability in which the parent feels safe to communicate their child’s needs. The literature also reports that this trusting relationship between the parents and teacher greatly increases the child chances of success (Cole et al, 2005; Purvis et al, 2015).

Parent and teacher communication also allows for the teacher to receive updates on how the child is doing. Charles was told “parents reported she faked appendicitis to the point of having her examined by a doctor”. Positive relationships with parents are also vital because you need the parent to trust you if you feel that there are concerns with their child and you need their permission to seek additional support. If a parent does not trust you than it may be difficult to seek help for their child: “mom thinks there isn’t a problem but we feel he needs more professional help or advice” (Samantha). Samantha also stated that positive relationships are
important because you want parents to feel comfortable enough to come and ask you for help, whether it is for the child or financial help from the school.

4.2.2 Teachers spend considerable time supporting students who are suffering a traumatic event or mental illness as well as accessing supports in the school and community

It is evident that my participants were committed to supporting their student’s mental health. Julian noted that he would “speak to support staff and staff that has taught the student previously or had some experience with the student to gain some insight” and would “read the students OSR” to “ensure I get enough background knowledge on the student”. Literature indicates the importance of positive ongoing relationships with students (Cohen et al, 2006; Cole et al, 2005; Ontario Ministry of Education, 2013; Purvis 2015). Julian also discussed the importance of spending extra time needed to support his students. He said “I stayed with him for extra hours sitting in the office discussing many of the issues he was dealing with” and “I also had many conversations to help him calm down [and] eased his anxiety. Conversations seem to help him a lot”. Not only did the teacher help through spending much time with their students but Julian also supported his student by being there for him, “I was also present when he told his mom some of how he was feeling”. Charles discussed with me the significance of making that simple extra effort “just acknowledging a student with a simple hello and short conversation to show you are interested in them goes a long way [and he] made a point to have adults in the school ‘check in’ with her informally through short conversations as a means of letting her know there is always a caring adult to talk to”. Samantha expressed this kind of initiative as she stated “be a go to, if a [child is] experiencing problems or stress, be that go to person”. Clearly, my participants have addressed the amount of time and effort it takes to make sure they are meeting their students mental health needs.
4.3 Teachers prioritize building relationships with students in order to properly accommodate, learn more about them and their triggers, develop trust, and build inclusion

All three educators make conscious efforts to build relationships with the students amongst peers and staff in their classroom and in the school. They do this to develop trust and help make all their students feel included. Through this relationship building teachers learn more about their students’ needs and help support them accordingly through lesson planning and accommodations. Because teachers and administrators get know their students so well, it allows them to notice sudden behaviour changes that prompts them to take note of potential triggers that may set off their students’ behaviours. Teachers and administrators can alleviate these incidents by attempting to avoid these situations altogether or they might give their student(s) ample warning of any changes in the schedule or upcoming events.

4.3.1 Work on developing positive relationships so that teachers understand their students and things that may trigger trauma and the consequences of trauma

Charles stated that “Positive relationships between teachers and students are the foundation for success”. Part of the reason teachers build relationships with their students is so that they can “find out about them”. Samantha and Charles both believed strongly that if you want to help your students than it is imperative that you get to know them and understand how to help them so that they can succeed. The literature also agrees with Samantha and Charles as it states that through relationship building teachers will be able to connect their student’s behaviour to their emotions thus effectively plan and respond to their student’s needs (Cohen et al, 2006; Cole et al, 2005). Samantha provided an example of how a colleague assisted one of her students who was suffering from mental illness, she stated:

In the beginning the child didn’t want to do anything with us or with the classroom teacher [what]…the teacher started doing is calling the child after school saying, hey do you know what we are doing in school tomorrow and gave
the child a heads up like yesterday was Terry Fox movie and popcorn day, [then she began]…structuring…her lessons to include him. Any major transition he shuts down so it’s hard.

Since both Samantha and her colleague knew that this student had severe difficulties with transitions, the teachers worked diligently to build a strong relationship with this student, which enabled them to understand the child’s triggers and not only prepared him ahead of time of what was to come but also motivated the student, while making him feel included in the school and the classroom. Samantha discussed the importance of knowing what triggers can set off your student and that you come up with a “safety plan”, like telling your students “things like fire drills and lock down drills” to avoid the student from experiencing symptoms of Post-traumatic Stress Disorder (PTSD). Building positive relationships with students can help teachers work to support their students by alleviating the pressures at school to help minimize any post-traumatic stress experiences and to aid in recovery rather than the onset of mental illness.

4.3.2 Once teachers have developed relationships with their students they plan appropriate lessons with accommodations

Participating educators also worked to support their students through lesson planning specifically in the area of accommodations. Students who suffer from a traumatic event but are not officially diagnosed with mental illness or a learning disability can receive accommodations from their teacher to help support their learning and school experience. The literature acknowledges that teachers can provide students with accommodations and still maintain high academic standards (Purvis et al, 2015). Julian described the kind of accommodations he might give to his students, “differentiated instruction…regular breaks throughout the day…access to computer software and technology…preferential seating …small chunks of work to complete at a time”. He believed that these “strategies…will help the student strive toward progress and success”. Charles also described how he helped his students by setting up “social groups” to
help his students interact with other peers and also set up “social stories” to present examples of how to appropriately deal and cope with social situations to help aid in that child’s peer relationships. Samantha accessed “resources, books and got resources and talk about how to continue living without her dad”, all of these strategies can help the student alleviate stress, pressure and sadness. Julian also stated that he would “use these strategies that would be good for the whole class”. He did this because he did not want to single out the child; he wanted to make sure that that student was not feeling embarrassed or humiliated in front of their peers. All of these accommodations provided by the educators coincides with the existing literature as it allows the child the opportunity to build on his/her own strengths, promote individual agency and perhaps reduce bullying. The accommodations provided by the educators can make a significant difference in the student’s social, emotional and academic success.

4.4 Teachers set their students up for success by setting attainable goals and by challenging stigmas surrounding mental health through pro-active lessons and a faith based approach

Samantha tackled the stigmas surrounding mental health and youth through lessons and through the Family Life curriculum. She did this because she was attempting to break down the assumption made in the media about youth and mental illness. Samantha noted how the stigmas surrounding mental illness posits additional pressures on her student’s ability to succeed, often, they feel like they are not ‘normal’ or something is wrong with them because they are experiencing symptoms of mental illness. In addition teachers set up attainable goals to help foster inclusion and make them feel like they belong which essentially will help aid in their success.

4.4.1 Teachers set up their students for success with achievable goals and their student responses are noted
Based on the relationships that my educators developed with their students, their next steps included setting up appropriate goals so that they could continue to make progress in the areas of their social, emotional or academic development. Samantha had “Implemented one goal per month” for one of her students. Some of those goals included “meet a new friend, approach another student on his own” and this was to help this student become “more within the social environment”. Another goal that Samantha set up for a different student who had lost their father was “let’s write a letter to your dad, a letter you can open up afterwards”. Samantha noted that these students were excited about their achievements and it motivated them to continue. Goal setting and the previous strategies mentioned above seemed to have impacted Samantha, Julian and Charles’s students. Charles reported that “the boy has adjusted quite well. It has taken about two years” and “we are seeing him integrate more with his peers and his behaviours have improved drastically”. Julian also noted “students respond very well”, they “love to feel validated” and they “love options” as the “students seem really much more calm and quiet”. Clearly, students were feeling supported and valued by their teacher. The educators worked with their students through relationship building and appropriate goal setting along with strategies to help their student gain autonomy and agency with their academics and social/emotional well-being.

4.4.2 Breaking down stereotypes regarding mental illness, encouraging acceptance and belonging through lessons and faith support

Educators observed that students want to feel included in the classroom and have relationships with their peers but some students find it difficult navigating socially. Julian commented that his student “really wanted to stay and have better relations with his peers” so he set up “activities” to help include him and build upon those relationships. Charles noted that “if a child feels safe and included then they are more willing to take risks, ask for assistance, and
work to their fullest potential”. Other pressures are from how society portrays youth suffering from mental illness. Samantha stated that “we have to try to alleviate that stress they put on themselves first…sometimes they just don’t feel accepted or that something is wrong them, that everyone is looking at them differently”. It is evident that students do understand and do feel excluded from societies definition of what is ‘normal’ thought and behaviour. Often times students “don’t want to get help” or “didn’t want anyone to know” (Samantha) because of what their peers might think of them. Charles believed that developing awareness in the classroom helps students gain “an understanding that mental illness is common, is acceptable, and that there is help for it, is important”. Julian and Samantha approached this topic through the Family Life curriculum that is offered in the Catholic boards. In the curriculum Julian taught about “death and loss” from a “faith perspective”. Charles mentioned that “Being in a Catholic school allows me to look to my faith and offer support through prayer…As a Catholic School, we are joined together by our faith and through this we talk about how we cope with life’s unexpected traumatic experiences”. Similarly Samantha talked about how the Board officials support students by coming to the school and “light a candle” for the deceased. One of the teachers placed a plaque and a tree at the front of the school, so that the child and his classmates could join them in prayer.

4.5 The integration of the Supporting Minds document works to inform, support and create awareness for teachers; administrators work towards a “whole school approach” to help aid teachers in best supporting their student’s mental health needs

The Supporting Minds document was created in response to the Ontario Ministry of Health and Long-term Care document released in 2011. According to the strategy, its aim is to “reduce the burden of mental illness and addictions by ensuring that all Ontarians have timely access to an integrated system of excellent, coordinated and efficient promotion, prevention,
early intervention, community support and treatment programs” (Ministry of Health and Long-term Care, 2011, p.7). Backed by much research in the field, Supporting Minds provides educators with the appropriate knowledge and information they need to support students with mental health and addiction problems; specifically targeting three key areas: fast access to high-quality services; early identification and support; and help for vulnerable children and youth with unique needs. Schools and school boards play an important role and are committed to promoting awareness, prevention, and early intervention, and in connecting students to community services (Ministry of Education, 2013).

4.5.1 The ministry document as a priority in Ontario to support and inform Educators

Supporting Minds was released in draft form in September 2014 by the Ministry as a tool for educators to learn about mental illness and its associated signs and symptoms. Charles commented on his perception as to why the Ministry has made mental health a priority:

We have become more knowledgeable around diagnosing mental illness so as a result, we are seeing it more as a priority now [and as a society we have noticed that] there has been a rise in mental health concerns, specifically with youth [and therefore] The Ministry of Education has now taken on this as part of their portfolio which in turn means every school in Ontario has to have a Mental Health plan or strategy.

Similarly Julian had also witnessed the growing concerns of mental illness at his school. In the last few years he stated ”Special education is also a concern as the number of students on IEP’s is increasing” and that his students are “demonstrating behaviours that reflect symptoms of mental health”. He also stated that it is becoming recognized more and more, students having to deal with issues that are affecting the overall well-being. All of my participants expressed the importance of the mental health document as a means to empower teachers and provide teachers with knowledge of mental health issues, symptoms. Samantha and Julian indicated the document strives to help everyone involved. This includes other students in the class so that they
may understand what their classmate or peer is going through. It is evident that the *Supporting Minds* document has assisted my participants in pedagogically responding to their students in ways that are meaningful and helpful for all.

**4.5.2 Teachers use the *Supporting Minds* document as a guide to foster school team collaboration.**

“Knowledge is power”, Charles stated after I asked him how the policy document works to support teachers. My teacher participants felt intensely about the importance of using the policy document as a “go to so we can implement best practice” with a “team approach” (Charles) to supporting students. Charles stated “teaching is about collaborating…With this in mind, I have always looked for ways to support those students in most need through the use of other personnel including child and youth workers, social workers, psychologists, special education teachers, board specialists”. Julian stated “I worked with an amazing team…We teachers, administrators, special education teachers] were also consistent in terms of our expectations of him (student)… we worked together to develop a good IEP which we made sure was implemented to the best of our ability”. Teachers used the policy document as a guide to inform their pedagogical approach by also utilizing and working with all the professionals at the school and the board office. Charles prefaced the importance of meeting the needs of all students, “Teachers must understand that their students are the students in the school, not solely those in their class. So work together with others as a means of supporting all children”. According to the study I mentioned in chapter two regarding the initiative taken by Massachusetts Advocates for children in hopes to raise awareness about the impact of trauma on children by creating trauma sensitive schools. The report and policy agenda discusses the importance of not only peer to peer relationships but also peer to adult relationships which includes teachers, administrators and support workers:
Researchers point out that it is important for traumatized children to form meaningful relationships with caring adults. Accomplishing this goal requires a schoolwide infrastructure that allows time for positive relationships to develop between students and both academic and non-academic school personnel (Cole et al, 2005, p. 39).

Research is telling us that if school personal work together in an attempt to support all of their students who are suffering from mental illness or a traumatic experience can make a significant difference in regards to the success of those students.

4.6 Teachers identify the need for additional provision in regards to supporting student’s mental health in the form of Ministry funding, training and expert staff

Supporting students with mental health can be quite challenging as teachers deal with its range and complexity. While my participants clearly expressed the process and support that has been provided to them, it has been made clear that they require more support in terms of ministry funding, training and access to expert staff. While the Supporting Minds document provides the basic understanding of mental health and the various conditions under its umbrella, teachers look for practicality so they can provide a pedagogically sound education for all their students meanwhile giving each and every student due diligence.

4.6.1 The complexities of mental health and how teachers use the ministry document Supporting Minds to guide them in their pedagogy

When it comes to student success, understanding the range and factors of mental health and its complexities is imperative as it informs instruction. Charles commented:

…mental health and mental illness are on opposite ends of a spectrum. Along this spectrum are varying “degrees” of both mental health and mental illness. On the side of mental health, I envision a person who is resilient, flexible to change, adaptive, coping, and contributing.

Furthermore, Charles mentioned that there are a vast numbers of illnesses. He made reference to the possibility of comorbidity and that he witnessed mental illness happen “after [the student
experienced] a traumatic event”. He stated that “Schools are primarily academic institutions, but equally, if not more important, is student well-being, which incorporates mental health” and that there is a range of factors that challenge the school system on how to appropriately assist the student, including the “severity of the mental illness” and “age” of the student.

Samantha appreciated how the Supporting Minds document provides the information that is needed in order to understand what the student is experiencing. She stated: “Students with mental health issues need to be categorized because they are having a negative experience in schools”. The document does provide a list of various types of mental health conditions along with a succinct description which can help with the categorization Samantha mentioned. Both Charles and Samantha agreed that the most common mental health challenges they have respectively seen and/or experienced in their schools is anxiety, depression, stress and attentional issues. Samantha discussed how the Supporting Minds document and its list of symptoms and associated illness help her to provide the student with the “Proper discipline and or support methods needed to be used accordingly, because of these issues we will know how to properly discipline them if needed or if they needed support”. Although it was unclear what she meant by the word “discipline”, Samantha agreed that having the knowledge of mental illness and its associated symptoms will allow school staff and personnel to respond in a more effective and productive way.

4.6.2 Teachers seek more support through ministry funding, training and expert staff.

What seems to be consistent in the responses of both teachers I interviewed are the challenges they face in ensuring they are able to assist and provide quality education to the various learning styles and needs in their classrooms, meanwhile creating an environment that is
safe and inclusive for all. Julian emphasized the need for more “accessibility to resources” and “teacher training” to help aid him in the support of his students. He stated that there is a “lack of resources” when he noted the limitations on accessibility to expert staff “social workers, psychologists, all of these types of support staff are restricted in their availability” because they are “spread between schools to offset costs”. This implication then, is a need for more funding: “we need to properly allocate support staff so that all students get the support they need”.

Likewise, Samantha indicated additional support was needed and should be provided to teachers as she found herself looking for resources on her own. “Whatever the board has to offer us, and resources to support myself like internet, new books and so forth”. She further stated that training should begin in the faculty of education, and that training should be provided at the schools: “I think training…[there is a] lack of it and it should be provided in teacher’s college. We need more resources and training to explain it and teach us. And they should come to us and train us”. She shared a similar belief with Julian that there was a real lack of funding when it came to training teachers on the topic of mental health, and that additional support is needed in terms of resources and access to support staff which is indicative of Mazzer and Rickwood who from their research have concluded that teachers have articulated the complexities regarding students mental health needs and that they lacked the knowledge and skill required to help them (2013 p. 30).

Charles provided an administrator’s perspective and focused primarily on the need for additional support provided from the ministry: “We [teachers/administration] are not the professionals…we need to seek the assistance of trained professionals in cases that we feel are beyond our capacity”. His concern, however, was teacher workload: “Teachers are already
-overwhelmed with their current role; the [Supporting Minds] document makes teachers jobs much harder”. He suggested that when it comes to issues regarding mental health

…there should be hired teacher professionals with specialties in regards to student with mental health concerns. The main challenge is we are not the experts…Teachers are not specialized to deal with these situations, [and therefore] many mental health issues are undetected because teachers do not recognize a ‘problem’.

Charles then, emphasized the need for more training and support, but recommends that there be teachers specialized in this particular area of mental health, to balance the demands of the classroom teacher. While Julian and Samantha looked for more training and resource support, Charles sought the assistance of more specialized teacher personnel. The literature also agrees with these perspectives as it calls for action from key stakeholders to develop a plan to address the needs of traumatized children (Ko et al, 2008, p. 397; Ontario Ministry of Education, 2013). These recommendations include funding, proper training and appropriate actions with specialized staff. This will help minimize the already burdened healthcare, mental health services, child welfare and juvenile justice systems. Charles states that if mental illness is treated at a young age then “mental illness may be less of a burden on the medical field.”

4.7 Conclusion

In conclusion it is clear that at the very centre, the heart of my research stands for the concerns educators have for students challenged with a mental health issues and students who have experienced trauma. It is evident that my teacher participants care deeply about the success of their students and they are willing to go above and beyond to ensure their success. They do this through positive relationship building with all members of the community so that they can learn how to best support their student’s needs through lesson planning and accommodations. Teachers understand the devastating effects of trauma on children and their inabilities to perform
in school. Teachers use the ministry document Supporting Minds as a guide to inform themselves about possible signs and symptoms of mental illness in hopes for early intervention and student’s success. What is evident in my research is how my teacher participants are overwhelmed with the demands of the profession and the constant pressures of meeting the needs of all their students. Teachers are doing what they can with the resources that they have been provided and more but it is clear through my findings that teachers need additional support and our students need their teachers to have that support as well.
Chapter Five: Discussion

5.0 Introduction

In this chapter, I discuss key findings from my research which reveal current information and insight into how schools are supporting students with mental health concerns, particularly those who have experienced trauma. I begin by sharing my key findings; addressing the effectiveness of the ministry support document *Supporting Minds*; and the challenges associated with expert assistance and funding. I then discuss my research findings and their implications for stakeholders including school staff, school boards, and the ministry of education, students and parents alike; as well as the implications for beginning teachers. I then make several recommendations based on my findings that include actions needed to be taken by the various stakeholders involved. I include possible areas for further study and research and conclude with final words reiterating the importance of my study.

5.1 Key Findings

Through this research I have learned some insight into how school staff and personnel currently support the mental health and social and emotional well-being of students, especially those who have experienced trauma, in light of the recently released document *Supporting Minds*. My participants reported behaviours consistent with existing literature that student’s experience of trauma has led to violent outbursts, refusal to come to school and lack of effort in application of school work. This solidifies the imperative nature of trauma and its devastating effects on student’s mental health and school achievement. My findings also highlighted educator’s commitment to student mental health as they work diligently with parents, and the students themselves to build strong and trusting relationships to aid in their student’s success. Educators also worked persistently with school personnel and administrators and used their expertise including those taken from the *Supporting Minds* document to best support the
individual needs of the students in their schools. Finally educators implored additional support for these students, suggesting that current support is not enough as mental health becomes a much more prevalent issue within society; an issue that is now in demand of addressing.

5.1.1 Symptoms of traumatic experiences and its effects on school performance

Key findings from my interviews revealed that teachers believe that experiences of trauma can be detrimental to social, emotional, behavioural and academic development of students. Educators observe their students behaviours and make links to their student’s experiences of trauma. This is an important finding because educators understand that emotion is linked to behaviour, thus children are not just ‘acting out’ because they want to be disruptive but rather students are very much affected by their experiences and teachers need to be aware of the signs and symptoms of trauma so that they can meet their student’s needs. Additionally once the students emotional needs are addressed or treated by the professionals needed students have shown significant gains in school which has led to their academic success.

5.1.2 Building relationships with parents and students

School staff spend a significant amount of time to making sure their students’ mental health and social emotional well-being is being addressed so that they can offer appropriate student support. Teachers also develop trusting relationships with parents not only to learn of their students’ experiences of trauma but to also aid in their healing and academic success. A trusting relationship between the teacher and the student is crucial, so that the student challenged with issues regarding mental health feel safe and included. Through this relationship building teachers learn about their students’ needs and help support them accordingly through lesson planning and appropriate modifications and or accommodations.
5.1.3 School personnel and administrators use their knowledge to best support student mental health

School personnel and administrators work together to come up with a plan on how to best support a student’s mental health in the case where mental illness is suspected or in the event of a traumatic experience. Educators do this by knowing and understanding student’s triggers and developing a safety plan to aid in the student’s success. School personnel and administrators collaborate frequently to assess student growth and revise or make changes to the safety plan to ensure that the student is getting what he or she needs. Teachers also reference the Supporting Minds document, using it as a “go to” for information about the various mental illnesses that exist so that they can better understand the complexities of mental health and those associated with the students they are supporting. The Supporting Minds document has brought attention to the need to address the issues of mental health and mental illness amongst students in the classroom. Its intention is to help all involved in education become much more aware of impact on student success, achievement and well-being. Through the collaboration of school personnel and administrators my participants suggests that everyone working together in the school can make a difference in the academic success of the student because their mental health needs are being effectively met.

5.1.4 Expert assistance and Funding

Educators identify the complexities regarding student mental health request financial support, which includes professional training and access to expert staff and other professionals. My participants each made a point to state that they are not the mental health professionals and that they require further assistance in understanding how to properly assist students in their classrooms.
5.2 Implications for stakeholders

Key findings suggest a number of factors that implicate the actions of schools, school boards and the ministry alike. One key finding suggests the imperative nature that teachers are equipped with being able to make connections between a traumatic event and student behaviour. The literature in my research suggested that traumatized students were often being labeled as defiant but rather my findings indicate that these types of behaviour could be directly linked to experiences of trauma. I suggest that educators like the participants in my study be the leaders in professional development days as they have directly experienced students who have suffered a traumatic event and understand some of the emotional difficulties that these students face which essentially affect student progress and academic success. I also suggest that faculties of education provide opportunities for teacher candidates to participate in classes where experienced teacher talk about their previous students experiences of trauma and how that effected their behaviour and what steps they took to help their students to aid in early intervention.

Another key finding suggests the importance of building relationships with not only students but the parents as well. Parents provide teachers access to their child’s specific needs but often it is difficult for teachers to find time to build those relationships. I suggest that workshops be held at the schools where parents can join and learn more about mental health together. I think there should be resources available for parents, resources that easily accessible and they can have open dialogue with teachers about mental health and its prevalence. Administrators can also plan school community events in the evening where teacher and parents can spend some time getting to know each other. Also what became evident is how teachers were extending themselves to collate their own resources to educate their students. I suggest the need
for more resources for teachers to help them educate their students about mental health and as well as mental health and wellness topics being embedded into curriculum programs.

My research has shown that when school personnel and administrators work together to aid in the mental health of their students that there students can be successful in their academics. I suggest that teachers are given time to meet with other professionals in the school at least monthly to discuss student mental health in their classrooms. During this time the professional can assist teachers with suggestions for improvement and discuss the effectiveness of their plans and revise accordingly. Teachers can also have direct planning time with other teachers and administrators to address the emotional and social domains of development because these struggles are hindering students’ academic progress.

Another key finding is that the Ministry document, Supporting Minds, has been well received by schools and has been used to start to educate school staff, but teachers are still looking for more professional training and resources and more regular assistance from experts, which implicates the Ministry and its allocation of funds. More professionals need to be hired in the board so that teachers can have more access to professionals as there is now a rise and demand for assisting student’s mental health needs.

5.3 Implications for me as a beginning teacher

As a beginning teacher, I have learned the importance of building relationships with my students and the community members. Teachers play a significant role in the classroom as they are the ones who spend a significant amount of time with their students. I understand the importance of building those relationships as that will be the key in determining my student’s success. Through that relationship building with my students and the community members I will
be able to gain much understanding about my students needs and help them accordingly by working alongside the professionals in my school. I have also learned to take a step back and examine my student’s negative behaviour and come to an understanding of the reason why my student is acting that way and that there is always a reason and it is part of my job to find out so I can help them. Additionally I have witnessed the countless efforts my teacher participants have put into guaranteeing the success of their students. Their commitment and drive for their students success is inspiring and although they feel that there is a lack of funding and support they still do whatever they can to make sure their students are successful. As a beginning teacher I will always look to my student’s mental health as a priority to ensure academic success and in hopes for early intervention.

5.4 Recommendations

As concerns for mental health and well-being are on the rise, and while much effort has been made to begin growing the knowledge and understanding of stakeholders involved, it is important that this process continue and includes strategies to assist students who have particularly experienced trauma. At the Ministry level, funding must be used to continue research in the area of mental health and address specifically the effect of trauma and its impact on student development, learning and achievement. Additionally, resources need to be allocated to schools so that students receive appropriate and on-going support. Such resources include availability of support staff including special education teachers, social workers, psychologists, child and youth workers, and special education teachers. Professional development is needed to be made available to teachers that involve specific teaching about the effects of trauma on behaviour and social and emotional well-being, how students experiences of trauma can lead to symptoms of PTDS and other mental health disorders and relevant resources to assist teachers in
the classroom to help their students understand why they are experiencing emotions such as anxiousness or sadness. This kind of professional development or courses can also take place in the faculty of education to prepare beginning teachers in the identification of signs or symptoms so that they can refer their future students to the proper professionals. It is evident in my research that schools are active in terms of developing a team of professionals for strategic planning and implementation. Research on trauma, however, has shown that student behaviour is often unpredictable, so school support teams will need to ensure that plans are implemented and reviewed, for the duration of time the student is in school. Transitional planning (grade to grade, new teacher to new teacher) must also be considered.

It is important the student voice be heard. We must value the input of the child, in whatever extent or capacity the child is able to share his/her concerns, and must be taken into consideration within the planning. The child may be able to articulate to some degree what he/she is feeling, although they may not understand fully why. The curriculum needs to include lessons that can educate students on mental illness, trauma, and mental health and well-being for example in the health education curriculum, students can be given the opportunities to learn about mental illness and its various symptoms associated. Students can be given the opportunities to speak to their mental health needs with parents present to help create empathy amongst their peers. This may also help break down the common stereotypes related to mental health and youth. It is important that this education be made for all. This must become part of the language of the curriculum and become part of the student’s education.

5.5 Future Research

Research needs to look further into whole-school approaches to supporting mental health in order to learn what stakeholders and resources play a role, and to learn what outcomes are being
experienced by students. Further exploration of this topic of study could attend to the personal experiences of students who have suffered from trauma and life experiences in school based on their experience of a ‘whole school approach’. Researchers could also study a school before and after they implement a ‘whole school’ approach to better understand its pros and cons to make informed decisions about how to effectively assist student mental health.

5.6 Conclusion

As student mental health and well-being becomes increasingly concerning within education circles, policies are being developed and teachers are developing their competence in this area. Teachers and school support staff alike are making a conscious effort to support students’ mental health and well-being, including those who have experienced a traumatic experience. They are doing this by understanding that negative behaviour can be tied to experiences of trauma or mental illness, building relationship with students and parents, working diligently with school personnel and administrators and requesting support through funding and resources. My finding have shown that all people involved in the education system whether teachers, administrators, school board officials, students etc. can all benefit from the research I have found as mental illness is part of our society and will continue to be therefore mental health should forever be a priority to ensure the success of all of our students.
References


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Appendix A: Letter of Consent for Interview

Date: _________________

Dear ___________________.

I am a graduate student at OISE, University of Toronto, and I am currently enrolled as a Master of Teaching student. For the purpose of a graduate student research paper I am studying how teachers support student mental health and more specifically how they support students who have experienced trauma in their lives. I think that your knowledge and experience will provide insight to this topic.

I am writing a report on this topic as a requirement of the Master of Teaching Program. My course instructor who is providing support for this assignment this year is ________________. The purpose of this requirement is to allow us to become familiar with a variety of ways to do research. My data collection consists of a 45-60 minute interview that will be audio-recorded. I would be grateful if you would allow me to interview you at a place and time convenient to you, outside of school time.

The contents of this interview will be used for my research project, which will include a final paper, as well as informal presentations to my classmates and/or potentially at a research conference or publication. I will not use your name or anything else that might identify you in my written work, oral presentations, or publications. This information remains confidential. The only people who will have access to my assignment work will be research supervisor and my course instructor. You are free to change your mind at any time, and to withdraw even after you have consented to participate. You may decline to answer any of the questions asked. I will destroy the audio recording after the paper has been presented and/or published which may take up to five years after the data has been collected. There are no known risks or benefits to you for assisting in the project, and I will share with you a copy of my notes to ensure accuracy.

Please sign the attached form, if you agree to be interviewed. The second copy is for your records. Thank you very much for your help.

Sincerely,

Researcher name: Julie Barbosa
Phone number, email: 416-882-4324 OR barbosa_85@hotmail.com

Instructor’s Name: _________________________
Phone number: ____________________________
Consent Form

I acknowledge that the topic of this interview has been explained to me and that any questions that I have asked have been answered to my satisfaction. I understand that I can withdraw at any time without penalty.

I have read the letter provided to me by Julie Barbosa and agree to participate in an interview for the purposes described. I agree to have the interview audio-recorded.

Signature: ______________________________________

Name (Printed): _________________________________

Date: _________________________________
Appendix B: Interview Questions for Teacher Participants

Thank you for agreeing to participate in this research study. The aim of this research is to learn about how teachers support student mental health and more specifically how they support students who have experienced trauma in their lives. The interview should take approximately 45 to 60 minutes of your time and I will ask you questions concerning my research topic. I would like to remind you of your right to choose to not answer any of my questions if you do not want to. Do you have any questions before we begin?

Background Information

1. How long have you been teaching?

2. What grade are you currently teaching?

3. Can you tell me a bit about the school you currently teach in? (size, demographics, program priorities)

4. In addition to being a classroom teacher, do you fulfill any other roles in the school? (counselor, advisor, coach, leader)

5. What grades or academic levels have you taught in the past?

6. What is your teachable/specialization?

7. What is your educational background?

8. As you know, I am interested in learning about how teachers support student mental health. Can you begin by telling me more about how you developed your commitment to supporting student mental health?
   a. What personal, professional, and educational experiences informed this commitment and contributed to preparing you for this work?

Beliefs, Values, and Experiences

9. What does mental health mean to you?
   a. What do you include and exclude in your conceptualization of mental health?

10. In your view, what is the role and responsibility of schools in supporting student mental health?
a. In your experience, why do you think that supporting student mental health has not traditionally been a program priority of the education system?
b. Why do you think that it is beginning to be now?

11. In your experience, how prevalent are mental health issues amongst your students? What are some of the more common mental health issues your students experience?

12. What do you believe are some key considerations that need to be accounted for when supporting student mental health?

13. To your knowledge, what is the current policy mandate surrounding supporting students’ mental health?
   a. What do you interpret to be the goals and priorities of the Supporting Minds policy document?
   b. What is your impression of the policy? Do you believe the Ontario Ministry of Education is committed to this endeavor?
   c. How do you think students can benefit from the implementation of the mental health document entitled Supporting Minds?

14. More specifically now, can you tell me what trauma means to you?

15. What kinds of traumatic experiences have some of your students had? (*personal / family trauma in the form of domestic violence, political trauma in the form of experience of war etc.)

16. In your view, how (if at all) does the new policy committed to supporting student mental health prepare teachers to respond to and support students who have experienced trauma?

17. What do you believe are some of the challenges that teachers face when it comes to supporting students who have experienced trauma?

Teacher Practices

18. In your teaching practice, what range of practices, strategies, and approaches do you use to respond to students’ experiences of mental health issues and disorders and why?
   a. How do these students’ respond to these practices, strategies, and approaches?

19. Can you give me an specific example of a student you’ve had who was diagnosed with a mental health disorder and tell me more about them, their needs, and your instructional response to supporting them:
   a. Who was this student? (grade, personality, learning style)
   b. What was their mental health diagnosis?
   c. How did you see their mental health diagnosis manifest in the context of schooling and classroom learning? What were some of their specific needs?
   d. What were your goals for this student?
   e. How did you work to realize those goals? What did you do? What did the student do?
f. How did this student respond to your approach? What challenges, if any, did you experience?
g. What resources and factors supported you in this case?

20. More specifically, can you relay for me how you support students who have experienced trauma in their lives?
   a. What are some of the approaches you take when working to support these students?
   b. How do students typically respond to your approach?

21. Can you give me an example of a student you have supported who has experienced trauma in their lives?
   a. How did you know that this student experienced trauma?
   b. What was this student’s experience of trauma?
   c. How did their experience of trauma manifest in their classroom and school behavior?
   d. What were your goals when working with this student?
   e. How did you respond to this student? What opportunities for learning and support did you create and why? What are some factors that you took into account in terms of how and where you supported this student?
   f. How did this student respond? What outcomes did you observe?
   g. What resources, if any, supported you? (e.g. physical space, collaboration/consultation with a mental health professional or support worker, books, internet resources, classroom tools)

22. In addition to responding to student’s experience of trauma, do you teach students about coping with trauma and/or traumatic events? If yes, how?
   a. Where in the curriculum do you locate this work?

Influencing Factors

23. What range of resources do you use to help you support your students with mental health disorders and/or students who have experienced trauma?

24. What challenges do you encounter with this work?
   a. How do you respond to these challenges?
   b. How might the education system further support you in meeting these challenges?

Next Steps

25. How, if at all, will the recent policy commitment to supporting student’s mental health impact your teaching practice?

26. What advice, if any, do you have for beginning teachers who are committed to supporting student mental health and well-being, and being responsive to their experiences of trauma?
Appendix C: Interview Questions for Administrator Participant

Thank you for agreeing to participate in this research study. The aim of this research is to learn about how teachers support student mental health and more specifically how they support students who have experienced trauma in their lives. The interview should take approximately 45 to 60 minutes of your time and I will ask you questions concerning my research topic. I would like to remind you of your right to choose to not answer any of my questions if you do not want to. Do you have any questions before we begin?

Background Information

1. How long have you been teaching or in administration?

2. What grades/roles have you taught?

3. Can you tell me a bit about the school you currently work in? (size, demographics, program priorities)

4. In addition to being an administrator, do you fulfill any other roles in the school? (counselor, advisor, coach, leader)

5. What is your teachable/specialization?

6. What is your educational background?

7. As you know, I am interested in learning about how teachers support student mental health. Can you begin by telling me more about how you developed your commitment to supporting student mental health?
   a. What personal, professional, and educational experiences informed this commitment and contributed to preparing you for this work?

Beliefs, Values, and Experiences

8. What does mental health mean to you?
   a. What do you include and exclude in your conceptualization of mental health?

9. In your view, what is the role and responsibility of schools in supporting student mental health?
   a. In your experience, why do you think that supporting student mental health has not traditionally been a program priority of the education system?
   b. Why do you think that it is beginning to be now?

10. In your experience, how prevalent are mental health issues amongst your students? What are some of the more common mental health issues your students experience?
11. What do you believe are some key considerations that need to be accounted for when supporting student mental health?

12. To your knowledge, what is the current policy mandate surrounding supporting students’ mental health?
   a. What do you interpret to be the goals and priorities of the Supporting Minds policy document?
   b. What is your impression of the policy? Do you believe the Ontario Ministry of Education is committed to this endeavor?
   c. How do you think students can benefit from the implementation of the mental health document entitled *Supporting Minds*?

13. More specifically now, can you tell me what trauma means to you?

14. What kinds of traumatic experiences have some of your students had? (*personal / family trauma in the form of domestic violence, political trauma in the form of experience of war etc.)

15. In your view, how is (if at all) the new policy committed to supporting student mental health prepare teachers to respond to and support students who have experienced trauma?

16. What do you believe are some of the challenges that teachers face when it comes to supporting students who have experienced trauma?

**Teacher Practices**

17. In your teaching practice, what range of practices, strategies, and approaches do you use to respond to students’ experiences of mental health issues and disorders and why?
   a. How do these students’ respond to these practices, strategies, and approaches?

18. Can you give me an specific example of a student you’ve had who was diagnosed with a mental health disorder and tell me more about them, their needs, and your instructional response to supporting them:
   a. Who was this student? (grade, personality, learning style)
   b. What was their mental health diagnosis?
   c. How did you see their mental health diagnosis manifest in the context of schooling and classroom learning? What were some of their specific needs?
   d. What were your goals for this student?
   e. How did you work to realize those goals? What did you do? What did the student do?
   f. How did this student respond to your approach? What challenges, if any, did you experience?
   g. What resources and factors supported you in this case?
19. More specifically, can you relay for me how you support students who have experienced trauma in their lives?
   a. What are some of the approaches you take when working to support these students?
   b. How do students typically respond to your approach?

20. Can you give me an example of a student you have supported who has experienced trauma in their lives?
   a. How did you know that this student experienced trauma?
   b. What was this student’s experience of trauma?
   c. How did their experience of trauma manifest in their classroom and school behavior?
   d. What were your goals when working with this student?
   e. How did you respond to this student? What opportunities for learning and support did you create and why? What are some factors that you took into account in terms of how and where you supported this student?
   f. How did this student respond? What outcomes did you observe?
   g. What resources, if any, supported you? (e.g. physical space, collaboration/consultation with a mental health professional or support worker, books, internet resources, classroom tools)

21. In addition to responding to student’s experience of trauma, do you teach students about coping with trauma and/or traumatic events? If yes, how?
   a. Where in the curriculum do you locate this work?

Influencing Factors

22. What range of resources do you use to help you support your students with mental health disorders and/or students who have experienced trauma?

23. What challenges do you encounter with this work?
   a. How do you respond to these challenges?
   b. How might the education system further support you in meeting these challenges?

Next Steps

24. How, if at all, will the recent policy commitment to supporting student’s mental health impact your teaching practice?

25. What advice, if any, do you have for beginning teachers who are committed to supporting student mental health and well-being, and being responsive to their experiences of trauma?

Thank you for your time and participation.