THE EDUCATIONAL EXPERIENCE OF YOUTH WHO HAVE LIVED THROUGH TRAUMA: LEARNING FROM STUDENTS’ STORIES

by

Jennifer C. Dods

A thesis submitted to the Faculty of Education in conformity with the requirements for the degree of Master of Education

Queen’s University
Kingston, Ontario, Canada
March, 2010

Copyright © Jennifer C. Dods, 2010
Abstract

Experiencing a traumatic event during childhood or adolescence is not a rare event, yet there is little written that examines the impact that trauma and the resulting stress have in the school context, from the perspective of the youth. Traumatic stress manifests itself in internalizing and externalizing behaviours that can significantly impact academic and social functioning, and the psychosocial well-being of youth. In the absence of disclosure, teachers are often unaware that trauma may be at the root of emotional and behavioural needs seen in the classroom and may be the reason for more subtle shifts in behaviour, achievement, appearance, and demeanour. The protective nature of school connectedness, and specifically student-teacher relationships and caring, positive school climates, in increasing engagement and decreasing at-risk behaviours and emotional distress (Blum, 2005, Bond et al., 2007; Klem, & Connell, 2004) holds promise for these students. School and teachers can play an important role in improving well-being and in mitigating long term negative outcomes. Research in this area is essential as students with trauma histories and subsequent mental health needs are at greater risk for delinquency, substance abuse, suicide, chronic health problems, and diminished educational and employment success than their peers (Bardone, 1998; Edwards, Anda, Felitti, & Dube, 2004; Fergusson, 2007).

This qualitative study describes the experience of four young adults who had each experienced varying traumatic life events during childhood and adolescence. The interviews sought to understand how trauma impacted the high school experience for the participants, perceptions of teacher support, and to hear their advice on how teachers can best support their learning and well-being. Results of the cross-case analysis showed the importance of noticing and validating subtle signs of student distress, of connections with caring teachers, and of
teacher initiated offers of support. The youth also emphasized the importance of being seen and related to as a person and not solely as a student, highlighting the need for schools to focus on student well-being as well as academic functioning. These findings emphasize the importance that caring connections with teachers can have in supporting the well-being of students who have experienced trauma.
Acknowledgements

First and foremost my thanks to my supervisor, Dr. Nancy Hutchinson, who has been an incredible teacher, mentor and support throughout this project. Her guidance and direction in supporting my professional learning, and her understanding and patience during the more challenging times are what made the completion of this thesis possible.

To my committee members, Dr. Peter Chin and Dr. Patricia Minnes, I thank you both for enriching this research and thesis with your expertise and unique perspectives. Your feedback and support throughout were greatly valued.

I would also like to thank my family and friends who have remained supportive and encouraging throughout this longer than anticipated journey. A special thanks to my fellow graduate students, many of whom have been sounding boards along the way. To CJ and Marcea, your friendship, insights and humour have been invaluable in this process - thank you. And to each of you, in Kingston and in Ottawa, who provided a listening ear and words of wisdom over breakfast or a cup of tea, I thank you.

I gratefully acknowledge the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO (GA-789) and Queen’s University Faculty of Education for their financial support of this work.

Finally to Natasha, Sarah, Jasmine and Nick, thank you for sharing your personal experiences with me, without you this research would not have been possible.
# Table of Contents

Abstract........................................................................................................... ii  
Acknowledgements......................................................................................... iv

Chapter 1: Introduction..................................................................................... 1  
  Overview........................................................................................................ 1  
  Purpose.......................................................................................................... 3  
  Rationale....................................................................................................... 4  
  Autobiographical Signature........................................................................... 4  
  Research Objectives....................................................................................... 5  
  Significance of Study.................................................................................... 6  
  Definition of Key Terms................................................................................ 7  
  Overview of Thesis....................................................................................... 9

Chapter 2: Review of the Literature............................................................... 11  
  Overview....................................................................................................... 11  
  Trauma and Traumatic Stress...................................................................... 11  
    Prevalence.................................................................................................. 13  
    Maltreatment............................................................................................. 13  
    Traumatic Stress Reactions...................................................................... 15  
    Post Traumatic Stress Disorder................................................................. 16  
    Sex Differences......................................................................................... 17  
  Impact of Traumatic Stress on Educational Experience........................... 18  
    Relationship between Trauma and Learning............................................. 18  
    Impact on Academic and Classroom Functioning................................... 20  
    Social Functioning.................................................................................... 22  
    Impact on Overall Well-being................................................................. 22  
    Personal Perspectives on Trauma and Learning...................................... 24  
  Resilience.................................................................................................... 26  
    School Connectedness.............................................................................. 32  
    Student-teacher Relationships................................................................. 35  
  Educator Views on Teaching Students with Mental Health Needs................. 38  
  Summary..................................................................................................... 41

Chapter 3: Method.......................................................................................... 43  
  Overview..................................................................................................... 43  
  Participants................................................................................................. 43  
  Participant Selection.................................................................................... 43
CHAPTER 1
INTRODUCTION

A traumatic experience impacts the entire person – the way we think, the way we learn, the way we remember things, the way we feel about ourselves, the way we feel about other people and the way we make sense of the world. (Sandra Bloom, 1999, p. 2)

Each morning as high school doors open across the country, students enter bringing with them a diverse array of both past and current life experiences that shape who they are and how they learn. Some students arrive at school feeling safe and settled, and focused on the tasks at hand. For other youth, the realities of living through stressful and traumatic life events create barriers that impede their learning and functioning in the classroom, and take a toll on their overall well-being. The complexity of this intersection between life and learning is an ever present challenge facing teachers as they seek to engage students in high school classrooms. Knowing who students are, not only as learners but also as people, and responding to individual strengths and needs is essential to ensuring a meaningful and successful high school experience for each student. It is clear from past research that students, for whom positive well-being and academic success have remained elusive, will enter adulthood with many challenges ahead of them. The aim of this research is to listen to the voices of those affected in order to gain a deeper understanding of the educational experiences of youth with histories of psychological trauma.

Dealing with stress is a normal and adaptive aspect of life that develops coping mechanisms and builds resiliency for future adversity. Beyond normal stressors, however, there are situations that involve a threat to one’s safety or security that can overwhelm the body’s and brain’s ability to cope. This type of response to an event is considered to be a
traumatic one and can alter a young person’s sense of security and ability to make sense of the world around them. Emotions present during a traumatic event include intense feelings of fear or terror and can lead to significant psychological and physical distress, known as post traumatic stress. Studies report that 25%-45% (Costello, Erkanli, Fairbank, & Angold, 2002) of all youth will have experienced a traumatizing event in their life by the age of 18. Any trauma and the resulting stress, be it from maltreatment, domestic violence, war, illness, injury, death or any other incident, can have a significant impact on a student’s identity as a learner and beyond that as a person. This alteration in perspective can impact all areas of a youth’s life, including how they act and react, how they feel and think, and how they relate to others.

Teachers are often unaware of the occurrence or effects of traumatic events in the lives of their students yet deal everyday with the challenges these bring to their classroom (Dwyer, Nicholson, Battistutta & Oldenburg, 2005). In some students, trauma related distress is evident in overt externalized or internalized behaviour; however, for others the signs of distress are far more subtle, making it less obvious to teachers that the student may be struggling. In the absence of disclosure it is unlikely that trauma is considered to be at the root of emotional and behavioural needs seen in the classroom or to be the reason for more subtle shifts in behaviour, appearance, and demeanour. Distress related changes in behaviour, personality, attention and memory, deteriorating grades, peer relationships, compliance, and attendance may be falsely attributed to factors assumed to be within the student’s control or to normal teen angst. This can lead to misunderstandings and consequences that further exacerbate the student’s distress and impairment and may ultimately lead to school failure and poor overall health and well-being.
Current perspectives in the research inform us of the neurobiological aspect of trauma as well as the physiological and psychological responses of traumatic stress. They also give us a clinical picture of the typical behavioural and emotional manifestations of that stress and the likely impact on academic and social outcomes. Outcomes are also examined in the literature on resilience, focusing frequently on individual risk and protective factors. What is missing across the research is the perspective of the youths themselves, putting into context what the clinical and scientific evidence means to the educational experience of students who have lived through traumatic life events. An understanding of the role schools can play in fostering resilience in this population is also lacking. Given the well documented negative social, academic, psychological, and behavioural consequences associated with trauma it is an important phenomenon to understand. Furthermore, despite the reality that the majority of students dealing with traumatic stress will spend their day in a classroom, there is a paucity of literature and attention to this topic in the field of education. Increasing awareness and understanding of the impact of trauma in students’ lives and sharing strategies to support student well-being and learning is vital to addressing student need.

Purpose of the Study

The objective of this research was to gain a more personal and in-depth understanding of the educational experience of students who have lived through traumatic life events and to increase insight into how such events influence their lives at school. Knowing the lived classroom experience is key in increasing understanding and in connecting students with supports that can lead to positive outcomes (Liampittong & Ezzy, 2005). A second purpose was to hear the students’ advice for teachers and schools on what they perceived as supportive and not supportive in the school environment. Listening to the stories of youth
who have lived these difficult experiences and sharing their insights with teachers is a first step towards increasing awareness of the trauma related needs of students. Additionally, participant data will contribute to current research by generating recommendations for responsive, trauma-informed practices and strategies that enhance student well-being and promote positive academic and social outcomes.

Rationale

Schools are uniquely situated to play an important role in supporting student mental health and in improving outcomes in multiple domains. The current literature provides evidence of trauma impacting not only psychological functioning but also cognitive, social, and academic functioning. Understanding the impact of a traumatic experience from the perspective of students can lead to a greater awareness and sensitivity in how student behaviour is perceived and supported in the classroom. Bringing awareness to the topic of trauma and traumatic stress and student experiences is needed in the education system in order to foster school environments that are responsive to these youth. Hearing from young adults about their educational experiences provides a qualitative viewpoint that enriches current understanding of this topic, and situates the research in the school context.

Autobiographical Signature

My interest in this topic stems from the ten years I have spent working with adolescents in schools and on an inpatient mental health crisis and assessment unit. As my understanding of trauma has increased over the years I have come to see how the reactions to traumatic life events and the presence of traumatic stress are often behind the daily challenges the youth face, particularly those youth who show signs of struggling with
depression, anxiety, and behavioural issues. Whether they internalize and withdraw, or externalize and act out their distress, school often becomes a challenge. I have seen many adolescents leave school or fall further and further behind as they struggle to deal with their stress and to maintain a sense of well-being in the school and classroom setting. A lack of training and resources on the topic has meant that few educators have had the opportunity to learn about trauma or understand its manifestations in the classroom. Traumatized youth may themselves lack insight into the connection between their current behaviours and past trauma, and may struggle to articulate their stress or to explain why they act and feel the way they do. However, there is much to learn from those youth who do have insight and can articulate their experiences. I hope that giving the youth a voice in a structured and safe manner and ultimately sharing those voices with educators will lead towards greater success in adequately responding to and meeting the needs of this population.

Research Objectives

The focal question being asked in this research is:

1. What are the school experiences of youth whose lives have been impacted by trauma and the resulting stress?

Additional sub questions include:

1. What symptoms of distress do students report experiencing in the classroom?
2. How do students display and manage that distress?
3. What role did trauma play in their functioning and overall well-being while in school?
4. What advice do the students have for teachers / school personnel in supporting them in their time of stress?

Significance of Study

There is a significant body of evidence that has studied trauma in the child and adolescent population. Until recently parent report was the typical method used to collect levels of traumatic stress symptomatology and determine impact on functioning. This method has been brought into question as studies involving both parent and child report show poor agreement between parent and child ratings as parents were often unaware of the internal and psychological symptoms their children were experiencing (Meiser-Stedman, Smith, Glucksman, Yule, & Dalgleish, 2007). The speculation of researchers as to what is happening based on scores on measures and scientific knowledge about trauma does not tell the whole story. There is little research to date that examines the experiences of youth following a traumatic event beyond their clinical symptoms or functioning in a single domain. An understanding of the broader picture that includes sense of well-being and outcomes across domains is needed. This study gave youth a voice to tell their story, and to share how their experiences might inform educators and guide future practices. This research, focused on the personal experience, is a significant contribution as it adds a perspective that is scantily present in the literature.

A second contribution this study makes is to the field of education. Current research on trauma and learning remains within the domains of biological and social sciences (e.g., psychology and child welfare). There is an absence of inquiry on trauma and learning in the discipline of education and a lack of awareness of the problem among educators. While other psychosocial fields have much to contribute to the topic of trauma, and interprofessional
collaboration is essential, these clinicians are not in the classroom. Clinical assessments and interventions that remove students from the classroom and focus on the reduction of clinical symptoms will remain an important service for youth. The majority of youth, however, with mental health needs will never receive specialized services, making the role that schools and teachers can play vital to the health and well-being of students (The Standing Senate Committee on Social Affairs, Science and Technology, 2006; U.S. Department of Health and Human Services, 1999). Implications and recommendations for teachers on the educational experience of youth with traumatic life events must include research that is specific to the school context. Given the role that school, learning, academic achievement, and engagement play in a traumatized child or youth’s life it is essential that greater attention be paid to their needs and experiences. School connectedness is one framework that can guide how the school system can respond to and support all students within the school setting, and contribute in a way that makes a positive difference in their lives. Sharing the experiences of the youth along with implications for educators and school systems through publications in education journals will begin to bridge the current gap.

Definition of Key Terms

Trauma – Trauma involves an actual or perceived threat to one’s physical and/or psychological integrity. Early references to childhood trauma that are still used today describe trauma as “the mental result of one sudden, external blow or a series of blows rendering the young person temporarily helpless and breaking past ordinary coping and defensive mechanisms” (Terr, 1991, p.11). A traumatic event is considered to be one that is outside the range of normal human experiences. Traumas fall into three categories:
1. Type I or single event trauma such as a sexual assault, death of a loved one, a car accident, or a natural disaster and,

2. Type II, a series of traumatic events or such as ongoing abuse, war, debilitating illness, or exposure to domestic or neighbourhood violence.

3. In recent years Type III has been added to describe multiple traumatic events beginning in early childhood that typically involve the caregiver system and create an environment of fear, threat and chaos. Can result in disorganized and insecure attachments.

Traumatic Stress – A normal reaction to an abnormal event. The neurobiological stress arousal response triggered by a perceived or actual threat that results in repeated cycles of alarm and response (fight-flight-freeze) causing significant physiological and psychological distress. Continual exposure to trauma causes the body to remain in a baseline level of stress exhausting the brain and can lead to changes in brain structure and function if it occurs in early years (DeBellis, 2005; Perry, 2002).

Post Traumatic Stress Symptoms (PTSS) – Symptoms and reactions that result from acute or chronic states of stress following traumatic life events. Reactions include:
(a) emotional and behavioural dysregulation (over or undercontrolled reactions), (b) dissociation (a mental disconnection from self and surroundings), (c) somatic symptoms, (d) nightmares, and (e) hypervigilence (enhanced sensory sensitivity, ‘on guard’) among others.

Post Traumatic Stress Disorder (PTSD) – An official anxiety disorder diagnosis given when post traumatic stress symptoms meet specific criteria outlined in the DSM IV TR.
Post Traumatic Growth (PTG) - Positive psychological changes such as greater appreciation of life, changed sense of priorities, greater sense of personal strength, and recognition of new possibilities or paths for one’s life and spiritual development (Calhoun & Tedeschi, 2006) that develop as a direct result of experiencing trauma. Post traumatic growth is based on the theory that trauma shatters assumptions about self and the world and that to make sense of the confusion and disruption caused by the stress, one must reconstruct their world and create new meaning. It therefore refers to new beliefs about self and others that extend beyond pre-trauma functioning and simple adaptation or management of symptoms.

Overview of Thesis

Through the case studies described in this paper, we are given a glimpse into the lives of Natasha, Sarah, Jasmine and Nick: four young adults who share their stories in the hopes of finding meaning for themselves and of helping others.

This thesis is organized into five chapters. The present chapter, Chapter 1, provides the introduction to the study and describes the purpose, rationale, and significance of the study. Chapter 2 presents a review of the literature on the topic of trauma and traumatic stress and its implications for learning and well-being. Additionally, current literature on school connectedness and the role it can play for at-risk youth is highlighted. Chapter 3 provides a detailed description of the methodology including a description of the selection process, questionnaire, and interview tools as well as an introduction to the participants. The findings for Natasha, Sarah, Nick, and Jasmine are shared in Chapter 4, giving the opportunity for the reader to get a glimpse into the educational experiences of each young adult. Chapter 5 looks
at a cross case analysis of the four cases to draw out common themes. The final chapter, Chapter 6, discusses the findings and limitations of the study, and looks at opportunities for further research.
CHAPTER 2

REVIEW OF THE LITERATURE

This review is broad in its scope as it seeks to pull together the literature that pertains to the relationship between trauma and educational experiences. The first sections on trauma and traumatic stress set the foundation for the study by providing necessary background information on the phenomenon being examined. The literature on the impact of trauma and traumatic stress on well-being and learning is then reviewed, followed by an examination of recent literature on resilience. The few works that have examined trauma at school from the perspectives of the youth, and therefore provide a more personal glimpse into the effects of trauma, will be reviewed. Research on school connectedness is also included as a starting point for action by schools to address aspects of well-being and learning affected by trauma. This section extends beyond trauma to mental health due to a paucity of literature in the educational field on trauma.

Trauma and Traumatic Stress

Once thought to be a rare event experienced primarily by military veterans returning from war, traumatic stress is now known to be pervasive, affecting people of all ages and in all walks of life (Perry, 2002; Terr, 1991). Trauma is a subjective event defined as an actual or perceived threat to one’s physical integrity that is extremely stressful and overwhelms the body’s and brain’s ability to cope (Terr, 1991). More recent literature has expanded that definition beyond the physical to include threat to psychological integrity. Terr (1991) defined two types of trauma that are still referred to today; Type I or single event trauma such as a sexual assault, death of a loved one, a car accident, or a natural disaster and Type
II, a series of traumatic events or chronic trauma such as neglect, ongoing abuse, war, debilitating illness, or exposure to domestic or neighbourhood violence. A third type that has been identified in the last decade, Type III (Cook, et al., 2005), is called complex trauma or developmental trauma and refers to children and youth who have lived with chaos and multiple traumas since early childhood. For these children a traumatic life is all they know and a state of distress is their normal. Additional to these extreme events, some adolescents also report significant emotional distress and trauma from social rejection such as repeated bullying or rejection by a peer group or another significant person in their life. Given the stressors and adversity youth face, emotional and behavioural distress is common in youth in our society.

Over the past couple of decades great advances have been made in understanding the far-reaching impact of exposure to trauma and violence on children and adolescents (Cook et al., 2005; Perry, 2002). Traumatic events from as early as infancy are known to cause neurobiological changes resulting in physiological, social, psychological, and cognitive alterations and deficits (DeBellis, 2005). Traumatic experiences are accompanied by feelings of intense fear, guilt, shame, terror and helplessness and cause significant psychological and physical distress that challenge a youth’s ability to function effectively (Perry, 2002, Steele, 2007). Increasing evidence supports that exposure to trauma even without direct involvement, or in the absence of overt signs of traumatic stress, can also lead to poorer health and well-being (Cook et al., 2005; Edwards, Anda, Felitti & Dube, 2004).

Traumatic stress reactions in youth can be displayed in many ways including sleep disturbances, panic, irritability, aggression, emotional and behavioural disregulation, hypervigilance, avoidance, intrusive memories, hyperarousal, and a changed attitude about
people, life, and the future (APA, 2000; Terr, 1991). These symptoms are not the result of pathology but rather of the body’s and mind’s stress arousal response and reactive attempts to cope and survive. The frequent retriggering of the perceived threat – activated stress response - fight/flight/freeze cycle can interfere with adaptive functioning and impact all areas of a youth’s life (Perry, 2002).

Prevalence

The majority of studies examining the prevalence of trauma and traumatic stress have focused on populations of at-risk youth. In the large scale Great Smoky Mountains Study of youth, 25% of all youth surveyed (Costello et al., 2002) and 67.8% of youth who self-reported emotional and behavioural symptoms, (Copeland, Keeler, Angold, & Costello, 2007) had experienced one or more traumatic events. In at-risk youth living in urban poor neighbourhoods and in youth involved in child welfare services the occurrence of trauma histories is almost universal with rates from 90% to 100% (Ratner, et al., 2006; Yule, 2001). While fewer studies have looked at prevalence in middle class youth, those that have examined middle class adults reveal that the rates are not all that different. The Adverse Childhood Events study found that in a population sample of middle aged adults, 60% recalled a traumatic event that had happened during their childhood or adolescence (Edwards et al., 2005).

Maltreatment. The most common traumas in our society relate to child maltreatment; however, determining the prevalence is difficult. Few parents willingly or accurately report unstable and chaotic home environments. Differences in definitions, sources of prevalence rates, and methods of estimating unreported case numbers all contribute to the challenge in ascertaining prevalence. In Canada, the definition of maltreatment includes not only physical,
sexual, and emotional abuse and neglect but also exposure to family violence (Trocmé, et al., 2005). Neither the UK nor the US includes exposure to violence in their definition or rates, although rates and impact of exposure to family and community violence have been widely studied in the US (Cawson et al., 2005; Hussey et al., 2006). A common method to establish prevalence has been retrospective studies asking adults to report on childhood experiences of maltreatment. While this is generally considered to be the best method, the possibility of distorted recall remains.

Recent reports tell us that in Canada there were more than 114,000 substantiated cases of child maltreatment in 2003; an increase of 125% since 1998 (Trocme et al., 2005). Substantiated cases represent only a percentage of overall incidents as it is widely accepted that the majority of cases of maltreatment will remain unreported or unconfirmed. In a large scale study that took place in Ontario (MacMillan, Jamieson, & Walsh, 2001), young adults (n=9,900) were asked about histories of physical and sexual abuse during childhood. Overall 33% of males and 27% of females reported one or more incidents of physical or sexual abuse during childhood. A low threshold definition for abuse may have led to higher percentages being reported; however, given that the study did not ask about neglect, emotional abuse, or exposure to violence one can assume the percentage reporting experiences that would meet the full definition of maltreatment would be even higher. In a subsequent published review of the collected data, MacMillan et al. (2003) reported that only 5.1% of those reporting physical abuse and 8.7% reporting sexual abuse had ever had contact with child protective services. These numbers tell us that most of the children being taught in the classroom with current or historical maltreatment are suffering in silence.
Traumatic Stress Reactions

Traumatic stress is an expected response to trauma, with symptoms that are typically divided into three categories; those of re-experiencing, avoidance, and hyperarousal. Following the trauma experience any sensory stimuli that the brain associates with the trauma event (e.g., a sound, a smell, a motion, a tone of voice) can be perceived as a threat and trigger a stress response and the onset of traumatic stress symptoms. The response of the body and brain is to release neurotransmitters causing an arousal of the sympathetic nervous system (fight-flight-freeze), which is protective in situations involving actual threat (DeBellis, 2005; Perry, 2002). In the absence of an actual threat, however, the repeated triggering of the stress response system is problematic. In response to the perceived threat, students may act out impulsively or aggressively (fight), dissociate or leave (flight), or remain in a state of anxiety or panic (freeze) (Steele, 2002). In chronic Type II and Type III trauma, the brain can remain in a near constant level of stress arousal and this can cause changes in brain development and structure (DeBellis, 2005).

While in a state of stress arousal and fear, it is difficult to process verbal information, follow directions, or remember what is being said (Steele, 2002). Primary functions required for learning such as focusing, attending, retaining or recalling are no longer available. A youth’s behaviour at this point is motivated by his/her survival instinct and actions taken are those that will minimize the threat and reduce physiological arousal. To the observer, the student may appear oppositional or distracted, or may seem to be having difficulty following directions or staying on task. Behaviourally students may be unpredictable, overreacting to seemingly minor provocations. Hyperarousal can also lead to hypervigilence and a constant feeling of being on edge or on guard (Fletcher, 1997). Unwanted yet vivid memories of the
traumatic event may intrude into the youth’s mind causing further distraction from the task at hand. Students may avoid reminders where possible of the traumatic events to minimize these intrusive memories. This may include attempts to forget about what happened or avoidance of people, places or situations that serve as reminders. Almost two thirds of teens who have experienced a traumatic event report feeling numb and disconnected (Fletcher, 1997). Further manifestations of traumatic stress include generalized anxiety, low mood, difficulty sleeping, feelings of guilt, and loss of confidence, and can take a toll on the student’s well-being.

While for some youth, the stress is short lived or of low intensity, many others will continue to experience traumatic stress symptoms for months or even years following a trauma. This can lead to impaired functioning and well-being, and in some cases to Post Traumatic Stress Disorder (PTSD). PTSD can manifest soon after the trauma, or in delayed reactions it may not appear until years later.

*Post Traumatic Stress Disorder.* As early as 1990, Terr reported that the symptoms of traumatic stress reactions clinically present in such varied ways that youth are often diagnosed as having conduct disorder, borderline personality disorder, major affective disorder, attention deficit disorder, phobic disorder, dissociative disorders, panic disorders, obsessive compulsive disorder or adjustment disorder rather than a trauma disorder (Terr, 1991). Such differential diagnoses diminish the visibility of post traumatic stress and draw attention away from the reality of its prevalence and impact on life outcomes. Over the past decade general agreement amongst researchers has been expressed that the current diagnostic criteria for PTSD do not accurately reflect the presentation of the majority of children and youth whose functioning and well-being are impaired by trauma (Cook et al., 2005; van der
Kolk et al., 2009). Recent arguments also support that the same is true for many adults who have significant post traumatic stress reactions and yet do not meet criteria for PTSD. A group of key researchers in the field (Blaustein, Spinazzola, Pynoos, Cichetti and van der Kolk amongst others) have come together to speak out on the limitations of current criteria for children and youth and have put forward the development of a new category of diagnosis that is specific to those who have experienced complex or developmental trauma (van der Kolk, et al., 2009) (see Appendix B). It is expected that the DSM V to be released in 2013 will reflect some modifications specific to child and adolescent traumatic stress. Until then youth with traumatic stress reactions remain likely to receive other diagnoses and will often be excluded from statistics and studies looking at rates and development of PTSD.

Sex differences. Differences in male and female reactions to trauma and development of PTSD are documented yet not fully understood. When variations in methodology and question type are addressed there appears to be less difference in the development of post traumatic stress symptoms between sexes in adolescents than once was thought, with only slightly higher rates in girls. In adulthood, the difference is greater with women being twice as likely as men to develop PTSD (Breslau, 2002). It has been postulated that the required admission of negative emotion (fear, terror, helplessness) has led to men underreporting post traumatic stress due to traditional societal gender roles. Vrana (1994) reported that men were found to downplay their traumas, as only 11% of men who had been sexually abused (vs 53% of women) reported that trauma as their worst life experience.

Males report similar, if not greater incidences of trauma in their lives, although the types reported differ. In childhood and adolescence, males are more likely to experience violence and physical assaults and females to experience sexual assaults and abuse (Breslau,
2002; Tolin & Foa, 2006). One perspective is that the higher rates of PTSD in females stem from the type of trauma, (i.e., the intimate nature of sexual abuse leads to greater distress) (Breslau, 2002). Other findings contradict this theory as even in male dominated traumas such as combat, women have a twofold risk of developing PTSD (Tolin & Foa, 2006). These authors report that one area where there is agreement in the literature is the different ways that males and females express their traumatic stress. Men are more likely to report externalizing behaviour such as anger, irritability, conduct, and substance abuse, and these are less likely to be recognized as post traumatic stress. Women are more likely to report mood and emotion such as depression, anxiety, and impaired self-reference and in greater detail leading to greater recognition of trauma as the source of the distress (Tolin & Foa, 2006).

Impact of Traumatic Stress on Educational Experiences

Relationship between Trauma and Learning

Managing the symptoms of traumatic stress in the classroom can present some unique challenges. Being in a crowded and confined space with a large number of people can serve as a trigger for someone who is experiencing the emotional and behavioural reactivity of traumatic stress. Classes are structured and scheduled and are often busy and loud, all of which makes it difficult to regain a sense of calm and control and decrease stress arousal levels once they begin to rise. The restrictive nature of the classroom can make it difficult for youth to use coping strategies that they might use at home or in the community to manage their stress.

Research on the impact of trauma on learning finds challenges for students in the areas of behaviour, attention, memory, deteriorating grades, peer relationships, compliance,
In the area of cognitive functioning, deficits in both attention and memory lead to decreased abilities in comprehension, learning new information, and recalling previously learnt material (Steele, 2007). For youth who have experienced maltreatment, the underlying mechanisms for these deficits are threefold. First, maltreatment in early years results in less development in the language and learning parts of the brain due to the focus of the brain being on survival and stress response, resulting in learning difficulties (DeBellis, 2006). Second, the maltreatment leads to reactive aggression which contributes to emotional dysregulation causing distractibility and inattentiveness (Shields & Cicchetti, 1998). And, third, while all maltreated children are more likely to have poor concentration related to distractibility and overactivity, physically and sexually abused children also have attention disturbances related to subclinical features of dissociation (Perry, 2002). An assessment of executive functions in maltreated boys (Mezzacappa, Kindlon, & Earls, 2001) found that children with histories of substantiated abuse showed diminished capacity in learning to avoid responses that were associated with adverse consequences. This finding remained significant even when compared to non-maltreated boys with emotional and behavioural disorders.

For students who have experienced traumas other than maltreatment, situational emotional dysregulation and dissociation related to the traumatic stress are responsible for any inattention or memory loss. These responses can lead to inconsistent patterns of learning and demonstration of learning. Teachers may notice that a student was able to do the work yesterday but cannot recall how to do it today. Poor attention also inhibits listening and
comprehension and understanding of what one has been directed to do. The examination of the cognitive domains of language, attention, abstract reasoning, memory, visual-spatial function and psychomotor speed in children who had developed post traumatic stress symptoms also found significant deficits (Beers & De Bellis, 2002). In their study of adolescents with PTSD who completed an extensive battery of neuropsychological assessments, four of the domains (language, attention, abstract reasoning, and memory) were found to be impaired in the PTSD group compared to the control group. The greatest difficulties were seen in the areas of attention and abstract reasoning. No differences were seen in visual-spatial functioning or psychomotor speed. There remains a need to continue to explore the area of cognitive functioning both in the presence and absence of overt symptoms of stress.

**Impact on Academic and Classroom Functioning**

It is not surprising that given the described impact on learning and emotional and behavioural regulation, there is a strong association between trauma and decreased academic achievement (Delaney-Black et al. 2002; Kendall-Tackett & Eckenrode, 1996; Ratner et al, 2006; Rowe & Eckenrode. 1999; Saltzman, Weems, & Carrion, 2005; Slade & Wissow, 2007) particularly in lower income populations. An increased number of traumas led to a negative association with both Verbal and Full IQ scores and by the early primary years, the reading ability of children who had experienced trauma was already one year behind (Delaney-Black et al., 2002; Ratner et al., 2006; Saltzman, et al., 2005). In Slade and Wissow’s (2007) review of data on 2,000 adolescent sibling pairs taken from the National Longitudinal Study of Adolescent Health, children who had been maltreated before the sixth grade had significantly lower GPA’s and problems completing homework. Additionally
overall grades and grade point averages grew increasingly worse with each exposure to maltreatment. This lower achievement led to twice as many maltreated children repeating early grades as their non-maltreated peers, with a combination of abuse and neglect having the greatest association with repeating a grade (Kendall-Tackett & Eckenrode, 1996; Rowe & Eckenrode, 1999; Shonk & Cicchetti, 2001).

Whether or not there is a greater rate of suspensions and detentions remains unclear despite Kendall-Tackett and Eckenrode’s (1996) findings of increased rates of both disciplinary measures, with peaks in the middle school years. These findings have not been consistently replicated, although it is possible that it is differences in study design that have led to the varying outcomes. A more recent study by Shonk and Cicchetti (2001) looking at academic functioning found not only higher rates of grade retention but also of absences, and of referrals to special education services.

The over-representation of youth with histories of trauma in special education is also telling. Sullivan and Knutsen (2000) found that almost a third of all children in special education and 50% of all children with an identified behaviour disorder had recorded histories of maltreatment. These students may be missed in literature on maltreatment and academic functioning as students receiving special education services are often not included in collected data (Rowe & Eckenrode, 1999). Ultimately 50% of students identified with emotional or behavioural needs drop out of high school (Meichenbaum, 2006). Ferguson and colleagues (2005) noted in their extensive review of early school leavers in Canada that half of the disengaged students had emotional or behavioural disorders. Even in more resilient youth who went on to higher education the effects of trauma remained. Duncan (2000) followed 210 college freshmen for 4 consecutive years. By the end of the first semester twice
as many students with self-reported histories of trauma had dropped out (18%) than students (9%) with no reported histories. By the end of second year these numbers increased to 44% and 25% respectively. Only 35% of the students with two or more childhood experiences of abuse, and 47% with any trauma history remained enrolled in college in fourth year, compared with 60% of students with no trauma histories. Symptoms of PTSD were most predictive of dropping out in the trauma group. This is further evidence that the impact of trauma goes far beyond academic learning and touches many aspects of a youth’s life.

Social Functioning

Social functioning can also be impaired in the aftermath of trauma. The unpredictability of emotional and behavioural reactivity can create significant difficulties with peers and in other social relationships. Depression and anxiety, more commonly seen in girls who have experienced trauma (Ethier, Lemelin, & Lacharite, 2004), may cause the teen to withdraw from their peers and to lose interest in previously enjoyed social activities. Students with histories of maltreatment tend to have additional social challenges. They are likely to be more rejected and less accepted by their peers as a result of perceived increased aggressivity or withdrawal, than non-maltreated students (Anthonysammy & Zimmer-Gembeck, 2007). This makes sense given the traumatized student’s propensity to exhibit undercontrolled, maladaptive reactions potentially invoking feelings of fear or confusion in their classmates.

Impact on Overall Well-being

The impact of mental health needs on classroom functioning discussed thus far suggests that students with anxiety, depression or externalizing disorders require understanding and additional support in the classroom to optimize learning. Poor attention,
off-task and avoidant behavior are all indicative that a student is struggling and may indicate that a mental health need lies behind the observed behaviour (Kline & Silver, 2004). Beyond efforts to meet learning needs it is apparent that attention should also be paid to the student’s overall well-being. Academic achievement alone cannot be seen as the sole determinant of success as overall well-being often supersedes academic achievement in determining future outcomes and life success.

The literature reports that anxiety in adolescence is related to later risk of chronic anxiety disorders, major depressive disorder, substance use, suicidal ideation, educational underachievement, early parenthood, and poor physical health (Bardone 1998; Edwards, Anda, Felitti, & Dube, 2004; Woodward & Fergusson, 2001). Up to 93% of adolescents receiving psychiatric services (Lipschitz et al., 1999) reported histories of trauma. Students dealing with depression may also develop chronic physical and mental health problems, may be at increased risk for suicide, and may have less educational and employment success (Bardone, 1998; Fergusson 2007) as they become young adults. Externalized behaviours such as oppositional defiance disorder and conduct disorder lead to similar outcomes of anxiety and depression as well as dysfunctional and violent relationships and criminality (Bardone, 1998; Coleman, 2002; Johnson, McGue, & Iacono, 2006). Research indicates that more than 70% of all youth in treatment for substance abuse issues report a history of trauma (Funk, McDermeit, Godley, & Adams, 2003), as do upwards of 90% of youth in the juvenile justice system (Arroyo, 2001).

Staying in school is a powerful determinant when looking at outcomes. High school graduates are nine times less likely to have a substance abuse problem at the age of 20. Additionally by that same age, Canadian students who left school early are four times more
likely to have committed a criminal offence than their peers who graduated on time (Gilbert et al., 1995). In all instances a comorbid substance abuse problem leads to poorer outcomes in youth who have experienced trauma (Vida, Brownlie, Beitchman, Adlaf, Atkinson, et al., 2009). Hall, Degenhardt, and Teesson (2009) suggest that a third to a half of all adolescents with mental health needs are abusing drugs or alcohol, often as a means to cope with the symptoms of their mental illness. Keeping students in school can positively impact not only employment and income opportunities but also overall health and well-being.

Outcomes of the Adverse Childhood Events (ACE) Study (Edwards, Anda, Felitti, & Dube, 2004) found that the sequelae of trauma in childhood or adolescence continued to be significant throughout the life span. This large scale survey asked adults in their late 50’s to about their current health and well-being as well as the incidence of traumatic events in childhood. Adults with early trauma had an increased risk of physical health problems, mental illness, addictions, involvement in criminal and antisocial activities, unmet life goals (academic, employment, financial), difficulty with relationships, increased risk taking behaviours, and were more likely to continue the cycle of trauma. Outcomes were directly related to the number of traumas experienced, and adults who had only one childhood trauma had fewer long term negative outcomes than adults with exposure to multiple traumatic events. These outcomes were based solely on participant exposure to the trauma, regardless of whether or not the subject experienced the events as traumatic or developed traumatic stress (Edwards, Anda, Felitti & Dube, 2004).

**Personal Perspectives on Trauma and Learning**

There is scant literature examining the first hand experiences of high school youth who have been exposed to trauma and who deal with traumatic stress. One exception to this
is Canadian researcher, Dr. Jenny Horsman, who continues to make a significant contribution to our current understanding of women’s lived experience of violence and its impact on learning and literacy. Horseman (2004) conducted interviews with youth who had faced adversity, and with their teachers, in an alternate school program in Toronto to explore the impact of violence on their education. Three main themes emerged from this work. The first theme reported by students was the lack of control they experienced at school and the efforts they made and issues that arose as they tried to gain a sense of control. Students reported skipping class, arriving late, misbehaving, and not doing homework as signs of their struggle, much of which went unnoticed by the teachers in their view. Efforts by the school and child welfare agencies to remove them from the violence were not seen as helpful.

A second theme was that of connections in the school and the challenges of current policies that limit opportunities to build needed connections between students and educators. Students identified trusting adults and connecting with adults as among the most important supportive aspects of their learning. The third theme was making meaning of the school experience and conceptualizing success. Horsman concluded that schools need to assist students in rebuilding empowered self-concepts and shape new meaning as key steps in enabling students to learn successfully. Her findings suggest that school connectedness, which is known to have a positive effect on at-risk students in general, may also have potential for students exposed to violence and to other traumas.

The mention of school connectedness by Horsman identifies one area that can be seen as a protective mechanism as part of creating resilient contexts in which students can learn. We look at the broader topic of resilience here as it relates to students who have experienced adversity.
While the construct of resilience has been well studied in youth who have dealt with adversity, there is less written about how it applies to youth who have experienced trauma. Given that by definition, a traumatic event is one that “overwhelms one’s ability to cope,” it remains unclear what resilience means for this population. Individual protective factors that are known to strengthen resilience, such as self-regulation, agency, and internal locus of control are also areas that can be impacted and altered by the trauma experience and resulting distress. It is important to also note that youth who appear to have little or no distress or impairment following a traumatic event are not necessarily examples of resilience. Similar to the expectation that one would have of pain and injury from a physical trauma, a certain degree of physiological and psychological stress is considered a normal and adaptive response to a traumatic event. Absence of such stress may be indicative of repression, suppression, denial or a delayed reaction rather than resilience, making support for all students essential following traumatic life events.

Early conceptualizations saw resilience as a combination of internal traits (personality and IQ) and environmental features (supportive caregiver) that, if present, meant a child was likely to “beat the odds.” Resilience was often measured using one or two specific outcomes in middle class populations, and based on those results it was thought that a great deal of children were resilient in the face of adversity. Over the years those earlier ideas have evolved to a new understanding of resilience in children and youth facing significant adversity or trauma. While traditional definitions of resilience as “a pattern over time, characterized by good eventual adaptation despite developmental risk, acute stressors, or chronic adversities” (Masten, 1994), and “the ability to thrive, mature, and increase
competence in the face of adverse circumstances, including biological abnormalities or
environmental obstacles” (Gordon, 1995), are still seen in the literature, resilience is
increasingly being described as a far more complex construct.

There is recognition that the transactions between child and environment are more
influential than internal traits within the child. As well, positive adjustment can fluctuate over
time and stressors or risk factors can re-emerge in unexpected ways that cause decreases in
functioning and well-being (Luthar, 2006). A more recent definition conceptualizes resilience
as “a dynamic process consisting of a series of ongoing reciprocal transactions between the
child and environment” (Luthar & Zelazo, 2003). It is also now accepted that the trajectory
towards positive adaptation, long-term functioning, and well-being for youth who face severe
and chronic adversity is rarely stable over time or consistent across domains (Vanderbilt-
Adriance & Shaw, 2008). Research from the past decade reinforce the importance of viewing
resilience as a dynamic and multidimensional process that is both contextual and
transactional in nature (Harvey & Tummala-Narra, 2007; Luthar, Ciccetti, & Becker, 2000;
Subjective well-being, physical and mental health, functional outcomes, and developmental
milestones are all important to consider in evaluating resilience.

Cultural context is another important consideration that has often been overlooked
and that may influence the perception of trauma and resilience (Harvey & Tummala-Narra,
2007; Ungar, 2008). Cultural norms and values may shape one’s perception of trauma and of
protective factors. An example of this is differing beliefs across cultures about the source of
agency and the loci of control, ranging from within the individual to within the family
(Harvey & Tummala-Narra, 2007).
The multidimensional aspect of resilience is important to look at as no one domain or outcome defines resilience (Luthar, Ciccetti, & Becker, 2000; Vanderbilt-Adriance & Shaw, 2008). A youth may show resilient characteristics in a context that is supportive and that allows for their strengths to be accessed. At the same time that youth may experience significant dysfunction in another domain. One can both suffer and survive simultaneously. A student may function well at school but isolate themselves evening and weekends or experience ongoing nightmares and disrupted sleep. Another student may drop out of school to take on a caregiving role or to work to support the family. Similarly, studies have shown that among adolescents who have experienced significant adversities, those who outwardly reflect successful adaptation often struggle with covert psychological difficulties, in many cases depression and post traumatic stress (Luthar, Ciccetti, & Becker, 2000; Vanderbilt-Adriance & Shaw, 2008). Such variability is seen not only across domains but also over time as maintaining resilience is difficult, particularly in high risk situation. In studies that initially classified students as resilient, longitudinal follow-ups have determined that often resilient children did not become resilient adolescents, and some resilient adolescents had poor outcomes in adulthood (Farrington et al., 1988; Moffitt et al., 2002; Sameroff, 2005). The complexity of resilience is such that one can show remarkable strength at the same time as having significant impairment and need.

Our perception of the resilience of youth today depends on the risks they face and the manner in which resilience and positive outcomes are measured. Studies that look only at one domain or at one point in time or focus on adversity in low risk settings show different results from those that look at resilience across domains, across time, and in the face of cumulative risk factors. Based on measures of youth from predominantly white, middle class
homes that faced adversity, 40 to 60% are assessed as resilient. These numbers drop significantly in the face of greater environmental risk. Cicchetti and Rogosch (2007) followed children growing up in low income, high risk neighbourhoods for three consecutive years. Compared to 41% of non-maltreated peers, only 1.5% of maltreated children were classified as competent (in the top third of functioning in at least four of seven domains) at all three annual assessments. Only 10% of the maltreated youth were classified as competent at any of the three time points. Perhaps, most concerning is that a full 10% of the maltreated students did not exhibit competence in any of the seven domains at any of the assessment times. Across studies of urban poor students from higher risk environments, the highest rates of positive outcomes found were in the 20% range (Luthar & Sexton, 2007; Southamer-Loeber et al., 2004), with the authors suggesting that resilient outcomes above 25% in high-risk samples are quite rare. In Lansford et al.’s (2002) follow-up of young adults who had experienced physical maltreatment as children, 74% continued to show signs of impairment in functioning 12 years later. According to Vanderbilt-Adriance and Shaw (2008), youth from more supportive, middle class homes may have higher levels of functioning, yet the rates of depression, anxiety, and substance use in these adolescents can be greater than in youth from inner-city neighbourhoods.

Given these examples, interventions to support positive outcomes must conceptualize resilience as dynamic and transactional, taking into account the interactions and context. Resilience is not a state of being but rather a continually evolving process. Bonanno (2008) describes four different pathways towards functioning following traumatic events that people take as they heal, with an understanding that resilience is not static and youth can move between pathways. The first is a resilient pathway where mild disruption in functioning is
stable over time. The second is a recovery pathway where initially there is a high disruption in functioning, however, over time functioning increases and disruption decreases. The third pathway is delayed reactions, where only mild disruptions in functioning are noted initially however over time functioning decreases to a state of high disruption. The chronic pathway is the fourth one, and refers to high disruption in functioning that remains consistent over time. While his work is primarily with adults who have experienced bereavement following a loss, similar pathways are seen in youth who have experienced other forms of trauma.

Positive adjustment is dependent on the starting point and can be defined differently for each individual depending on their capabilities and circumstance. In a longitudinal study of resilience over time in a group of high school students who had been through significant adversity, 48% of youth were assessed as being resilient in high school. Of that group half continued to meet the criteria for resilience in young adulthood. Of the 52% who were assessed as not being resilient in high school 11% had developed resilience a few years into adulthood (DuMont, Widom, & Czaja, 2007).

With all youth, there are protective and mediating factors that have been found to contribute to more successful adaptation and to better outcomes following traumatic events. One of these factors is a higher IQ (Jaffee, Caspi, Moffitt, Polo-Tomas, & Taylor, 2007; Masten et al., 1999). It is believed that higher intelligence brings with it more developed thought processes that allow the adolescent the skills needed to work through the experience. Other internal attributes that can support an adaptive recovery include locus of control, positive self-appraisal, and pre-existing coping skills (Cauce, 2003). At the family level the main mediating variable that crosses all socioeconomic groups is a secure attachment with a parent or caregiver who responds in a supportive and caring manner (Jaffee et al., 2007;
Masten, 2001; Ratner et al., 2006). Children and youth whose parents were high functioning and emotionally healthy were also protected from the more severe negative outcomes. Findings of interest to educators were that children and youth who could identify a safe predictable environment (either home or school) and a positive attachment to a trusted adult also had better outcomes (Cook et al., 2005). A sense of school engagement mediated some of the negative effects of the trauma (Jaffee et al., 2007; Ozer & Weinstein, 2004), as did a focus on strengths and on competency building (Masten et al., 1999). Increased academic engagement was also found to have a greater effect on mediating poor academic functioning in students with histories of trauma (Shonk & Cicchetti, 2001) than other mediating factors such as social competency or ego resilience.

In summary, recent literature on resilience concludes that conceptually “the lack of consistency in positive outcomes across time and domains suggest that global resilience is at best quite rare if not non-existent” (Vanderbuilt-Adriance & Shaw, p. 20). These authors suggest that researchers should exercise caution in drawing global conclusions about factors that strengthen resilience and focus instead on specific transactional or contextual factors such as protective factors and actions that support positive outcomes in one area such as academic achievement or address one risk factor such as antisocial behaviour. Resilience must not be seen as a trait one is born with or a goal to achieve but rather as a developmental construct that can be nurtured, supported, and developed.

Who is at high risk remains a difficult question to answer given that it is the interaction between risk factors and protective factors in a specific context that determine outcomes. Interventions that support the development of environments that foster resilience, and within that, relationships, are believed to be effective. The school environment can play a
key role in creating this supportive context as “school classrooms can become resilient communities that provide essential support and guidance so that vulnerable children can learn and be successful.” (Doll, Zucker, and Brehm, 2004, p. 2). The following section examines school connectedness and student-teacher relationships and their role in providing the needed supports that can lead to positive outcomes and well-being.

**School Connectedness**

The outcomes of dealing with trauma and mental health are not only the result of personal and family characteristics but also the result of school factors. A portion of the variance in behaviour and in overall mental health comes from teacher, classroom, and school effects (Sutherland, Lewis-Palmer, Stitcher, & Morgan, 2008). Research has found that for some students the school effects contribute to the overall outcomes to a similar degree as family variables, although not as much as personal factors such as genetics, personality, and stressful life events (Mihalas et al., 2009). An exploration of the literature on characteristics of the school environment and of teachers that may mitigate the impact of traumatic stress on the educational experiences of adolescents is important to consider. Recent research (e.g., McNeeley, 2005; Mihalas, 2009; Shochet, 2006) suggests that a focus on the development of caring student-teacher relationships holds great promise for youth with mental health needs and is worthy of further study. Drawing from the results of the Horseman (2004) study as well as literature on protective factors for at-risk students, school connectedness is one such protective approach.

While little research has been undertaken on the relationship between trauma histories and school connectedness, the high prevalence of trauma in the at-risk population, and the similarities in their emotional, behavioural, and academic outcomes would suggest similar
protection for students who have experienced trauma. Additionally, some of the principles of trauma-informed practice which include safety, trustworthiness, choice, collaboration, and empowerment (Elliott et al., 2005) could be addressed within the framework that school connectedness provides. Blum (2005) defines school connectedness as “an academic environment in which students believe that adults in the school care about their learning and about them as individuals” (p. 16). This connection is essential to engage students in their learning and to decrease health-compromising behaviour. Various components have been examined as part of this construct including school belonging, school climate, teacher support, student-teacher relationships, and student engagement (Blum, 2005; McNeeley, 2005). Students describe school connectedness, from their perspective, as feeling like they belong, liking school, believing teachers care about them and their learning, having friends at school, believing that discipline is fair, and having opportunities to participate in extracurricular activities (Blum, 2005). A recent Canadian study (Willms, Friesen, & Milton, 2009) of students in grades 6-12 reported that 71% of the 32,000 students asked had a positive sense of belonging at school.

The benefits of school connectedness have been well studied. The literature suggests that students who report feeling connected to their school are less likely to use substances, exhibit emotional distress, demonstrate violent or disruptive behaviour, experience suicidal thoughts or make suicide attempts, skip school, become pregnant, or be involved in bullying or vandalism (Blum, 2005; Klem & Connell, 2004; McNeeley, Nonnemaker, & Blum, 2002; Saewyc et al., 2006). These same studies also found students were more likely to succeed academically and to graduate when they felt connected to their school. In one of the only trauma related studies, Saewyc et al. (2006) surveyed over 30,000 youth in British Columbia
about their life experiences and the role of family and school in their lives. Within this sample, 20% reported physical or sexual abuse and 21% reported a challenging home life (e.g., violence or substance abuse in the home, residential instability), and were classified as vulnerable. Youth in this vulnerable group were more likely to attempt suicide, have substance use problems, and be involved in violence. They were less likely to have above average marks, to have post secondary aspirations, or to report good health. The study examined the role of multiple, school, family, and peer protective factors in relation to the six behaviours and attitudes listed above. Results indicated that school and family connectedness were the two strongest predictive protective factors, with school connectedness as the top protective factor in 11 of 12 risk categories for the vulnerable youth. Feeling safe at school, liking school and having friends with healthy attitudes and behaviours were additional factors that consistently rated near the top. Saewyc et al. (2006) conclude that relationships at school and with friends were highly influential for these vulnerable youth.

Shochet et al. (2006) believe that when it comes to mental health, school connectedness has been greatly underemphasized in its capability to diminish these needs in students. Over 2,000 adolescents completed a number of measures on depression, anxiety, well-being, and school connectedness at 12 month intervals. Results of the study were that reports of lower levels of school connectedness were predictive of future depression, anxiety, and general functioning. The predictive pattern was strongest for depression in both genders, and to a lesser extent for general functioning in boys, and anxiety in girls. The authors suggest that interventions that target teachers building strong relationships with students and creating warm, accepting, inclusive classroom climates are needed to build school connectedness. Another perspective added to this is the belief that these interventions create a
sense of belonging at school that minimizes feelings of social rejection resulting in less depression or behaviour problems (Anderman, 2002).

Given the reported positive benefits of school connectedness on the physical, emotional, and academic health of students, it appears to be a construct that could greatly benefit students who have lived through trauma. Developing school connectedness ultimately requires that both teachers and school administrators are able to provide high expectations coupled with support for learning, positive student/teacher relationships, and a physically and emotionally safe school environment (Hutchinson, 2010; Wilson, & Elliott, 2003).

*Student-teacher relationships.* Of components examined by McNeeley (2005), teacher-student relationship was found to be the key aspect of school connectedness that predicted decreased at-risk behaviour. Cothran, Kulmna, and Gurragy (2003) asked 182 students with emotional and behavioural disorders what actions of teachers had been most effective in helping them manage their behaviour and the main themes that emerged focused on relationships, caring, and respect. Two of the components of caring that they described were teacher attentiveness and active listening. Noticing absences, telling students they were missed, knowing their names, saying “Hi” in the hall, and active listening were identified by students as being the small things that made the biggest difference (Cothran, et al., 2003; Ozer, Wolf, & Kong, 2008; Whitlock, 2006). Caring stood out across the studies as being the component that is the most important to students in the student-teacher relationship. Students in these focus groups and interviews also spoke of wanting teachers to care about them as people as well as learners. Attention from teachers was perceived by students as an indication to students that they mattered and led to increased engagement.
According to student respondents, actions that undermined a caring relationship included being singled out in front of peers and insufficient recognition of effort to complete work (Ozer et al., 2008). In Horsman’s work (2004) students reported feeling unnoticed and misunderstood by teachers and school administrations. Defiance, withdrawal, non-compliance, and poor school performance were seen as “trouble” and were met with disciplinary consequences and little compassion. In students’ views, this lack of understanding of the underlying factors contributing to their behaviour led to feelings of abandonment and loss of trust and reinforced many students’ desire to leave school. Students also identified that if they perceive the teacher as uncaring then they will not care in return and are more likely to be resistant and non-compliant.

Important to note is that students with emotional and behaviour disorders (Cothran et al., 2003) identified that they appreciated and valued caring behaviour from teachers even when they did not acknowledge it or appeared to go as far as to reject it. Mihalas et al. (2009) attribute this to long standing histories of chaotic or non-caring relationships that make it difficult for students with behavioural disorders to internalize or accept the caring of teachers or to reciprocate in a healthy manner despite the desire to do so. They also noted that students who had rejected all teacher efforts to engage them still responded that they wanted teachers to get to know them. While students with mental health needs may appear resistant to efforts by teachers to connect with them, this resistance may be more a reflection of deficits stemming from their mental health needs than from a desire to disengage.

From the teachers’ perspective, caring was also seen as being central to building meaningful relationships with at-risk students. When asked by Calabrese, Hummel, and San Martin (2007), teachers expressed their belief, that for some students, caring was as
important as the academic component of education. They felt that extracurricular activities
provided the best opportunity to talk to students about their lives and to demonstrate caring.
Malecki and Demaray (2003) examined the types of support teachers gave (emotional,
informative, appraisal, and instrumental) and discovered emotional support had the greatest
influence on social and academic competence. A second study (Suldo, et al., 2009) surveyed
students and found that perceptions of emotional and instrumental support were predictive of
subjective well-being, and that perceived teacher support accounted for 16% of the variance
in student’s well-being. The authors define emotional support as including the perception of
trust, and the communication of empathy and caring. Instrumental support refers to the
provision of assistance through time, skill or service to someone in need. In focus groups,
these students expressed perceiving teachers as supportive when they attempted to connect
with the students on an emotional level, used diverse teaching strategies, and demonstrated
fairness in a safe classroom environment.

Bond et al. (2007) undertook a longitudinal study, following 2700 youth from age 14
until 19 to examine associations between school connectedness and social connectedness.
Students with both strong school and social connectedness had the best outcomes later in life.
Social connectedness in the absence of school connectedness, however, put students at
elevated risk for mental health disorders and substance use. While students valued their
friendships at school, for students who were disengaged, these friendships had a negative
impact. Students with low scores on either variable or on both variables had a decreased
likelihood of completing high school.

School connectedness, student-teacher relationships, and the influence they can have
in contributing to positive outcomes reinforce the importance of the educator in supporting
student well-being. Such practices lie within the scope of the teaching profession and can be easily delivered in the school setting, without the support of outside professionals. Given the stigma and personal nature of mental health, exploring the knowledge and beliefs of teachers about these issues is important.

**Educator Views on Teaching Students with Mental Health Needs.**

For some students who have experienced a traumatic event, school may be the only place where there is the opportunity for assessment, services, and support. Teachers play a key role in both managing the challenges that trauma reactions bring to the classroom and in building resilience. Responding appropriately, however, can be difficult as teachers are often uninformed about the occurrence of trauma in the lives of their students as not all youth and families choose to disclose traumatic events. Teachers tend to have greater knowledge about single event occurrences and less knowledge of family functioning and chronic risk factors (Dwyer, Nicholson, Battistutta, & Oldenburg, 2005). Factors such as stigma and privacy issues have led to the findings that teachers report least accurate information about children from low socioeconomic backgrounds and about children’s mental health issues (Dwyer, et al., 2005). Given these barriers to disclosure, it is likely that educators are unaware of much of the trauma in the lives of their students.

Survey results of teacher respondents in a Florida study indicated that only 8% reported being aware of the signs of child neglect and 10 to 14% reported awareness of signs of abuse (Kenny, 2004). Teacher training, professional development and school policy all play a role in teacher knowledge of abuse and trauma. In Ontario, given the legislation for mandated reporting and the presence of school board policies on reporting abuse, it is likely that knowledge here is higher. While there is little recent data on teacher knowledge of child
maltreatment, Trocmé and Wolfe (2001), found that about 20% of all reports to child welfare services were made by school personnel (including educators, counsellors, and clinicians).

A greater understanding of what has happened to a youth can provide a different perspective to explain the alterations in behaviour, attention or achievement that a teacher is likely to notice. The narrative works of Torey Hayden (Marlowe, 2006) on the inclusion of students with mental health needs have been used successfully in a number of teacher education programs as a means of deepening this understanding and of reinforcing the need for caring. Positive changes in beliefs and attitudes towards students with emotional and behavioural disorders and disabilities were found in studies of teacher candidates who read her books (Marlowe, 2006; Marlowe & Maycock, 2001).

Most teachers agree there is a need for greater education on trauma and indicate an openness to learning about these issues. Mental health issues, and specifically disruptive behaviour and unmotivated learners, have been identified by teachers as the greatest health need of students and the least serviced (Mansour, Kotagal, DeWitt, Rose, & Sherman, 2002; Walter, Gouze, & Lim, 2006). As those needs are frequently seen in children who have experienced trauma, it stands to reason that support for all mental health issues in general will benefit traumatized students as well. Given the lack of resources available, teachers may be the only professionals involved in a child’s life (Walter, Gouze, & Lim, 2006). Despite an acknowledgement of the need for, and an awareness of the lack of services, only a minority of teachers have accommodated or advocated for the mental health needs of their students. In many of the reviewed studies teachers reported lack of education and training as the main barrier (Ford & Nikapota, 2000; Heflin & Bullock, 1999; Kenny, 2004; Mansour et al., 2002; Smith & Smith, 2006; Walter, Gouze, & Lim, 2006).
In a study of 275 New York high school teachers (Cohall, Cohall, Dye, Dini, Vaughan, et al., 2007), 70% reported having been approached by a student about a personal problem. Teachers recognized the high level of need with more than 75% of the teachers having overheard student conversations about mental health (depression, suicide) and a little more than half having overheard students discussing problems at home (abuse or violence). While teachers were highly supportive of schools as an appropriate place for health related services, they felt unprepared for dealing with mental, behavioural or reproductive health related concerns. Teachers felt most prepared to deal with substance use and exercise/nutrition related queries. The teachers in the study accepted the importance of their role in meeting non-academic needs of youth and requested professional development, particularly in the areas of mental/emotional health and problems at home.

The paucity of available training and resources has left teachers without the needed confidence or skills to respond to the trauma related needs of youth in their classrooms. When asked about their self-efficacy with regards to mental health, teachers reported very low levels of comfort with identifying trauma and responding to traumatic stress and other high risk mental health issues such as suicidal or homicidal thinking (Walter, Gouze, & Lim, 2006). Accordingly, increased education and experience predicted reports of higher self-efficacy. Another concern voiced primarily by teachers in urban schools is a concern for their own safety (Smith & Smith, 2006). Schools in which trauma and mental health needs are the highest are also schools in which violence is an ever present concern. Other teachers reported that it was not worth trying to help as becoming involved and caring resulted in being assigned the most challenging students year after year (Smith & Smith, 2006). In the Florida survey, not all teachers felt the school would back them if they reported suspicions of abuse.
Certainly a commitment to ongoing education and intervention is required to address these barriers; however, even a small amount of professional development may better prepare teachers to respond to the mental health needs of the youth in their classes. Parents are also an important partner in meeting trauma related needs. Priorities related to meeting mental health needs in the classroom varied between parents and teachers. While parents stated one of their greatest concerns was academic failure, teachers did not raise academics as a concern at all and, instead, focused on needs relating to improving social behaviour and decreasing disruption to the class (Ford & Nikapota, 2000). This focus on classroom management rather than on individual need could be attributed to class size, increased responsibilities, and a need to optimize the learning of others. A lack of awareness of the academic implications of mental health needs might also be a reason why some teachers do not necessarily feel it is their duty to step in. In the past, remediation of core academic deficits was set aside in favour of behaviour management; however, educators are becoming more aware of the promising role that increasing academic achievement has shown in decreasing behavioural issues (de Lught, 2007; Lane, Webby, & Barton-Arwood, 2005). High expectations coupled with support are needed to ensure students continue to engage and grow academically, socially, and in overall well-being.

Summary

This review of the literature has provided a broad look at the issues surrounding youth who have had traumatic life events. The related stress and stress reactions can lead to psychological and physiological symptoms that can interfere with functioning and learning. Overall well-being can also be compromised by the changes caused by a traumatic event. Given the challenges these youth face, and the negative long term outcomes, it is crucial to
look at how the education system can support these youth throughout their school years.

Knowing that developing relationships and creating resilient classroom environments can mediate risk and build competencies makes this of direct relevance to teachers.

Understanding the educational experience from the perspectives of the youth who have experienced trauma themselves informs the manner in which we provide services and supports. Equipping teachers with the necessary training to be comfortable in supporting the well-being of students is essential.
CHAPTER 3

METHOD

This qualitative study utilizes an exploratory case study design to gain a better understanding of the lived educational experience of four young adults in Ontario who had experienced trauma during their school years. The emergent design used provided the flexibility to adapt the inquiry as understanding of the data deepened. The qualitative interview was chosen as it is useful in deriving meaning from the perspectives of those living the experience being studied. It is one way to get a glimpse of, or to enter into, the life of someone else (Liamputtong & Ezzy, 2005; Patton, 2002). Qualitative interviewing, according to Patton (2002), assumes that the perspective of others is “meaningful, knowable and able to be made explicit” (p. 341). Case studies allow us to “appreciate the uniqueness and complexity of the case, its embeddedness and interaction with its contexts” (Stake, 1999, p.16).

Participants

Participant Selection

Initial efforts to recruit four to six participants through posters placed in counselling offices and community centers were unsuccessful. Ensuring that the posters were being shared with the youth, and keeping the posters in visible places both proved to be obstacles in the recruitment process. A second wave of recruitment was then undertaken by posting the same information from the original recruitment posters online. Postings were placed on popular community classified sites for south eastern Ontario and interested young adults responded by sending a response to an email address given. Participants were selected by the researcher based on a self-reported history of trauma, and the presence of traumatic stress in
their lives during their time in high school. Respondents were screened to ensure they had recently been in school, were willing to reflect on trauma related school experiences, and had stable mental health with supports available to them. The purposes for these criteria were to increase the probability of recruiting participants who were able to articulate and show insight into their experiences in a meaningful and safe way. Current or recent attendance at school was necessary to ensure the topic was relevant to the participant and also to include participants with differing school outcomes (both stayed in school and left early). Excluding participants who described themselves as emotionally vulnerable or who described an inability to currently manage daily functioning was necessary to protect the mental health of interviewees.

In total 24 responses were received to the online recruitment postings with 17 expressing interest in participating, and the remainder asking questions, or seeking help for themselves or family members. Of the 17 potential participants who had indicated an interest in participating, three did not respond to follow-up emails and five did not meet criteria for the study. This resulted in nine participants who agreed to meet and participate in the study, however, one withdrew just prior to meeting and one did not arrive at two different scheduled meet times. Ultimately the researcher met with seven participants between the ages of 19 and 23, (six of whom were female), and all completed the questionnaire and were interviewed. Three of these participants had difficulty articulating their thoughts on the topic at the time of the interview and were therefore excluded from this study. Data collected from these three participants during the interviews will be used in developing resources for teachers.
The four participants (3 females and 1 male) selected for inclusion in the study reflect both genders, varying levels of success at school, and a strong ability to verbalize their educational experiences related to their trauma and stress. Intensity sampling was used in order to have a “sample of sufficient intensity to elucidate the phenomenon of interest” (Patton, 2002). As gender differences exist in the literature, including the voice and experience of both genders was important. The selection process resulted in a sample of four young adults aged 19 to 22 from middle class homes that were all in the academic stream in high school, and had made plans to pursue post secondary education.

Participant Descriptions

These participant descriptions are based on information that the participants shared during the interviews and are included to give an overview of the individual circumstances of each of the young adults.

Natasha is a 19 year old woman who experienced significant conflict at home, and multiple traumatic events (assaults) in the community between the ages of 14 and 16, a period in which her life spiralled out of control. After spending her Grade 10 year moving between inpatient psychiatric care, juvenile detention and a group home, Natasha returned home and back to her high school for her Grade 11 year. While her life had stabilized she found the school environment to be very challenging and unsupportive and she dropped out near the end of Grade 11. She briefly attended an alternate program the following year but left when she decided to move away with a boyfriend. Natasha recently had a child and remains employed, working two part time jobs. While her original aspirations had been to do a degree in business she currently has no interest in returning to school and hopes to open her own spa and salon in the future.
The second participant, Sarah, is a 21 year old woman who experienced complex trauma throughout her childhood and adolescence in her home environment. Also from a middle class home, Sarah excelled academically and was in the gifted program throughout school. She received a full scholarship to university and moved away from home immediately upon graduating. Sarah is currently not in school having taken the semester off to deal with her trauma as she struggled to complete the semester due to traumatic stress. She is presently working part-time in retail.

Jasmine is a 19 year old young woman, whose family immigrated to Canada from China when she was ten. The acculturation process was difficult for the family and the resulting stress and conflict led to Jasmine experiencing traumatic events in her home that she described as being common in her culture. Jasmine’s traumatic stress was primarily caused by continual bullying at school throughout her school years. Jasmine moved away for university and has been in therapy since leaving home. She is enjoying a bullying free university experience thus far and is optimistic she will overcome her trauma related issues.

The fourth participant, Nick, is a 22 year old man whose trauma began at the age of six with the murder of a sibling. His middle class family unravelled and he describes a “solid decade” of “different shitty things” occurring both at home and in the community. Nick graduated from high school, and spent one semester in a college science program before leaving his home town and school to join the army. He intends to remain in the army as he believes it is a good fit for him. Nick continues to struggle with post traumatic stress but has not sought therapy, preferring to deal with it by remaining positive and focusing on his job and the upcoming birth of his daughter.
Data Collection

Data collection was conducted over a 6 week period through the completion of a standardized questionnaire and semi-structured interviews with the four focal participants. The researcher met with each participant either one or two times depending on the preference of the youth. The initial meetings to establish rapport took place in coffee shops, and the interviews in participant’s homes and private meeting rooms in public locations.

Description of Questionnaire (TSI-A)

The questionnaire used was the Trauma Symptom Inventory (TSI-A) - alternate item scale (Briere, Elliott, Harris, & Cotman, 1995). The alternate item scale does not include the section on sexual concerns and symptoms that is present in the full version of the TSI. The TSI-A was chosen for this study as participants may not wish to disclose sexual symptoms or feel comfortable answering questions of a sexual nature, and knowing sexual concerns was not necessary for this study. The TSI-A is an 86 item scale that can be completed in 15-30 minutes and has well established psychometric properties (Briere, 1995). This measure was chosen as it is non-diagnostic, is not specific to any particular trauma and does not ask about the traumatic event.

The TSI-A has eight symptom categories, three of which are specific to post traumatic stress (intrusive experiences, defensive avoidance, and dissociation) and five which speak to trauma related issues (anger/irritability, anxious avoidance, depression, impaired self-reference, and tension reduction behaviours). Three validity scales (atypical responses, response level, and inconsistent responses) are built into the tool. The TSI-A uses a 4 point Likert-type scale with 0 defined as never and 3 defined as often and is rated based on frequency of experiences in the last six months. Youth were asked to rate the items based on
their retrospective memories of how they felt in high school rather than the most recent 6 month period. They were instructed to leave an answer blank if they could not recall their experiences on an item. All participants reported that it was very easy to put themselves back in the experience of high school and no answers were left blank. Sample questions from the tool include; In the last six months, how often have you experienced:

- getting angry about something that wasn’t very important,
- trying not to think or talk about things in your life that were painful,
- feeling jumpy
- just for a moment, seeing or hearing something upsetting that happened earlier in your life.

The intent of the researcher in using the TSI-A scale was to confirm the presence of post traumatic stress symptoms, to corroborate the source of the stress described by participants, and to provide additional context for the interview and for data analysis.

Interviews

Interview tool. The interview tool was developed by the researcher and was designed using a combination of introductory and background questions to establish rapport, and open ended questions meant to allow the participant to share their own experience (Patton, 2002). Questions focused on the impact of the stress resulting from the traumatic event on functioning within the classroom and not on the traumatic experience itself. Feedback on the interview tool was sought and provided by three experts in the field and was used to modify questions. Participants were told they could describe the trauma if they wished but were not required to do so. Opinions, thoughts, feelings, behaviours, and values related to their experiences in high school were sought. The interviews were semi-structured and all covered
the same content areas; however, the wording of the questions varied to ensure a fit with each participant and their story.

Participant meetings. The researcher met with each participant either once or twice in the collection of information, depending on the preferences of the participant. The first two participants chose to meet initially at a local coffee shop and this time was used to review the letter of information, sign letters of consent, and complete the questionnaire with the underlying purpose of establishing rapport. Participants were given an option of venues for the interview to ensure a comfortable environment with privacy, and in the first two cases, both young women chose their homes. In the third and fourth cases, the participants asked to complete all components of the study in one meeting. In those cases the researcher met with the participants and reviewed the letter of information, had letters of consent signed, administered the questionnaire and then completed the interview. Both those meetings took place in private rooms in public areas (study rooms) at the university. Interviews lasted 50 to 80 minutes and were digitally recorded, then transcribed verbatim by the researcher. In two cases participants opted to later review the transcripts for accuracy. Observation notes were made both during and after the interviews. All participants were offered a beverage and given a $25 gift certificate following the interview as compensation for their time.

In all cases the interviewer chatted informally with the participants following the interview for varying periods of time to diffuse any emotion and to end the conversation on a casual note. This time also allowed the researcher to assess the youth for any signs of distress. Each participant was asked to reflect on the interview and on any emotions it raised. The interviewer touched base with all participants within 48 hours following the interviews. All participants reported that the interview had been a positive experience.
Role of Researcher (Clinician vs Researcher) Reflection

Given this researcher’s background in conducting clinical interviews, the task of interviewing young adults on sensitive topics without previous rapport was in itself not a difficult one. The challenge, however, came in approaching the interviews as a researcher rather than as a clinician. The change from focusing on required assessment information to allowing the interviewees to share freely their own thoughts and experiences was an enjoyable departure from typical clinical interviews. Upon the completion of the interviews it became clear that some of the interview questions had been developed from a more clinical perspective focused on specifics of traumatic stress symptoms and their interplay with life at school. While this approach and line of questioning was reflective of a great deal of the literature on this topic, it was not the focus of the information shared by the participants who highlighted more relational themes and overall well-being. For these youth, trauma and traumatic stress was simply a part of their life and of less significance than connecting and forming trusting relationships with others to support them through their situations.

Data Analysis

Data analysis is an iterative process of reading, recording, exploring emerging themes and “transforming data into findings” (Patton, 2002, p. 432). The analysis process results in the thick description of each participant’s data, and in its final form as a case study. Patton (2002) writes about the importance of ensuring that the analysis is holistic and context sensitive. Cross-case analysis is used to make assertions about the phenomenon as a whole (Stake, 2006), highlighting differences between cases as well as similarities.
The TSI-A questionnaires were reviewed for both validity and clinical scale scores. In the cases where the interview happened immediately following the completion of the questionnaire the researcher briefly reviewed the score sheet prior to commencing the interview. When two meetings occurred the researcher scored the questionnaires prior to the second meeting and interview. The researcher looked for evidence of scores ranging across the scale, with a mix of higher and lower scores to indicate a valid scoring. The majority of scores being high indicate an overendorsement of symptoms, and mostly low scores would be indicative of underendorsement or absence of symptoms. This information was used to provide further context for the data collected during the interview process. No further analysis of this quantitative data was done.

Standard methods of qualitative analysis were used to analyze the interview data in each case and to generate categories and then develop themes from the categories. Each transcript was analyzed individually to ascribe meaning to each unique case on its own. Following the transcription, the researcher listened to each interview in its entirety twice to increase familiarity with the data and to check for any errors in transcription. Pseudonyms were used to replace the names of the participants as well as any references to towns, schools or other individuals. A copy of the transcription was then printed out and the researcher read through the copy, highlighting data that were related to the research questions and to participants’ experiences. These highlighted phrases from the transcript were then copied and pasted into a second document and coded through inductive analysis. The researcher then took a fresh copy of the transcript and coded it as written to ensure no data were lost in the earlier dissection of the transcript. Any additional data that supported or added to the previous coding were identified. A deductive analysis of each transcript examined the data
against what was known from the literature review. Both the emic codes and etic codes identified were then organized into categories with category headings given. Themes were generated for each case from the categories. Themes that emerged from the data were reviewed (rereading of transcript and review of researcher’s notes) to ensure they accurately reflected the overall experience of each participant. Following the individual analysis of each case, a cross-case analysis was conducted. A cross case analysis allows for examination of the data from a perspective that can not be achieved through individual case analysis. For the cross case analysis, the codes of the four transcripts were re-organized into new categories and themes were derived from these categories to identify patterns and commonalities in the experiences of the four young adults.

Summary

This chapter outlines the methodology used to recruit participants for this study and to collect and analyze the data they provided. The detailed case studies highlight unique aspects of each participant’s experience and are shared in Chapter 4. The following chapter, Chapter 5, includes the cross-case analysis and takes a broader look to identify common themes.
CHAPTER 4

FINDINGS: CASE STUDIES OF NATASHA, SARAH, JASMINE, AND NICK

This chapter reports the findings of the interviews, observations, and questionnaires. The chapter is organized into four sections, with one section for each participant. Within each section an overview is given of the researcher’s observations during the meeting(s) with the participants. This is followed by a description of the young adult’s experience at school, particularly focusing on the individual presentation and management of trauma and traumatic stress at school, support within the school, and advice for teachers and schools on what can be done to optimize the educational experience of youth who have experienced trauma. Additionally each participants’ perception of the impact of the stress on learning and overall well-being is explored. Finally the themes arising from each case are discussed and summarized.

Natasha

Participant Experience

The initial meeting with Natasha took place at a coffee shop near Natasha’s home. Natasha expressed feeling nervous but engaged easily in conversation and had no hesitation about participating. During the completion of the questionnaire, the researcher noticed that Natasha became restless, playing with her pen, and looking past the researcher out the window. When asked, Natasha reported that reflecting on the items on the questionnaire was bringing back memories of things that she hadn’t thought of in “a long time.” The researcher encouraged Natasha to take her time and gave her the option to take a break or to stop completing the questionnaire, both of which Natasha declined. Upon completion of the
questionnaire, Natasha requested to complete it a second time based on the present rather than the past as she wanted to compare the ratings. She did so and was pleased with the progress she has made. The interview took place at Natasha’s home at her request. During the interview Natasha expressed a range of emotions appropriate to the topic, and remained composed when speaking about difficult feelings. Two breaks were taken during the interview so Natasha could tend to her infant son. She expressed eagerness to resume the interview each time. Following the interview Natasha stated that it had been “like trying to put back together a messed up puzzle” and that difficult feelings had existed only in the moment. In a follow-up email Natasha described her participation in the interview as “liberating” and said that it had been a “positive” experience for her.

*Interview with Natasha*

Natasha presented herself at the interview as an articulate, opinionated young woman. She stated that her reason for participating in the study was to share her story in the hope that others might not have to go through the same experiences as she had. Themes that emerged from Natasha’s reflections on her experience of being in school while dealing with trauma centred on feelings of being overwhelmed, struggling to find understanding in the classroom, and a need for greater empathy and flexibility from teachers. The challenges in managing her traumatic stress reactions at school and a perceived lack of support and understanding ultimately led her to decide to drop out as ‘it was just too much for me”.

*Experiences at school: “overwhelmed.”* Natasha’s description of what was going on in her head as “a hundred people in a very small room” speaks to the sensory overload that she felt upon her return to school. Her primary recollections of that year were of feelings of confusion and distress that overwhelmed her emotionally, physically, and mentally making
learning and functioning as a student nearly impossible. Natasha described how intrusive memories of the trauma were triggered by sights and smells in the school hallways leading to an activation of the stress arousal response system that would leave her “dizzy and weak ... sick to my stomach almost.” Natasha’s stress often presented itself through physical symptoms commonly associated with anxiety as she remembers, “I’d feel like I was about to die of a heart attack ... my throat constricted on me ... I would gasp for air” and “I kept fainting.” Natasha struggled to deal with the emotional disregulation that accompanied her anxiety frequently leaving class as she had a hard time “holding back tears.” Repeatedly throughout the interview she spoke of being “cloudy upstairs” and of going through the day in her own world to the point that “a lot of things seemed surreal.” Natasha was open in her self-assessment of the reason for the confusion and haze she was in, attributing it to a combination of her stress, prescribed medication, and illicit drug use.

Further manifestations of Natasha’s trauma included “zero concentration” and feeling “jittery and restless,” indications of hyperarousal. Class time was often spent doodling and drawing in an effort to distract herself and to fill her need to fidget constantly. This lack of focus on the task at hand led to falling behind in class which further overwhelmed her. She described times of isolating herself by mentally retreating into “my own bubble and like nothing could penetrate it and I wasn’t talking to anyone” and “looking down at my desk and that was it.” Despite her mental retreat, it was important to Natasha to avoid being physically alone. She spoke of always needing to be around others and of talking out in class to gain attention, and to have peers communicate with her.

Natasha’s efforts to manage her stress were primarily avoidance related as she would leave class, or as she put it “physically dismiss myself” and not return. She recounted finding
it more challenging to deal with her traumatic stress at school as one is “stuck” and unable to use the coping strategies that she could use at home. Natasha expressed significant guilt at leaving class almost every day but said “something as simple as being in class was just too hard.” One reason for leaving class was her fear of others seeing her crying and another was her need to find a place in which she felt safe. She described the girls’ bathroom as “every girl’s sanctuary” and recounts spending considerable time sitting on the counter in the bathroom. On other occasions she left school property to find a place “where I could cry alone.”

In an effort to express the distress she was feeling inside, Natasha’s behaviour escalated when she perceived that no one was listening. Her drug use increased in an effort to “let the emotion out” as did “negative attention seeking” and putting herself in harm’s way. Natasha reported that antisocial behaviour and illegal activities were ways to externalize her distress in the hope it might be noticed. A decreased sense of self-worth and feelings of guilt also led to self-harming behaviour and suicidal ideation, neither of which she felt were understood by others. Ultimately actions led to Natasha losing many of her higher achieving friends as they distanced themselves from her, leading her to seek out peers engaged in similar high-risk behaviours. The combination of the traumatic stress reactions, Natasha’s use of avoidance to cope, and her engagement in high-risk activities all contributed to her sense of being overwhelmed and in need of support.

Relationships with teachers and perceived support – “no one really understands.”

It was the first time I had ever really struggled with school and I figured someone would see that, okay, I’ve always gotten good grades the entire time [and wonder] why all of a sudden is it going bad and help me, but no one ever even offered.
It is likely, given Natasha’s combined use of internalizing behaviours, externalizing behaviours and avoidance strategies to manage and communicate her stress, that the underlying trauma which was the reason for the behaviour was no longer a primary focus for teachers. Natasha’s school was aware of some of the trauma that had occurred in her life and her return was a planned event that included consultation with the principal and her parents. Natasha recalls telling her principal that she was “having a really hard time” and receiving reassurance that arrangements would be made to support her. Initially she perceived teachers as “more understanding,” but as she continued to struggle over the months, she felt that their patience wore thin and that they felt she was “faking’ and “didn’t believe me” and “didn’t really care.” Ultimately she determined that disclosing had not helped anything and instead had further contributed to her distress.

Natasha was able to find sources of support within the school setting. She identified two staff members, a school nurse and, Bill, a member of the support staff, who provided a listening ear and safe places for Natasha to go when she could not cope. In describing the support she received from Bill, Natasha states “he would see me and be like why do you look so sad and when I would talk to him I’d feel like someone genuinely cared.” While this support was perceived by Natasha as an important and calming influence, the fact that these two individuals were removed from the classroom setting meant that the support did not transfer into feeling safe in class nor into improving Natasha’s classroom functioning. As a result when she struggled in class, Natasha would leave the classroom to seek safety and comfort from these sources. Natasha’s vice-principal played a more practical yet still empathetic support role. She described his support as “a reality check” and says “I’d have a problem and he’d listen … I would go there to be sent back to class but I just needed 20
minutes to get it off my chest type of thing.” She focused on the idea that it was the “little things” such as listening, a smile or an offer of food that made the difference.

Natasha reported a different experience in her classes where she felt that few of her teachers understood or supported her when she was struggling. She recalled a teacher saying to her in front of the class, “Oh Natasha, you chose to join us today” and described this sarcastic remark as humiliating, saying “you just don’t want to go back after that.” She described often coming to class unprepared and struggling to complete assignments, and how teachers did not understand the reason and made negative comments or would “make a big deal out of it.” To Natasha, the huge effort she was putting forward in “just remembering what room it is in and going” and handing in partial assignments went unnoticed. She states “I always felt I was doing the best that I mentally could at the moment” but “I never felt I got the benefit of the doubt.” Efforts to explain to teachers that “it is hard to do something like school that’s logic when you don’t have any logic left” went unheard. She felt that teachers expected the “same speed as before,” that no one understood that she was “so messed up in the head,” or the impact this had on her ability to do her schoolwork. Natasha was quick to acknowledge an English teacher who was “really, really nice to me.” While they did not discuss the underlying issues, Natasha felt that this teacher could tell when she was having a difficult time in class and would allow her to work outside the door of the class where it was quieter, and would subtly give her permission to leave the classroom to go for a walk when she noticed Natasha was struggling.

As the year progressed Natasha’s sense of disengagement grew as she struggled to keep up academically and perceived what she did accomplish as “never being good enough.” Ultimately she left school stating “I tried but I had no connection with anyone that was there
and I didn’t care at that point.” Her decision to leave came when the benefits to being out of school were to her greater than the benefits of staying. She recalls, “I felt like none of it really mattered to anyone so I was wondering why I was feeling this way if it didn’t really matter.”

Advice for schools and educators – empathy and flexibility. Natasha felt that during her Grade 11 year she was too overwhelmed by what she had been through and by the related stress, to have been able to articulate what she needed. However, now two years out of school she can look back on that year and identify a number of ways that teachers and the school could have supported her that perhaps might have led to a different outcome. Her initial emphasis when giving advice to teachers was to “never bother people in front of the whole class - I think that’s the worst.” Regardless of teacher intent, Natasha experienced significant humiliation when confronted publicly or singled out for having been absent or for having incomplete work. To her, this approach demonstrated a complete lack of empathy or understanding of how the trauma was affecting her life and further contributed to her anxiety and distress. Her advice was for teachers to address any issues privately and to offer help at the same time, stating that what she would have liked to hear was “look Natasha, we got your paper back and you missed the point but it’s all right – come with me at lunch or after class and I’ll help you out.”

The second piece of advice that Natasha focused on was the need for flexibility and understanding of her lessened ability to meet expectations or learn in the same manner she had before. She reflected on how much longer her work took her due to difficulties focusing and concentrating, and on how she could have benefited from extra time to complete projects. She hesitated to ask for additional time as she believed that the teacher’s reaction
would be “everyone has issues so just shut up and do it.” This anticipated response stemmed from Natasha’s belief that trauma issues are unique and that “you can’t understand if you haven’t gone through it.” Natasha recalled struggling to understand abstract ideas and questions due to her anxiety and confusion, and working on assignments for hours and hours only to be told that she had done it incorrectly. She felt that receiving explicit instruction and being asked specific questions were beneficial for her, as these concrete strategies allowed her to “get the right answer.” Abstract approaches like “someone giving me ideas and asking for mine,” made it difficult for her to complete the task required of her. Teachers could also demonstrate understanding, according to Natasha, by being flexible about students leaving class when they are struggling, and by not making a big deal if they “forget to bring the right book to class.” Along the same lines Natasha said that one of the few things that gave her hope was receiving high marks on assignments and she advised teachers to “be more lenient in their grading when someone has an issue.” It was not that she felt she should be exempt from meeting expectations but rather “just to give the person that little bit of encouragement that it takes to get that person back on track”.

For Natasha, coping with the physical and psychological manifestations of her traumatic stress through avoidance behaviour meant a reduced focus on learning and academic achievement. A perceived lack of understanding and of validation of her needs, both in academics and in overall well-being contributed to her eventual disengagement from school.

Impact on Overall Well-being

At the time of the interview Natasha was working two part time jobs, neither in areas in which she holds any career interest. She believes that an absence of belief in her abilities
by school officials and her inability to manage her stress at school have had a definite impact on her overall well-being. Natasha sees herself as an entrepreneur and spoke of future plans to do a business degree and run her own business. She reflected on sharing those plans with a vice principal at school only to be told that it was not practical given her current grades, and that she would not be successful. The lack of focus on her strengths and on using her capabilities to meet her needs left Natasha with the feeling that everything she did well was overlooked and that “no one believed in me.” She looks back on school as a very negative experience and is adamant that she will achieve her future plans without a return to school. Since leaving school, Natasha reports that her overall well-being has stabilized and that her mental health has improved considerably. She attributes this to being away from people, to being in a different geographic location, and to being more in control of her choices and decisions. This perhaps represents ongoing traumatic stress that can be minimized by being alone and being in control. While her mental health has improved and her at-risk behaviour has decreased considerably, Natasha is in a position that may make it difficult to gain meaningful employment because of her lack of formal education and her caregiver role as a young mother. She has recently re-established telephone contact with her family after having no contact for two years. She currently has a supportive partner and sees life as full of opportunities for her.

*TSI-A Questionnaire*

Natasha’s scores on the three validity scales (atypical responses, response level and inconsistent responses) indicated that her reporting on the remainder of the assessment tool was valid. On the clinical scales, Natasha scored in the clinically significant range for anxious arousal, depression, anger/irritability, intrusive experiences, and tension reduction.
behaviours. Natasha did not score in the clinically significant range for the traumatic stress related categories of dissociation, defensive avoidance, and impaired self-reference, however she did describe examples of defensive avoidance such as leaving class, and impaired self-reference in her interview.

Summary

Natasha’s case contains many of the classic representations of a reaction to trauma. She discussed the presence of specific traumatic stress symptoms and of both externalized and internalized behaviours she used in an effort to manage the symptoms and distress. Her efforts to cope and to seek support were unsuccessful in the school context. Natasha attributed much of her struggles at school to the actions of others. She felt that she had minimal ability to control or change her situation. A lack of sense of agency and an externalized locus of control made it difficult for her to negotiate the supports she needed to manage the workload and school environment. Her emotions were influenced by external motivators; when given a good mark her sense of engagement and effort increased and when she received negative feedback she reacted by wanting to give up. Near the end of the school year, her feelings of disconnection and disengagement stemming from the belief that no one cared, including herself, resulted in her decision to leave school. Once out of school, Natasha was able to regain a sense of control and to take charge of her life, something she had been unable to do in school.

Sarah

Participant Experience

After a number of emails to discuss questions about participation, Sarah agreed to meet at a coffee shop to further discuss being involved in the study. She did not show for the
first scheduled meeting; however, she quickly initiated the scheduling of a second meeting.

Although nervous, Sarah expressed that telling her story was something she really wanted to do despite her reservations that she might become overly emotional. Reassurance was given by the researcher that she could take breaks or stop the interview at any time and that she was in control of how much she wanted to share. Sarah completed the questionnaire without difficulty and invited the researcher to her home for the interview. Throughout the interview Sarah remained composed with minimal show of emotion, which she appeared to be making an effort to control. At times her speech volume and patterns changed, and she avoided eye contact when speaking about matters of importance to her. Sarah preferred not to disclose any specifics related to her trauma as she did not want to become tearful or emotional during the interview. After the interview had been completed, Sarah commented “I actually enjoyed that” and offered to tell the researcher about her traumatic experiences. The researcher declined this offer to avoid ending Sarah’s interview experience with an emotionally charged discussion. In follow-up emails Sarah described being proud of herself for talking, and felt that sharing her story publically showed progress in her healing because it was something she had not felt ready to do outside of therapy before this time.

*Interview with Sarah*

Sarah described her reason for participating in the study as being able to share her thoughts and experiences in the hopes that others might be made aware of traumatic stress and might receive the necessary support. Her ability to express herself verbally and to articulate her experiences provided an insightful overview of her school experience. Her reflections on being in school while dealing with trauma centred on themes of the important
role of school in her life, her feelings of invisibility, and the need for teachers to be attuned to changes in their students behaviours.

Experience at school – “it’s what kept me going” Sarah began the interview by describing her life-long love of school. For Sarah, the absence of nurturing and support, and pro-social modelling at home meant that school was the only place in which she felt those needs were met. She described high school as “the complete opposite of what home was like.” She elaborated saying, “school was structured, there were people to look out for me, nobody is going to hurt me, there is nothing illegal available at school; it’s just you are studying, you have your lunch … whatever.” High school for Sarah was not only her safe place but also a source of hope as she saw graduation as her “ticket out” of her home and an escape from the trauma. She was determined that nothing would keep her from succeeding, “the only thing on my mind was if I do well enough and get a scholarship … I can get out and never have to come back.” To accomplish this and to hide her embarrassment at her home life, Sarah described “being two different people” and “living a double life” stating that as she walked out of her house each day she “literally put on a new face.” This allowed Sarah to be seen by others as “just a normal person … I go to school, I have good grades, I have friends.” Her reason for this was “I really wanted to maintain some sort of normalcy...so I really didn’t want to bring my issues to school with me.” Sarah identified having this appearance of a normal life at school as being “really important to me at the time.” School was her reprieve from the ongoing trauma and she describes school as “what kept me going … it’s all I had.” The manner in which Sarah displayed her traumatic stress at school is set in the context of her unwavering focus on obtaining a full scholarship, and her need to keep home and school life separate.
Despite her love of school and her best efforts to leave her trauma at home and to hide it from others, Sarah reports that even at school “it [trauma] was always on my mind” and that the resulting anxiety would frequently surface. She recalls having panic attacks and walking out of class, waiting until they dissipated before returning. Twice she was unable to control her emotions resulting in her breaking down and “flipping out.” The effort required to maintain the secrecy of her double identity was also anxiety provoking as she felt a sense of guilt at ‘not being myself.” To manage this and due to increasing depression Sarah withdrew. She says that to cope “I put myself inside myself, I was very, very closed off.”

The main manifestations of Sarah’s ongoing distress were the extreme lifestyle changes and resulting shifts in dress, peer group, and demeanour she made. She describes how she returned to school for Grade 10 as a “goth” and switched from the “popular clique group to the outsiders” where she began smoking and using illicit drugs. Sarah explains this as “trying to bring out a different side of me” as “I had held [everything] in for a long time.” No longer able to identify with her old friends she sought new ones and found she could relate best to “what someone would see as a bad crowd” because those students also had issues. The following year she changed her look again to punk rock and “the rebellious” look. For Sarah these changes were “a way of reflecting a lot of my anger” and “one way to show I had some issues without necessarily saying it.” She began hanging out with a rougher crowd and skipping class to “smoke up” and “for the first time I tried to actually act out a bit,” all the time maintaining high grades. In her last year of high school Sarah once again switched lifestyles, exploring Buddhism in an attempt to “try and find some sort of sanctuary.”
Sarah also described using creative writing as a means to express herself and to let teachers subtly know that she was struggling. She recalled one paper that she wrote that was “about me being on the outside and looking in” and how “the content – the words that I was using, my language, I was trying to reach out.” Sarah says that the teacher told her that she “was really good at pulling imagery together” and asked her to read her paper to the class, missing Sarah’s cry for recognition of her distress. Sarah recalls that “everybody was like kind of shocked that I could step back and see it like that” but the reality was that it was not imagery, but rather “that was my perspective, that was how I was actually looking at things.” While Sarah’s quiet demeanour and high achievement may have masked some of her distress, she struggled with it every day. Her efforts to express it in non-verbal ways and to cope by changing peer groups and her appearance in no way lessened her need for support.

*Relationships with teachers and perceived support - invisible.* The main theme arising from Sarah’s perception of support from the school was her feeling of being invisible. Her attempts to let others know non-verbally that she was struggling went unnoticed. Sarah attributes this primarily to her high academic achievement and the fact that “I wasn’t a problem so they just kind of skimmed right over me.” When dealing with her anxiety she would walk out of class and “because I was a good student they just figured I’d gone to the bathroom…no one really asked if I was okay or if anything was wrong.” It was more mystifying to her that the change from a popular in-crowd student to a Goth was also overlooked. To her these were extreme changes, and she reflects “to this day I just can’t understand it, how they didn’t clue in.” Sarah is conflicted in her views believing that perhaps teachers see all changes in social behaviour as the result of the angst associated with “finding yourself” and therefore just a “teenager thing.” On the other hand she was
incredulous that the combination of her lifestyle changes, her walking out of class, and her out-of-character emotional outbursts would not cause teachers to wonder why and she asked, “really, how could you not know there was something wrong”?

Sarah felt she could trust some teachers and would hypothetically have opened up had one of them asked her what was wrong. She shared that she “really wanted to connect with more teachers” but saw herself as only one of many students and saw little availability for individual time with a teacher in which to develop a trusting relationship. Following one of her emotional breakdowns, Sarah does recall one meeting with a school counsellor where she disclosed “stuff” for the first time; however, the only result was a recommendation that she see someone, and “that didn’t go anywhere.” This initial foray into disclosing only further deepened her feelings of helplessness as there were “no immediate repercussions, nothing changed.” In her answers to later interview questions, Sarah revealed that even if teachers had asked, she may not have disclosed out of a fear that teachers would not really listen and would immediately “tell the police” or contact “children’s services.” To her these were extreme actions that needed to be avoided as they could have potentially interfered with her main goal of moving away, leading her to say, “I’m so close to leaving, I don’t want them to screw it up for me.” Ultimately, it would appear that what Sarah wanted was to feel less alone in her distress and to have a trusted adult available as a source of support and comfort. Sarah expressed guilt at her choice to be “someone else” at school and spoke of wishing that someone would have seen “beyond the façade” and connected with her. Sarah felt that such a connection would have required them to build a “personal relationship … on a different level than as a teacher.” Sarah’s responses on this theme are evidence of her need to be noticed and cared for despite her fear and uncertainty about speaking up.
Advice for teachers and schools – information and attunement. Sarah shared a great deal of advice for teachers throughout her interview and two themes arose. One was the need for schools to improve the availability and access to resources and information, and the second was the need for teachers to be attuned to their students and respond to subtle changes they see. For Sarah the absence of disclosure meant that “I felt extremely alone. I really needed someone to tell me that I wasn’t alone, that other kids were going through this … I never found that.” She emphasized the importance for schools to get the message out to the students who are quietly dealing with trauma that they are not alone. Acknowledging that many students will not approach teachers, Sarah suggested that a variety of written materials (e.g., handouts, business cards, brochures, books) should be made readily available to students. Her perception was that “everything just seemed to be taboo” and that while she was aware of other students also having experienced trauma “there was no place to get together and talk about it in an open, comfortable way.” Sarah further advocated for information on topics that most students might typically receive at home because, as she says, “we don’t all grow up in suburbia with good parents.” After living on her own, Sarah realized that “I didn’t learn a lot of the things that a regular person should learn” and that the only things she knew about “socialization mechanisms” were what she had learnt in school. Given her lack of access to resources and supports outside school Sarah felt that she and other students would have benefited from programs on “anger management, awareness of depression, and awareness of individuality” to learn methods and coping skills necessary to deal with their circumstances.

The second theme focused on the need for teachers to be attuned to students’ behaviours and changes that extend beyond academics into the realms of social networks and
lifestyles. Sarah’s perception was that teachers “only focused on those who are struggling academically” and in doing so did not pick up on her distress or that of others like her. Having lived the Goth lifestyle and the “dark side” Sarah believed that it is not just adolescent angst and that one should ask “why are they doing that,” believing that most teens have underlying needs that push them towards extreme lifestyles. Noticing changes or attunement to student need was suggested by Sarah as requiring three kinds of actions including teachers “communicating with other teachers to link together behaviours,” knowing the students, and being given further training on differentiating between teen angst and serious issues such as trauma and depression. The ability to pick up on signs was paramount; Sarah spoke of both obvious signs such as “struggling socially to find yourself” and the more subtle signs that she exhibited through body language; for example she described herself as “completely shut off.” Sarah’s emphasis on teacher attunement was related to her belief that if teachers noticed then they might initiate and support the student once a trusting relationship had been formed.

I know it is extremely hard to get to students but it is building that relationship, gaining their trust, and I mean if you are going to teach a student you might as well be a close enough friend with them to know what is going on in their lives.

Sarah demonstrates contradictions as a student who excelled academically yet at great cost to her overall well-being. As well she wanted desperately to connect and to form a trusting relationship with teachers, and yet was holding back due to fears of losing her sense of control. Sarah’s case reminds us of the need to look beyond stereotypical reasons for student behaviour and understand what change means to the individual.
Impact on Overall Well-being

For Sarah, school truly was a safe haven, a place to go and be a normal teen. Yet inside its walls she felt invisible and very alone. Her muffled cries for help went unnoticed as she tried to stand out yet only blended in. Sarah can see now what she could not see then, that she got what she wanted (graduating) but ultimately it was not what she needed (support for her mental health and well-being). Sarah’s dedication to academic success meant she achieved her “goal to get out” as she received a full scholarship to university, however that success came at a price. For years obtaining that scholarship and moving away had been her focus, and once in university the façade crumbled and Sarah could no longer avoid dealing with the issues that she had suppressed for so many years. She reflected that “it wasn’t until I was like 18 ... I was so separated from my issues, I had tried to push them away as much as possible.” The resulting depression and post traumatic stress reactions have led Sarah to leave school for the time being. She is currently in therapy and hopes to be well enough to return to school in the near future.

TSI-A Questionnaire

Sarah’s scores on the three validity scales (atypical responses, response level and inconsistent responses) indicated that her reporting on the remainder of the assessment tool was valid. On the clinical scales, Sarah scored in the clinically significant range for depression, intrusive experiences, dissociation, defensive avoidance, impaired self-reference, and tension reduction behaviours. In her interview Sarah did not explicitly discuss many of these areas, likely due to the personal nature of these topics; however, it is important to note they were at play in her life. Sarah did not score in the clinically significant range for the traumatic stress related categories of anxious arousal and anger/irritability.
Sarah’s description of her experiences highlights a case of a student with high achievement yet with poor overall well-being and impaired functioning in non-academic domains. While she spoke of experiencing many of the typical symptoms of traumatic stress, she put a great deal of effort into minimizing them at school in order to appear “normal.” Her high achievement probably clouded the issue and meant that she would not have been seen as an at-risk student, emphasizing the importance of looking beyond academic achievement as the marker of success. Peterson, Duncan and Canady (2009) reported that almost without exception, gifted and advanced learners in their study continued to do well academically regardless of the life events they experienced.

School was an anchor for Sarah and excelling was of great importance, as it offered her a future and also as she says, “it was the only place I was good at anything.” Similar to findings in the literature, in Sarah’s case school was the only place for contact with professionals who might be able to help her. The absence of any other supportive adults in her life outside of school meant that teachers were her only positive connected relationships with adults. While school and teachers themselves were a support to Sarah in an indirect manner, it is possible that, if someone had stepped in and developed a trusting relationship, Sarah might have received the supports and services necessary to address her home situation and to develop positive well-being.

Part of Sarah’s ability to continue functioning came from her strong internal locus of control. While this is typically a construct of resilience, in Sarah’s case it also contributed to her ongoing tunnel vision and need to live a double life. Sarah saw herself as the master of her own future and thought that it was up to her to succeed and remove herself from her
home situation. For that reason her actions and choices were not necessarily in her best interest but rather ones that allowed her to achieve her immediate goal, but at the expense of her overall well-being.

Jasmine

Participant Experience

Jasmine contacted the researcher and expressed a desire to help with the research. Due to her tight schedule we agreed to meet to complete all components of the study at one time. The meeting took place in a private room in a public location. Jasmine completed the questionnaire without any hesitation or display of emotion. Throughout the interview Jasmine seemed relaxed and expressed experiences and feelings without any outward signs of difficulty. She did appear restless at times but not in relation to the discussion of difficult topics. Her tone of voice and intonation changed as she shared personal experiences. Following the interview Jasmine stated that she “hoped she had helped” and that she was proud of herself as she felt she had come along way in dealing with how she processes and copes with events in her life. In follow-up emails, Jasmine simply stated she was “fine” and busy with exams. She did not reply to a later email asking if she wished to view her transcript.

Interview with Jasmine

Jasmine was an outgoing, talkative young woman who quickly engaged in the interview. She described her reason for participating as part of her own processing of her trauma. She stated that she finally felt ready to talk about it and saw this as the opportunity to do so. Jasmine’s experience was unique in that it included traumatic events at home and at school. The themes that emerged from Jasmine’s interview were feeling a sense of
powerlessness, and her conflicting feelings about trusting teachers. Jasmine’s advice for teachers was for them to be proactive in noticing and responding to bullying or evidence of anger.

Experience at school: “I felt so powerless.” Jasmine describes her high school years as being very difficult stating “I was bullied all throughout high school. I’d get tripped in the hallways, people would say things behind my back, they’d say things to my face, it was ongoing for four years.” Despite the bullying, for Jasmine the best thing about school was “getting away from home.” Jasmine’s family struggled to adapt to a new culture and language and their isolation in living far from friends and family led to a great deal of tension and stress at home. As well Jasmine describes violent events that happened in her home that she minimized as being just “part of the culture” but that were traumatizing for her. For Jasmine there was no safe place, caught between a home filled with conflict and a school filled with bullies, Jasmine lived in a constant state of anxiety and anger. She remembers that when walking to school “when I got closer to the school, the last little stretch before going into school ... I’d feel like I can’t breathe.” Jasmine relates this anxiety to thinking about “how they are going to insult me again and how am I going to deal with these classes with people who were so awful to me.”

Believing the bullying to be her fault, Jasmine felt there was nowhere to turn for support. Her feelings of guilt and shame stemmed from the belief that “there must be something wrong with me, I must have done something to piss all these people off, why are they against me?” Due to the bullying taking place in more than one school and by a number of people, Jasmine believed “if so many people are bullying me then it must be me causing that bullying, that I don’t deserve to feel better and that is just the way it is.”
describes feeling “very angry. I was upset all the time” and attempted to deal with her stress by doing “things that were awful to my body to cope with it.” She explains, “I was drinking, I was smoking marijuana, I was cutting my arms, I turned inward and wouldn’t let anyone get close to me at all.” Further trauma occurred when Jasmine’s substance use led to her placing herself in unsafe and vulnerable situations, adding to her guilt.

Despite internalizing much of her stress, Jasmine describes further feelings of powerlessness when her anger would erupt and she would yell and swear at others in class when they bothered or taunted her. She describes that “to have that experience to yell at someone ... and I felt so powerless that I couldn’t control it.” Her fear of being ridiculed by her classmates led to further anxiety about participating in class. She recalls,

I mispronounced a word and they couldn’t stop laughing and insulting me about it ... I was shaking and my heartbeat ... I could feel my heartbeat on my neck, pounding against my neck, it was just so extreme and I felt like I was about to pass out. I felt like I wasn’t even the one making those noises in my throat, I just feel like it’s all coming out at once and I can’t control it.

Unable to see how to improve or resolve the bullying furthered her sense of powerlessness, leading Jasmine to say, “I felt trapped in that situation, that that is just the way it has to be.” A perceived lack of care or response from teachers gave her few means of support. An attempt to speak with a guidance counsellor led to her feelings being dismissed and to a reluctance to seek further support. Despite teachers being aware of the bullying, Jasmine’s perception was that it was ignored by all and that the only advice given to her was to “ignore the bullies.” This approach was one that Jasmine felt was neither possible nor
productive. Looking back, Jasmine reflects on school as “awful” and the ongoing nature of the bullying made it “incredibly tough and emotionally straining to go there every day.”

The one area in which Jasmine did feel some sense of control was her grades. Despite having to “go to classes with people that harass me,” Jasmine was adamant that “I wouldn’t let them get in the way of my academics.” She describes “looking forward to graduation more than anything.” Her two main motivators for academic success were to please her family and to obtain “freedom from high school and from the bullying.” Jasmine reported the bullying and her home situation had little impact on her academics because “I worked even though I was angry and stressed out.” Her friendship with another peer who was also bullied gave her someone to turn to who understood.

*Relationships with teachers:* “Would they understand?” Jasmine described many conflicting feelings in her relationships with teachers. Jasmine and her family immigrated to Canada when she was in Grade 4, and those early experiences as a newcomer and a non-English speaker were very difficult for Jasmine. She describes being “framed [by other students]...and almost suspended for things I didn’t do.” Her inability to verbally explain herself in English caused many misunderstandings that led to a mistrust of teachers. Throughout the interview Jasmine described both negative and positive experiences with adults at school.

The continued lack of intervention from teachers in high school to the ongoing bullying led Jasmine to say that “I just haven’t been able to trust teachers.” This absence of support caused her to believe that teachers did not care and that “they wouldn’t understand or talk to me about it.” Despite these concerns, Jasmine spoke positively of a number of teachers in her school who “greeted me, not with, as an authority figure but on the same
level.” Jasmine spoke of these understanding teachers as ones who would “say ‘hi, how are you doing’” and who came across as “friendly and open.” She also described them as “willing to listen” and gave examples of how some teachers would “make time out of their busy schedules to talk to me and not talk just about school things.” Of all her teachers throughout high school Jasmine identifies two she believed she could trust. She opened up to these teachers near the end of Grade 12 and was surprised to find that they took her issues seriously and one set up a meeting with the principal. “He actually took me and did something and I think at that point I think I realized that even though high school sucked, I had people who are willing to go the extra mile to help me.” According to Jasmine, due to her being 18 and it being so close to the end of school, there was little the school could do at that time. Despite the lack of action, Jasmine came to believe through this experience that “I mean they don’t care in class because it’s class but if you take the time to talk to them then I think they’d understand.”

Prior to these revelations near the end of high school, Jasmine struggled to connect with teachers in the classroom. She perceived teachers as thinking she was “faking it” when her anger or anxiety were overwhelming and she would have what she described as an “anger tantrum.” Jasmine also struggled to manage her feelings of guilt at leaving or skipping class. She describes teachers as being “jaded” and thinking she and other students were “just making things up to avoid class.” She felt further disconnected when teachers made “smug comments” about her missing class contributing to her skipping the classes taught by those teachers. Jasmine’s distrust also led to her distancing herself from teachers who “put on the presence of an authority.” Such interactions made her “feel really nervous and put back” and “that is someone that I’m not comfortable talking to.” The actions of one teacher who “when
I did slip out he would just nod and be okay with the fact that I’m gone for five or ten minutes” was seen by Jasmine as understanding her need at times to leave class to deal with her stress. Jasmine greatly appreciated the freedom to leave class without having to speak up and ask permission. She described how nice it was “to have that liberty to be able to go the washroom whenever you want ... it’s a ticket out of a stressful room.”

Outside of the classroom, Jasmine describes a very safe and supportive relationship with a staff member who worked in school security. She describes him as “the person that was there for me ... that I felt safest with” and “my guardian angel.” When asked to describe his actions that made him safe, Jasmine explained, “He was really gentle ... never angry. He would reach out to students, he would say hi to everybody. He was just so friendly.” She recalled one time when “I was really upset and had started crying, he took me to one of the empty classrooms and just let me cry and made sure I was okay.” This support staff member was also the only person during Jasmine’s high school experience that she recalled ever intervened and took action when she was bullied and harassed.

Advice for teachers: “You can’t ignore bullying.” Jasmine’s situation was unique compared to the three other participants in that, while she experienced traumatic events both at home and in the community, it was school that was the most traumatizing for her. For that reason, her advice focused not only on supporting her overall well-being but also on acting in the moment to stop the bullying. Jasmine focused on the need for teachers to be observant and “stop the harassment before it starts.” She also emphasized the importance of teachers taking student’s complaints seriously and taking “action to help students because bullying should not be tolerated.” Advice given to her to ignore the bullying was seen as unrealistic because “you can’t ignore bullying.”
Jasmine also believed that teachers should have noticed and responded to her anxiety and anger resulting from the bullying that she exhibited in the classroom. She suggested that “if they see certain patterns of behaviour they should take the initiative to say, you know, can I speak to you after class...and ask [the student] is there something bothering them.” Jasmine was unsure what response she would have given had a teacher approached her and asked her that question but believed “if a teacher had reached out and given me their hand most students would, well they might not take the hand but they would feel grateful that if anything were to happen there is someone that they could talk to.” This uncertainty was likely related to her distrust in teachers yet she strongly felt that knowing someone was available was valuable in itself. She felt it important that teachers verbalize to students that “if you ever run into problems, even if you aren’t in my class, you’re always welcome to talk to me.” This need for teachers to be proactive and take the initiative to reach out should start early. Jasmine saw the beginning of each new year as an opportunity for teachers to let students know “you can come and talk to me about school or if you have problems at home.” Such an offer of assistance to Jasmine would have meant knowing who might be open to supporting her to find assistance for her challenges.

The importance of teachers being attuned to their students in order to be responsive to student need was highlighted. It was “when teachers became more intuitive and noticed that I was having problems and being upset then they talked to me and that really helped.” Jasmine commented on how not all students verbally share their distress “but I think our facial expressions do show it.” She spoke of needing teachers to recognize that “if you come to class with a cloud over your head then they should notice” and conclude that “okay that student is a little upset today.” Jasmine identified one teacher who “is sharp, so sharp,
incredibly sharp. He knows if I am upset, he raises his eyebrows. He knows, he just knows.” Such attunement to her emotional state was appreciated by Jasmine. In the end Jasmine felt a take home message was “to let teachers know that we really do care about school, it’s not that we don’t. It’s just that sometimes our trauma and traumatic issues really hinder that.”

**Impact on Overall Well-being**

Jasmine moved away from home upon completing high school and was completing her first year of university at the time of the interview. She described the year as being free of bullying because “universities don’t tolerate bullying” and “if you bully someone here, you know, they will just contact campus security.” She indicated she had stopped all substance use upon leaving high school and had found a close group of friends at university. Since leaving home Jasmine had been able to address the conflicts at home with her family, and reported that all were making a concerted effort to develop healthier relationships. She also was excited about the progress she had made in being more assertive and in speaking up for herself. Jasmine’s experience was that services were far more available in the university setting and she had been able to see a counsellor and receive a mental health assessment. In addition to the many positives in her life Jasmine reported that she had recently started therapy to address her emotional issues and to develop healthier coping strategies.

She reflected that you cannot really process what you went through until “you are out of it.” In looking at high school from her current frame of mind, Jasmine stated that she can “pinpoint” a number of teachers that “helped along the way” and hoped to one day “tell them that I am thankful for them.” Looking back, she reiterates that “I can’t thank them when I’m in it but when I’m out of it I realize, oh, those people played such an important role in my life”.

79
Jasmine’s scores on the three validity scales (atypical responses, response level and inconsistent responses) indicated that her reporting on the remainder of the assessment tool was valid. On the clinical scales, Jasmine scored in the clinically significant range for anger/irritability and tension reduction behaviours. Jasmine did not score in the clinically significant range for the traumatic stress related categories of anxious arousal, depression, intrusive experiences, dissociation, defensive avoidance, and impaired self-reference. While these scores do not indicate high levels of traumatic stress, Jasmine did experience her home life and the bullying in high school as traumatic. While much of her stress was framed as anger, Jasmine also described anxiety and depression that is not reflected on the completed questionnaire.

Summary

While Jasmine experienced a number of single incident traumas, what caused her the most distress was the daily bullying. The chronicity and frequency of bullying, her belief that the intent was malicious, and feeling vulnerable and trapped at school made the bullying more difficult to deal with than the trauma at home. Jasmine’s reactions to the bullying were not typical symptoms of traumatic stress yet her subjective experience of the bullying behaviour was that it was traumatizing. Carney (2008) studied the presence of trauma in students who had been bullied and found that frequency of exposure to the bullying behaviour was the greatest factor in predicting the level of traumatic stress. Jasmine describes the bullying occurring daily for many years, and the chronicity of this is likely what led to the significant trauma response. Cultural factors were also at play as Jasmine believed that certain forms of violence were accepted and typical within her Chinese culture. While her
relationship with her parents was strained, she was able to create meaning that included these cultural beliefs, allowing her to maintain a relationship with them, despite the circumstances. Similar to Sarah, Jasmine had little opportunity to receive support or services outside the school setting. Jasmine’s engagement with school relied primarily on her desire to be away from home, and the value she placed on academic achievement. The availability of a supportive staff member was invaluable given her disconnection from both teachers and peers.

Nick

Participant Experience

Nick expressed an eagerness to meet so he could discuss the topic at hand. He requested that all components of the study be completed at one time. The meeting took place in a private room in a public location. Nick did not show any signs of nervousness, was keen to participate, and stated that he had responded to the recruitment notice because he “could talk about [trauma] a little easier” than most. He completed the questionnaire quickly and without difficulty. Throughout the interview, Nick maintained his composure although it was apparent that talking about traumatic stress and events in his life was at times difficult for him. When Nick would start to become emotional, he would change the topic or speak factually about events. He was restless at times and his body language would change depending on the topic being discussed. At the end of the interview, Nick expressed uncertainty about how he was feeling because the interview had raised a number of topics and feelings he had not thought about for some time. He stated he knew coming into the interview that it might be difficult, and he chose to participate knowing that. He assured the researcher that a cigarette would relax him and that he would be fine, barring any nightmares.
He identified a support system at home should he need to talk that night and further supports at work that he could access. In follow-up, Nick expressed having had no real issues once home after the interview and spoke positively about the experience. He offered to do further interviews if that could be of assistance and stated that he was glad he had participated.

Interview with Nick

Nick was as an engaging, animated young man, whose thoughtful insights were an asset to this research. He felt that his personal experiences with trauma gave him a depth of knowledge about traumatic stress that could benefit others. He wanted to share his story and answer any trauma related questions in the hopes of educating others about trauma related issues. Themes that emerged from Nick’s interview included a need to remain strong, feeling insignificant and the need for teachers to reach students on their level.

Experiences at school – “I didn’t want pity or a cupcake.” Nick’s experience while in school was both confining and liberating. Having lived with trauma from an early age, Nick’s entire school life had been influenced by trauma and traumatic stress. From Grade 4 until Grade 11, school to Nick was a required activity. He went to hang out with peers and to avoid repercussions at home if he missed school. Reflecting on school, Nick says that he spent a lot of his time “daydreaming, ... trying to forget about things that had happened” and participating in high risk activities because “the thrill of doing things I shouldn’t have done really helped out with that.” By Grade 4 Nick had begun smoking, and by Grade 6 he was getting high before school. He recalls that, about middle school, “all of my teachers started saying, we know you are able to do the work, you are intelligent, we know you get it but you just don’t hand anything in” and explains himself by saying “I was off just being a bad kid”.

82
Despite being mellowed by significant marijuana use, Nick struggled to manage his behavioural overreactivity to potential threats at school. Nick describes that “when stuff was really bad at home, then I’d be on edge all the time – having a constant readiness, always on guard for something.” Even with friends at times, he would be caught off guard by his stress arousal responses, “you know you get your buddy who comes up and gives you the kidney shot from behind - well just like turning right around and grabbing him.” Nick goes on to describe how he would react instinctively and then say “oh you got me,” [pretending to joke] but in reality his heart would be racing and he would be telling himself “to catch your breath and calm down, calm down.” Aware that he overreacted at times, Nick reported that he “would try everything I could to calm myself down.” Nick preferred to walk away and “if I was in a situation where I could leave, I would leave” but “if I was in a school setting and I couldn’t leave then if ... I ever felt physically trapped, I would flip out and cause the most possible pain to that thing to get me out of that situation.” He describes himself as “the kind of guy who could have three people on him and still be walking, and it took me a long time to be able to control that [adrenaline] … I’d just snap.”

Despite numerous physical altercations in high school Nick recalled that the times he was in trouble in school were usually related to not paying attention and not doing his work rather than to fighting. His ability to concentrate in class was impacted by his trauma and the resulting stress:

The uncontrollable things would be, you know, if things were bad at home and I’d be having a bad week or a bad month and those would be the times when I wouldn’t be sleeping very well and I’d be having really bad nightmares and just not being able to deal with things and flashbacks were more prevalent. So I’d find myself, I’d start
paying attention and then blank, trying to daydream then blank, and then bad things, and then all of a sudden I’d find myself and it’s 50 minutes later and it’s done. I’d get in trouble for not paying attention and I’d get a detention for it.

Nick did not disclose to teachers that his struggles with reactivity or inattention were related to past traumas despite a self-awareness of this in his last two years of high school. Nick needed others to see him as strong and in control and had no desire to have anyone see his behaviour as a weakness or a reaction to trauma. He far preferred to be in trouble for things he couldn’t control than to disclose his trauma or traumatic stress reactions. He frequently used language such as “I didn’t want a pity party from anybody,” “I didn’t want it to look like I was using it as a crutch,” “I wasn’t going to use this as an excuse,” and “I kind of didn’t want anybody to know about ... I didn’t want people to be ‘oh so sorry about your past...here’s a cupcake,’ I didn’t want that.” This attitude allowed Nick to present a tough exterior and deflect attention away from his trauma.

Experiences at School: “Bonding at the ‘smoke hole’.” Although Nick found school to be confining and attended more for his peers than for academic purposes, there were aspects of school that were positive for him as well. He described school as an opportunity to get away from home and to see friends. He also used school as a place where he could voice opinions, disagree, and speak his mind. Art class was also a positive aspect of school. Despite marks that dropped into the 50’s and 60’s, Nick recalled excelling in art and drama and finding that art and short stories gave not only an outlet for self-expression but also relief from the flashbacks and intrusive memories. He recalled,

Those kind of classes were the classes where I absolutely felt free, I found my mind was clearest ... the arts periods, those were the only times when I felt like I could
really just kind of shut things out, ... even now to this day I’ll be doing nothing and I’ll get a flashback of something, you get that 2, 3 or 5 second pause where you kind of deal with it for a couple of seconds and then you just push it out because you gotta do something else. That never happened when I was in those classes.

Another positive for Nick was the presence of the “smoke hole” at school. He described this location as “the only place in school where I felt safe” Smoking gave Nick the opportunity to connect and feel a sense of camaraderie with others without having to verbalize that need. According to him, “you will never find a stronger group of people than the people who smoke cigarettes together.” For Nick, even the physical aspect of “standing in close promixity to share body heat” was a way of achieving a connection with others. His experience was that smoking was “the international language of being able to be open with people.” To Nick the smoke hole was the place where “people just kind of gravitate out there when they are in those situations.” Although they did not discuss their situations, Nick says that other students at the smoke hole were “people that were in the same boat where very odd stuff had happened” and that “we all kind of in a very silent way, kind of connected.”

When he eventually found a teacher he felt he could talk to, he related that it was again smoking that helped him to form that trust because this teacher also smoked. While he understood that teachers had certain boundaries, her non-judgemental attitude towards his smoking and “getting high” made her “open and easy to talk to.” This connection for Nick was that smoking “levelled the playing field” and that “instantaneously they weren’t a teacher anymore, they were like somebody that you were even with.” This sense of equality for Nick supported spontaneous conversation and “complete two-way talking.” As these were the only times that Nick felt safe with teachers it supports his belief that for students
who have experienced trauma “you would have to find a completely different way to connect
with that person.”

*Relationships with teachers: “Just another drop in the pool.” The majority of*
connections Nick had made with adults outside of school had taught him that adults could not
be trusted and that respecting a person simply because they held a position of authority led to
being hurt. Initially Nick expressed indifference to the adults at school, but on further
reflection was able to speak to features that both hindered and supported connecting with
teachers. Nick identified that “seeing the few teachers that I liked and being able to go like
‘hey what’s up?’… you know and hear them saying ‘hey Nick’,” was one of the reasons why
he looked forward to going to school. While exchanging a simple greeting may not seem
very significant, it was these small gestures that identified to Nick that a teacher cared.

Although Nick adamantly stated throughout that he did not want anyone to know
about the trauma he had been through, he also verbalized a wish to have talked to someone
about what he was experiencing. “I never felt like I actually found anybody that I could talk
to...but I think if I would have, then I would have done a lot better.” Nick reflected that the
traumatic stress did take away from his school success. “Always being on guard and
worrying about things or always trying to forget about things. I really do think it took away
from, maybe not being able to learn but from the concentration to go through the learning
process.” He adds “being screwed up, being that kind of screwed up it ... made [learning]
very hard because I had a short attention span.”

Unsure of whom to go to or of how to go about finding someone to discuss his
problems with, he kept silent. Instead he said, “I couldn’t get my troubles out in a productive
way so I chose to be destructive in other ways.” His idea of teachers’ perceptions of him was
“just another drop in the pool, another one of the kids.” Being middle class was part of the reason that Nick felt there was little opportunity for support. “It was only the lower class kids that got the right treatment for this.” He figured that teachers thought that middle class students “should be able to deal with issues on our own or just nobody cared or there wasn’t a system in place.” Nick’s sense of privacy and need to appear tough were part of why he “did not really want to share my pain with a lot of people.” His impression was that most people “dealt with this kind of stuff on their own” and that he should as well. Nick’s attitude towards school was to “just try and do the best I can, tomorrow’s another day, and I’ll just try and get through it.”

One of the reasons Nick gives for not disclosing beyond lack of opportunity was the belief that the experience of trauma defies understanding. Unless someone has been closely affected themselves by trauma Nick expressed that “there is no possible way in any form of human existence or on any level of consciousness that you will ever be able to grasp even the tip of the iceberg on what it is like to live in that situation.” His insight into the different types of trauma also influenced his belief in a teacher’s ability to respond to traumatic stress. He identified that teachers would likely easily observe a sudden change in behaviour related to a recent single incident of trauma but that for students such as himself who “have had a long time to be able to hide things,” it would be far more difficult to relate his behaviour to his trauma.

Nick was certain that he would never have approached a teacher to say “just to let you know, I’ve been having troubles because of the past and that’s why I didn’t hand in my essay.” He did, however, feel that if a teacher had approached him and “just asked…‘are you smoking that much pot and being that kind of grumpy sometimes because of this or is there
something else’,” then he would have told them his thoughts. His perception was that “nobody ever actually sat down with any kid in my school” to talk about their issues or needs. He was incredulous that might even be an option because it was foreign to his experience and he believed that teachers “aren’t going say ‘I understand this is what’s going on, or what’s going on?, just talk to me’.” Nick’s impression of managing his distress at school was that “essentially everything we did we were left to fend for ourselves,” and recalled that he “felt kind of abandoned by it. I remember feeling abandoned for a long time.” Nick also believed his life may have taken a very different path: “If I could have talked to somebody like that, it would have been so productive like if only, if only.”

Advice for teachers - “be on our level.” His advice for teachers emphasized the need for teachers to meet students where they are, “on our level.” He saw this as going against the grain of normal student-teacher relationships that focused on academics and that it would require teachers to “think outside the box.” To him this meant that teachers would “have to be willing to find, to go a little bit further to try and figure things out and to try and get [students] to open up to them.” He acknowledged that boundaries existed and that “kids know when a teacher has to say no,” reflecting his understanding about why a teacher would not come and smoke a cigarette with students, or meet alone with them behind closed doors. He reiterated that he was not asking for lenience or sympathy but rather understanding. He offered as an example of what support would have looked like to him, that a teacher might say,

‘Alright dude you have missed three of the last classes in this five day week and something has got to happen out of this but what is going on? Do you need to talk about it? You don’t want to talk about it? – cool – if you don’t want to talk about it
that is off the boat but you have to do this, this, and this cuz in reality ... and you know we will work it out’.

Being on his level meant turning “a blind eye to the things that really don’t matter, like smoking, like swearing.” To Nick, a teacher who could do this saw him “not as a student but as an individual” and those teachers were “the only teachers I ever really got along with.”

Based on Nick’s experiences he truly believed that “the majority of kids like me we just can’t talk to anybody” and “the only way you are ever going to help somebody is if you find a way to connect with them on their level.” As he expanded on this idea it became clear that this connection for him was not necessarily to pave the path to disclosure but rather to help him feel safer in class. ‘That’s the only time I felt I really ever could give the teachers the time of day, not to let them into my world but to focus on what we were doing.” Likely some of this struggle was related to Nick’s perception of authority figures. Having grown up in a world where authority and power had been abused by adults, it was important to Nick to maintain a sense of control with authority. Typical of someone who feels a need to stay in control, he said, “I could talk to any teacher as long as they treated me as an equal.” He perceived however, that many teachers had this “whole, ‘I’ve gone to school so you are going to respect me’” attitude which went against Nick’s own philosophy that “respect is earned.” He adds “it doesn’t matter if [teachers] have gone to school; you still have to treat me like a person.” Nick reflected that some of the negative behaviours he exhibited in school were because, “if you are going to treat me like garbage I am obviously going to reciprocate that.”

Nick was unaware of any resources that might have been available to him at school “outside of a teacher going out of their way to talk to you...I never really found that there was anything.” He was aware that social workers were at the school on occasion, but indicated he
would not have asked for an appointment because due to their transient role he believed he
would be just “another file in a briefcase.” In expanding on how a teacher might be a
resource, Nick again spoke to simple things, “it wouldn’t necessarily be a heart to heart but
just if a teacher went out of his way and said “hey you know ... you cool’?” As much as
Nick in some ways presented an indifferent attitude towards teachers, he was keenly aware of
student-teacher dynamics and relationships. When it came to other students he was prepared
to be vocal to support their needs, and “I’d get really upset when I noticed a teacher that
didn’t care about the kids or about anything.”

He also advised that in supporting students, teachers need to be patient in the
development of student-teacher relationships. He described seeing this as a process evolving
over as much as a four year period with the first two years being spent developing trust and a
connection. He felt that by the third year a student might be ready to confide or disclose their
trauma and that the remaining time could be spent learning how to deal with the trauma
related issues in the real world. Knowing that a teacher cared was essential before he could
even begin to develop rapport.

Nick spoke of the need for a resource or mentor for teachers, a person they could go
to who had themselves been through trauma. This would be someone teachers could bounce
ideas off of. Being able to access this person on occasion he felt would be immensely
beneficial in giving teachers an insider’s perspective that would shape how they understood
and responded to students.

I think that would help them a lot, like a lot. So they could say, ‘I’ve been trying this
with this kid and this is how he is reacting.’ Having been through it themselves [the
mentor] could say ‘well I realize this is why it looks clueless to you but this is why
the kid is doing it’. Then [the teachers] would be ‘oh okay I get it’ and they might change how they go about [responding to student behaviour].

**Impact on Overall Well-being**

Nick’s functioning both at school and socially was sufficiently adaptive that he was able to slide below the radar. He was passing his courses and attending on a semi-regular basis, although usually under the influence of drugs. Little attention had been paid to his well-being and both his physical and mental health suffered. Nick reports that his life stabilized and was less traumatic after the age of 16. Near the end of Grade 11 Nick realized that if he continued on with his substance use, negative peer group, and angry attitude, he would likely not finish high school or be able to gain employment later in life. He made the decision, with the support of his grandmother, to change schools and to have a fresh start for his final year of high school. He described himself in that final year of school as being more respectful and trusting of teachers, and Nick successfully improved his marks from “barely passing” to 70’s and 80’s. During his Grade 12 year Nick’s mental health became more of a priority for him, and he sought help from his physician.

Upon graduating from high school, Nick enrolled in an science course at a community college; however, he decided almost immediately that “it wasn’t for me,” and left the program near the end of the first semester. He then joined the army and continues to be employed with them. Nick believed the army is well suited to his particular needs and strengths, many of which were shaped by his trauma and traumatic stress. He saw his trauma related reactions such as hypervigilence, heightened survival instincts, and immediate fight reactions as being useful to him in combat roles. Additionally, he believed that his trauma experiences have given him great insights into being able to read people’s body language and
other non-verbal gestures. He has successfully decreased his substance use to almost no use as he saw the negative effects it was having on his life and relationships. Nick describes himself as having a positive attitude towards everything in life and hopes to have a long career in the army. He continues to struggle with symptoms of post traumatic stress; however feels he can deal with this on his own and is not planning to access professional supports.

**TSI-A Questionnaire**

Nick’s scores on the three validity scales (atypical responses, response level and inconsistent responses) indicated that his reporting on the remainder of the assessment tool was valid. On the clinical scales, Nick scored in the clinically significant range for intrusive experiences, dissociation, and defensive avoidance; the three main symptoms of post traumatic stress disorder. Nick did not score in the clinically significant range for the traumatic stress related categories of depression, anxious arousal, anger/irritability impaired self-reference, and tension reduction behaviours.

**Summary**

Nick’s descriptions of his traumatic stress included behavioural overreactions, dissociation and hypervigilence, all indicative of classic signs of post traumatic stress disorder (APA, 2000). His externalized and risk taking behaviour as well as his tendency to down play the emotional impact are in keeping with typical gender differences (Tolin & Foa, 2006). His externalized behaviour was sufficient to get him into trouble, but not sufficient to get him help or services. Protective factors for Nick were the ongoing support of his grandmother and the safe haven of her home. Having a connection to a caring adult is key and Nick emphasized the importance of the role she played in his life. His use of substances and risk taking behaviour to cope with the symptoms of his traumatic stress and the
development of depression are typical in adolescents living with trauma. Nick describes the trauma as ending at about age 16 and, shortly after, he was able to take control and make decisions to improve his well-being and functioning. This speaks to the dynamic nature of resilience; when the stressors are removed, he was able to access underlying strengths and capabilities. While Nick stayed in school, his description of himself as an underachiever and his lack of engagement at school interfered with his ability to meet his full potential.
A cross case analysis allows for the comparison of similarities and differences between cases and can add strength to what is known through a single case by examining the data in divergent ways. In this study, the ability to compare and contrast the themes from each of the four case studies, and identify shared areas of emphasis strengthens our understanding of the student experience. While certain themes were emphasized by all four participants (e.g., the need for caring connections), the cross case analysis also identified less emphasized similarities such as substance use and patterns of help seeking that were present in all four cases but did not emerge as key themes in the unique case analysis. This second level of analysis and the identification of patterns across cases allow us to go beyond initial impressions and to add to the depth and reliability of the data. This section will highlight patterns that emerged in the cross case analysis, and within these findings, draw out aspects from individual cases.

**Role of School**

A pattern that emerged across cases was that school served a significant purpose for each participant. Sarah, Nick, and Jasmine all spoke of school playing an important role in getting them away from home. For Nick and Sarah it was a place away from the trauma and chaos of their home lives. For Jasmine, despite the fact that school was also traumatizing due to the bullying, it still provided a reprieve from the stressors at home. When asked what the best part of school was Jasmine replied, “getting away from home.” Seeing teachers who were caring was also seen as a common reason for wanting to attend school and all of the young adults spoke of at least one adult in the school setting who provided support to them.
Even for Natasha, who found the school environment to be challenging, supportive school staff were a bright spot in her school day. In Sarah’s and Jasmine’s cases school was also seen as their vehicle to success and freedom and their only hope to get away from the trauma. Attending school and being academically successful were what allowed them to see beyond their current circumstances and to remain future oriented. For both of them, it was also the only place for them to be in contact with professionals and to access services and supports.

An important point made by all four participants and emphasized by both Nick and Sarah was the benefit that art and creative writing allowed them for self-expression and managing their stress. For Nick, art class was related to safety and a reduction in flashbacks and stress arousal. Sarah found great comfort in being able to express herself through stories and art, both of which were cathartic for her. Natasha spoke of her favourite part of school as being design class and showed the researcher a number of collages and pieces of art she had created that expressed her distress. While Natasha did not specifically see art as being school-based she shared the positive outlook on art and writing that Nick and Sarah commented on.

*Bringing Traumatic Stress to School*

While all the main symptoms of traumatic stress (re-experiencing, avoidance and hyperarousal) were evident in all cases to varying degrees, participants were more likely to refer to their stress as anxiety or “always being on edge.” They were all aware to some extent of the impact that the traumatic stress was having on their learning and functioning and overall well-being but did not spend a great deal of time thinking about this while in high school. The focus for all was more on survival and on getting through each day. All were aware that the stress was detrimental to their well-being and hence the reason they made
efforts to seek help. The impact that the traumatic stress had on their well-being was seen as a greater need than the impact on their learning in the classroom. When reflecting, both Nick and Natasha articulated ways in which they believed that their traumatic stress had a direct effect on their academic achievement and learning. Jasmine and Sarah were both adamant that the trauma would not interfere with their academic success and managed to succeed despite the anxiety and stress they experienced. Efforts to decrease this anxiety were also a shared experience with all primarily using “flight” through mental avoidance (dissociation) and physical avoidance (leaving class) to deal with the increased stress arousal response.

Control

Actions taken by the four participants in response to the traumatic stress reactions were often motivated by a need to regain or maintain a sense of control. Physiological and emotional reactions as well as environmental constraints all contributed to the feelings of losing control. Nick spoke of the physical stress arousal and adrenaline that would pump through his body in response to a perceived threat, causing him to “snap” and act out to minimize the threat. Natasha described being overwhelmed by her emotions at times and becoming tearful in class. For Jasmine her feelings of powerlessness related to the bullying, led to “anger outbursts” that were out of character for her. Efforts to regain control when faced with this distress were primarily through leaving class to find a safe place. For Sarah maintaining control was very important, resulting in her ‘living a double life,” and expending a great deal of energy on keeping her stress and emotions hidden. Maintaining a sense of control over both emotions and environment at school was necessary for the participants to feel safe and to diminish the stress arousal response.
Each of the participants sought out areas where they could assert a degree of control. Jasmine and Sarah saw academic achievement and maintaining high grades as being an area they could control. For Nick, standing his ground in dealing with those in authority and choosing who he would respect depending on their interactions with him gave him a measure of control. Natasha struggled to find a way to control her distress or to overcome her sense of hopelessness that she could be successful at school, and ultimately her control came from leaving the school setting. A second area where participants took charge was in the choice to disclose or not disclose their trauma to school officials. For Nick, keeping this information to himself was very important as he believed that once people were aware, their perceptions of him would change. Sarah’s choice to not disclose came from her belief that she knew best what she needed and that disclosure would interfere with her plans. While some disclosure was made by Natasha and Jasmine, the lack of response to their distress furthered a sense of helplessness at being unable to access needed support.

**Help Seeking**

All participants were aware of the availability of services such as guidance and counsellors within their high schools yet at no point did any of them receive any substantial level of service despite great need. All four participants initiated contact with guidance or a counsellor or administrators in seeking support at least once during their high school years. Jasmine and Natasha both reported being turned away due to guidance counsellors believing their symptoms were not significant enough to warrant help. Sarah also received no follow up after an initial meeting with a counsellor. In all cases, it is likely that the young women disclosed little and therefore did not seem to be in need of additional support. Their mistrust
of adults, common to many who have been through trauma, made it difficult for them to open up and share the real reason for their distress.

They also expressed being unsure how to access help or to know who to approach. Not ready to disclose or talk about the trauma, it seems what they were seeking was more a connection with someone who could validate their distress rather than counselling. Three of the four participants spoke of believing that their middle class status or high achievement were barriers to receiving supports and services, because they saw schools as focused on students who had obvious risk factors such as poverty or failing grades. Nick expanded on this thought saying he believed that school personnel saw middle class students as having sufficient supports externally or sufficient internal capabilities to deal with their issues on their own. In their final year of high school Jasmine, Nick, and Sarah all shared a little of their distress with a teacher or administrator and found them open and willing to provide support. Due to their age and stage of transitioning out of high school, however, it was too late for them to receive in-school services and the message they were given was that it was too little too late. For traumatized youth who use avoidance as a primary coping strategy, seeking help goes against this and requires them to be present with the anxiety and stressors and to verbalize those feelings. For those reasons all participants indicated that teachers would have to reach out and initiate support in order for students to receive the help they need.

**Role of Peers**

As one might expect at the developmental stage of adolescence, peers played a key role in their lives at school. Three of the participants spoke about seeing their peers as one of the main reasons for attending school. Nick, Sarah, and Natasha all described seeking peers
who could understand their pain and distress. There seemed to be an unspoken bond among
certain groups of peers that did not require the disclosure of details of the trauma to fit in.
Natasha and Sarah both changed peer groups, feeling that their more socially conservative
and high achieving peers could no longer understand or relate to them. They sought peers
who had something in common and who could relate to their experiences and the emotional
and behavioural manifestations of it. In all cases this shift in peer groups led to greater
involvement in risk taking behaviour and, in Nick and Natasha’s cases, to delinquency.
While the peers played a supportive role in providing a sense of connection and support, it
was also detrimental to their overall well-being and to their education because these peers
also pulled them away from school.

For Jasmine, peers were the “worst” part of the school experience, and were
detrimental to her learning because of their bullying behaviour. Jasmine describes one ally at
school who was also bullied and who understood what she was dealing with. While this
friendship did at times lead to Jasmine skipping and spending the afternoon with her friend,
both of them remained strongly connected to the academic aspect of school, diminishing any
negative effects. In summary, peers were the reason these students came to school so without
peers, their school experiences would have been much less positive and possibly they would
have left school early. In spite of this, not all their peers were positive influences.

*Co-Morbidity: Depression and Substance Use*

Mental health needs beyond post traumatic stress are common in youth who have
lived through trauma, as evidenced by these cases. At various points throughout their
adolescence Natasha, Sarah, Nick, and Jasmine all struggled with depression and a sense of
hopelessness. Their attempts to manage their traumatic stress and to make sense of their
experiences and of the emotional distress it caused, led all of them to struggle with their mental health. Sarah and Jasmine spoke of their efforts to seek services at school as being partly driven by their own belief that they were depressed and wanted help. In their cases, school was the only place they could access help and the lack of response when they sought help meant that their depression went untreated until after they left high school. Sarah recounted becoming more and more withdrawn and quiet at school, making her efforts to connect or to seek help even more challenging. The toll of untreated depression is high and two of the participants recalled times of suicidality and unsuccessful attempts to end their lives. Natasha and Nick were able to address their mental health issues with health care providers outside the school setting and had the option of treatment. In all cases the depression magnified the challenges of the traumatic stress and contributed to some of the difficulties that the students experienced.

Substance use was also a reoccurring theme. Nick began using drugs at a very early age as a socially acceptable way to obtain relief from the emotional distress he felt. His peer group throughout the majority of high school centered on drug use and he recalled coming to school high. Any experiences at school that made him feel threatened or unsafe would usually lead to him leaving and getting high. Similarly, for Sarah and Jasmine, drug use and alcohol provided relief from the symptoms and numbed the emotional pain. Natasha also used drugs frequently; however, she reported that drug use allowed her to express her pain rather than cover it. Sarah’s drug use resulted primarily from the new peer group she had begun to associate with, and Jasmine increased her substance use in order to try and fit in. Both Nick and Natasha spoke of the their understanding of how their daily drug use contributed to the haze they were in during high school.
Both Jasmine and Natasha acknowledged that the drug and alcohol use and involvement with peers using drugs led to risk taking behaviour that ultimately led to further traumatic events. All acknowledged that at times their substance use reached a problematic level, beyond recreational or experimental use. When substance use was the coping strategy used to deal with and forget the traumatic stress and other mental health issues, its use became problematic. All four participants spoke of an awareness of the negative effects that the drug and alcohol use was having on their lives and how it could complicate or prevent them from reaching future goals. All of the young adults reported reducing their use of substances either near the end or shortly after completing high school. At the time of the interviews, two of the four young adults had stopped using substances completely, and the other two reported only occasional social use.

Need for Connection and Caring Relationships

The theme that stood out the most across all cases was the unmet need to establish caring connections with teachers at school. “Alone,” “abandoned,” “ignored,” and “invisible” were words used to describe how the young adults felt during their high school years.

Teacher Initiated Support. In looking at support available within the classroom, the young adults all identified a number of supportive teachers whom they believed were caring individuals, yet they were unable to connect with these people in a way that might have contributed to an increased sense of support at school. The participants recall being at a loss as to how to establish a relationship or begin to connect with these teachers. The need to build trust was a key aspect and one that both Nick and Sarah emphasized required time. Efforts made to initiate a relationship were unsuccessful as the young adults recall feeling insignificant and lost in a sea of students. They needed the teachers to initiate contact and to
take the first step. They acknowledged the workload that teachers have and the limited opportunities to develop student-teacher relationships that extend beyond academics as part of the issue. Nick spoke of the legalities and fears of teachers in meeting alone with students, and Sarah and Natasha both expressed the heavy work load and volume of students that comes with teaching. When pressed for what they wanted from these connections, it was evident that the offer of support and the knowledge that a supportive, caring person was making themselves available was more important than the specifics of the support itself. The young adults expressed great uncertainty as to whether they would have disclosed, and emphasized it was caring behaviour they wanted more than counselling or emotional support.

A further need for a connection was to feel that the classroom was a safe environment. Apart from physical safety the need to feel safe in class in order to focus and be on task was brought up by Nick. An established trusting connection allowed the youth to feel psychologically safe and for their stress arousal response to diminish. The role of connection was not only important for emotional support but also in creating a classroom environment that made the youth feel safe enough to attend and to learn. Fostering safe school climate and classroom climate is key, and is often dependent on the classroom teacher.

Demonstration of caring behaviour. Interestingly, although not surprisingly, based on previous research it was the small things that mattered to the students and demonstrated caring behaviour. Natasha spoke of teachers smiling or offering her food. Nick recalled teachers saying hi in the mornings and using his name in greeting as being a highlight for him. All spoke of the need for their distress to be noticed and validated by teachers and of the need for understanding. They needed teachers to initiate the conversations that would have let them know that the teacher was aware they were struggling and was willing to help. The
participants believed they were clearly giving off signals and behaving in a way that should have been picked up on and yet was not. For all participants an interest in them by teachers was an indication that they teacher cared about them and their needs. A key component of this need was for a validation of their distress and an offer of support. The young adults spoke of wanting teachers to ask them if they were okay and if they needed to talk. While they expressed a reluctance to open up, what mattered to them was the knowledge that someone had noticed their distress and made an offer to help. They wanted teachers to be cognizant that even if they did not take them up on the offer, just knowing someone cared enough to ask about their well-being was perceived as supportive. In the end it was the validation, flexibility, understanding, and empathy that come with caring behaviour that they were looking for to meet their needs.

*Relate to the person.* Each of the four young adults spoke of the need for teachers to relate to them on a “different” level, beyond that of an academic learner. Participants described this as getting to know them as a person and relating to them as a “person, not a student”, “a human” and “a friend.” Both Jasmine and Natasha described support staff that formed these connected caring relationships with them and were a source of support and a place of safety at school. Due to these supportive relationships taking place outside the classroom there was little positive impact on classroom functioning or in-class support. Additionally both young women left class often to seek out these supports, removing them further from the classroom. Nick described teachers needing to look past behaviours such as smoking or swearing in order to connect with the person behind the behaviour. Sarah felt that teachers saw her only as a strong student, and did not look beyond that to see who she was as a social, emotional person.
The young adults spoke of needing to go to peers for these connections due to being unable to form them at school with teachers. The fact that the main perceived dependable source of understanding came from other students who were also struggling and dealing with issues meant that these relationships did not contribute to learning or school success. As well, given that associating with these peers led to increased drug use and truancy, it is likely that this source of support in fact decreased engagement with school. Finding teachers who would look beyond academics and reach out to them as people was identified as a current challenge at school and the participants encouraged teachers to take this extra step.

Summary

Each participant had a unique story, with differing experiences of trauma yet common threads stood out clearly across all four cases. The negative impact of the trauma on their mental health and well-being was undeniable. Frustration and confusion about how to find help while in high school was apparent across the case studies. Their collective need for connected relationships with teachers who they perceived as caring and respectful was paramount. What the young adults wanted from teachers was not a therapist or any immediate intervention but rather someone who would notice them, validate their distress, reach out to them, care about them as people and look out for their overall well-being. The patterns that emerged from this cross-case analysis solidify the need for further teacher awareness and responsiveness to these youth.
The previous two chapters have detailed the unique and personal stories of each of
the four young adults who participated in this research, and looked at their collective
experience by exploring similarities and differences across the four cases. The purpose of this
research is to generate (explore and describe) a rich description to enhance our understanding
of the educational experience of youth who have lived with trauma and traumatic stress; and
to describe the important role that schools and teachers can play in their lives. This chapter
serves to connect the themes and patterns that emerged in earlier chapters to current research,
with a focus on a discussion of the overarching constructs of well-being and engagement.

Discussion

Trauma, Traumatic Stress, and Learning

The literature is clear about the far-reaching impact that the physiological and
psychological symptoms of traumatic stress can have on learning (Perry, 2002; Steele, 2007).
Nick and Natasha clearly described the main three symptoms of traumatic stress
(hyperarousal, re-experiencing and dissociating) that are criteria for a diagnosis of post-
traumatic stress disorder (APA, 2000). They spoke explicitly about the difficulties they
perceived the traumatic stress reactions created for them at school, and the difficulties the
stress caused for their learning, and academic achievement. These difficulties with learning,
leading to academic disengagement and lowered achievement, are well documented in the
literature as outcomes of trauma (Beers & DeBellis, 2002; Horsman, 2004; Slade & Wissow,
2007). Sarah and Jasmine did not describe as clearly a picture of clinical traumatic stress, or
experience the same academic disengagement as Nick and Natasha, despite their significant distress. This is not unexpected as having a reaction to trauma that does not fit the profile of PTSD is not uncommon in children and youth (Cook et al., 2005; van der Kolk et al., 2009).

Stress arousal and trauma-related anxiety led all four of the participants to leave class and to avoid people, places, and situations that were anxiety provoking. Avoidance is one of the main coping mechanisms used for traumatic stress to protect from further threat or retriggering of intrusive memories (APA, 2000; Perry, 2002; Terr, 1991). Natasha, Nick, and Jasmine each reported feeling threatened at school and acted out to reduce the threat and fear, and to regain a sense of control. Use of externalized behaviour at school as a defense mechanism to minimize further threat was also reported by Horsman (2004) in her research on trauma and youth. DeBellis (2001) and Perry (2002) describe these reactions as survival instincts and note the importance of control for those who have experienced trauma as a means to prevent further harm. Knowing that teachers are often unaware of the trauma in the students’ lives and that perceived threats cannot be seen by an outside observer, teacher response to externalized behaviour often does not take into account the possibility of stress reactions (Kenny, 2004; Walter, Gouze, & Lim, 2006).

The lack of one common presentation of traumatic stress means that educators must be attuned to many possible signs of student distress. Each youth will display and manage their stress at school in a unique, individual way, filtered through their personality, coping mechanisms, meaning made of trauma, internal capabilities, in the context of the classroom (Cook et al., 2005; Perry, 2002; Saakvitne, 1998). Perry (2002) describes the use of both externalizing (acting out) and internalizing (directed at self) behaviours to manage stress and this was apparent across all four cases. Additional coping strategies the participants used to
manage their distress through engagement in self-destructive or delinquent behaviour is evident in the literature (Bardone, 1998; Edwards, Anda, Felitti, & Dube, 2004; Woodward & Fergusson, 2001). An aspect of coping that is not clearly defined in the literature but that came through strongly in this research was the more subtle displays of changes in clothing, peer groups, and lifestyle choices that the young adults reported as a way of showing their distress. In the cases presented here, the participants reported that teachers did not recognize these behaviours as being related to student distress, but rather thought of them as typical teenage behaviour.

Traditionally, school approaches to externalized behaviour focus on disciplinary measures and consequences for inappropriate behaviour. For traumatized students who are being driven by an internal response to the perception of threat in the environment, and whose behaviour is motivated by a need to regain a sense of control and to diminish levels of stress arousal, these consequences are unlikely to be effective (Anthonysamy & Zimmer-Gembeck, 2007). Natasha described how for her these consequences reinforced her perception of an absence of understanding and contributed to her sense of abandonment and disengagement.

The neurobiological impact of the trauma combined with patterns of behaviour learnt early in life can mean students do not have the necessary skills to do what is being asked of them. Sarah commented on realizing after leaving home that she was lacking many of the skills that most young adults learn from their families. Sitting through a full period and remaining on task may not be possible for a student who is responding to internal levels of stress. Some of the behaviour exhibited and seen as problematic may in fact be an aspect of what makes that student resilient and able to function. (Perry, 2002). While not adaptive in
the school setting, it may be a behaviour that is self-protective, shielding the student from further retraumatization or distress. In Nick’s case dissociating led to a lack of focus on class content and ultimately to a detention yet at the same time it may have been his brain’s way of defending itself and keeping him safe. Until youth have learned through therapy or other mechanisms a way to process intrusive memories and feelings of fear or threat they will continue to rely on maladaptive coping strategies to deal with the stress.

It is essential that teachers be attuned to student behaviour and challenge any held assumption that a student who was experiencing trauma would present in a certain way. Consistent with the new waves of resilience research (Luthar, Cicetti, & Becker, 2000), a focus on risk or resilience that is based solely on functioning, either academic or social, can mean that strong academic students whose well-being and emotional health are tenuous can be missed. Neither Sarah nor Jasmine allowed their stress to influence their academic achievement yet they continued to struggle, a finding reflected in the study by (Carney, 2008), that high achieving students typically maintain academic functioning despite dealing with considerable adversity. Both overt and more covert signs are important to note and to respond to. While the students expressed wanting teachers to notice and respond to their distress, this related more to their well-being and unmet needs than to the trauma or traumatic stress symptoms specifically.

Help Seeking

The responsibility for seeking help for mental health needs in the teen years lies primarily with the youth. In recent years a growing awareness of mental health issues and initiatives to address stigma have resulted in more youth seeking support, often from health care providers (Adlaf et al., 2008). For many youth, however, a lack of understanding of how
to seek help or what help is available, combined with the stigma of mental health, poses a
deterrent (Rickwood, 2007). Efforts made by Natasha, Jasmine, and Sarah to seek help were
insufficient, and the lack of response furthered their feelings of being uncared for. In the case
of students with trauma, the lack of trust in adults and the uncertainty of how someone will
respond to their needs is a further barrier to seeking help. The availability of a supportive
adult to walk them through the process and encourage them in advocating for services can
bridge the gap (Jaffee et al., 2007; Masten, 2001) We know from Walter, Gouze, and Lim’s
work (2006), that for many students, teachers are the only professional adults that are in their
lives that might be able to take on this role. Particularly for students with complex trauma,
prior experiences have made them distrusting and suspicious of adults (Cooke et al., 2005).
To them their world is not predictable or reliable and they are often hesitant to enlist any
allies. Their protective mechanism is to keep their guard up in preparation for the next threat
or crisis (Yasik, Saigh, Oberfield, & Halamandaris, 2007) and is not conducive to help
seeking.

Potential benefits exist for school-wide screening of mental health needs; however,
the legalities and practicalities involved have limited the effectiveness of such tools (Schacter
et al., 2008). For example, a recent pilot project aimed at screening high school students for
depression and suicidal ideation led to 29% of the student body self-reporting high levels of
distress, with few supports available to them (Hallfors, et al., 2005). This level of response
completely overwhelmed the school’s capacity to respond with adequate services, and ended
the pilot project. Given these and other challenges, it is likely that assessment and referral for
services will continue to be a teacher and student led process rather than a school-wide
process (Rickwood, 2007; Schacter et al., 2008). Openness and a general attitude that
supports disclosure, educates about mental health and services, and speaks out against stigma will lead to an environment that allows students to come forward and seek help. The development of a safe environment at school and better access to services is a step towards better outcomes.

The experiences of the young adults in this study also emphasized the need for guidance counsellors to conduct thorough assessments once a student requests help, rather than assuming that the need is not significant due to minimal disclosure or a lack of extreme dysfunction. Disclosure can be delayed or, at times, gradual with the students testing to see how others will react to what they say (London, Bruck, Ceci, Stephen, & Shuman, 2005). Jasmine, Sarah, and Natasha all made tentative disclosures believing they had revealed enough to make the school aware of their needs, yet they did not receive supportive responses. Youth often first disclose to peers, which was the case for three of the four young adults in this study, who had shared details with friends. Being asked explicitly about trauma has been shown to increase disclosure, with females being more likely to disclose than males (London, 2005).

While the focus of the literature is on how trauma and traumatic stress symptoms can interfere with learning, the emphasis from the participants was that it was the impact on their overall well-being that caused them distress and difficulty rather than any particular clinical symptom. Traumatic stress symptoms did play a role, however for them, traumatic stress had become part of who they were and was therefore an accepted part of life. The altered perceptions of the world around them, the lack of a connection with a supportive adult, the sense of being alone, and the depression were the factors that diminished their overall well-
being. These findings indicate the importance of future research focusing on well-being and on the development of practices that support student mental health.

Despite teachers’ misgivings that they do not have sufficient knowledge or that they are not the “right” person to help, the findings here reinforce that teachers do have the necessary skills to meet the needs of the students as described by Natasha, Nick, Jasmine, and Sarah. What the students wanted was a strong, supportive connection. Building a caring relationship with students is a much more manageable task for teachers then dealing with student mental health. Some students may use that relationship to share issues and feelings that require more specialized clinical services and the teacher then becomes the vehicle through which the students can access needed resources. This relationship also provides an ally to advocate or support the student in reaching out for help or in procuring services for students who do not reach out on their own.

**Constructivist Self-Development Theory**

A framework to assist in bringing trauma and well-being together can be found in Constructivist Self-development Theory developed by McCann and Pearlman in 1992. CSDT postulates that all trauma is transformative and describes adaptations to trauma as an intertwined web of variables, creating unique experiences for each individual (McCann & Pearlman, 1992; Saakvitne, Tennen, & Afflect, 1998). This framework looks at adaptation to trauma as involving both negative aspects (grief, traumatic loss, emotional fragmentation, and psychic devastation) and positive aspects (renewal of faith, trust, hope, and connection; reconstruction of meaning, and redefinition of self). Each individual’s recovery and adaptation to a traumatic event involves an interaction among personality, personal history, traumatic event, context, and social and cultural constructs. Other factors such as age,
developmental stage, and biological and psychological resources must also be taken into account. The meaning of the traumatic event comes directly from the survivor’s experience and construction of the event. The authors describe unmet psychological needs that are created by the experience of trauma, and postulate that a positive adaptation following trauma will include having these needs met. Rebuilding those core areas of self are essential to a trauma survivor’s well-being and to post traumatic growth. CDST is consistent with the newer thinking about resilience that focusing interventions and supports to improve functioning is less effective than focusing on improving well-being. The areas of need defined by CDST are safety, self-esteem, trust, intimacy, and control and all are areas that teachers and school personnel can address. In examining this subsection of the theory from the experiences of the participants, both unmet needs and opportunities for teachers to support well-being in these areas can be seen.

Safety. Nick, Jasmine and Natasha all describe feelings of being on edge or having their guard up while at school. For them school was not a safe place where they could relax or feel safe. They found the classroom to be confining and were at times triggered by perceived threats decreasing their sense of being able to relax and focus. Within the school Nick identified the “smoke hole” and Natasha the washroom as being places of safety. While each was able to identify safe places and safe people at school, school as a whole was not safe. While the best part of school may have been that it got them away from home, other than for Sarah, that did not translate into feeling safe. In Sarah’s case, school was her safe place which may explain why she experienced fewer symptoms at school, and why her stress had less effect on her learning. Helping students identify a safe place and paying attention to student’s feelings of safety at school are key. Recognizing when students are on edge or not
relaxed in the classroom environment and responding proactively are essential for students to feel safe.

*Self-esteem.* Self-esteem is defined in this theory as characterized by the value one has towards self and others. It was clear for those who made suicide attempts that their sense of worth was diminished. Each of the participants had considerable strengths and capabilities yet none was sufficient to overcome the impaired self-reference that resulted from the trauma experiences. Nick and Jasmine both spoke of developing disordered eating habits to deal with low self-esteem and three of the young adults admitted to self-harming, often a representation of anger directed at oneself. Jasmine also internalized the bullying she received, believing it to be her fault. Sarah spoke of the guilt from not being able to be herself and from living a double life. Supporting students with opportunities for success and for self-expression can enhance the development in the classroom of greater self worth. Professional services to help students to accurately appraise and process their situation and to work through their feelings about their experiences are also needed.

*Trust.* This area of need reflects the individual’s ability to trust their own perceptions and beliefs, and to trust the intentions and capabilities of others to meet their needs. Jasmine’s experience with teachers ignoring bullying behaviour diminished her trust in teachers as a source of support. Her trust in herself was also shaken as she began to believe that she must be at fault and deserving of the bullying, seeing as no one stepped in to stop it. In the wake of trauma, the altered sense of the world around them can make it difficult for youth to know who to trust and who not to trust. Students whose trauma was caused by the actions of adults (e.g., parents, neighbours, community leaders) who they should have been able to trust, and who instead caused them harm can lead to significant distrust of adults.
This was evident in Nick’s case, as he was very hesitant to trust teachers or to respect their authority. The difficulties differentiating real from perceived threat may make it difficult for youth to trust themselves. All four young adults spoke of wanting to trust but seeing trust as a process that must develop over time and being uncertain about how one begins to establish that trust.

**Intimacy.** In this theory intimacy refers to “the need to feel connected to self and others.” As described in chapters 4 and 5, this was an area of great unmet need for all four participants. Findings from the works of Cook (2005) reinforce this need for attachment. Sarah recounted her different reincarnations of herself—from Goth to punk to Buddhism in an effort to connect with her own emotions and also with others who shared her emotions. Natasha’s reason for leaving school was a feeling of disconnection from people, a known cause of early school leaving (Ferguson, 2006). Each of the young adults spoke of a desire to connect with teachers, and feelings of inadequacy in trying to initiate those connections. Jasmine and Natasha found support staff individuals at school with whom they did connect; and Nick reported such a relationship with his grandmother while Sarah spoke of her relationship with her boss at work. Because none of these connections were in the classroom, the benefits these connections might have brought for learning was lost. Their ability however to form a solid attachment to an adult is key in seeking and creating further connections.

**Control.** The disruption of the schema of control can result in helpless, passive or controlling dominant behaviour in an effort to manage the feeling of losing control according to CDST. All the participants spoke of feeling overwhelmed by their anxiety in class and leaving to regain control of their emotions. Nick spoke of his feeling of being out of control
of his physical reactions at times due to reacting to triggers. Angry outbursts provoked by bullying behaviour lessened Jasmine’s sense of control. Sarah was the only participant who was able to stay in control through great effort and sacrifice, because for her this meant living a double life and putting on a mask. Natasha avoided class due to fear of losing control of her emotions.

These needs speak to the core of well-being and to the areas of need that teachers can address with students. The research points to school connectedness as a promising practice for meeting these needs.

*School Connectedness*

The focus of this study was trauma and well-being in the school context, with a further aim to suggest what schools and teachers can do to support affected youth. School connectedness (Blum, 2005; Mihalas, 2009) provides support and the establishment of connections with caring teachers as a way of addressing unmet needs that contribute to the poor emotional health of trauma survivors. For students to be able to learn in the classroom there has to be a sense of safety, an ability to manage feelings, and meaning made of the world around them, and it is in these areas that teachers can provide support. Support does not need to take the form of conversations on trauma to be trauma sensitive. The four categories of support described in the literature (Malecki & Demaray, 2003; Suldo, et al., 2009) are emotional, informative, appraisal, and instrumental and all were evident in the students’ stories. Sarah advised schools to offer easily accessible written material, Natasha wanted extra help with assignments, and all spoke to the needs for emotional and affiliative support that gave the message of caring.
Student-teacher relationships. The vital role that caring student-teacher relationships can play is clear in the literature. Much of the research in this area to date focuses on at-risk students and in particular students from low-income urban neighbourhoods. This is a population who frequently has low achievement, disengages from school, and is in need of supportive, engaging relationships. None of the four young adults in this study would likely have been included as an at-risk or low-income youth, despite the paramount need they had for a connection to an adult. The participants in this study came from middle class homes and were academically capable; yet the young adults interviewed had similar needs and similar wants to the more typical at-risk peer. The need for relational engagement at school remains a core need across demographics. Little is written on the specifics of what this engagement looks like in practice, and specifically for students dealing with traumatic stress. For these students, similar to the findings of Ozer (2005), it was the smaller things that mattered, and the need for a strong connection with a trusted adult. It was those factors that Natasha, Nick, Jasmine, and Sarah say led not only to increased engagement with school but also to a greater sense of well-being.

Mihalas (2009) contends that in order to feel empowered in the classroom, educators need to see themselves not just as teachers but as professionals, whose role includes emotional and social education as well as academic instruction. In addition, they must have a goal of overall student well-being and success. She discusses practices that teachers can implement at the individual level to build caring relationships: (a) be a student advocate, (b) get to know students and their lives, (c) invite students to be partners in their education (d) actively listen, and (e) celebrate success. These actions taken by teachers can begin to address the unmet needs described above. Additional ways teachers can support the mental
health and well-being of students is to teach adaptively, provide accommodations and refer for mental health assessments and services when necessary (Dods, Hutchinson, & Dalton, 2009).

Another finding that emerged from the interviews in this study, and was emphasized by Sarah and Jasmine, was the need for their distress to be noticed and validated. The young adults reported wanting teachers to be attuned to their emotional states and to respond to their subtle displays of distress. Natasha provides the example of a teacher sensing her distress and raising his eyebrows indicating to her that he knew she was struggling and asking if she was okay as a supportive action. A second teacher could sense her anxiety and would quietly suggest she work outside the classroom. Nick also wanted teachers to approach and notice that the reason an assignment might not be handed in was related to his stress and to offer flexible alternate arrangements to meet the expectations. Sarah, Jasmine, and Natasha all spoke of wanting teachers to notice when they left the classroom or missed class and to inquire if they were okay. All felt that being able to slip out of class and to return, or to have an emotional outburst that went unnoticed indicated a lack of care or concern for their well-being.

On the other hand, it was important to them that any conversations take place privately and without drawing attention to the student. Natasha and Jasmine both had vivid memories of being singled out and in their words “humiliated” in front of the class when a teacher commented on their absenteeism or distress in front of the class. This indicates the extent to which the small things matter and the necessity for teachers to not only form relationships but to engage students in the classroom on a relational level by responding to
their needs. This mirrors the role that responsive teaching can play in meeting learning needs by continuously assessing and adapting to students.

Ultimately the issue remains that there is a disconnect. Students need caring supportive adults in their lives at a school and teachers are available to fill this role. Greater initiative from teachers in approaching students who are struggling could lead to trusting relationships, although for this to happen, increased training on mental health is need for teachers to ensure they are comfortable supporting and advocating for these needs. The voices of the youth in this research inform our understanding of the challenges they faced throughout high school related to their traumatic experiences; and the important role they identified that teachers and schools could play in supporting their well-being and future outcomes

Summary

The objectives of this study were to explore and describe firsthand the educational experiences of youth who have experienced trauma and who live with traumatic stress. To accomplish this goal, four specific questions were formulated to drive this research.

1. What symptoms of distress do students report experiencing in the classroom?
2. How do students display and manage that distress?
3. What role did trauma play in their functioning and overall well-being while in school?
4. What advice do the students have for teachers / school personnel in supporting them in their time of stress?

Three of the four participants could define symptoms of traumatic stress that they experienced in the classroom. Nick and Natasha struggled with difficulties concentrating and,
along with Jasmine, with emotional and behavioural dysregulation, Sarah did not explicitly describe experiencing traumatic stress at school, as her coping mechanism was to leave the trauma at home. They displayed their distress through externalized behaviour in Nick, Natasha, and Jasmine’s cases and through more subtle internalized behaviour in all four cases. Managing their distress included avoidance, substance use, and leaning on peer and adult supports outside the classroom.

The focus on the third question changed from the impact trauma had on functioning and well-being to the impact the school could have in these areas, based on the participants’ insistence that this was more relevant. Their advice for teachers on the fourth objective was something that is mostly absent from the literature on trauma and learning, that is, the essential role that relationships play at school in engagement and in the promotion of well-being for this population. The young adults placed less emphasis on the specific symptoms of traumatic stress and more emphasis on the impact that the resulting anxiety and efforts to deal with the stress had on their overall well-being and ability to manage at school. Their need for alterations in their behaviour to be noticed, and to have their distress validated was evident and all believed that they would have benefited greatly from a trusting relationship with a teacher. All of the four young adults spoke realistically of the obstacles that prevent teachers from initiating and forming connected relationships with students. They were aware of the time constraints and responsibilities that teachers have, and participants were unsure about how to bridge the divide and connect with teachers that they felt were caring. All students easily identified teachers who they felt they could trust and connect with, who they believed genuinely cared for them as individuals, and yet a disconnect remained.
Despite differing in how they struggled and experienced their trauma and stress, the youth were remarkably similar in what they needed from schools; a need for their stress to be validated and a need to feel cared for as a person. Their personal stories and insights into the roles that teachers and schools play highlight the critical importance of relationships and connectedness in the school context in supporting student learning and overall well-being. The struggles they faced serve to further our understanding of the important role of teachers and schools in supporting learning and building connections for students who carry the burden of trauma with them each day. Recognizing the signs of trauma related distress is essential to being able to intervene in a way that both mitigates the negative impact of the trauma and creates a safe environment in which the youth can learn.

Study Limitations

Limitations of this study include the fact that these four young adults are not representative of all youth who have experienced trauma. All the participants in this study were from middle class homes and neighbourhoods and none had struggled academically or received any special education services. Three of the four went on to post secondary education and the fourth was employed. It is possible that the strong academic abilities and positive neighbourhood contexts contributed to more positive outcomes for these youth. It is interesting to note however that the themes that emerged from the interviews with these four young adults supported the previous work, *Parkdale Project Read* (Horsman, 2004), that took place with youth with different academic and socio-economic characteristics. This indicates that many of the struggles and needs of the youth affected by trauma cross socio-economic status groups and that there are shared commonalities specific to trauma.
The recruitment strategy is a further limitation of the study. Recruitment was done online and therefore drew from a sample of people who frequent social networking and online communities. The choice to only include participants who met set criteria was necessary for the safety of the participants, but further restricted the available sample. The use of one in depth interview with each participant could also be limiting as there was not a second opportunity to gain added insight.

As with any retrospective study, a further limitation is recall bias. Efforts to minimize this bias included recruiting participants who had been out of high school for only one to three years, and focusing the interview on the meaning each participant made of their experience rather than on details of specific events or on the trauma itself. All participants provided first person reports and were able to articulate their experiences without difficulty.

Directions for Future Research and Practice

This research highlights the need for further research into resilience and resilient systems that support the unique needs of students who have experienced trauma. The presence of dissociation, intrusive memories, defensive avoidance, and altered views of the world and self necessitate approaches in schools that are designed to meet trauma related challenges. Building on curriculums recently developed in Australia (Downey, 2007) and the US (Cole, 2005), resources to support teachers in creating trauma sensitive classroom environments would be beneficial. Further research should also focus on the school context as one of the key domains that is at play in determining well-being.

A second direction for future practice includes an examination of the aspects of school connectedness that contribute to positive outcomes specifically for students with mental health needs. The practicalities involved in the implementation of practices to support
student mental health must take into account current demands on teachers’ time and resources. Challenges and barriers related to traumas involving maltreatment and the need to ensure teacher responsibilities do not cross over into the clinical realm must also be considered. Current literature also reflects the need for further professional development on mental health in schools.

Conclusion

Despite very different trauma histories, unique school experiences and outcomes, there were many similarities throughout the stories told by Natasha, Sarah, Jasmine, and Nick. Their shared experiences in bringing trauma to school and managing trauma related stress to the best of their abilities give us insight beyond one individual case. Important to note is that all referred to how they could not have participated in this interview while in high school and spoke of how difficult it is to make sense of trauma while you are living it. The focus for these young adults during their high school years was on survival and getting through the day, rather than making meaning of it. Survival included finding a way to avoid and diminish the stress – through dissociation, leaving, drug use, and for Sarah an intentional mental separation from the trauma. Of the four only Natasha ultimately could not find a way to manage her distress in the school setting. Time and geographical distance from the trauma and therapy, for two of them, were perceived by the participants as being the factors that allowed them to deal with their issues and make meaning of the traumatic experiences that occurred during their teenage years. The importance of teachers and schools in creating environments that foster resilience through caring relationships and effective instruction was a central finding.
REFERENCES


127


Appendix A

DSM-IV-TR criteria for PTSD

Diagnostic criteria for PTSD include a history of exposure to a traumatic event meeting two criteria and symptoms from each of three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms. A fifth criterion concerns duration of symptoms and a sixth assesses functioning.

**Criterion A: stressor**

The person has been exposed to a traumatic event in which both of the following have been present:

1. The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.

2. The person's response involved intense fear, helplessness, or horror. Note: in children, it may be expressed instead by disorganized or agitated behavior.

**Criterion B: intrusive recollection**

The traumatic event is persistently re-experienced in at least one of the following ways:

1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: in young children, repetitive play may occur in which themes or aspects of the trauma are expressed.

2. Recurrent distressing dreams of the event. Note: in children, there may be frightening dreams without recognizable content.

3. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated). Note: in children, trauma-specific reenactment may occur.

4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

5. Physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
**Criterion C: avoidant/numbing**

Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following:

1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma
2. Efforts to avoid activities, places, or people that arouse recollections of the trauma
3. Inability to recall an important aspect of the trauma
4. Markedly diminished interest or participation in significant activities
5. Feeling of detachment or estrangement from others
6. Restricted range of affect (e.g., unable to have loving feelings)
7. Sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

**Criterion D: hyper-arousal**

Persistent symptoms of increasing arousal (not present before the trauma), indicated by at least two of the following:

1. Difficulty falling or staying asleep
2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Hyper-vigilance
5. Exaggerated startle response

**Criterion E: duration**

Duration of the disturbance (symptoms in B, C, and D) is more than one month.

**Criterion F: functional significance**

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**Specify if:**

Acute: if duration of symptoms is less than three months

Chronic: if duration of symptoms is three months or more

**Specify if:**

With or Without delay onset: Onset of symptoms at least six months after the stressor
Appendix B

Proposed Criteria for Developmental Trauma Disorder

A. Exposure. The child or adolescent has experienced or witnessed multiple or prolonged adverse events over a period of at least one year beginning in childhood or early adolescence, including:
   A. 1. Direct experience or witnessing of repeated and severe episodes of interpersonal violence; and
   A. 2. Significant disruptions of protective caregiving as the result of repeated changes in primary caregiver; repeated separation from the primary caregiver; or exposure to severe and persistent emotional abuse

B. Affective and Physiological Dysregulation. The child exhibits impaired normative developmental competencies related to arousal regulation, including at least two of the following:
   B. 1. Inability to modulate, tolerate, or recover from extreme affect states (e.g., fear, anger, shame), including prolonged and extreme tantrums, or immobilization
   B. 2. Disturbances in regulation in bodily functions (e.g. persistent disturbances in sleeping, eating, and elimination; over-reactivity or under-reactivity to touch and sounds; disorganization during routine transitions)
   B. 3. Diminished awareness/dissociation of sensations, emotions and bodily states
   B. 4. Impaired capacity to describe emotions or bodily states

C. Attentional and Behavioral Dysregulation: The child exhibits impaired normative developmental competencies related to sustained attention, learning, or coping with stress, including at least three of the following:
   C. 1. Preoccupation with threat, or impaired capacity to perceive threat, including misreading of safety and danger cues
   C. 2. Impaired capacity for self-protection, including extreme risk-taking or thrill-seeking
   C. 3. Maladaptive attempts at self-soothing (e.g., rocking and other rhythmical movements, compulsive masturbation)
   C. 4. Habitual (intentional or automatic) or reactive self-harm
   C. 5. Inability to initiate or sustain goal-directed behavior

D. Self and Relational Dysregulation. The child exhibits impaired normative developmental competencies in their sense of personal identity and involvement in relationships, including at least three of the following:
   D. 1. Intense preoccupation with safety of the caregiver or other loved ones (including precocious caregiving) or difficulty tolerating reunion with them after separation
   D. 2. Persistent negative sense of self, including self-loathing, helplessness, worthlessness, ineffectiveness, or defectiveness
   D. 3. Extreme and persistent distrust, defiance or lack of reciprocal behavior in close relationships with adults or peers
   D. 4. Reactive physical or verbal aggression toward peers, caregivers, or other adults
D. 5. Inappropriate (excessive or promiscuous) attempts to get intimate contact (including but not limited to sexual or physical intimacy) or excessive reliance on peers or adults for safety and reassurance
D. 6. Impaired capacity to regulate empathic arousal as evidenced by lack of empathy for, or intolerance of, expressions of distress of others, or excessive responsiveness to the distress of others

E. Posttraumatic Spectrum Symptoms. The child exhibits at least one symptom in at least two of the three PTSD symptom clusters B, C, & D.

F. Duration of disturbance (symptoms in DTD Criteria B, C, D, and E) at least 6 months.

G. Functional Impairment. The disturbance causes clinically significant distress or impairment in at least two of the following areas of functioning:

• Scholastic: under-performance, non-attendance, disciplinary problems, drop-out, failure to complete degree/credential(s), conflict with school personnel, learning disabilities or intellectual impairment that cannot be accounted for by neurological or other factors.
• Familial: conflict, avoidance/passivity, running away, detachment and surrogate replacements, attempts to physically or emotionally hurt family members, non-fulfillment of responsibilities within the family.
• Peer Group: isolation, deviant affiliations, persistent physical or emotional conflict, avoidance/passivity, involvement in violence or unsafe acts, age inappropriate affiliations or style of interaction.
• Legal: arrests/recidivism, detention, convictions, incarceration, violation of probation or other court orders, increasingly severe offenses, crimes against other persons, disregard or contempt for the law or for conventional moral standards.
• Health: physical illness or problems that cannot be fully accounted for physical injury or degeneration, involving the digestive, neurological (including conversion symptoms and analgesia), sexual, immune, cardiopulmonary, proprioceptive, or sensory systems, or severe headaches (including migraine) or chronic pain or fatigue.
• Vocational (for youth involved in, seeking or referred for employment, volunteer work or job training): disinterest in work/vocation, inability to get or keep jobs, persistent conflict with co-workers or supervisors, under-employment in relation to abilities, failure to achieve expectable advancements.
Appendix C

LETTER OF INFORMATION

Dear Parent/Guardian:

Your son/daughter has contacted me and expressed interest in participating in a research study looking at the role that emotional and behavioural reactions to traumatic events have on students in the classroom. The ultimate goal of this research is to share their story and any advice they might have with teachers and other educators using a web module to increase awareness and sensitivity to children and youth who have lived through trauma. This study is being conducted by Jennifer Dods from the Faculty of Education at Queen's University in Kingston as part of a Masters of Education thesis. The study is entitled: *In their Words: Understanding the classroom experience of youth who have lived through trauma.* The research has been cleared by the Queen’s University General Research Ethics Board. Jennifer Dods has worked in both child and adolescent mental health and school settings and has 10 years experience in talking to youth about mental health related issues.

The aim of this letter is twofold. First, it will describe the purpose and method of the research study. Second, it will request that both you and your son/daughter agree, in writing, to participate in the study. We would ask that you indicate your decision to give permission for your son/daughter to participate in the study on the attached *Letter of Consent* and return it to Jennifer Dods in person at the time of meeting or send it with your son/daughter.

The purpose of the study is to gain a better understanding of the classroom experiences of students who have lived through one or more traumatic events. We know that it is normal to have stress related reactions after a traumatic event that can create challenges to learning and functioning in the classroom. Your child telling us about their experience at school allows us to gain greater insight into the trauma related needs of youth and to understand how teachers and school personnel can best support children and youth and their needs.

Your son/daughter’s participation will include completing a brief questionnaire and participating in a tape recorded interview that will last approximately 90-120 minutes. The questionnaire will look at what reactions your son/daughter is having that are related to the trauma. It is called the Trauma Symptom Checklist for Children. It does not ask about what the trauma event was, only about reactions such as anxiety, anger, avoidant behaviour and reexperiencing that may have occurred after the traumatic event. The interview will also focus on the challenges or difficulties your child has had at school and how she/he has managed them in the school setting. I am also interested in what has helped the most and what your child found to be the most supportive. Your son/daughter may also choose to share artwork or other creative works that may become part of the web module. Your son/daughter will receive 2 movie tickets as a thank you for their time and participation.
There is a very small risk that participating in this interview which is about a sensitive topic may be upsetting to your child. Your child can also request at any time to stop the interview. The interview may also be stopped if I sense that it is causing your son/daughter any distress. Should your child experience distress, emotional support will be given and resources will be recommended for follow-up if needed.

Agreement on your part to allow your son/daughter to become a part of the study in no way obligates your son/daughter to remain a part of the study. Participation is voluntary, and your son/daughter, or you on their behalf, may choose to withdraw from the study at any time and request removal of all or part of your data. There are no negative consequences for withdrawing from the study and your son/daughter will still be given for movie tickets as a thank you. You and your child are assured of confidentiality and privacy and no identifying information will be used. Once the study has finished all recordings will be erased and documentation shredded. The information your son/daughter provides will be kept in a safe location and only my supervisor, a research assistant and myself will have access to the data.

I intend to publish the findings of the study in professional journals and report them at conferences. I also hope to use the information to create a web module for teachers to increase their awareness and understanding of the needs of students who have been through trauma. Your son/daughter will choose a code name that will be put on all documentation to ensure privacy. Any quotations or other information that is to be used can be shown to your son/daughter first if they wish to ensure they are in agreement. At no time will the actual identity of your son/daughter be disclosed. The only exception to this is should your child disclose information that indicates a child under 16 is being harmed or at risk of being harmed, I am required by law to report that to the appropriate authorities.

Should further information be required before either you or your son/daughter can make a decision about participation, please feel free to telephone me, Jennifer Dods at Queen’s University, Faculty of Education at (613) 533-6000 ext 75952 or by email at traumastudy@yahoo.com. For questions, concerns or complaints about the research ethics of this study, you may contact my supervisor, Dr. Nancy Hutchinson at 613-533-3025 or the Chair of the Queen’s University General Research Ethics Board, Dr. Joan Stevenson, 613-533-6081, email: chair.greb@queensu.ca.

Yours sincerely,

Jennifer Dods
Appendix D

Letter of Information

Hello!

I am writing to ask for your participation in research that is aimed at better understanding the school experiences of youth who have experienced trauma. The ultimate goal of this research is to share your story and any advice you might have with teachers and other educators using a web module to increase awareness and sensitivity to children and youth who have lived through trauma. This research is part of my Masters of Education thesis work.

The focus of this research is not on the traumatic event itself but rather on your reactions to trauma and how your reactions created challenges for you in the classroom. We want to collect information and learn from you about how you experienced and managed traumatic stress reactions in the classroom environment. I will first ask you to complete a brief questionnaire to see what kind of symptoms you have that may be related to the trauma. I would then like to invite you to participate in an interview. You will also be welcome to provide me with any artwork or writings that you have done that you feel add to your story. I may put your artwork or creative writings on the web module. In total I will ask for about 90-120 minutes of your time. As a thank you for participating you will receive a gift certificate for 2 movie tickets.

The interview will be conducted at a time and place that is convenient and comfortable for you. The interview will be audiotaped and I may make take notes while you are talking. The taped interview will be transcribed, and then the tape will be destroyed. None of the data will contain your name, or any other information that might identify you. You will be asked to choose a pseudonym (code name) that we will use on any documentation to ensure your privacy. Data will be secured in a locked office and confidentiality is guaranteed. When it is no longer needed all documentation will be shredded.

Your participation is entirely voluntary. I do not foresee any major risks in your participation in this research however we will be discussing a sensitive topic that may bring emotions to the surface for you. You can ask at any time to stop the interview or I may decide to stop the interview if it seems to be upsetting you. You are not obliged to answer any questions you find objectionable. You are free to withdraw from the study without having to give a reason at any point, and you may request removal of all or part of your data. Any information you share during the interview will be kept private. The information you provide will be kept in a safe location and only my supervisor, a research assistant and myself will have access to the data. The only exception to this is if you share information that
indicates that someone under the age of 16 is being harmed or at risk of being harmed then I am required by law to report that information to the appropriate authority.

Following the interview I may contact you to clarify some information if I have any questions. You are also welcome to contact me if there is anything you wish to add or wish you had said during the interview. If you became upset during the interview I will contact you the next day to ensure you are okay. I may also suggest you contact your counselor or therapist or a crisis service for support if needed.

This research may result in publications of various types, including journal articles, professional publications, newsletters, books, and instructional materials for teachers and schools. I am also planning on using some of the information from the interviews to create web based resources for teachers. Before anything is published I can show it to you to ensure you are in agreement with what is written. If I have taken any quotes from your interview I will show them to you before using them. Any identifying information will be removed from the quotes. Your name will not be on anything that is published and neither will your name be known to anyone else who sees the data. A pseudonym will replace your name on all data that you provide to protect your identity.

If you have any questions about this project, please feel free to contact me Jennifer Dods at Queen’s University, Faculty of Education at (613) 533-6000 ext 75952 or by email at traumastudy@yahoo.com. For questions, concerns or complaints about the research ethics of this study, you may contact my supervisor, Dr. Nancy Hutchinson at 613-533-3025 or the Chair of the Queen’s University General Research Ethics Board, Dr. Joan Stevenson, 613-533-6081, email: chair.greb@queensu.ca

Thank you,

Jennifer Dods
Appendix E

CONSENT FORM

For: Jennifer Dods of the Faculty of Education at Queens University
Title: Understanding the classroom experience of youth who have lived through trauma.

I have read and retained a copy of the letter of information concerning the In their Words: Understanding the classroom experience of youth who have lived through trauma and all my questions have been sufficiently answered. I am aware of the purpose and procedures of this study, and I have been informed that the interview will be recorded by audiotape.

I have been notified that participation is voluntary and that I may withdraw at any point during the study and I may request the removal of all or part of my data without any consequences to myself. I have also been told the steps that will be taken to ensure confidentiality of all information. This includes use of a pseudonym on all documentation, reviewing the information with yourself and/or son/daughter and keeping the data in a secure location.

I understand that I will be completing a questionnaire and an interview and that this will take about 90-120 minutes of my time. I am aware that the researcher may contact me and follow-up if I became upset or if something I said needs to be clarified. I understand I can also contact the researcher.

I understand that, upon request, I may have a full description of the results of the study after its completion.

I understand that the researcher intends to publish the findings of the study.

I am aware that if I have any questions about this project, I can contact Jennifer Dods at Queen’s University, Faculty of Education at (613) 533-6000 ext 75952 or by email at traumastudy@yahoo.com. For questions, concerns or complaints about the research ethics of this study, you may contact my supervisor, Dr. Nancy Hutchinson at 613-533-3025 or the Chair of the Queen’s University General Research Ethics Board, Dr. Joan Stevenson, 613-533-6081, email: chair.greb@queensu.ca

I HAVE READ AND UNDERSTOOD THIS CONSENT FORM AND I AGREE TO PARTICIPATE IN THE STUDY.

☐ I wish to see the transcript of the interview before the information I have shared is published.

Student’s name (Please Print):   Signature of Student:
I HAVE READ AND UNDERSTOOD THIS CONSENT FORM AND I AGREE TO ALLOW MY SON/DAUGHTER TO PARTICIPATE IN THE STUDY.

☐ I wish to see the transcript of the interview before the information I have shared is published.

Signature of parent/guardian: __________________________________________

Parent/ Guardian Name: ________________________________________________

Date:    Telephone number:

Please write your e-mail or postal address here if you wish to receive a copy of the results of this study. ____________________________

Please sign one copy of this Consent Form and return it to Jennifer Dods. Retain the second copy for your own records.

Consent to Use of Shared Information in Publication

I have reviewed the transcript and consent to the use of the information it contains. I understand that the content in it may be used in publications and in a web-based resource. All information used in any publication will be de-identified.

Student’s name (Please Print): __________________________________________

Signature of Student: _________________________________________________

Date _________________ Telephone number: ______________________

Signature of parent/guardian: _________________________________________

Parent/ Guardian Name: _____________________________________________

Date: _________________ Telephone number: ______________________
Appendix F

Interview Guide

Thanks for coming in... (consent letters)

Introduction

• Confidentiality
• Feeling upset – stop interview
• Question not comfortable – don’t need to answer
• Purpose – gain your perspective of what is like to be in a classroom, what you’d like teachers to know - no right or wrong answers – your story
• Not discuss details of trauma – you can tell me what is was or not but that isn’t focus

A few questions just to give me an idea of where you are coming from..
• How old are you?
• What school do you currently attend?
  o When did you last attend?
  o How regularly do you attend?
• Who do you currently live with?
• What counsellors / therapists are you currently connected to?

Now I just want to get a few ideas of what you think of school in general / over the years...
• Tell me about school for you when you were younger. What was that experience like?
  o Likes / dislikes
  o Achievement
  o Changes in schools?
  o Special education services

Just to make sure we are on the same page – I’ll tell you what I mean when I’m talking about trauma and traumatic stress reactions – you can let me know if this sounds familiar or if it means something else to you....

• Age appropriately worded definition of trauma and traumatic stress...
  o Overwhelm ability to cope, feelings of fear, helplessness, terror, threat to self or others...
  o Reexpereincing, avoid, hyperarousal,...
• Do those definitions fit you?
As we just talked about it is normal to have a reaction after traumatic events...

- Can you tell me about any changes (reactions / symptoms) you noticed in yourself or that others noticed about you?
  - How would a friend / classmate describe you before and after – would they notice difference or was it all internal?
  - Changes - socially, physiologically, psychologically, behaviourally, academically
- What decision did you make about telling teachers / classmates about what you were going through?
- What kinds of support did you have at the time?
  - Family
  - Did you see anyone? Professional / School?
  - Had you ever seen counsellor / therapist before? Any dx – was it before or after?

Now I want to get a little more specific and talk about your school experience after trauma when dealing with traumatic stress.

- You mentioned earlier some of the reactions you had. Tell me about experiencing those reactions at school?
  - Frequency / duration / intensity / predictability / awareness of triggers?
  - What were you experiencing inside? What would others have seen
  - Where did you feel it in your body?
- How do you manage those reactions at school?
  - Response from peers / teachers
  - Who do you talk to?
  - Where do you go / do?
- How is managing TSR different at school than at home / community?
- What / Where / Who makes you feel safe at school?
  - Access and availability of this safety net?
- How has having these reactions impacted your school experience?
  - Academic achievement
  - Future aspirations
  - School engagement / Connection

  If you had to describe to someone what it’s like to be a youth in school with TSR – how would you describe that experience overall?

Part of the reason for this interview and for learning from you is to share your experience with teachers...

- What do you think is important for teachers to know about TSR?
  - What can teachers do that helps the most?
What doesn’t help?
- Resources available at school – did you use why or why not – what supports / resources would you recommend
- Anything else to tell teachers…

Anything else to add?

Artefacts

Normalize answers and trauma reactions

Debrief: Sometimes talking about something like we have today can bring up difficult feelings – how did you feel during the interview? How do you feel now? If after you leave you start to have any ongoing thoughts / feelings that are difficult – important to talk to someone. If want to clarify / add / remove something you’ve said – contact me.