

**LET US TALK: LIVED EXPERIENCES IN SUPPORTING THE EDUCATION OF  
CHILDREN AFFECTED BY TRAUMATIC GRIEF**

**KRISTA DAM-VANDEKUYT**

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*When the other person is hurting, confused, troubled, anxious, alienated, terrified;  
or when he or she is doubtful of self-worth, uncertain as to identity,  
then understanding is called for....*

*In such situations deep understanding is, I believe,  
the most precious gift one can give to another.*

*- Carl Rogers, 1975*



**Figure 1**

*Hands Image from iStock by Getty Images*

Why this image? From my perspective, the hands symbolize the working alliance between school and families. The alliance surrounds the teacher, child and parent/guardian who work to repair the child's impaired attachments using trauma-informed practices. The child, placed in the middle of the heart, is at the center of the relationship.

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## Abstract

This narrative inquiry study collected stories from parents and teachers to build a deep understanding of the lived experiences of raising or teaching children affected by traumatic grief. Research shows that children who experience adversity or loss as trauma, including childhood traumatic grief, may experience long-term disruptions to executive functions and present learning, behavioural and social challenges within school settings. Current research indicates that the adoption of trauma-informed care practices within schools can successfully support students who have experienced trauma and/or childhood traumatic grief. In particular, the development of strong family-school collaboration, understood recently as a form of working alliance, is key in effectively supporting students experiencing mental health issues, including childhood traumatic grief.

Using a narrative inquiry approach, this study shares the stories of three women, a mother, a teacher by profession, and a mother who is a teacher by profession, to develop deep understanding of what is being experienced in supporting children affected by childhood traumatic stress and grief. The findings from this study affirmed the need for increased understanding and awareness of the ways that trauma can impact the education of children affected by trauma. The findings also confirmed that insecure attachments can be mitigated with consistent and attuned care. To do this effectively as educators, there is need for increased resources and supports within the schools. This study confirmed the need for increased collaboration to develop strong relationships between students, parents and teachers. The need for collaboration is essential for the successful support of students struggling with the affects of trauma and these findings affirm current conversations on the importance of trauma-informed approaches, relational schools and working alliances.

### **How Does This Story Begin?**

*It was a sunny September afternoon. I was at my desk in the office, putting final touches on lesson plans while chatting with a new colleague. She had just started at the school where I teach, and we were talking about my research. “How do you handle it, researching trauma and grief?” she asked. “How do you make sure it doesn’t affect your personal life?”*

*“Well...” I begin. I pause. Why is talking so difficult? The inner dialogue that rapidly fires through my mind in the milli moments that follow questions like these typically goes like this: How should I answer? Should I say, “I think it’s really important” or that “there’s a need for this research, a gap in the literature”, or “I’ve been interested in this area of study ever since my first placement at a school that exclusively worked with at-risk youth”? These responses may be true, but do I trust her with my story? Is this the right time to tell it? A decision really needs to be made before this pause gets awkward...*

*Sharing my story requires a willingness to become vulnerable. It is a risk that I weigh each time I forge a new relationship. I have learned, through erred decision-making, when the timing is wrong. Either the physical time or space is not suitable, or I did not believe the person was ready to hear the messy details of my life, the pain. Another consideration is whether I, myself, am a stable mental space to share and receive the listener’s response. Will inviting her into this space allow our relationship to grow or will our emerging relationship now be sprinkled with a dusting of pity? In past conversations, I have been met with a myriad of responses. Disbelief. Discomfort. Radio silence. A relationship ends before it even had wings.*

*With the possible risks, why tell my story at all? Therein lies the question that led to me to develop this study in the first place. I chose this field of study because I am a parent of children affected by trauma and grief. Because I am a person affected by trauma and grief. Because I am trying to learn all that I can to better support my children. Because there are so many students in classrooms that bring their own trauma and grief to school each day and I want our schools to learn how to better meet their needs. Because I believe sharing stories is the best way to build deep connections and understanding. Because there are those who are ready to listen. I take a deep breath and turn back to my colleague.*

*“I can handle it because I already live with it. It is my life.”*

Like many, I live with scars. My scars are from experiences of loss, journeying through grief and trauma following two separate events –the sudden, unexpected death of my infant son and the kidnapping and murder of a close family friend. These lived experiences have changed me, my family and community, wrapping us up in a filament of fear.

These experiences have characterized my children’s developmental years. We spend many nights soothing nightmares...yet we cannot tell our children that there is no such thing as the monsters haunting their dreams. Fear follows our children right into the classroom and they struggle with their schoolwork. Our children’s creative writing assignments depict kidnapped heroes, bad guys, murdered parents and dead children. They struggle with anxiety and social interaction, not readily trusting people. As my eldest once said, he is just waiting for the next bad thing to happen so history assignment deadlines and science projects seem rather insignificant in comparison.

As grieving adults, we speak of a divide in time, a sense of “before”, that allows us to articulate how our lives have changed. But for children, it is all they know; it is harder for them to verbalize what they are feeling or to understand what they are experiencing. Rather, it can present as panic attacks, withdrawal, or resistance to name a few ways. Traumatized children are given diagnoses of anxiety disorders, post-traumatic stress disorder, learning disabilities, and attention deficit disorders. As a parent, I wonder - *what if* my son’s childhood had been less complicated – would his learning and social challenges exist? Did trauma cause the exceptionality? Did trauma exasperate an existing condition? Could I have protected him somehow? *What if* none of this had happened?

Questions like these can trap parents. Likewise, as teachers, we spend time wondering *what* and *who* is to blame. We waste precious energy on the “*who*” and “*why*” instead of the “*what is*”. This study moves past the *what if*, *who* and *why* questions to focus on the “*what is*”. *What is* experienced by teachers and parents in supporting students affected by childhood traumatic grief? *What is* experienced relationally? *What is* the degree of collaboration between teachers and parents in providing support?

With ground-breaking research (Felitti et al., 1998) on the prevalence of adverse childhood experiences (ACEs), educators and policy makers cannot ignore the impact and the frequency of childhood adversity. Diagnosing and providing interventions and support for children affected by trauma currently rests with the healthcare sector. In Ontario, over 12,000 children are waiting approximately 18 months for mental health treatment (CMHO, 2018). Sole reliance on healthcare to address trauma is problematic because of 1) the strain on current services, 2) delayed intervention and deferred early response because of the wait- times associated with diagnosis, and 3) students who are not identified by formal/medical systems

(Blochett & Dorado, 2016). For a child, waiting 18 months is too long. In “Advancing the Mental Health Strategy for Canada: A Framework for Action (2017–2022)”, the Mental Health Commission of Canada states that collaboration across the sectors, including the Education sector, is essential (MHCC, 2020). School administrators and policy makers can help alleviate the burden by making programmatic decisions to better support students affected by trauma by incorporating trauma-informed practices. Schools are also situated in a key position to create collaborative relationships with families and community services.

Given the potential impact of trauma on a child’s development and ability to learn, there is a need for research that deepens understanding of supporting these students, but there is insufficient research on the experiences of those supporting children affected by trauma or childhood traumatic grief. While there is a growing body of research to support the effectiveness of trauma-informed practices in school, there are few studies that have explored teacher perspectives in addressing trauma and/or grief in the classroom (Thomas et al., 2019). Existing research on trauma-informed practices also indicates that strong relationships between students, parents and teachers are central in the successful support of students struggling with trauma (Blochett & Dorado, 2016; Cohen & Mannarino, 2011; Kinniburgh et al. 2005).

*Why is it that strong relationships are so important? Do I even need to ask this question? I see it first-hand with my own children and their experiences at school. As I think of the current landscape of isolation and distancing because of the pandemic... the lack of connection is creating alienation and isolation. It is also creating awareness of how much we need each other. I even hear introverts admitting they’ve had enough of*

*#safeatthome. Will this need for relationship be reflected in the responses of those I interview as well?*<sup>1</sup>

This qualitative study, using narrative inquiry as the methodology, collected stories from three women who shared what they have experienced in supporting students affected by childhood traumatic stress and traumatic grief, what they experienced relationally and what the degree of collaboration occurred between teachers and parents in providing support to these students. The first participant is a teacher with many years of experience supporting young children affected by trauma in the classroom. The second participant is a teacher by profession but also the mother who shared how traumatic experiences and loss early in life impacted her child's development and education. The third participant, also a mother, shares how the sudden death of her daughter impacted her other children's education. The purpose of this study was to help bridge the gaps in the literature, to share experiences of parents and teachers, and to add to important conversations already happening about trauma-informed teaching practices.

In the first section of this paper, we look at the past and the voices who have shaped and continue to shape the study of childhood trauma, those who are researching trauma-informed practices for the classroom, and where this study is situated in the literature and how it will add to the existing body of literature on childhood trauma and grief. The following section, called "The Loom" outlines the theoretical and conceptual framework used to guide this study. The section titled "The Value of Stories" introduces the methodology – narrative inquiry – which was used to design this study. After discussing why narrative inquiry was the best choice for this study, I further this with a focus on the practical implications of how this methodology

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<sup>1</sup> As part of autobiographical inquiry and reflection, a practice that is part of narrative inquiry research, I kept a journal and reflected back on previous journals. This excerpt, and others that are included, will be indicated with indentation and italics. This is explained in greater detail in the section titled "The Value of Stories".

influenced the methods and tools used to conduct the research. In “Where our lives met”, we move into the present, the stories collected as part of this study, introducing the three women who shared their experiences raising and teaching children affected by trauma and grief.

“Meaning in Stories” looks at their experiences, presented in narrative strands that connect to the existing body of research on the impact on and importance of relationships for those affected by trauma. Finally, I conclude by looking to the future asking the question: Where do we go from here? Why were these conversations important and how might they implicate future research?

In collecting and sharing the stories of participants who willing to walk into this space of vulnerability with me, I hope our experiences as parents and as teachers will add to the important conversations already happening about trauma-informed schools. I believe that stories build understanding. Understanding leads to stronger relationships and those relationships are key in adequately supporting our students.

### **Voices That Led the Way**

*Trauma comes back as a reaction, not a memory...*

- *Bessel van der Kolk*

My journey in this field of research began because of a personal need to understand what I was experiencing as I grieved. For many years, I had relied on my strong memory as a student, as a professional and as a mother, but, in grief, I was not able to recall or retain information. I could not concretely visualize or sequence the events of my son’s birth and death, rather fragments of images or sounds would intrude without invitation, transporting me back to the various moments in his brief life. In a journal entry dated February 2, 2010, I wrote:

*Overwhelming pain is sweeping over me... an uninvited visitor... a moment I wasn't expecting.. I was reading a poem in class, an eighteenth-century literature class, one so*

*unrelated to present day reality, but a phrase from the poem “clay like hand” swept me back to that awful night, holding Zachery as he breathed his last and the heat slowly left his tiny frame. Moments that were so fuzzy before now come back in such force. It’s like I’m re-living them now. Will I ever stop sobbing?*

That spring, I began having vivid nightmares, leading to periods of insomnia. In trying to understand what I was experiencing, I sought out answers by reading and studying literature on grief. It was in H. Norman Wright’s *Experiencing Grief* (2004) that I first read about a connection between grief and trauma. Wright wrote that “a traumatic experience literally disrupts the functioning of your mind. It overwhelms your coping ability. It’s too much. Trauma shatters your beliefs and assumptions about life, challenges your belief that you have the ability to handle life, and tears apart your belief that the world is safe” (p. 83). This was written at a time when the understanding of complicated or traumatic grief and its lasting effects was just emerging (Melham et al., 2007; Shear et al., 2005). Four years after the death of my son, a close family friend was kidnapped and murdered. Because of the widespread national media attention this murder received, my eldest, then six years old, learned details surrounding our friend’s violent death that left a lasting and damaging imprint on his developing brain. As he attempted to make sense of this event, which was compounded by his grief for his baby brother, I began to recognize behaviours and emotions that resonated with those I, too, had experienced only years earlier. I sought the help of trained professionals, but I wanted to learn more, to feel less ill-equipped to meet the needs of my children, and to advocate for them at school. Yet the literature at that time was sparse, with little to no focus on the experiences of traumatized and grieving children.

## Effects of Trauma and Grief on Children

Understanding the effects of *trauma* in children is a relatively new area of research. As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), trauma can result from “an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being” (SAMHSA, 2014). Psychologist's Erik Erikson's work *Childhood and Society* (1950) on the psychosocial development in children led the way to research on the impact of traumatic experiences on a child's life yet the research being conducted on trauma in the decades that followed did not consider the ways in which psychological trauma produced lasting damage on children. In fact, there was a belief that children were resilient, that they would simply “bounce back” (Perry & Szalavitz, 2017, p. xx). In the many conversations that I have had about the lasting impact of a traumatic loss on a child, I find that this attitude prevails yet today. The ground-breaking study released on adverse childhood experiences (ACEs study) by the Center for Disease Control and the Kaiser Permanente health care organization (Felitti et al., 1998) led the way for extensive research on childhood adversity and the affect of trauma on children. As this study was being conducted, Dr. Bruce Perry founded the ChildTrauma Academy in 1996, a leader in the research on the lasting impacts of trauma and how to facilitate healing. In the book *The Boy Who Was Raised as a Dog* (2017), Dr. Perry and journalist Maia Szalavitz chronicle the growth in the field of childhood trauma by sharing stories from Perry's work with children, lessons they learned along the way, and incorporating scientific information throughout the text.

*Childhood adversity* is a broad term that refers to circumstances, such as childhood abuse, bullying, natural disaster, or the death of a loved one, that can pose a serious physical or

psychological threat to a child's well-being (Bartlett & Sacks, 2019). Not all children who experience childhood adversity will develop trauma yet identifying childhood trauma can be difficult, especially when the children do not have the language skills to articulate their experiences. While a short-term distress response following a traumatic event is nearly universal among children, most children recover and continue to have a full, satisfying life (Cohen & Mannarino, 2011; Shear et al., 2007). However, some children do not recover and are overwhelmed, unable to cope with their emotions. They can experience a sense of helplessness.

The same is true for traumatic grief in children who experience the death of a loved one. In her book *The Grieving Child in the Classroom* (2020), psychology professor and early childhood educator Sue Lawrence discusses childhood grief in the developmental, emotional, and the educational context. While the ACES study did not focus on death as a form of childhood adverse experiences, Lawrence states that “grief and bereavement are not identical to chronic child abuse, but we could assume that trauma creates similar consequences” (Lawrence, 2020, p. 44). Children can develop *childhood traumatic stress*, also known as *childhood traumatic grief*, after the loss of someone important to them, especially if the death was sudden and/or of a violent nature. However, it is important to note that even if the death was expected by supporting adults (i.e. a long term illness), a child may still experience this death as traumatic (Cohen & Mannarino, 2011). Both *trauma* and *childhood traumatic grief* are defined by the intense fear, terror and helplessness a child experiences when reminded of an event that created or is creating the trauma. Where childhood traumatic grief differs is that the trauma is also accompanied by the grief work that would be associated with a typical grief process. Until the child receives interventions to heal from the trauma, the grief process can be complex and prolonged (Mannarino & Cohen, 2011; Melham et al., 2007).

### **Childhood Trauma and the Impact on Health and Education**

Trauma can have a devastating affect on a student's health and education (Bell et al., 2013; Brunzell et al., 2019; Ludy & Perry, 2010). Trauma affects brain development, socio-emotional relationships, cognitive development, and even physical health (Bartlett et al., 2017). For students affected by trauma, repairing and establishing relationships are critical: "High quality relationships are foundational for social emotional development for all students but specifically the essential framework for trauma" (Blochett and Dorado, 2016, p. 36). Students exposed to traumatic events without supportive relationships are more likely to experience lasting negative effects: "Individuals who have few positive relational interactions—a child without a healthy family/clan—during or after trauma have a much more difficult time decreasing the trauma-induced activation of the stress response systems. The result is an increased probability of developing trauma-related problems" (Perry, 2010, p. 27). As parents of children experiencing traumatic grief may also be grieving, teachers may be the first to identify challenges that may be caused by trauma. As such, strong lines of communication and collaboration are crucial in identifying traumatic responses and supporting the student.

### **Trauma-Informed Practices in Schools**

Trauma-informed practices, also referred to as trauma-informed care, is an approach in which people in all levels of an organization have a basic understanding of trauma, its impact, how to recognize trauma, and how to reduce risks for re-traumatization. (SAMSHA, 2014) Trauma-informed practices are not a treatment for trauma rather a lens in which service providers can better support those affected by trauma. The need for trauma-informed practices in the classroom is gaining attention in the field of education (Bell et al., 2013; Cohen & Mannarino, 2011; Jones et al., 2018). Research shows that children who experience adversity or loss as trauma, including childhood traumatic grief, may experience long term disruptions to

executive functions and present learning, behavioural and social challenges within school settings (Anda et al., 2006; Howard, 2019; Ludy & Perry, 2010). Current research also indicates that the adoption of trauma-informed care practices within schools can successfully support students who have experienced trauma and/or childhood traumatic grief (Bartlett et al., 2018; Crosby et al., 2018; Dorado et al., 2016; Holmes et al., 2015; Ludy & Perry, 2010).

One model for trauma-informed schools called HEARTS was developed in 2008 by Joyce Dorado and Miriam Martinez at the University of San Francisco, California, drawing from the Trauma and Learning Policy Initiative (TLPI), a flexible framework for *trauma-sensitive schools* developed in Boston, Massachusetts (Cole et al., 2015). HEARTS is a leading multi-tier system of support (MTSS) and often uses Positive Behavioural Interventions and Supports (PBIS) as the Tier 1 whole-school program to teach social and emotional skills by setting and reinforcing positive behaviour. PBIS practices that help develop relationship skills include defining and teaching positive behaviour, establishing five or less positive behaviours as school-wide expectations which are taught, memorized, and made visible to build community ownership of these positive behaviours. The HEARTS framework also includes check-in/check-out procedures, social skills clubs, buddy programs and dedicated spaces, like chill zones, for students to take a break from adverse activities (Barrett et al., 2018). These interventions are available to all students. Additionally, all staff receive training on trauma so that Tier 1 support is implemented using a trauma sensitive lens or perspective. For Tier 2 and Tier 3 support, HEARTS uses screening implements, a CARE team to create and facilitate student specific support plans, and on-site trauma-specific therapy. (Dorado et al., 2016).

In their book, *Reclaiming Youth At Risk, Futures of Promise*, Brendtro, Brokenleg and VanBrockern (2019), professors at Augustana University in South Dakota present a model of

trauma-informed teaching situated within the wisdom of the Circle of Courage. They identify that the indigenous values found in the Circle of Courage, particularly with regards to strengthening the bonds of attachment and understanding of belonging, can be instrumental in reclaiming traumatized youth (Brentro et al., 2019, 64). The Circle of Courage identifies four key values – The Spirit of Belonging, the Spirit of Mastery, the Spirit of Independence, and the Spirit of Generosity. These values align with the key principles found in other trauma-informed practices, often referred to as the four “R”s of trauma-informed practices: *Realize* – become aware of the prevalence and effects of trauma, *Recognize* – be observant of signs of trauma in your classroom, *Respond* – build positive relationships with students and care-givers, and *Resist Re-traumatization* – create a safe environment for traumatized learners (Cummings et al., 2017; O’Neil et al., 2010).

As a response to the COVID-19 pandemic, the need for trauma-informed practices became a key focus of a safe return to school. In 2020, the Canadian Teachers Federation (CTF) published a digital resource called TITAL, trauma-informed teaching and learning, to help educators recognize signs of trauma, respond as a teacher, respond as a whole school, and provided resources for further learning. The CTF also advised that every school adopt trauma-informed teaching practices as the students returned to school that September and as an on-going practice. Public Health Ontario also published a document “Trauma-informed Practices for Children and Families during the COVID-19 Pandemic” in August 2020, citing the four “R”s as key assumptions in implementing a trauma-informed approach. The principles that are found in trauma-informed practices, such as developing a safe, supportive environment, being attuned, conveying positive regard, promoting pro-social emotional responses and engaging proper

reactions, are universal in design as they promote practices that are beneficial to all students (Crosby et al., 2018; Cummings & Swindell, 2019).

### **The Role of Teachers**

Teachers are in a likely position to identify challenges a student may experience and can be key players in responding to mental health needs (Cole et al., 2005; Cohen & Mannarino, 2011; Whitley et al., 2018). As students spend 6-8 hours per day at school, creating a positive environment can promote healing growth for children affected by trauma (Bath, 2008). Research shows that children who experience adversity or loss as trauma may experience long term disruptions to executive functions and present learning, behavioural and social challenges within school settings (Brunzell et al., 2016; Crosby et al., 2018; Wright, 2014).

Principles that are found in trauma-informed classrooms are beneficial to all students and include developing a safe and supportive environment, being attuned, conveying positive regard, promoting pro-social emotional responses, and engaging proper reactions. As Bath (2008), Brendtro et al. (2019), Brunzell et al. (2016, 2019), Cummings et al. (2017), and Wright (2014) all discuss, developing positive connections and trusting relationships between students, caregivers and mentors can promote healing for those experiencing trauma.

A significant amount of the literature that addresses support for students affected by trauma is theoretical, presenting a new intervention or advising on best practices for implementation. Trauma-informed approaches do stress the importance of the relational aspects of support, that the modelling of positive prosocial behaviours by educators is key for successful implementation (Bartlett et al, 2017; Blochett & Dorado, 2016; Cummings et al., 2017; Durlak et al., 2015; Morgan et al., 2015). When an educator's awareness of trauma, emotional intelligence and relational skills are well developed, traumatized learners are better supported (Morgan et al., 2015).

### **Perspectives of Teachers**

As aforementioned, there are few studies that have explored teachers' experiences in addressing trauma and/or grief in the classroom (Thomas et al., 2019). Studies that do address teacher perspectives have identified that educators desire more support, through pre-service and in-service training, resources and clear school policies, to feel more confident in addressing the needs of their students (Alisic, 2012; Brunzell et al., 2016; Cummings et al., 2017; Howard, 2019; Morgan et al., 2015; Post et al., 2020; Venet, 2019). A qualitative study by Alisic (2012) explored the perspectives of 21 teachers to identify teacher strengths and challenges in supporting trauma-affected students. Findings from this study highlighted teacher uncertainty in providing optimal support and the need for clear role definitions through updated school policies.

Qualitative participatory action studies conducted by Brunzell et al. (2016, 2019) explored teacher experiences in implementing Trauma-Informed Positive Education (TIPE) practices. The studies focused on the increase of regulatory abilities for trauma-affected learners and the role of relational capacity. Findings included the importance of changing educator mindsets, building healthy relationships, and developing a whole-school model when implementing trauma-informed classrooms.

Likewise, a study by Morgan et al. (2015), discussed the educator mindsets. This study was a mixed methods study conducted with 20 teachers and staff incorporating trauma-informed practices. The key finding from this study was that educator's identities need to be reconstructed and renegotiated in order to commit to trauma-informed practices and relational pedagogy. Both Brunzell et al. (2016, 2019) and Morgan et al. (2015) identified the importance of teacher self-efficacy and professional development when implanting trauma-informed teaching practices.

Recently, a quantitative study conducted by Post et al. (2020), evaluated the effectiveness of child-teacher relationship training (CTRT) to promote trauma sensitivity and collaboration in

two schools. Forty-six teachers were trained in this relationship building skills intervention. The findings identified that the training and implementation of CTRT did not increase teacher stress and had a positive impact on teacher attitudes on trauma-informed practices and relationship building skills. This contrasts findings in Blitz and Mulcahy (2017), a participatory action research study in which teachers reported high levels of stress in implementing trauma-informed practices.

In one mixed-methods study, the perspectives of therapists and social workers were gathered with respect to necessary teacher skills and knowledge related to trauma (Cummings et al., 2017). Researchers gathered qualitative data through survey and semi-structured interviews with 14 community service providers. This study was guided by three questions: What should teachers know about trauma experiences of young children, about behavioural patterns connected to trauma, and how should teachers support the student's social and emotional well-being? The findings were grouped into key themes – realizing the impact of trauma, recognizing trauma, responding, and resisting re-traumatization. The study findings also identified ways that teachers can better support trauma-affected students in the classroom such as being attuned, showing positive regard, and collaborating with parents.

### **Perspectives of Students and Parents**

There is scant research that examines the perspectives of students that experience trauma. In one exception, West et al. (2014) conducted a phenomenological exploratory study, giving voice to the perspectives of 39 court-involved female students, ages 14-18, affected by trauma. Data was collected through focus groups where students responded to open ended questions about behaviours they see in themselves and in others at their school, what experiences may have contributed to those behaviours and if they were the principal, how might they address these behaviours. The collected responses identified ways that behaviours are triggered, the need for

respect and findings advise the use of attachment-driven interventions. While the sample for this study came from single school and care facility, these rarely heard student perspectives give a much-needed voice to this area of study and have broad applicability.

Studies that explore parent perspectives in relation to supporting children are also scarce. As trauma-informed practices are a lens in which to recognise and support children affected by a trauma, not a treatment, including these perspectives is vital to develop deep understanding of their experiences. As identified in articles by Cummings & Swindell (2019) and Nadeem et al. (2011), future research needs to consider parent perspectives. Two separate studies conducted by Holmes et al. (2015) and Langley et al. (2015) do include parent perceptions of trauma-informed interventions however both studies were quantitative, designed to evaluate the effectiveness of an intervention and not structured to understand the experiences of these parents in supporting their children at school.

### **Family-School Collaboration**

As mentioned above, strong lines of communication and collaboration are crucial in supporting students affected by trauma. A whole-school model, or comprehensive school health approach, which includes an emphasis on social and emotional learning and working closely with families, is an important step in helping students with mental health concerns (Whitley, 2010). In a large meta-analysis on social-behavioural outcomes in relation to family-school collaboration, Sheridan et al. (2019) analysed studies that included research on social-emotional issues and mental health concerns in general, not specifically focused on trauma. The findings of this meta-analysis identified communication, behavioural supports, the parent-teacher relationship, and collaboration as key components to positive relational and competency outcomes. Findings from studies conducted on trauma-informed practices have also indicated the need for a collaborative approach noting that outcomes are much more positive when students,

staff and parents work together with shared understanding and vision and a shared conceptual and practical framework (Bartlett et al., 2017; Cole et al., 2005; Dorado et al., 2016, Morgan et al., 2015; Morrison, 2007).

Phifer and Hull (2016), in their case study that observed the implementation of a trauma-informed MTSS, discuss how placing trauma-informed practices makes sense as schools have access to connect with parents and families affected by trauma. An ethnographic case study conducted by Lawson and Almeda-Lawson's (2012) reported similar findings. This case study was conducted in the mid-west with 32 Latina parents and an elementary school regarding parent engagement at that school. This study investigated barriers to school-based parent engagement by facilitating a Community Action Network (CAN) parent engagement program. Data was collected through interviews, focus groups and by gathering artifacts like photos, archival records and by observation. While this study was not specifically seeking participants that had experienced trauma, the issue emerged as part of the findings. The findings noted the CAN program's promising potential to facilitate engagement but also emphasized the importance of addressing these parents' histories of trauma and distrust of institutions before a collaborative relationship could be formed.

In Ontario, findings from a community-driven participatory action study were published by the Ontario Federation of Indigenous Friendship Centres. This study, The Trauma-Informed Schools Research Project (2016), began with engagement sessions that included the voices of students, caregivers and educators. The recommendations were then used to create toolkits which were developed by the students who participated in the engagement sessions, fully giving voice to participants and establishing a wholistic, collaborative model to create trauma-informed schools.

## **Working Alliances**

While the need for family-school collaboration in supporting children with mental health concerns, which would include those experiencing trauma and traumatic grief, is clear, many educators express discomfort working with parents (Brendtro et al., 2019). Teachers have expressed the need for resources and support in discussing mental health concerns with a student's parents (Alisic, 2012; Fahey, 2019; Nadeem et al., 2011). The development of strong family-school collaboration, recently understood as a form of working alliance (Toste et al., 2010), is key to building these connections, particularly for students experiencing trauma (Blochett & Dorado 2016; Jones et al., 2018). Psychologist and educator Edward Bordin, through his conceptualization of the working alliance, identified that it is through positive bonds and collaboration – a partnership in which all parties are equally committed to the agreed tasks and goals and a belief that the others are willingly engaged – that defines an effective working relationship (Bordin, 1979). Bordin's conceptualization of the working alliance was significantly different than leading theories on the therapeutic relationship at that time because of its emphasis on the collaborative relationship required to establish effective working relationships (Horvath & Greenberg, 1989). In working alliances, Toste et al. (2010) asserts that this construct can also help teachers develop meaningful relationships with their students. Knowles et al. (2019) investigated the use of working alliances between teachers and their students to better support children with emotional and behavioural disorders (EBD) in their quantitative study, identifying the need for a more comprehensive, deep understanding of how teachers and students with needs work together.

In reconceptualizing how working alliances could be used, Magaldi-Dopman & Conway (2012) point out that Bordin's theory of the working alliance was conceptualized for use in schools (Bordin, 1979) not only for clinical practice. Magaldi-Dopman & Conway (2012)

advocate for the use of a working alliance in classrooms to address the importance of positive parent-teacher relationships for students with special education needs. While schools can be spaces of cultivating growth and resilience, parents are still the strongest influence on a child's development and can offer important perspectives (Brendtro et al., 2019; Nadeem et al., 2011; Pleines, 2019) and because of this, working alliances between parents and schools need to be prioritized.

### **Rationale for this Study**

There is a gap in the emerging research on complex trauma and grief in children; the literature does not address how teachers and parents of children affected by trauma experience the schooling and education of these children. This understanding is crucial in developing a solid base of evidence in the field, which has so far overlooked the experiences of parents and teachers. As Canadian teachers have recently received directives from the Canadian Teacher's Federation and provincial public health agencies to adopt trauma-informed teaching practices, deep understanding of the experiences of parents and educators is an important aspect of successful implementation. This narrative inquiry research study addresses existing gaps in the literature. By sharing the lived experiences of those supporting children affected by trauma and grief, these narratives could better inform teacher practices (Amsterdam & Brunner, 2002; Clanindin, 2007; Webster & Mortava, 2007). This study collected the lived experiences of three Canadian women to explore what is experienced by teachers and parents in supporting students affected by childhood traumatic stress and traumatic grief, what is experienced relationally, and what degree of collaboration is occurring between teachers and parents in providing support to these students.

## The Loom

*Humankind has not woven the web of life. We are but one thread within it. Whatever we do to the web, we do to ourselves. All things are bound together. All things connect.*

- Chief Seattle

In research, the conceptual or theoretical framework of a study gives the research its shape. This study has both a conceptual and a theoretical framework. A loom helps the weaver hold the strands of thread to weave a tapestry, and the conceptual and theoretical frameworks used in this study weave the narratives together. On a loom, there are threads running in parallel lines from top to bottom (see Fig 2). These parallel strands of thread are called the *warp*, considered to be the foundation of the tapestry. The strands of thread woven perpendicular by the weaver on the *warp* are called the *weft*. The *weft* creates the images and patterns, the strands of thread that allow the stories to emerge on the tapestry.

### Figure 2

*Image of a Tapestry Loom from iStock by Getty Images*



The *welt* threads, the conceptual frameworks, used to organise the narrative strands in this study are ARC Framework (Blaustein & Kinniburgh, 2010,2005) and Bordin's conceptualization (1979) of the working alliance while the theoretical framework, the foundational *warp* of this study, is woven by attachment theory.

### **The Warp**

Attachment theory is a theoretical focus in this study as it has been identified as a foundational element in supporting those affected by trauma. Attachment theory looks at the secureness of a relationship. When a child experiences trauma, there can be significant disruptions to his/her sense of security and to his/her trust of others. Attachment theory is central to understanding the impact of trauma on relationships (Arvidson et al., 2011; Blaustein & Kinniburgh, 2010; Pleines, 2019) and was used to guide and inform this study.

Attachment theory was first developed by John Bowlby (1969; see Figure 3) and Mary Ainsworth (1970) to understand the emotional bond between a child and caregiver. Bowlby and Ainsworth identified four attachment styles: secure, insecure, avoidant, and disorganised. Children with insecure attachments have difficulties regulating their emotions, interacting with others, and may become clingy and overly dependent. Healthy, secure relationships need to be established and re-established (Kinniburgh et al., 2005) before developmental skills and competencies can be worked on (Arvidson et al., 2011). The secure emotional bond, or trusting relationship, has been identified as a universal bio-social need (Baumeister, 2012) and a necessary component in identity development, growth and overall well-being (Ryan & Deci, 2017).

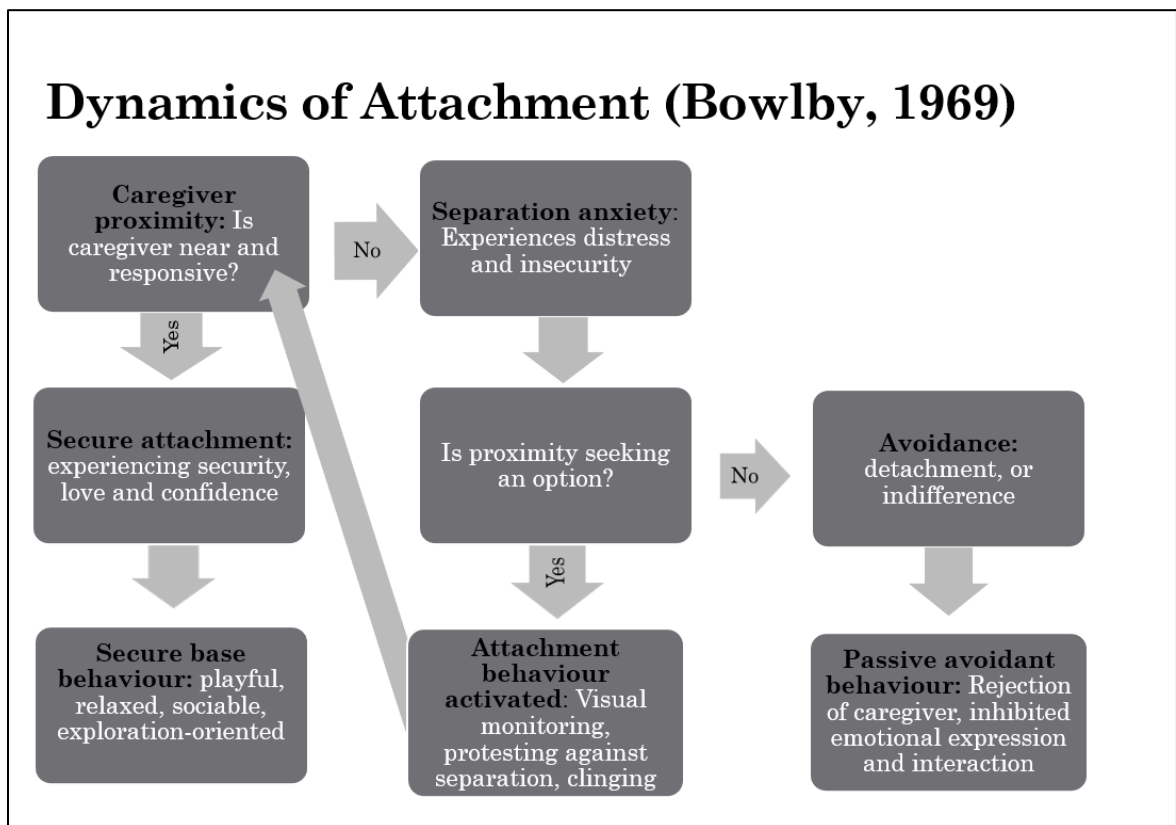
**Figure 3***Bowlby's Attachment Theory (1969)*

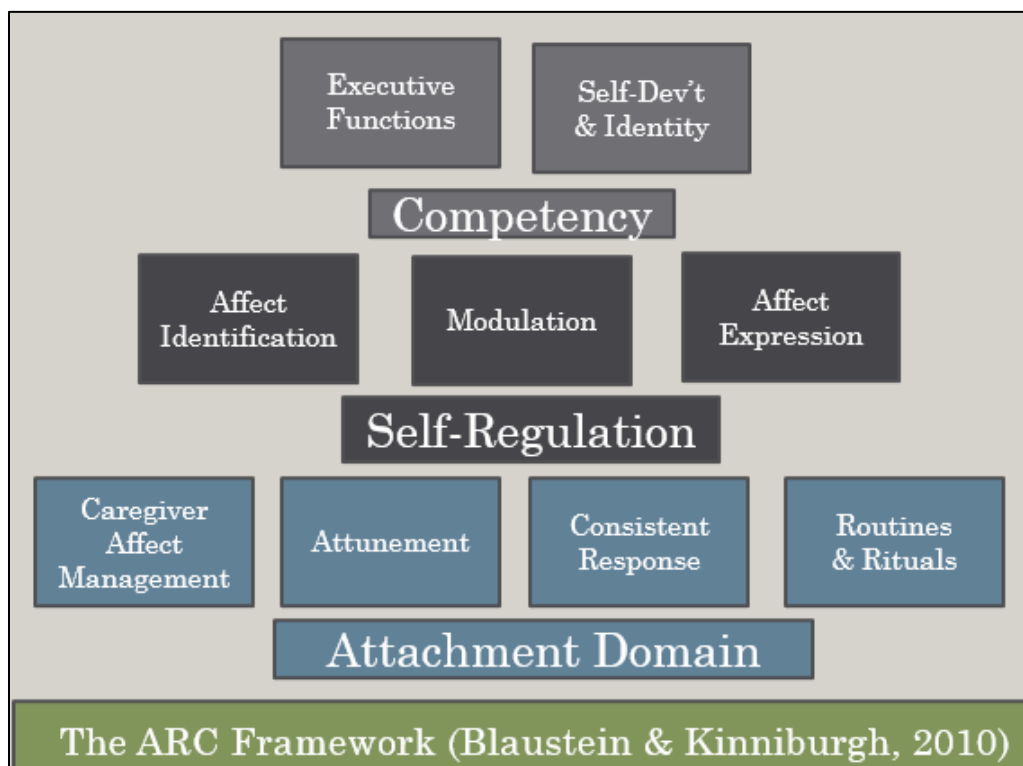
Figure 3 identifies the process in which a child, when securely attached, can approach play and other developmental tasks without inhibition. Beginning at the top left corner of Figure 3, when experiencing stress, a child will seek security from a caregiver. If that caregiver is attentive, the child, in experiencing security, love and care, will confidently continue with play, exploration, and learning. If a caregiver is not available or attentive, a child will experience anxiety and seek to restore closeness through proximity seeking behaviours such as monitoring, crying or clinginess. If a child does not receive attentiveness or response from a caregiver, the child will believe the situation is hopeless and display avoidant attachments such as refusals to engage, wariness and/or hostility. Many frameworks for supporting children affected by trauma, like the ARC model, identify the importance of healthy attachments to promote healing.

## The Weft

The *weft* threads used to inform this study are the ARC model for trauma intervention and Bordin's conceptualization of the working alliance. ARC (A-attachment, R-regulation and C-competencies; Blaustein & Kinniburgh, 2010) is theoretically grounded in attachment theory. As one of ARC's core goals is to build healthy relationships, this flexible framework addresses disruptions caused by trauma to relationships, the sense of security, emotional and stress responses and impairments to development including social skill development (Kinniburgh et al., 2005). ARC positions attachment as the foundational domain, or key building blocks in supporting students affected by trauma and is a leading model for the support of complex trauma in children (Arvidson et al., 2011; Holmes et al., 2015).

### Figure 4

*ARC Model for Trauma Intervention (Blaustein and Kinniburgh, 2010)*

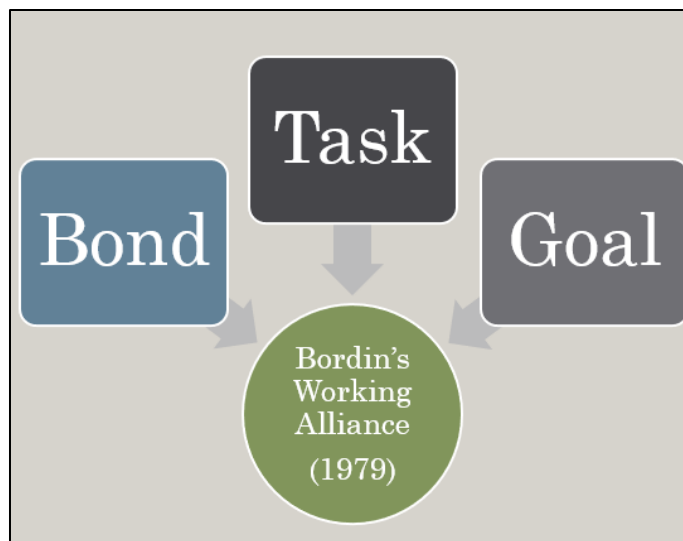


As depicted in Figure 4, this foundational domain of attachment features four building blocks: caregiver management, attunement, consistent response, and routine/ritual. Researchers have advocated that the domains identified in the ARC framework be incorporated into trauma-informed teaching practices and whole school approaches (Bartlett et al., 2018; Blochett & Dorado, 2016; Brendtro et al., 2019; Brunzell et al., 2019; O'Neil & Kitchenham, 2010).

The ARC model for trauma-informed care identifies the importance of attachment, in supporting the trauma-affected student in developmental tasks and goal of healing from the traumatic experience(s). Likewise, the emotional bond as it is understood in Bordin's conceptualization of working alliances is rooted in idea of establishing positive relationships and is also grounded in attachment theory (Bordin, 1979).

### Figure 5

*A visualization of Bordin's conceptualization of a working alliance (1979)*



Bordin's conceptualization (Fig 5) states that in any helping relationship three components are necessary: the bond, the task(s) and the goal (Bordin, 1979). The bond is understood as “the emotional component of the relationship, a complex network of positive attachments based on mutual trust, liking, respect and caring” (Toste, 2010, p. 376). This narrative inquiry study drew

on ARC's attachment domain and the development of the emotional bond as an integral part of working alliances to guide the development of the interview guide and in the analysis of the data.

### **The Value of Stories**

*Time comes into it.  
Say it. Say it.  
The universe is made of stories,  
not of atoms.*

*-Muriel Rukeyser, 'Speed of Darkness'*

From petroglyphs to pictographs – these precursors of the written word give us a glimpse of what ancient cultures valued through carvings and paintings that depict tales of innovation and survival. These artifacts also tell us that these were people who told stories, that at the heart of what it means to be human is the desire to share our stories. Deep understanding needs to begin with the stories, the lived experiences. Dr. Bruce Perry, in the preface of the second edition of *The Boy Who Was Raised as a Dog*, writes that he did not expect this collection of stories on trauma to receive such “flood” of interest and to be used widely as a textbook (Perry & Szalavitz, 2017, xvi). Not only does the book detail ground-breaking research on the neurological impact and treatment of trauma in children, but it does so through storytelling. The audience is drawn into the book by the narratives, the stories of the children treated and the stories of Dr. Perry's own personal growth as a researcher.

Stories create connections that resonate more deeply than statistical data. Because of the deep understanding stories help establish, this study uses a narrative inquiry approach. The prevalence of trauma may be best studied and measured through empirical and statistical research methods, but the experience of trauma is best studied and understood through narratives. Narrative inquiry research is a newer methodology that focuses on the experiences of participants – their stories – and it has gained respect in the past two decades as a valuable

research tool for educational research (Creswell, 2012; Clandinin, 2007; Webster & Mortava, 2007). The research design for this study was predominantly influenced by the work of D. Jean Clandinin and F. Michael Connelly. Both Clandinin and Connelly have been influential in the field of teaching, working in Faculties of Education at two Canadian universities and pioneering narrative inquiry research, coining the term narrative inquiry in 1990. They were instrumental in developing the process to how it is currently used by researchers, now a respected methodology not only in education but many other disciplines.

Narrative inquiry allows the research to focus on life events while exploring holistic views of the topic. As Webster and Mortava (2007) write, narrative research allows researchers go deep into the complexity of an experience and is well suited for examining social and cultural contexts of education. Narrative inquiry, in maintaining the wholeness of the story, also requires the researcher and audience to think along with the participants to try to understand the experience (Clandinin, 2013; Clandinin & Connelly, 2000; Downey & Clandinin, 2010; Clandinin, 2013; Morris, 2002).

The relational experience of narrative inquiry is an important aspect of the methodology. Narrative inquiry research is not merely retelling the participants' experiences, but rather a reflective, broadening understanding that involves active participation of the researcher, "an experience of the experience" (Clandinin & Connelly, 2000, p. 189). Clandinin also asserts that narrative inquiry researchers must begin by inquiry into their own stories of experience:

"Beginning with autobiographical narrative inquiry allows us to see that we, too, are under study in the inquiry. These initial inquiries into who I am, and am becoming in and through the narrative inquiry, allow us to come to the questions of justification:

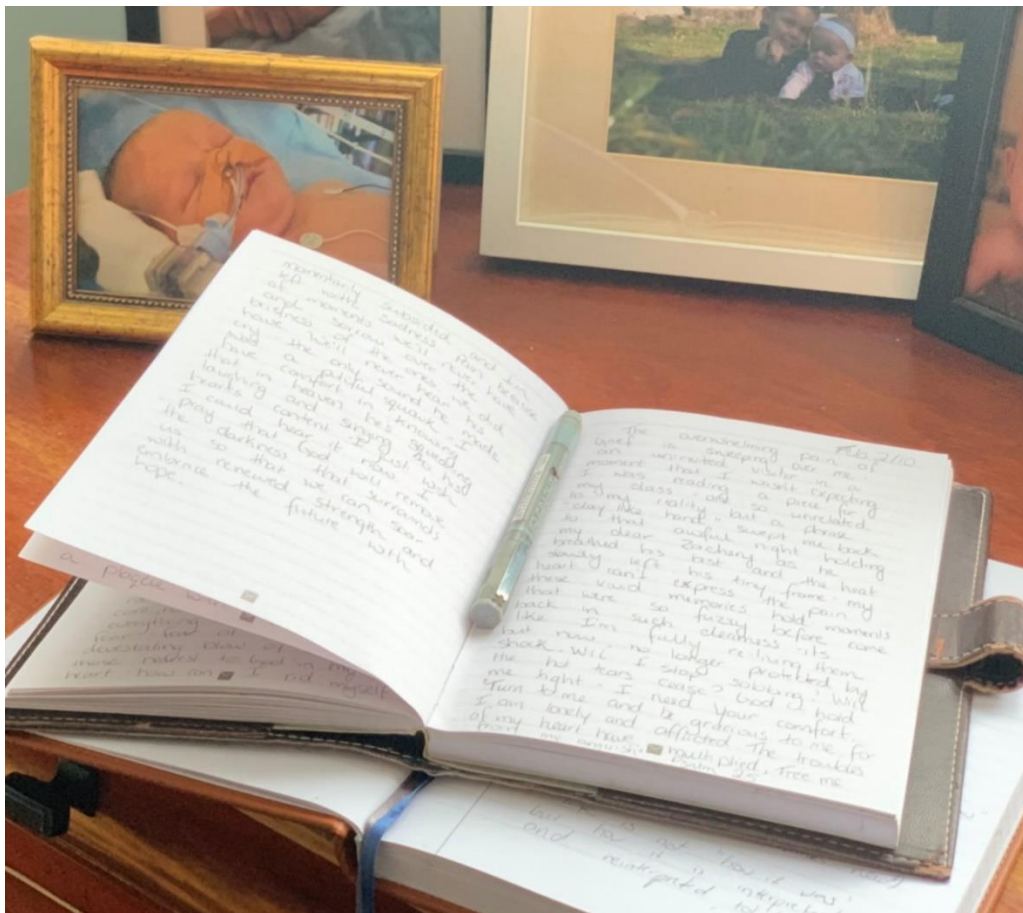
the personal, practical, social, and theoretical justifications that allow us to respond to the “so what?” and “who cares?” questions that all social science researchers must answer.”

(Clandinin, 2013, p. 82)

Clandinin (2013) identifies this reflection as a process in which the autobiographical inquiry is on-going, “to enter in the midst: moving to living alongside” (p. 43) the research, not observing from the periphery. From inception to writing the final research text, I, as the researcher, approached every stage of the project with a posture of autobiographical reflection by journaling and by returning to journals previously written in the midst my own grief and trauma journey.

## Figure 6

### *Researcher's Journals*



Excerpts from these journals, identified by block indentation and italics, are included throughout this research paper. As suggested by Clandinin, this reflectivity encourages the audience to also participate in the space of wondering that is central to the methodology.

Narrative inquiry does not mean using the stories to establish facts in an empirical sense but rather using the stories to create a space in which both the researcher and audiences are “thinking with them to understand the lives being lived” (Downey & Clandinin, 2010, p. 385). This study was centered on these wonderings: What is experienced by teachers and parents in supporting students affected by childhood traumatic grief? What is experienced relationally? What is the degree of collaboration between teachers and parents in providing support?

Narrative inquiry research does not aim to provide final answers but continually invites the readers into spaces to wonder and reflect on ways these stories resonate with their own experiences: “These texts are intended to engage audiences to rethink and reimagine the ways in which they practice and the ways in which they relate to others” (Clandinin, 2013, p. 51). This shift from research questions to a research puzzle is “markedly different than other methodologies” (Clandinin, 2013, p. 43), a difference that is beneficial in a study where the emphasis is on creating deep understanding not quantifiable data. As narrative inquiry research is rooted in relationships and concepts of knowledge discovered through lived experiences, this methodology mirrors the purpose of this research, thus the form complimented the content, making narrative inquiry the best choice for this study.

## **Recruitment**

Participants for this study were recruited through professional contacts, my study website *www.trauma-grief-study.com*, and through a Facebook page that directed interested candidates to my study website. I was seeking parents and teachers who had or still are

supporting the elementary education of a child who has experienced or is experiencing childhood traumatic stress or childhood traumatic grief (CTG). To determine eligibility, participants were given this definition as identified by the National Child Traumatic Stress Network (NCTSN):

“Traumatic reactions can include a variety of responses such as intense and ongoing emotional upset, depressive symptoms or anxiety, behavioral changes, difficulties with self-regulation, problems relating to others or forming attachments, regression or loss of previously acquired skills, attention and academic difficulties, nightmares, difficulty sleeping and eating, and physical symptoms, such as aches and pain” (NCTSN, 2005).

One of the challenges I experienced in recruiting participants was due to the current time and place in which this study occurred. During time of recruitment, we had two lockdowns in Canada due to the COVID-19 pandemic. I began recruitment by reaching out to professional contacts and asking professional organisations from locations across Canada to share information about my study. From this, two respondents agreed take part of this study and participated in one interview each. As a parent myself, I found it difficult to complete my own daily work alongside facilitating my children’s education at home so I understood why parents, supporting their children at home would not wish to add an extensive interview to their own full schedules. After the lockdown was lifted and was finished for the year, I used a Facebook page with links to the study website to aid in recruitment. Using Facebook’s “boost post” advertising feature, I reached two thousand viewers, received 157 engagements, and conversed with four parents and one educator over email. From these, I scheduled three interviews. Two of the three dropped out of the study after several rescheduled interviews. The third interviewee also needed to reschedule her interview several times before we connected through a formal interview.

The participants of this study were three women, living in Canada, all who shared their experiences in supporting children affected by trauma and grief. One participant, who has been given the pseudonym Beth, is a teacher. The second participant, given the name Pam, is both an teacher and a parent who has supported her own child affected by trauma. The third participant, given the pseudonym Nicole, is a mother who has supported her children's education after the sudden death of her daughter.

### **Data Collection**

As identified by Clandinin (2013), conversations serve as key instruments in data collection. As such, stories were collected through interviews, conducted by Zoom and by telephone. Interviews were semi-structured; I asked open-ended questions (see Appendix A - Interview Guide) to generate the reflection and detailed recall of experiences if needed, but as this was a narrative inquiry study, the conversations were free to go where the participant led. These interviews were 1-1.5 hours in length. Consent (Appendix B) was obtained prior to the initial interview and each interview was audio-recorded. The recordings were then transcribed using Otter AI software, which I checked and edited line-by-line for accuracy.

### **Data Instruments**

This study focused on the experiences of those supporting children with childhood traumatic grief, particularly with regards to attachment, relationships and collaboration. As attachments are vital in establishing relationships, the understanding of the emotional bond (trust, mutual respect, and collaboration) as identified in the construct of working alliances as well as topics identified in the attachment domain (caregiver affect management, attunement, and consistent response) of the ARC framework informed the interview (*Table 1*).

**Table 1***Topics as Used in the Development of the Interview Guide*

<b>Topic</b>	<b>Corresponding Questions</b>
Attachment/Relationships	1, 2, 4, 8
Attunement/Awareness	2, 3, 4, 5, 6
Caregiver Affect Management	3, 4, 5, 6, 7
Effective and Consistent Response	2*, 5, 6, 7
Mutual Respect/Trust	2*, 4
Family/School collaboration	2*, 4, 7, 8, 9, 10**

\*indicates teacher's interview guide only

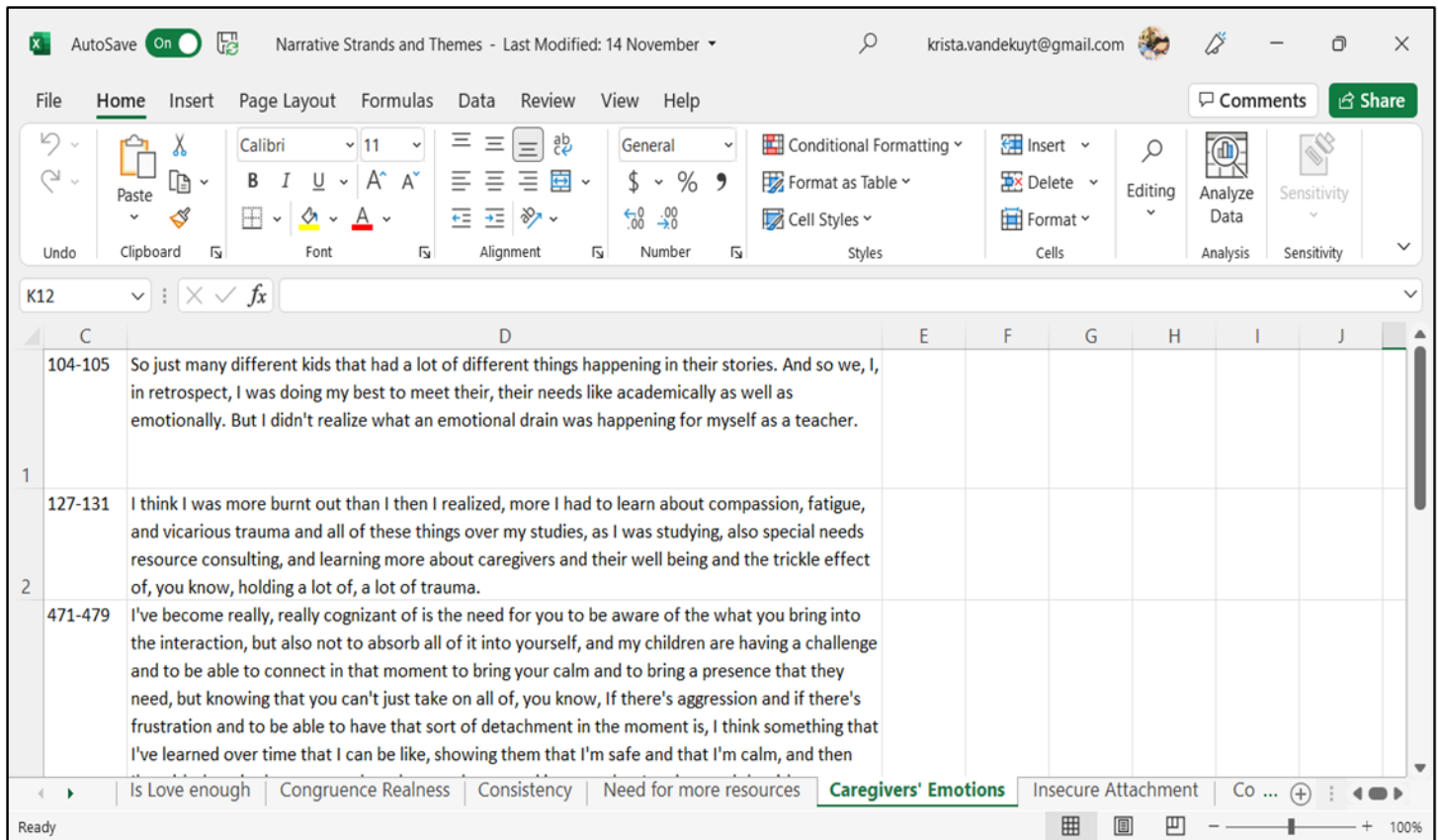
\*\*indicates parent/guardian's interview guide only

**Data Analysis**

After data collection was completed, the stories were reviewed and organized using a narrative thematic analysis approach (Butina, 2015) to explore common themes emerging across the interviews, examining similarities and differences between the parent and teachers' perspectives. The transcripts were read carefully several times and I wrote notes from each interview. From these notes, codes were generated. Topics related to attachment, as identified in the ARC model and the working alliance, were considered in this analysis but other areas of emerging significance were also considered. The codes were then organized by using an excel spreadsheet and complete passages were copied from the transcripts and pasted into the individual sheets.

**Figure 7**

*Screenshot of Thematic Coding Organized on Excel Workbook*



To ensure that each passage was correctly identified, interview date and line numbers were included on the spreadsheet. To maintain the wholeness of the data, large passages were included. The excel sheets were printed, re-read and analyzed to interpret meaning for purpose of knowledge production (Butina, 2015; Webster & Mortava, 2007).



process that took place during this time of analysis is difficult to adequately put into words, but experiencing those “aha moments”, the “*Oh my! It’s right there!! The working alliance, if thinking in literary terms, is the climax of every story shared!*” moments are rewarding. It is a peculiar space to navigate as some moments are marked by heartache, yet other moments marked by exhilaration. The final step of data analysis was to re-story each participant’s narrative and organize the thematic strands for discussion.

### **Trustworthiness of the Data**

Trustworthiness of this narrative inquiry research was established through the notes and transcripts (Webster & Mortava, 2007). Trustworthiness was established through diligent memoing, accuracy of the transcripts, and triangulation by means of identifying like events (Webster & Mortava, 2007), and transferability by using rich and descriptive data (Birks et al., 2008; Clandinin, 2007; Creswell, 2012; Webster & Mortava, 2007). As this is an area of research in which I have personal experience, researcher bias was addressed through open discussions to identify how this may have affected my interpretation of the data (Butina, 2015). As a writer, I am also aware of the degree of power that comes with telling another person’s story. Throughout the process, I wanted to be conscientious of this and share each participant’s story using as many of the words they themselves used in telling their experiences and I have directly quoted complete passages from the transcripts rather than summarization of the data.

### **Ethical Considerations**

Prior to any collection of data, I obtained an Ethics Certificate from the Research Ethics Board at the University of Ottawa. Prior to each interview, I emailed the participants a copy of the consent form which was reviewed this at the beginning of the interview, at which time I reassured participants that they could withdraw at any point. The importance of considering how

a study like the one proposed might affect those who participate, including myself, was not taken lightly. For myself, I have come to a space in my journey where I feel, because of the grief and trauma work I have done and healing I have experienced, that I am in a stable space to carry out this project and have strategies and tools to maintain self-care. Resources for trauma and grief support were posted on the study website. There were several potential participants that did withdraw as they did not feel they were in a good space to share. I responded to these individuals with compassion and understanding. During each interview session, I checked in regularly with the participants to gauge their emotional well-being. Although there were times in the interviews that were emotionally difficult, participants did state that sharing these stories can also be a space of healing and learning.

After collection of the data, all files and interim research reports have been stored on a password protected computer and paper copies are kept in a locked briefcase and office. Further, to protect the privacy and confidentiality of the data, all names and places have been changed. Pseudonyms have been assigned as part of ensuring anonymity.

### **Where our Lives Met**

*The courage it takes to share your story might be the very thing  
someone else needs to open their heart to hope.*

*- Unknown*

The stories from each of the participants are presented in a manner that allows the voices of each participant remain visible. While I changed the narrative to the third person in this section, I maintained the individual voices as much as possible by including the words and phrases they themselves used to tell their stories.

**Beth's Story**

Beth<sup>2</sup> began her journey as an educator by studying early childhood education (ECE). As she was studying, she was also doing childcare for a family. One of these children had a lot of different challenges and developmental delays. She journeyed with their family through this child's diagnosis and through the anxiety the family experienced following his diagnosis of autism. When she finished her studies, this family asked her to continue with full time care for their child. She thought it was just going to be a year, but she ended up spending a few years working with him. While she was with this child, she started working more with his occupational and speech therapists. She became really interested in the special needs world, and she also began volunteering at a children's treatment center. When her young client went into elementary school, she finished working with this family and she applied to work for the school board. Because of her Early Childhood Education diploma and her work experience, they accepted her to fill supply positions.

Because of some of the first classes Beth went into, she remembers feeling very overwhelmed. She clearly recalled one of her high-needs students surfing on the rocking chairs, sliding down the banisters, and running the halls. Classroom after classroom, she had to learn on the job and figure things out as she went. She gained a lot a lot of experience working with different schools around the city, meeting students coming from different income levels and supporting various behavior challenges. Beth went into the kindergarten classroom full-time when the schools transitioned to play based learning and early childhood educators were placed into the classrooms with the teacher. She was in this role for six years. She commented that by going through that journey, with all the different kids she worked with, she learned a lot on the

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<sup>2</sup> All names of people and places included in this study have been changed

job and in the moment. Still, there were so many situations where there was a lot more going on than what she saw on the surface or situations that she did not have tools to deal with. She took every opportunity offered by the school board to further professional development. This included training for autism, language delays, and behavior intervention, including nonviolent crisis intervention.

Beth worked with children who had experienced traumatic stress because of adoption, abuse, the death of family members, or those struggling after their recent moves to Canada as refugees, children that had a lot of different things happening in their stories. She was doing her best to meet their needs academically as well as emotionally. But in doing this, she was becoming emotionally drained and took a year leave of absence. During this time, she went to South America for three months to work. In her time there, she sat in a session on trauma-informed practices. This was a pivotal moment for Beth which led to her decision to do more studies, specifically on trauma and working with children at risk. She knew she needed more tools and wanted to learn more about this field of study. She shared how learning about compassion fatigue and vicarious trauma, caregivers and their well-being, and the trickle effect of holding on to a lot of trauma helped her process her challenges as a teacher. Her studies have sparked a desire to not only help students but to also help new teachers so that they have the tools when they come into these situations. Her studies also led her into a greater understanding of the need for caregivers to be more equipped.

### **Pam's Story**

Pam's understanding of grief and trauma comes from both personal experience and experience as a music teacher. Pam began our conversation by sharing that her mother died a year and a half ago, and that like me, her mother also had a child die in infancy. When Pam was

in her 40's, her mother had apologized to her, admitting that she was severely depressed when she was born and she couldn't have anything to do with Pam. As a child, Pam's next door neighbor, who was a close friend, died. Then in junior high school, her best friend died. She remembers thinking that she was cursing people. She went through therapy, but at the same time, she learned to mask really well and still does. As an adult, she was afraid to have her own children because both her parents suffered severe depression, and she didn't want to pass that on. When she was caring for her mother during the last year of her life, Pam decided to visit the police station in the town where she grew up. She wanted to tell them that she had called their station several times as a child when her father was beating up her mother and that they never did anything. At another time, she ended up in hospital once because she was thrown against the wall, hurt her neck, and wore a neck brace. She snuck after school to the police station, but they never did anything at the time. The two police officers at the station when Pam returned as an adult invited her into the station for a cup of tea and they spent an hour with her telling stories about how this affluent town had the highest rate of suicide and abuse in the region. Too often, it is believed that trauma is only prevalent in places with lower socioeconomic status, but Pam's story illustrates that this is not an accurate perception.

Pam has been teaching since high school and continues to teach private music lessons, as well as teaching at a university. She commented that students who are struggling feel that they can come and talk to her, because she gets it. The stories she heard has made her realize how many people, especially people who strive out of pain and want to make the world better, don't want other people to experience this struggle. Recently, she taught a seven-year-old child whose mother had died. Pam recognized that this student was also masking her pain and she tried to support her by listening to her and being a place where she could talk about her mother.

In her own journey to motherhood, Pam had several miscarriages and she and her husband decided to apply for adoption, finding out that for people over the age of forty, it is difficult to adopt. They were also members of an orthodox religious community, but Pam would usually hang out with the children not the adults. She mentioned that this was where she felt safe because with the adults, there was a lot of judgment. Women would say comments like, 'I'm praying for you, because of your barrenness' or 'your sins are forgiven' and she would often go home crying. It was in this community that she met two brothers, who were foster children. One of these boys, Jason, said to Pam and her husband, "I wish you were my mom and dad." Jason and his brother had been taken away from their birth mother when he was an infant. Their birth father got them back when Jason was three, and from three to five, he lived in a home where these brothers had horrific, terrifying experiences. Jason was placed into foster care once again. When Pam met Jason, at age thirteen, Jason's foster parents were getting divorced. Pam and her husband decided to adopt Jason, but he didn't come to live with them when he was fifteen. The adoption did not go through till he was seventeen and a half. Pam and her husband were getting angry, and, finally, the social worker admitted that it was being stalled as most people who say they're going to adopt a teenager back out. They wanted give Pam and her husband enough time. As difficult as it was not to back out, Pam had given her word, believing that Jason needed to know that there was an adult in the world who, when they gave their word, meant it. She explained that there were many incredible, wonderful things about adopting Jason, but watching him go through school and seeing the way his trauma manifested was very difficult. As Pam explained, Jason has a very caring side. He is great with children but is awful with adults. At that time, she didn't recognize herself as someone who had gone through trauma, and then put all of her energy into her son while he was in high school. Jason taught her a lot and his experiences

forced her to face things about herself. Soon after the adoption, Pam's marriage fell apart, causing significant relational and trust issues for Jason. Pam has worked hard to build and repair her relationship with her son, also reaching out to his birth mother to establish ties there as well. Jason has remained close to his brother and Pam is thankful that they have each other.

### **Nicole's Story**

Nicole and her husband had four young children: Cara, Melissa, Jeremy, and Rylan. Nicole was actively involved in her First Nations community, including serving on the board for their local school. Then, one day in November, seventeen years ago, Nicole's daughter Cara began to complain of a sore throat and a sore back. Nicole took her to the doctor and was told it was a virus and was given cough syrup to ease the symptoms. Two days later, Cara complained that she was very thirsty. She said she felt lazy and that her legs were rubbery. Soon after, she couldn't stand and was not able to see. Nicole and her husband rushed Cara to the hospital. The doctors at this small hospital did not know what was happening. Her sugars were high, but she had tested negative for diabetes just two weeks earlier. There was morphine in her bloodstream and the doctor believed her condition to be an overdose, not suspecting the codeine in the cough syrup. As there was a storm coming in, it was critical to get Cara flown out to a bigger centre with a larger hospital. A children's hospital finally accepted her, but they couldn't get a helicopter because of the storm, delaying the flight four hours. When they were finally getting into the plane and Nicole noticed Cara's hand was flailing. She was calling out for her dad. The last thing she said was 'Daddy, Daddy, I'm scared'. Nicole believes the IV came out at that point. The nurse did not check it thoroughly and by midflight, Cara's arm was swelling and they had to land at the closest hospital to get her stabilized. As soon as they walked into the hospital, the paramedics were telling the doctor that Cara was diagnosed as an overdose. The doctor looked at

the chart, threw it across the counter and said “That kid is not overdosing! She's a diabetic. All you have to do is look at that catheter bag to know that there's nothing but ketones in there!” He smelled her breath and said it smelled like alcohol, a classic sign of juvenile diabetes. Cara had a very rare form of diabetes, one characterized by its rapid onset around puberty. Nicole didn't know much about it at that time, but now she knows pretty much everything there is to know about this condition. This hospital stabilized Cara and then flew her on to the children's hospital. They almost lost her on that flight, but she made it there. At the children's hospital, they did everything they could to save her but she had gone without insulin for too long, and her organs were failing. Cara passed away early Wednesday morning.

For Nicole and her family, Cara's sudden and problematic death left a lasting imprint. Each of their surviving children struggled with mental health, social and academic challenges after Cara's death and all throughout their elementary and high school education. At the time of Cara's death, Nicole's children were attending their local First Nations school. This school was later closed and the children were transferred to a nearby public school. At that time, this school had limited supports and few transition programs in place. After being thrown into unsupportive mainstream classrooms, her older children, Melissa and Jeremy dropped out of school. To access better resources, Nicole and her family moved to a larger city before her youngest Rylan began high school. Melissa and Jeremy were able to complete obtain their high school diploma through adult education. Rylan was better supported in his new school with an IEP and access to resources. This all changed when his smaller high school was shut down and amalgamated with a larger high school in the same city. He was not doing well academically, and, like his older siblings, he transferred to adult education. Rylan was a caring, loyal young man. He had anger issues and his concern for others would get him in trouble from time to time. A local

organization found a good way to encourage Rylan to let his energy out – through boxing. Rylan was a natural boxer and quickly gained a reputation as a talented boxer. Through this organization, he became a licensed coach and helped set up programs for other youth. He had dreams of joining the army after school to become a sniper. Rylan was set to graduate, but in 2020, amid the pandemic and unable to access adequate support services, he was no longer able to cope. He began drinking heavily and ended his life.

### **Meaning from Stories**

*Man is always a teller of stories, he lives surrounded by his own stories and those of other people, he sees everything that happens to him in terms of these stories and he tries to live his life as if he were recounting it*  
– Jean Paul Sartre

Each of the participants wanted to take part in this study because of the desire to help others – whether it be educators, parents or students – in similar circumstances. If sharing their stories can help lead to greater understanding, they were willing to give of their time to do this. For Nicole, anticipating our conversation and sharing her experiences was very difficult and overwhelming, as the set date and time brought a great deal of dread. She was glad that we did connect and said that speaking can help with the healing process and that, for the possibility that her experiences can help others, she was willing to share her stories. The stories these participants shared have been re-storied using the research puzzle identified previously: What was experienced? What was experienced relationally? Finally, what was experienced collaboratively? In this study, both the thematic findings and discussion of the research have been woven together under each of these research wonderings. The reason I chose this positioning was to create a space where the stories remain visible and central to the making of meaning, a dimensional rendering of the data so that the voices from the literature and the data can intersect.

## **What was Experienced?**

The existing literature on trauma-informed practices rarely includes the actual experiences of parents and educators in supporting these trauma-affected learners. From the experiences shared by Beth, Pam and Nicole, similar themes of insecure attachments, social and emotional struggles for students, and challenges in managing caregiver affect emerged.

### ***Insecure Attachments***

As identified in the research, one significant impact of a traumatic experience for a child is the disruption to a secure attachment, or the absence of a secure attachment (Arvidson et al., 2011; Blaustein & Kinniburgh, 2010; Pleines, 2019). Children with insecure attachments have difficulties regulating their emotions, may feel a lack of trust toward others, or may become clingy and dependent (Lawrence, 2020). Healthy and secure attachments need to be established before other skills can be addressed (Cummings & Swindell, 2019; Kinniburgh et al., 2005; Arvidson et al., 2010; Pleines, 2019). Beth described one of her students who demonstrated signs of an insecure attachment:

Yeah, I know, this little guy that I mentioned. That it was a lot of emotional neglect. Like he, he wasn't - The other teacher had said like, he wasn't allowed to, like his mom would be like, you know, you're not allowed to cry kind of thing. So part of when I was working with him through that, like drawing in different therapies, and it's kind of like helping him understand that like, it's okay to have emotion. And he also, in the play yard, like he wouldn't not know how to enter play with other kids. And it would often cause like, ended up in like, you know, aggression, and then he would feel rejected and then he would just like, weep he - it was just like sobs from the bottom of his soul because he would feel so rejected - I just remember him sobbing, like from so deep down inside,

because he, he was afraid that they like, Mom would get called - I forget what he said but it was just this, like, it's such sad moment and I felt really that point - I felt so at a loss. I didn't know what to do.

In this situation, the student felt rejected, was not securely attached and was not able to enter play. He demonstrated a detachment that was avoidant and fearful (Cummings & Swindell, 2019). For Pam, she also observed insecure attachment patterns in both her son and his brother:

But both of these kids, their sense of right and wrong is definitely kind of warped as much as they're caring and loving. And they have this attitude of, you have to look out for yourself, and you can't care too much about other people. I think that bonding thing is, something's weird there. Like even he won't have anything to do with his, his previous foster family. And like nothing, he just does, he wants to pretend they didn't exist.

Pam recognized that Jason was displaying an avoidant, ambivalent attachment pattern (Shear et al. 2007). She tried to foster a secure attachment, but Jason's sense of security was disrupted when Pam's marriage failed:

That was really hard. I mean, I feel like we, we kind of further traumatized him in a way because my marriage fell apart. Over - we parented so differently. It was awful. It was really... That was awful. And, and I, I did blame him. And I'm sure he felt it. But actually, my ex went to un-adopt him. I didn't even know you could do that. It's just money. It's just it's a financial thing, just so that the idea is that somebody can't come and say, you know, I, I deserve part of an estate or something. Jason got mad at him. Yeah, Jason went to visit him.... That was clearly really traumatic for me. Jason had to go through that trauma too. And I didn't appreciate - because I felt like he owed me. I felt like he owed me as the person who was there for him, that he needed to be there for me. And he

couldn't - He was already in high school. And I don't think I appreciated how emotionally young he still was. So that was probably additional trauma that he went through. But you know, you can't [pause] I've apologized to him over and over.

Pam recognized how the divorce and her own emotional distress affected Jason. Jason was already wary of adults and no longer felt secure in his relationship with Pam:

It was really intense. And he also got really envious of my students. He would say, you know, he would accuse me of caring more about my students than him sometimes, which I don't think was true. Or he'd say you prefer your students because they're so talented. Or they get A's you like them better.

This shows the insecurity Jason felt during this time, not confident in the bond between Pam and himself. For Nicole, her children also experienced insecurity following Cara's death, insecurity that Nicole described as distrust. Nicole said:

I promised my kids. I looked into their eyes, took their hands in my hands and promised them I was going to bring their sister home. Because they were so scared. And she was being taken out of the house. And I wasn't even thinking that this was going to be fatal. I promised them that I was going to bring their sister home. My kids hung on to that they – uh - it didn't matter what happened in their lives after. If I promised them something, they didn't believe me. And they had distrust issues with me the rest of their lives.

For Nicole, that broken promise created distrust issues for her young children. When they were older, Nicole also experienced health issues and was hospitalized for extended periods of time:

I got sick for a while. So I was in another hospital with my diabetes. It was infection after infection, I had some problems with my stomach. I was in there out of three years, I was home for six months. So we were having financial problems 'cause my husband in 2012

went on a permanent disability. He can't work at all. I was the one that was still working. So we had, we were having financial problems. And there was a lot going on.

For Rylen, who was struggling with mental health issues, this added to his challenges:

And, yeah, so anyways, just, he had nothing. He tried going home and he tried going to the hospital. They, they told us the psychiatrist assessed him and said because he wasn't suicidal, didn't have a suicidal plan, and because he had a support system at home and he had a counselor that they felt safe enough letting them go. So they discharged him. They said that they would get them in for a grief, they call it trauma counseling or grief crisis counseling or something. We would get him... so he went to an appointment a couple of days later at the mental health unit. And they said that because he already had access, because he's already got access to a counsellor, which at this point is only over the phone once a month.

For each of these children, there were disruptions in primary caregiver relationships and to their overall sense of stability, resulting in insecure attachments. When a child does not feel secure, this may lead to various behaviours that may be observed in the classroom (Bell et al., 2013; Cummings & Swindell, 2019; Lawrence, 2020).

### **Struggles at School**

As Beth points out, educators do not always know what the student's home situation is like (Cummings & Swindell, 2019), but traumatic stress responses often come out in their behaviour in the classroom:

I didn't always know what the, what the story was, and I still don't, but there were kids, they would have a very difficult time sitting in circle, one of them always had to be at a table with some, some other activity, and she had a lot of physical behaviors where she

would scratch or bite or, or hurt other kids. And some of them, you know, be hiding under a table. This one little guy, he, he would run a lot. And so we had to be very cognizant of doors. I had one little guy from up north, and he was with our class for a very short time, but there was a lot of other chaos happening in the class. And it was one day where he and another little boy, they broke a lot of equipment in the class. So there was - Yeah, some of it was coming out and hurting other kids or, or materials. And some of it definitely towards us as teachers. I, I had a lot of injuries that we had to report.

For young learners, they do not have the ability to express their emotions accurately, so it often presents in aggressive behaviour or verbal outbursts. As Cummings & Swindell (2019) identify, observable behaviours may include crying, outbursts, anger, aggression, temper tantrums, social withdrawal and re-enacting themes during play. Beth would often see physical behaviours in her classroom:

I think, for kindergarteners, it often comes out more in the physical. I mean, I was bitten and scratched and kicked and...and all of it, but also, this one little guy that I mentioned, you know, he would say things like, you hate me, or I hate you or things like that.

Traumatic stress can also present as distractedness, zoning out or by covering up the pain (Bell et al., 2013; Cummings & Swindell, 2019; Lawrence 2020) Pam describes one situation in her role as an educator where the traumatic grief response was not aggressive, rather it was hidden:

Last year, I taught a little girl whose mother died, and she was seven, you know, and, and I would just try to listen to her and, you know, just always just support her and listen to her. But sometimes, she would just like, stare off in the distance. And it was like, "Hello", you know, just wasn't there. And then she'd be all like trying to please. And I said to her dad, you know, this is something I watched in my son too. because he'd say,

“Oh, she's doing fine”. And I'd always say "how she doing?". "She's fine. She's fine" - But I said to him, “She may not be. She's just,” I said, “We learn how you know, either to please or to mask it because when you are a kid you don't know how to process those things”. But I think he was a really great dad, or is a great dad. I'm not sure I would have, without going through things with my son. I'm not sure that I would have even realized her, like, meeting her, if the principal hadn't given me the background, I wouldn't have known that, that she - that her mother had died. You know, I mean, she never talked about it, which was interesting.

As a mother and as someone who also experienced loss, Pam recognized that her student was hiding her grief. She had learned a lot in raising her son, from successes and from failures. As we talked, she shared aspects of his education that were challenging and mistakes she had learned from over the years:

I made a couple of huge mistakes when he was in high school. He should not have graduated high school. He was failing his courses. I - that poor high school. I was there every week. I mean, I feel really sorry for that - the principal is not there anymore and his teachers [pauses] I just started my Ph. D. program. I was constantly telling them that they were doing the wrong thing. Like he's very artistic because his birth father was an artist. And he wanted to take art. And they wouldn't let him because, you know, he was considered a bad kid because he was disruptive and had incredible anxiety.

Likewise, Nicole shared how Cara's funeral later affected her children at school:

After my daughter died, my kids had a hard time going to school. The church wasn't available for her actual funeral service. So the next, her next favorite place, or her favorite place to be, was school. So we actually had her service in the gym after school.

Not even thinking how it was and how it was going to, it didn't even cross my mind, how it would impact my kids after. My son refused to go into that gym. He wouldn't go back into the gym. And then when it was being forced, he'd act out. He'd get upset, he'd run away. And in the teachers didn't even put it together. Like why he didn't want to go in there. Until I brought it up. I said, "You know, I said it was my mistake. And I realize it's on me," I said, "but that's the last place they seen their sister". They didn't understand why the other two kids aren't having problems. Yeah, I said, but kids are different. They were all having their problems. It's just Jeremy, he couldn't go into the gym. He just, he didn't want to be in school at all. I mean they all went through mental health issues. My son was diagnosed, my older son was diagnosed with oppositional defiance disorder and ADHD. Yeah, they had trouble in school afterwards. These were good kids. These were... no attendance problems, no behavioral issues before that. They were coping in school. Just fine. It just, it just changed. My son could barely, my oldest son could barely stay in the school. I had to leave my job for two years. For the first, like the last six months of school, I literally went to school with my kids. It was the only way that could get them to stay in school was if I actually went with them. Otherwise it was just phone calls every day. Because they can't just let your kid leave, the school, because they're responsible for them. Right? Our school was right by a major highway. In the back of the school is the train track... There's a lake. There were safety issues anytime my kids threatened to run away. I literally went to school with my kids for six months. Ya, it wasn't easy. My daughter would just not want to be there. Sometimes, some days, she was doing good academically, still, and she continued to do so right into high school. But it was just, she just shut down. Some days, she just didn't want to do anything, didn't want to participate,

didn't want to - She was good sitting down doing schoolwork herself. But they all had problems interacting with, like social, socially, just - For the longest time, they were coddled by the school staff, they were allowed to get away with certain things that they probably shouldn't have been. Just like they had - For instance, my son was my son was a runner, so they assigned an EA specifically, one that Jeremy kind of had a good relationship with.

Nicole's children were not showing any signs of challenges in school prior to Cara's death. After her death, school became a space where her children continued to re-experience Cara's death. These distressing memories can impact a child's ability to concentrate or not want to join in with class activities (Cohen & Mannarino, 2011). Children experiencing traumatic grief experience anxiety, low self-esteem, depression, anger, and social withdrawal (Lawrence, 2020). Jeremy would act out, diagnosed with attention and behavioural disorders, while Melissa would turn inwards and not participate. Nicole also said that her children were having social challenges. Pam spoke about Jason's social challenges at school as well:

The way his trauma [pause] - kind of the way it manifested was like being a super people pleaser. Yeah. So and he also.. apparent, like there's - [pause] I was told he was on the spectrum. I think that trauma causes many similarities in the brain to people who are on the spectrum. So I think there's a lot of misdiagnosis that goes on. But clearly, he wouldn't read his peers well, and he just got caught up with some kids who were very destructive in his life. And they would dare him to do things. And he would please them. He has a very caring side. He's great with little kids. Awful with adults. He would please so much. He tried to please us in the beginning, too. And I was teaching him cello, which he loved. And when he went to high school, it was the first time in a public school. He

told people he played the cello and got teased, and he never touched it again. I mean, he just, you know, whatever his peers said, that's what went.

As an EA, Beth would see her students struggling socially. She would incorporate various interventions to help her students with their social and emotional development. When discussing the little boy who was likely experiencing emotional neglect at home, she explained that would use various different therapies, such as books and emotion dolls, to help him understand that it was okay to have emotions. As he had difficulties entering play with other children and would sob when he felt rejected, she would try to support that as well:

So we did a lot of work, like I would stand outside, near where he was trying to play and listen to how he was integrating himself into the play, and then try and help coach and sort of give him the tools like while he was like not to, not to just constantly be with him but sort of nearby.

Children who experience traumatic grief or stress often struggle socially and this was true for the children discussed above. Children need to learn how to build healthy relationships and those in primary caregiving roles are key influences in helping a child learn these skills (Cohen & Mannarino, 2011, Lawrence, 2020)

### ***Caregiver Affect Management***

In order to establish healthy secure relationships, caregivers need to be aware of their own emotional state. Caregiver Affect Management is one of the foundational building blocks found in ARC, within the attachment domain. It refers to a caregiver's ability to recognise their own emotional response and regulation in order to respond to a distressed child in a consistent and calm manner (Blaustein & Kinniburgh, 2010). Beth described a situation she observed one afternoon after school between a mom and a student:

She was a young mom. And she was doing school, I think to be a PSW. So she was working like really crazy hours, that she'd come pick him up. And one day, he was not getting his jacket on, and not listening. And so she went from like, if you don't get your jacket on, like you won't have, you know, TV when you get home, and then it was like, I'm going to - I forget - It was like, the few other things. And then she threatened to put his backpack in the garbage. And then it was like, well, you're not going to get any Christmas gifts. And I just was like in the classroom, like prepping and just listening, it was like, so disturbing. Like she was so out of control that she didn't know what to do. Yeah. And she was just taking away like, thing after thing. But and then he was getting escalated. In hindsight, looking back, she wasn't equipped. She was going through so much. You know, she didn't have the capacity to deal with what he, what like he needed in that moment, which was connection.

In the situation Beth described, this young mother was not control of her emotions and could not respond to her son's need for connection. Beth recognized this but also understood from personal experience how hardships and loss can impact your ability to meet those needs following the death of her father:

Personally, it's like you think you think oh, I should, I should be okay. I mean, I lost, this first year of teaching kindergarten, I lost my dad, he had leukemia. And I just remember walking back into the classroom, because you get like, I don't know, five days of bereavement leave. Maybe? It was a Friday afternoon, it was like a half day because that was the end. I just remember walking in the swarm of kids just like coming up and saying 'Miss Beth!' You're just in a fog.

Nicole also recognized how educators are also affected, especially following her daughter's death:

They forget the teachers are grieving too. Yeah, remember those teachers, principals, staff, most of them have been there all that student's life. Like eight years of my daughter's life, they were in that school. And yeah, they kind of forget the teachers. They expect the teachers to support the students, but they don't realize that teachers themselves, some of them need help, too. And being in a professional position, being the teacher, they're not going to say like, hey, I need I need counseling too. I can't do this either. Like - yeah, that was the biggest thing I found is the teachers themselves had a hard time.

Nicole was able to recognize how this loss impacted the teachers in her children's school and also the difficulty teachers may experience asking for help. Likewise, in her years of teaching in the kindergarten classroom, Beth was doing her best to meet the many needs of the children in her classroom, but it had emotional repercussions.

I was doing my best to meet their, their needs like academically as well as emotionally.

But I didn't realize what an emotional drain was happening for myself as a teacher.

I think I was more burnt out than I realized.

Pam also felt that drain, concerned for her students' well-being while knowing that she could not place herself in a therapeutic relationship:

I've had probably six students that I can just think of, right off the bat, but who've come to me and told me that they've thought about ending their lives. And that's a huge, like, it's such, it's a burden. And yet, I also feel honored that they feel safe to tell me. But what I usually do, I just, I figured, okay, I have to say, you know, you're valued. I value you, I know people value you. I know, it hurts. And I know you don't see that right now. And I

will say, if you need to call someone, call me because even though I know that I can't be their therapist.

For Pam, she is torn between her desire to help her students but also knowing the limits as an educator not a therapist. Beth also discussed that balance, recognizing the importance of being a safe, calm presence but not taking on and internalizing the child's emotions:

I've become really, really cognizant of the need for you to be aware of the what you bring into the interaction, but also not to absorb all of it into yourself, and my children are having a challenge and to be able to connect in that moment to bring your calm and to bring a presence that they need, but knowing that you can't just take on all of, you know, If there's aggression and if there's frustration and to be able to have that sort of detachment in the moment is, I think something that I've learned over time that I can be like, showing them that I'm safe and that I'm calm, and then I'm with them in the moment, but also, you know, making sure that I understand that it's not a personal thing, or it's not because I'm a failure as a teacher, this is something that they are going through. I think because, because I had worked a lot with children who were nonverbal with special needs, and I'd done the kind of, like the nonviolent crisis training, I understood a lot of the aspects of like, that your reaction does affect the kids. And so trying to have a calm demeanor, trying to, um, sort of be with them. A lot of times I sat on the floor with the kids as they were struggling.

Beth and Pam both spoke about the importance of being a safe space for their students and that letting students know they are valued, verbally or by spending time with them when in a crisis can help these struggling students. As Cohen & Mannarino (2011) point out, educators can support a student's healing through positive attention and showing empathy. Educators can be

key individuals in identifying and reporting symptoms of trauma to the school psychologist or principals and in creating safe spaces for these struggling students (Bell et al., 2013; Ludy-Dobson & Perry, 2010). In order to be a space of healing for children, caregivers need to first be aware of their own emotional responses. As Beth learned, doing that work will allow for better connections:

In my placement this summer, just talking to my supervisor, and she's like, reflecting, you know, when you're able to do that work yourself, and then you bring so much more of that into your connection with kids and with other caregivers. So yeah, it's definitely something I've become passionate about, helping caregivers understand that it's like really important to do that healing work yourself, if you want to be a place of healing for kids.

Beth was referring to a quote from Dr Karyn Purvis, of the Purvis Institute of Child Development, who stated that caregivers cannot be a place of healing if they do not know the way themselves. Beth, Pam, and Nicole all discussed the importance of caregiver affect management. Being aware and mindful of our emotional responses as caregivers are key in establishing safe and secure relationships.

### **What was Experienced Relationally?**

As identified in the literature, strong relationships are an essential aspect in promoting healing for learners affected by trauma and grief. Attunement, congruence, the need for respect and trust, and the need for increased supports, and the importance of consistency were important relational components as identified in all three participant's experiences.

#### ***Attunement***

As discussed above, rebuilding healthy attachments and connecting with students struggling with trauma is key in promoting healing. This is also addressed in the ARC domain called 'attunement'. Attunement is understood as recognizing the student's psychological needs and genuinely caring about their needs (Blaustein & Kinniburgh, 2010). Beth identified the value of attunement in her role as an educator:

Yeah, well, I think even before I studied a lot of the connection science, that neuroscience and connection, I was, I tended toward the nurture side of teaching. And so I, I would spend as much time as I could, in contact with the kids, like, if they were doing an art project, I love sitting beside them and talking about it with them, or, you know, if I was doing some prep work, often one of them would come and kind of sit beside me and help. So I mean, I did a lot of just trying to be really intentional about entering their play with them, and learning about them through the things that they said, I did a lot of documentation, just listening and writing things down, taking pictures.

She really noticed the value of connecting and creating a safe space for one of her students:

I would work one on one with him and do some, I had like emotions, dolls and charts and things that I had from the speech therapist, and I would work with him and he would be very comfortable in those moments. And like he would draw, you know, the little, little character crying or different things and talk about what he was some of the things he was experiencing. So that to me was really positive because also he would come sit, we always had a spot for us for him on the carpet, like right beside it and like, rub up against us. And so he just like, he had moments when he was he was just wanted to be close. Yeah, and then the little girl who I mentioned who had been adopted, she came back into my classroom, I think she was in grade five. At that point, she came back as a volunteer

and to help her kindergarteners and it was just really sweet because she you can tell she still felt like comfortable there and was so proud of the fact that she came back as a helper.

She also became aware of how reading and art helped her young students process their emotions:

We did a lot of reading books. I tried as much as I could to have books about characters that would help the kids process stories and had a lot of free art. We had painting and a free art table. I would often ask them about their drawings, and about the things that were going on. I remember one little guy who was like really struggling, and I still don't to this day know exactly what was going on with his story, but his pictures would often be just like red marker just like, kind of angry scribbles all over. So I just would do a lot of documenting, like, oh, what does this here and what's happening here and just kind of write that down?

When Beth was supply teaching, she still tried to be attuned to her students:

I went into one classroom to supply this little guy was like, they were supposed to be sitting and he was jumping around and like hopping over the shelves, and, you know, someone came in and she threatened him. And then she said, you know, 'we're going to call your mom, and then you're going to go to the office', and I just thought, wow, like, if you could just give him a little bit of leeway. You know, like being like, okay, you can listen while you jump in the corner, or whatever, whatever it is, like, give them an exercise ball, some of these things that it's like, okay, he clearly needs something right now. And he's the one, that he said to me, I was just there for a day, but I could tell right away that this little guy needs connection. And when we were, they were going out the door, he says, He says, 'Let's be friends tomorrow.' Tell me and I was like, 'Oh, buddy, I

won't be here'. But again, I was like, man, like when you meet those connection needs, it makes such a difference. But it's hard when you're trying to balance the academics and the expectations and the needs.

Beth acknowledged how difficult it can be for educators to balance the expectations outlined in the curriculum and balancing that with daily time constraints of the school schedule. This also affected the degree of communication that was occurring, as Beth pointed out, they did not always have the time off the floor to sit in on meetings, look at files, or receive the same information. Pam also expressed the importance of attunement to all students, not just those who display the external behaviours:

I'm really sensitive to kids who hide their pain. When I teach at university, one of the things that I tell every class of preservice teachers is, you know, we tend to not worry about the kids who are doing really well, we tend to not worry about the kids who smile and who get all A's, but often they're the ones who are suffering the most, because they feel like they have to do that to cover.

In a classroom, the students who are hurting may not show their pain in visibly noticeable ways (Bell et al., 2015; Lawrence, 2020). That is why is it so important to get to know each student and be mindful of their responses. Nicole also stressed this, urging teachers to:

Get to know their students, where those students are coming from. Get to know their families. Don't look down on them don't make those kids feel like they're less than because they don't have things that other kids have in their classes. I heard a comment from a teacher one time and I'll never forget that comment. She was making sure she was getting all the kids ready to leave. And I think she was a Grade 3 or 4 teacher. I'm not too sure which class the kid was in, whether he's in grade three or four. But I know his

parents are, he's, they're always fighting, they like to drink. Their kids would show up, one time the kids showed up with his baby brother and Pampers and rubber boots and was in a T shirt. It was Fall time. So he had to bring his brother to school because he didn't know when his mom and dad had passed off the night before. So anyways, she's getting all these kids ready to leave and make sure everybody has their homework and their note from their teacher, for their parents to come for parent-teacher night. Well, the little boy told her, "I don't, I don't, I don't have my note". And she said, she started looking for it. And then she said, "well that's okay". She says "your mommy and daddy won't come anyways". Like the look on that kid's face, and she didn't even see it. And, yeah, it's just... Can you imagine how the kid felt?

In this situation, the teacher did not see the student's face or realize the negative impact of her words. Teachers, in spending extensive periods of time with a student, have considerable influence on a child (Bell et al., 2013; Cohen & Mannarino, 2011). This influence can be negative or positive. For Nicole, she noticed a significant difference for her children when teachers were invested in Rylan's education:

He had his football coach really invested in him. So if Rylan had big projects to do, his football coach would offer bring them to the house, or to be available in the evenings or he worked on that kind of stuff with him to help him, so he was more successful in school.

When Rylan's high school was closed and he transferred to the larger high school, this success diminished:

It kind of went backwards to the point where we actually decided when he turned 18 to put him in adult ed. There were just no services from the school. They were struggling I mean, it was a lot of students to deal with all the sudden.

Nicole also spoke about the importance of celebrating a student's strengths to motivate their education (Bartlett et al., 2017; Brunzell et al., 2016):

Rylan, all through elementary school, would go through these awards assembly every month and never win an award. The poor kid couldn't even, like my other kids would win like attendance awards, but he couldn't go to school every day. He couldn't. He just couldn't manage every day. So if he never even got that, like all his elementary school, I don't think the kid ever got an award for anything. When he got into high school here, well his coach put him up for was an award that he won across the whole region, for athletic achievement. So that was a big thing for him. There was a big supper and it was a big formal thing and then, when he got involved with boxing, well, he was recognized. He won medals. He was a natural.

One of Rylan's teachers also created incentives to encourage more consistent attendance:

Mrs. S. She was awesome. She checked in on him in classrooms. She would do things like they wanted to climb the local mountain. So she told him if you come to school, the next two weeks, she said, and if you can spend the majority time in your classroom, I'll take you. So things like that she'd make incentives for him to actually stay in the classroom longer and longer. And then even when he switched over to adult ed, she kept in touch with him.

For Nicole, Rylan's coach and Mrs. S. valued his education and went beyond their roles to help him be successful. Pam, when discussing the importance of a safe place, also talked about students needing to know they are valued:

Give them a safe place where they can talk, if they want to, to be heard, and feel like they have let them have a voice and let them know that whatever they're feeling, it's okay. And that you can be there as much as you can. They didn't know what to do. But then you think, okay, like, we're not supposed to give advice. It's tough. But, um, I've had, I've had probably six students that I can just think of, right off the bat, but who've come to me and told me that they've thought about ending their lives. And that's a huge, like, it's such, it's a burden. And yet, I also feel honored that they feel safe to tell me. But what I usually do, I just, I figured, okay, I have to say, you know, you're valued. I value you, I know people value you. I know, it hurts. And I know you don't see that right now. And I will say, if you need to call someone, call me because even though I know that I can't be their therapist, but I feel that even if they called me and I help them call the hotline or something. And it's a really hard thing, because I'm not supposed to take that role. But having lived through so many things, and watched other people live through so many things, I feel like the most important role sometimes is just to be there.

When educators recognize and try to meet their students needs, the impact can be positive and schools can a space that promotes healing (Brunzell et al., 2016) When educators draw on a student's interests and strengths, student performance, achievement and well-being all increase (Brunzell et al., 2016).

### *Congruence*

As part of the emotional bond in working alliances, psychologist Carl Rogers identified congruence as an essential component. Congruence refers to the realness or genuineness of a relationship (Horvath, 1989). Morgan et al. (2015) identify that educators who shift to relational ways of interacting with students are well situated to reengage traumatized youth. Educators may struggle with establishing appropriate boundaries while demonstrating genuine care and concern for the student. As Pam explained:

I think most teachers, they either decide that part of teaching is being parental, or they decide that it's not their job at all. It seems like, you know, I do know, teachers who will say, That's not my business, and other teachers who that's why they teach. They said, it's, it's for the joy of knowing that maybe somebody felt loved.

Pam is identifying several key aspects of the relational aspect of teaching here. As she points out, some teachers believe that the nurturing role is part of being a teacher, to show that love and positive regard, while others do not. Another challenge with this is knowing when it is appropriate to become involved. Beth, when recalling the instance when a young mother was out of control and not able to connect with her child, she felt very conflicted:

Because I thought, oh my goodness, like, she felt so overwhelmed. Like she was so out of control that she didn't know what to do... And in the moment, you know, it's like, do you step in because this is between the parent? It was just one of those really overwhelming moments as a teacher.

Likewise, parents can struggle with knowing the appropriate level of realness to display. As Pam explained:

The thing is, when you go through stuff yourself, you need to be able to show what grief is and you need to be able to be real and not hide it. Because your children then don't

know how to deal with things themselves. And then they're not going to be able to express themselves as they don't have, have a model that says it's okay to cry. It's okay to scream, it's okay to say life is unfair. And then watch somebody heal. Right? ...At the same time, we're told, you know, like, I was told, never discuss your divorce, never discuss your feelings with your kids.

Similar to Pam, Nicole talked about this challenge as well:

And it was hard to talk about. I mean, it was really hard to talk about. And we thought we were doing good by kids by not bringing it up all the time by letting them be kids. Then finding out later when they're older and going through... they all went through mental health issues.

The challenge for parents of children affected by traumatic grief or loss is how to be open and real without further traumatizing a child. For educators, being open, honest, flexible and accepting of students is key in engaging traumatized youth (Morgan et al., 2015) and in promoting trauma-informed practices. The shift to relational ways of teaching, building real, genuine relationships, is key in effectively creating a school environment that supports learners affected by trauma.

### ***Need for Mutual Respect and Trust.***

Another aspect of developing an effective working alliance is mutual respect and trust. For educators, one factor in building mutual respect and trust is being supported by parents. For Beth, with her one student that was likely suffering from emotional neglect, she did not experience that support:

But there was a time, like he, we sometimes had to call the office just because he got so like, the aggression was so high that my co-worker was like, you know, he can't be in the

class right now. I didn't actually get to be in the meetings with the mom, my co-worker, the teacher would go. But even there - we often just wouldn't even tell her because we knew that he would not be safe. Because of her responses. And so, unless it was like really, really desperate, she wasn't called. And so I remember my co-worker actually crying one day because of how sad she felt for this little guy. And so, I mean, in some of the situations, we felt supported by parents if, you know, if there were needs, and we could contact them. But in that situation, no.

With one family, Beth did get to know the mother and developed a trusting relationship:

The one little guy that I mentioned was a runner. Their family was from a war-torn country. And they - It was, it was like, several years, I had him for two years of kindergarten. And so over time, like, I, you know, I would chat with his mom and get to know her. And there was a point where I had one co worker who said, we have tried so many times, we had so many meetings, I'm not going to meet with her again, like, that's it, like, I have zero patience left. And the French teacher and I were like, No, we still need to keep trying. And because he was having so many issues, and so I remember meeting with her, and we just kind of geared it towards some parenting strategies, because we were like, you know, this isn't just about the classroom. This is about what's going on at home. And she was very receptive. So I found, like, if there was trust built, yeah.

Here, Beth describes a situation in which several educators were getting frustrated with a parent, but Beth and her co-worker kept striving to build a trusting relationship. I asked Beth how she builds that trust with parents:

I think for me, I just always valued being like warm and welcoming to the parents as well as to the kids because knowing that their kids like, they need to feel safe as well as their kids. And so, you know, trying to be a listener when they wanted to share. I just I think I always kind of had a heart for the parents to feel supported as well as the kids. And then, now that I've done more study on trauma, realizing like how much of it comes from them not getting their needs met, and I have even more compassion. But even then, I think I would sometimes have a hard time when coworkers are like, really frustrated at parents and like, it's so easy to get frustrated, and I feel it too. I felt it too. But I think I, I tried to have that lens of like, I'm sure they have a lot going on.

In Beth's experience, support from the parents is essential to build mutual respect. For parents, they need to feel included in their children's education. For Nicole, when her children were at their local band school, she felt that the teachers, out of their concern and understanding of their family's loss, were perhaps coddling her children:

They wouldn't call me right away; they'd try and deal with them. They wouldn't call me like they normally would, as soon as one of my kids acted out or as soon as something happened, they just try and deal with it, they do their best to try to keep them in the classroom. Meanwhile, they're disrupting the learning of everybody else.

When her children were moved to the public school outside their community, Nicole had a very different experience:

It's just like they had their own their own community, their own people from town, they were teaching their own students. It was so - For our kids to come back there and bring all these problems with them - So they weren't very welcoming to our students. They didn't, a lot of them just didn't want it to happen at all. But they were stuck with them and

then they had to, couldn't refuse to educate them. They weren't very helpful, some of them. Well, some of them were. But yeah, they weren't very tolerant, tolerant of our kids. At all. They'd call the cops on Rylan anytime he acted out. We had the one principal that his first reaction would be to call cops.

Nicole described two very different circumstances, yet in both situations, she was not being included by teachers in addressing her children's behaviours. When her children were at their local First Nations school, Nicole did connect with staff and they were able to find solutions to improve her children's attendance, such as being her being present in their class.

### *Need for More Support*

Another finding that surfaced in their experiences of supporting students struggling at school was the need for additional resources. As Beth described:

I remember going to the phone in a desperate situation, and there just wasn't a person to come. And sometimes we did get emergency support for like two weeks, and then they would have to transition them out because there wasn't enough funding. So sometimes yes and sometimes no. And also, when I was in the EA position, I was that person. So when I first started, when I mentioned, like going into all these situations like I was, I was the person who was there for the crisis. And I just didn't have the tools always....So that's kind of where I ended up going back to school. And doing a lot of study that kind of led me into more understanding of the need for caregivers to be more equipped.

For Nicole, supports were not available for her children:

Jeremy went into high school and couldn't do it. He just, just gave up. I mean, he tried for a while, and he just couldn't understand anything. There was no - there was no help for them. There was no trying to catch them up or nothing. It was just they were thrown into

mainstream, high school classes and sink or swim. Basically. They do have programs there now. I mean, it took them a couple years and you know, now they have this transition program, I guess where they bring kids up to the grade nine level before putting them into the regular classrooms, but they didn't have that then. So, my son and daughter dropped out of high school. My youngest son was just starting high school. And there was, I don't even think, no, there was no services. This was five, six years ago. So we decided at that time well we're gonna, we decided to move to a larger city so that our kids could get um... there was no other options for education. It was such a small town and you had to be 18 to access any of the adult ed courses. And that's all there was other than regular high school. So we brought them here, put them all in a learning center at the time.

Nicole and her husband decided to move to a more populated region where there were more supports available for their family:

So we moved to the city. Rylan got involved in sports. He was doing good. They had support system in place there for him. He was in a regular classroom with an IEP. He played football. He started boxing. And George, who runs the gym, one of the things that he kept pushing Rylan on was to finish school. George wanted him exposed to things that would, a place where he could get out his anger, his extra energy. Something could build up his self esteem, winning medals and winning tournaments in that, but also kept it as a way of keeping Rylan in school. So Rylan had to keep going to school to get all these things that George was offering him. Rylan always wanted to go into the army. So as tough as, as much as he struggled in school, he wanted to finish his high school. He kept himself busy, and that's how he dealt with stuff. So he was going to school. What ended

up happening that changed a lot for him was they shut his high school down. They moved all the kids over from a school of about 800 kids into a school of 2700. Try giving...

You're a teacher so you can try with a school big - and a big change like that. And a guidance department of for, how do you address the needs of all those IEPs? Yeah, so he was basically lost, felt like lost in the system again. There was nothing.

Rylan did receive better support in his first school, but that changed when that school was closed. When he transferred to the larger school, he lost that support. This points to the need for increased access and consistency for supports in all school settings.

### ***Consistent Response***

An important element of helping children heal from trauma is consistent response (Arvidson et al., 2011; Blochett & Dorado, 2016). Consistent response is another building block in the ARC's attachment domain and is understood as providing stable, steady support to a child affected by trauma. If the support is inconsistent, this impacts a student's sense of safety and ability to cope with their situation (Arvidson et al., 2011). Nicole shared how her children lacked that consistent care, both in clinical and academic settings:

I couldn't get consistent counselors for them. Their counselors would come and they'd last maybe six, seven months, and then it was a different person. So there was no like, everything that we tried to do. There was no follow up. There was nothing in their life was consistent, like everyone was going to school and then all of a sudden, No, you're not. You're going to this school and it was just, nothing was stable. I guess other than me and my husband, thank God because if that hadn't if they hadn't had us, and if we hadn't had a stable relationship, I don't know where they'd be. I don't know what have, how they would have managed in life.

In the winter of 2020, restrictions to control the erupting COVID-19 pandemic brought additional instability for Rylan:

They were going back to train the kids every three months until again until COVID hit and all those communities shutdown and wouldn't allow anybody in. He went from being a very active outgoing into having nothing. And then at the same time, George was going through a separation from his wife of 50 years. His daughter was in jail, her boyfriend had committed murder. He just taken on his three grandkids from them. So he wasn't - that was the person Rylan would go to talk to - and George wasn't available for him anymore. Everything was just, well, he felt like his floor had been ripped off from underneath. There was nothing. Nothing he could grab on to.

Rylan's mental health began to rapidly decline. They sought psychiatric help for him but as Nicole explained:

They thought he had enough support and had a list of people that needed help too. And there were not enough beds for them to admit him to hospital, which he was begging for, I mean, this kid was begging for help. They didn't think that, because he didn't have an actual plan on how he was going to commit suicide, they didn't think he was a threat to himself. They're so overwhelmed with mental health issues and addiction issues. The hospital here services not only the city, but it's regional so I think they have like 20 beds in their mental health unit - the psychiatric hospital, it shut down about 10 years ago. There's like major, major issues here with people that are having problems just like Rylan, but they can't get help. I know right now because of COVID, one positive thing I found about COVID happening, is there's a lot more places for mental health. There wasn't - there were no 24-hour counselors that would come to you but now there are.

There were no street programs, street workers that were on call 24 hours that meet you anywhere or just pick you up and take you for ride. There's all kinds of services out there now, but when my son was going through this, there was nothing.

For Rylan, the lack of consistency, amplified by the conditions of the pandemic, made him feel like there was no where he could get adequate help and he ended his life. Nicole's children were not successfully supported in mainstream schools, but were able to earn their high school diplomas by transferring to adult education programs:

My kids, like they ended up, the two that I have left, are successful in life. Melissa's going back to school. She's got her son, she's doing really well. She's been clean for two years. She did that without any of these programs they have out there now, the methadone or, whatever, like those addiction maintenance program. So then she did this on her own. When she was ready, I guess, because there was nothing we could do to help her. We tried everything. Until they're ready on their own, I guess there's nothing anybody can do for them.

Nicole, in acknowledging that choice ultimately rests with the child, is identifying the third relationship in the working alliance. Working alliances are not just relationships build by educators and teachers, but the student is also an equal contributor: Family, school, *and* student.

Pam also identified that the child and their autonomy needs to be realized:

And I went into this with, I'm gonna love this kid, so unconditionally, that all the trauma he's experienced disappears, and I really wholeheartedly believed it... So what I learned myself is that as much as we love the best we can and as much as we try, we can't fix.

Like these kids have to - they have a choice at some point. And I've watched my son several times, make choices that I have felt are bad for him and then have to let him learn

on his own. And that's the hardest thing.... Because I don't think we can fix what happened. But I don't think a kid will have a chance if there's not somebody there, who they know, they can count on. And they say you just need one adult in your life.

Pam is echoing a sentiment expressed by many researchers. ARC Framework.org has this fact running as a banner on their website: “In study after study with children at risk, the single strongest predictor of a resilient outcome is a positive, lasting relationship with a supportive adult” (arcframework.org). Likewise, psychologist Urie Bronfenbrenner is known for saying “Every child needs at least one adult who is irrationally crazy about him or her”. However, in the stories I collected of children struggling with trauma and grief, each of these children, and my own included, had or have a caregiver that loved them, was absolutely crazy about them. As parent and as a researcher, I struggled to reconcile these notions:

*They say that having one person is enough – but is it enough? What happens when life throws another curveball? Each of these parents had additional life circumstances that severed or disrupted the attachment bond, so then who did these children have? Is this why the working alliance is so important? And what about educators – how do they know when to become involved or when it's crossing a line? I think of Beth's comment about not knowing if she should step in and help that tired, overwhelmed young mother. In a world as unpredictable as ours, one person is not enough...*

### **What Was Experienced Collaboratively?**

The findings of this study identify the importance of working alliances and the need for more collaboration between educators, parents, and their children to adequately support the needs of a student, particularly one struggling with the effects of trauma and grief.

### ***Working Alliances***

The need for collaboration has been identified by many researchers (Bartlett et al., 2017; Cole et al., 2005; Dorado et al., 2016, Morgan et al., 2015; Morrison, 2007) and each participant emphasized the importance of collaboration. As Beth said,

Something that's come up for me so much in this trauma training is the mindfulness of where I'm at, and the need for teamwork. And there was one in my course, we were studying this scenario where they, they had a little code between them, they're like, oh, there's a call for you in Room 8, when they could see that their co worker was just getting to that point. And so I wish I had known that because, I mean, I was in situations where I was pushed way beyond my limit. And I had moments to where I was, naturally a very patient person, but I remember, you know, raising my voice and, and just feeling so bad - I was pushed beyond my limit, like over and over and over again. And I should have had more support, I should have called for help. I should have had, you know, more of those things in place as a team to be like, you know, I've, I've hit my point, I need someone to step in.

Beth recognises the value and need for teamwork. In one situation, Beth's school did establish collaboration between teachers:

The other little guy who was often running and they had several kids. And there was one moment, where all of the teachers of each of the kids were in a meeting together because every single one of his siblings were struggling, and we found out that he had another sibling who had been left in Africa and hadn't been able to come over and had just arrived. And like after several years of living with a relative, and so when we put that piece together, we were like, oh, okay, it makes sense that they're struggling, but he was

one that just like really, had a lot of violent behaviors. But near the end of the year, he perked his head up at me, I still remember, and he said, “I’m glad you’re my teacher.”

In this particular situation, the staff at Beth’s school all met to discuss how to support this family, a practice that aligns with aspects of a whole school approach. Working alliances take this collaboration one step further – including the parents and students. Nicole offered this advice to parents about the need to work together and involvement in their child’s education:

Keep in contact with their teachers, be involved, because if you’re not involved, those kind of kids, they just fall through the cracks. Don’t just allow your kid to be sent home. I used to, when my kids were suspended, I used to make deals with the school. Like if I bring them to school, and I sit in a classroom with them, will you let them come? And most of the time, schools will work with you. So that’s the biggest thing, be involved. There are so many parents that just send their kids to school, pick them up after school, and don’t even ask about homework. Especially if you have a kid that’s going through behavioral problems, you need to be involved. You need to have a relationship with their teachers and their principals and any other kind of supports that’s there.

Beth identified how learning with the student, together, has enriched her practice:

I don’t have to always be in control, and I don’t have to always push. So I think at the beginning of teaching, there was this fear of like, you know, I’ve told him to do this. And now I need to make him do it. I’m the teacher, I’ll lose control. And I think it’s been so powerful to learn in those moments. Like I don’t have to push. And I’ve seen it happen over and over again, as I’ve gone in as a supply teacher while I’ve been studying and been like, wow, like I see the power of just like, you know what, there’s a compromise here. Like, I can let some of those things go and really focus on the connection.

Pam also emphasized the importance of working and learning together rather than always being in control:

“That's the way communities should work. We learn from each other, and we respect that each can bring something different. You know, and it takes a really long time for people to accept that they can look at it as, and I think my some of my university students might look at it too, as I'm not taking control. Well, that's not my job. And that's supposed to control, you know, I'm supposed to guide the conversation. No, of course, like parenting, you have to have some boundaries and rules. But it's sort of like jazz. If you have too many riffs, you ruin it. You need the rules. But then you need to have open spaces for the creativity to come out. And if you make a mistake in jazz, it's not really a mistake, you use it. So if you play a note that you didn't mean to play, you keep going back to that note, and you make it work. And I think, I think that works for parenting and teaching too.”

In wondering about what is experienced by students affected by traumatic grief, the stories that Beth, Pam, and Nicole shared for this study were consistent with existing literature on disruptions to attachment relationships and how trauma can manifest in classroom environments. Their stories illuminated the ways caregivers' emotional experiences can impact affect management. In looking at what is experienced relationally, for Beth, Pam, and Nicole, although their lived experiences were each unique, their stories emphasised themes of attunement, congruence, and the need for mutual respect and trust in developing supportive relationships, affirming the principles already identified in trauma-informed practices. Beth, Pam, and Nicole also highlighted the need for consistency and the need for more mental health supports to properly support students affected by trauma and grief. They also identified the need

to recognize a child's autonomy, highlighting the importance of including the student in the collaborative relationship.

A significant finding of this study was the importance of and desire for collaboration to create supportive spaces in school communities. As parents, we do not have all the answers. As educators, we do not have one-size-fits all solutions. How can we? Each child and each situation is unique. The incorporation of trauma-informed teaching practices is not a matter of checking off a list or adhering to a particular amendment on a policy, but about changing mindsets and deepening understanding. We need to find ways to meet needs relationally, learning together within flexible frameworks like working alliances, to do this more effectively.

### **Where Do We Go From Here?**

*Your mountain is waiting  
So get on your way!*

- *Dr. Suess*

In conclusion...conclusion? Perhaps a more appropriate choice of words is:

“A few closing remarks as we move forward...”

*In many ways, this thesis feels like I've experienced another pregnancy. The many months watching an idea, the embryo, grow and take shape. The anticipation and nights filled with wondering and worry. The countless hours of preparation and the labour...and, finally, that moment when it is ready to meet the world. And just like giving birth, the arrival is not the end but rather a new chapter. How do I write a conclusion when I feel like I am only at the beginning? Yes, it is time to make these stories visible as Clandinin describes as an important aspect of the final research text. But I also think about her discussion of temporality and the three-dimensional space of retelling and*

*reimagining that narrative inquiry creates. I entered in the midst. I lived alongside, and I continue to wonder and imagine. The stories these women shared have shaped my own understanding as a mother to children who struggle at school, who have learned to mask their emotions, yet deeply desire to be in relationship with others. I have learned to be more attuned, more cognizant, and more aware of how changes and inconsistency can trigger a trauma response. These stories affirm the need for collaboration not just advocacy. As this research becomes visible, will others enter these temporal spaces of wondering as well?*

### **Implications for Practice**

It is my hope, as a parent supporting children affected by trauma and grief, as an educator seeking to improve my practice, and as a researcher, that these lived experiences will also deeply resonate with others. These findings could be used to develop a training module for preservice teachers, a module that aims to build empathy and understanding about the impact of trauma. The findings could also be used to develop resources for grieving parents. Or perhaps developed into a podcast for both educators and parents to listen to? A children's book for children affected by trauma and grief to nurture trust and encourage relational skills? Findings from this study could also be used to inform the development of formalized working alliances or policies regarding family-school collaboration. Although not the intent of this project, all the participants of this study were women navigating grief in their personal and professional lives. Findings from this study could be valuable to research that examines the experience of women in navigating caregiving amid trauma and grief.

### **Limitations**

This study, limited by the time constraints of a Master's thesis project, did not include the voices of students and their experiences. A longitudinal study that includes student perspectives would greatly contribute to this field of study. Another missing voice from this study were the perspectives of fathers. Future studies could be designed to recruit male participants so that these valuable perspectives can be included in the literature.

### **Future Research**

As this is an emerging field of study, future research could examine specific experiences that have led to successful working alliances between educators, parents and students in order to determine best practices. Future research could also investigate the emotional lives of grieving parents and educators to better understand and support the development of caregiver affect management skills or focus on positive aspects of post-traumatic growth. Future research could include a participatory action research approach that includes perspectives of students, parents and educators to discover new and effective ways of building more supportive relationships.

### **Moving Forward**

We cannot do this journey called life alone. We need each other, and we need to find better ways to work together. Considering the increasing need for mental health supports for young learners, collaborative initiatives need to be a priority for decision makers. Clinical services have long wait times and schools are ideal spaces to identify and support these children. Although Bronfenbrenner stated every child should have at least one person that deeply cares for him or her, Perry and Szalavitz (2017) assert that the best treatment is anything that “increases the quality and number of relationships in the child's life” (p. 85). Rather than just one person, a well-known African Proverb offers a valuable mantra: it takes a village to raise a child. We can strive to be that village, to develop supportive communities by applying a model already

implemented in the clinical sphere to educational spaces – the working alliance. Perhaps, by working together, this will allow parents and educators alike to better support students in ways never imagined.

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## Appendix A

### Interview Guides

#### **Initial Interview Guide - Parent:**

1. (Review of consent with parent)
2. Would you tell me about your journey to becoming a parent/caregiver? Were there significant people in your life who were part of this journey? Would you tell me about them?
3. Would you like to share with me your story/your child's story of loss?
4. How would you describe your relationship with your child/ren? His/her/their relationship with others? Peers and teachers at school?
5. How would you describe what it is like supporting the education of a child affected by traumatic grief? Please be as detailed as possible and take as much time as you would like – even if you think it might be insignificant, I would like to hear about it
6. Would you tell me about a good school day?
7. What about a difficult school day?
8. Thinking about your child/ren's learning, have there been any challenges? If so, would you tell me about specific situations? How have you approached these?
9. How would you describe your experience with your child/ren's school? With your child/ren's teachers? Do you feel involved with your child's education?
10. Would you tell me about how your child/ren's teachers have supported your child? If you do not feel like your child has been supported, would you tell me more about this?
11. If a newly bereaved parent came up to you for advice about approaching their child's school, what would you say?

#### **Initial Interview Guide – Educator:**

1. (Review of consent with educator)
2. Would you tell me about your journey in becoming an elementary school educator? Were there significant people in your life who were part of this journey?
3. How do you get to know your students? Their parents or guardians?
4. What has it been like for you teaching and supporting a child affected by traumatic grief? Would you describe specific incidents for me? i.e. How did you become aware of their circumstances? How did you recognize it? How have you responded? Please be as detailed as possible and take as much time as you would like – even if you think it might be insignificant, I would like to hear about it.

5. How would you describe your relationship with this student/ these students? Do you think he/she/they are comfortable with you? How about his/her/their relationships with peers? Other staff?
6. Would you describe a good moment/memory in teaching this student/ these students?
7. Would you tell me about a challenging moment teaching this student/ these students? How did you approach this?
8. What about any a-ha moments? Turning points?
9. Have you felt supported by parents? Other staff? Any examples that come to mind?
10. If you travel back in time, what teaching advice would you give your younger self about supporting students affected by traumatic grief?

## Appendix B

### Consent Form



Université d'Ottawa

Faculté d'éducation

University of Ottawa

Faculty of Education

University of Ottawa

Consent Form

**Project title:**

**Can we talk? The lived experiences of parents and educators supporting students experiencing childhood traumatic grief.**

**This study is funded through a SSHRC Canada Graduate Scholarship**

**Invitation to Participate:** I have been invited to participate in a research project conducted by Ms. Dam-VandeKuyt under the supervision of Dr. Jessica Whitley as part of Ms. Dam-VandeKuyt's Master's thesis project at the University of Ottawa. This study is being conducted independently from the organization or agency that informed me of this project.

**Purpose of the Study:** The purpose of the study is to uncover parents and educators' experiences in supporting learners who are affected by children traumatic grief. At the heart of this project is the desire to build deep understanding and collect stories to help create that understanding and move toward building strong relationships.

**Participation:** My participation will consist of participating in at least one interview about my experiences as a parent or guardian supporting an elementary school student experiencing childhood traumatic grief. The time for the initial interview is approximately 90 minutes and the interview will be conducted in English. This will take place virtually over Zoom or telephone at a time convenient to me. Ms. Dam-VandeKuyt will audio-record my responses. A second or third interview may be requested but is optional.

**Assessment of risks:** My participation in this study may create discomfort as I recall experiences that may be painful. If I experience any discomfort, Ms. Dam-VandeKuyt has assured me that she will make every effort to minimize this discomfort. I may decide to stop the interview at any time.

**Benefits:** By expressing some personal ideas about my experiences as a parent or guardian, I will contribute to deeper understanding of the educational experiences of children affected by grief and trauma.

**Privacy of participants:** I have received assurance from Ms. Dam-VandeKuyt that the information I share will remain strictly confidential. My identity will be protected. In the presentation of the findings, a pseudonym will be used and all identifying information will be removed and/or modified.

**Confidentiality and conservation of data:** The data will be used for the purpose of this study and will be kept for five years. I have been assured that the audio recording will be kept in a secure manner at the researcher's home during the research, and upon completion of the project will be stored on password protected external hard drive.

**Voluntary Participation:** I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be destroyed.

**Acceptance:** I, \_\_\_\_\_ [*Name of participant*], agree to participate in the above research study conducted by Krista Dam-VandeKuyt as part of her Master's thesis at the Faculty of Education, University of Ottawa under the supervision of Dr. Jess Whitley.

\_\_\_\_\_ I AGREE to have the data used for completion of this study.

If I have any ethical concerns regarding my participation in this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, 550 Cumberland Street, Room 154, (613) 562-5387 or [ethics@uottawa.ca](mailto:ethics@uottawa.ca).

145 Jean-Jacques Lussier  
Ottawa ON K1N 6N5  
Canada

[www.uOttawa.ca](http://www.uOttawa.ca)

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Participant's name	Signature:
Date:	

Krista Dam-VandeKuyt

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Researcher's name	Signature:
Date:	