

Trauma-Informed Practices in the Newcomer Child's Classroom

Shyla Mills

Abstract

Many refugee children have experienced trauma. When refugee students enter Canadian classrooms, they bring their trauma with them. Despite this, trauma-informed practices are still not the standard in Canada. When educators use trauma-informed practices, they can help refugee students who are struggling. Implementing trauma-informed professional development, behaviour specialist teachers, and specific time to teach self-regulation skills would benefit the trauma-affected students and would make the classroom a better learning environment for everyone.

When refugee students are dysregulated (unable to calm themselves down) in the class, a trauma-informed educator asks “What happened to you?” instead of “What’s wrong with you?” In the 2016 Canadian census, Statistics Canada (2017) reported that refugees made up 11.6% of Canada’s population (para. 4). Many newcomer refugee children experienced trauma, violence, and loss in their home country; as a result, they are more likely to have mental health issues (Chuang & Moreno, 2011). Teachers directly affected by this trauma have reported that atypical student behaviours made it frequently impossible to complete instructional outcomes (Blitz et al., 2016). Though there have been some attempts at implementing trauma-informed practices, these practices need to be at the forefront of education, because they are essential in helping newcomer children to develop self-regulation skills. Self-regulation skills refer to the ability to be self-aware and self-correct when one is becoming dysregulated (Benevento, 2004). To establish trauma-informed schools, schools must provide trauma-informed professional development for teachers, implement behaviour specialist teachers directly in schools, and allow teachers to allocate specific time for the teaching of self-regulation strategies in classrooms.

Many schools are receiving increasingly large numbers of refugee students who have experienced trauma (Tweedie et al., 2017). Trauma is identified as an overpowering encounter that changes a person’s certainty that the world is positive and secure (Brunzell et al., 2016). There are multiple forms of trauma, such as familial separation, abuse, environmental disasters, terrorism, and grief (Jacobson, 2021). When children undergo trauma in childhood, this can lead to delays in educational achievement (Thomas et al., 2019), problematic behaviours in the school setting such as limited attention span and unsociable manners (Blitz et al., 2020), and poorer mental processes such as conflict resolution and management of emotions (Jacobson, 2021). Bright lights and loud sounds are considered normal in Canadian classrooms, but to children who have experienced trauma they may be overly stimulating and could cause them to react in an extremely stressful way (Tweedie et al., 2017). Trauma-affected students may go to school with hopes to perform well, but find themselves overwhelmed (Brunzell et al., 2015) and are unable to control their feelings, succumbing instead to involuntary, emotionally charged reactions (Tweedie et al., 2017). Trauma-affected students need additional support in schools to self-regulate (Blitz et al., 2020), and schools need specific policies to address this behaviour while avoiding aggravating or even inflicting more trauma on the students (Jacobson, 2021).

Refugee newcomer youth have lived through many unique stressful experiences that separate them from Canadian-born children, directly affecting their mental health (Chuang & Moreno, 2011). A refugee child’s mental health can be affected by numerous stressors, such as familial separation or loss, exposure to extreme violence and war, and insecure resident status

(Durà-Vilà et al., 2013). The stressors do not cease once the children have arrived in their host country. In Canada, they may experience financial difficulties, culture shock, racist hostility, bullying, economic hardship, and social isolation (Durà-Vilà et al., 2013). Educators are a crucial factor in identifying struggling young refugees, but in the past educators have focused on modifying curriculum rather than creating a learning environment that helps refugee students to feel understood and safe (Ferralazzo, 2021). It is essential that the mental wellness of students is the priority for all educational staff.

Secondary trauma is becoming more prevalent in educators. Teachers have reported a higher level of trauma experienced by their students than ever before (Caringi et al., 2015). Many teachers have expressed that they felt resentful, upset, stressed, and exasperated due to the triggers within their classroom (Caringi et al., 2015, p. 246). Some schools have reported that the secondary trauma was so bad that the educators compared the effects to “occupational hazards” of working in education (Caringi et al., 2015, p. 245). Schools have also reported that contact with trauma-affected families was stressful, because when they asked families to improve their behaviour to protect teacher’s emotional well-being, it created further separation between the school and students (Blitz et al., 2016). The stressors of secondary trauma and not knowing how to handle trauma in their students directly affects teachers’ emotional well-being (Caringi et al., 2015), which then contributes to the decline of resilience in newcomer refugee children (Chuang & Moreno, 2011), because their teachers are not helping them to cope with their big feelings.

There have been some attempts at implementing trauma-informed practices in classrooms. When working with refugee students who had dysregulated responses, teachers have been advised to work first on developing self-regulatory strategies for their specific student, and second, on developing a strong bond with the dysregulated student (Brunzell et al., 2019). Teachers have admitted that it was difficult to build relationships and be positive toward students who rejected the personal connections (Brunzell et al., 2019). When schools have offered teachers trauma-informed training, the teachers felt criticized (Blitz et al., 2016). They felt that their own secondary trauma and well-being needs were not being addressed; thus, they opposed changing their strategies to fit the socio-emotional needs of their students. Instead of using trauma-informed strategies, teachers chose to focus on the core academic content, because they felt that the trauma-informed practices took away from valuable teaching and learning time (Brunzell et al., 2019). Refugee students are not having their emotional or educational needs met from this non-trauma-based approach.

Globally, there are many frameworks mandating specific trauma-informed practices in schools. Trauma-informed care (TIC) is typically driven by five standards: security, reliability, relationships, inspiration, and social issues (Christian-Brandt, 2020). TIC has used social emotional learning (SEL) to help trauma-affected children regulate their emotions, form strong relationships, and make good choices (Espelage et al., 2020). In the United States, the National Child Traumatic Stress Network developed the Attachment, Regulation, and Competency (ARC) framework to address children with severe trauma (Tweedie et al., 2017). *Attachment* refers to the connection between children and their teachers, *regulation* refers to building an awareness and tolerance of big feelings, and *competency* refers to the skills that accompany interruptions in the learning stages, such as difficulties with focus, conflict resolution, and critical thinking. In Australia, the Trauma-Informed Positive Education (TIPE) model is used, which is a school-wide mandate that has focused on three domains: teaching positive self-regulation skills, building interpersonal connections, and increasing mental health resources for student wellness (Stokes & Brunzell, 2019). Typical trauma-informed approaches have focused on two steps: address the student’s lack of control skills, and then modify the learning tactics to fit the student’s abilities (Stokes & Brunzell, 2019). Instead, TIPE has focused on a three-step model based in an assets-based standpoint (Stokes & Brunzell, 2019). Trauma-informed practices should look at what struggles the student encounters and what strengths the student can use to develop from (Brunzell et al., 2015). A school-wide framework is essential for successful support of trauma-

affected students and their educators, because without specific policies school practices can deter the improvement of students.

Many schools do not require that their educators receive training related to understanding trauma, how it may affect students' psychosocial capabilities, and how they can teach their students emotional regulatory competencies (Espelage et al., 2020). Some educators have naturally relied on the support of resource teachers or administrative support to deal with students' behavioural issues, but as more refugee students join Canadian classrooms it is crucial that teachers are taught trauma-informed strategies (Tweedie et al., 2017). Over 75% of teachers have identified the need for trauma-informed professional development (Howard, 2019, p. 558), alongside other culturally responsive skills training (Blitz et al., 2020). Teachers given trauma-informed professional development have learned to consider their students' resistant behaviours and what the potential root of the behaviour could be (Stokes & Brunzell, 2019). Additionally, the trauma-informed practices have assisted teachers in improving their own self-regulation skills, their strength, and their endurance, because the strategies they used with their students also helped them to regulate themselves (Stokes & Brunzell, 2019). To create successful trauma-informed schools, all schools must provide their teachers with professional development around trauma-informed practices, and must monitor the practice of these strategies in classrooms to ensure that they are being used.

Trauma-affected children often bring their stress to school (Blitz et al., 2020), making it the utmost importance not to have the responsibility of students' mental well-being solely on their classroom teacher, but instead to have students access many different social supports within the school (Karkouti et al., 2020). Schools can become more trauma-informed by having a behaviour specialist teacher in schools. A behaviour specialist teacher is a trained educator who provides direct interventions to trauma-affected students who are exhibiting behavioural problems (Jackson, 2020). A behaviour specialist teacher will also provide skill training for teachers to help build their trauma-informed practices, and will develop behaviour intervention plans (BIPs) in conjunction with the classroom teachers. For a behaviour specialist teacher to be effective, the school administration must designate intentional collaboration time between the classroom and behaviour specialist teacher, and must specifically outline a behaviour specialist teacher's roles and responsibilities in order to create an environment that supports them and the work that they do (Jackson, 2020). This role removes some of the responsibility of challenging student behaviour from the classroom teacher and offers the trauma-affected students a person of support in the school outside of the classroom teacher.

The specific teaching of self-regulation strategies in the classroom is missing, leading students not to have the skills to participate in their own learning (Egan, 2017). The specific teaching of self-regulation comes in two steps: teaching students about their own trauma response with tactics to modify their reaction, and using specific self-regulation strategies to help students recognize their own capacity to influence their emotions (Brunzell et al., 2016). Directly teaching students self-regulation strategies such as brain breaks, self-regulation rubrics, and escalation maps can help students to be mindful of their own heightened emotions and what triggers their reactions. When students have been in classrooms that taught them resiliency, their academic commitment, focus, and overall educational achievement improved (Espelage et al., 2020). Designating specific instructional time to the teaching of self-regulation skills is essential when creating trauma-informed classrooms.

A trauma-informed educator looks at a newcomer child's social, emotional, and mental well-being first. Immigrant students are present in Canadian classrooms now more than ever, because 1 in 10 people in Canada is a refugee (Statistics Canada, 2017, "About 6 in 10 Recent Immigrants" section, para. 3). Traumatic experiences change the way children see the world as good or bad, and can have negative consequences on a student's educational achievement (Brunzell et al., 2019). The involvement of educators in identifying psychologically distressed students is crucial to students' achievement and educational trajectory (Durà-Vilà et al., 2013).

When they identify trauma's influence on learning, teachers can work proactively to support refugee students who are struggling (Brunzell et al., 2019). Trauma-informed professional development, behaviour specialist teachers, and specific time to teach self-regulation skills would benefit the trauma-affected students and would make the classroom a better learning environment for everyone. Useful trauma-informed practices in the school are essential in helping newcomer children adapt to the Canadian classroom.

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About the Author

Shyla is a teacher with Brandon School Division and is looking to learning more about English language learning practices in the M.Ed. program because she has a significant interest in newcomer children in the classroom. She enjoys reading and doing activities outside.