# Trauma-Sensitive School Leadership Study Report

SURVEY DATA ANALYSIS AND RECOMMENDATIONS



October 2022



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As a principal with over 20 years of experience, I feel privileged to have embraced education as a career. There are many pivotal moments where I've seen first-hand how students' lives have been shaped and positively impacted by our engagement with them. At the same time, and more recently, I have faced many challenges alongside my colleagues across Ontario. The past two years have been particularly trying and I have seen more and more principals and vice-principals experience increased stress and frustration, along with decreased confidence in their ability to successfully meet the current expectations placed on school leaders.

At the Ontario Principals' Council (OPC), we have noted increased volumes of calls from school administrators who are concerned about their ability to effectively manage the demands of their role in a way that is responsive to the needs of staff and students, while maintaining a healthy work-life balance. The fact is that principals and vice-principals, the students they serve and the school communities they support have all experienced trauma and we need to address this head-on.

Personal and collective mental health and well-being have been at the forefront of the concerns expressed by principals and vice-principals. They are worried about how effectively they, and the education system, are able to adequately support students, staff and families who face mental health concerns and trauma, while at the same time providing safe learning and working environments that honor the need for equity, anti-racism, anti-oppression and violence-free spaces.

School leaders are called on to provide a breadth and depth of support for students, staff and families. Offering such support frequently involves making high impact decisions and making yourself available to those who might need you. That can be exhausting, especially when you feel inadequately prepared or unsupported yourself, and you don't have time to gather information or participate in professional learning.

As an organization whose mission is to "Develop, support and promote exemplary leadership for student success in our schools," it is incumbent upon us to listen to our principals and vice-principals and advocate for leadership environments that are supportive. One of the ways in which we have undertaken to do that is by collecting and analyzing survey and interview data from administrators across the province on trauma-sensitive school leadership. This paper contributes to an understanding of the conditions, the barriers and the resources needed by school leaders to support students, staff and their own mental health as they work to establish safe, equitable and successful learning and working environments.

We are hopeful that this paper will become a conversation starter for different stakeholders in the province. Ultimately, these conversations will move us forward to act so that all of us can be better leaders and support students, staff, our school communities and ourselves through a trauma-sensitive leadership approach.

Patsy Agard

President, Ontario Principals' Council

As I reflect on the process that was undertaken from the time an idea was sparked over a year ago to finalizing this report, I recognize that we took a somewhat meandering path, but we always had a clear goal. We wanted to have data, current and literature-based, to support our advocacy for principals and vice-principals in Ontario, who, along with their staff and students, face trauma on a regular, if not daily, basis.

The publication of this position paper and its recommendations is the culmination of the efforts of many individuals who deserve acknowledgement.

First, I want to express thanks to the committee members who provided advice to narrow the focus, developed survey and interview questions, reviewed responses, conducted interviews, analyzed the data, reviewed drafts and otherwise supported the work leading to the publication of the paper. In addition to their general contributions, I want to specifically express thanks to

- · Dr. David Tranter, who took the lead on writing the report
- Dr. Katina Pollock, who worked with Noah Goslin to formulate recommendations based on interview responses
- Dr. Charis Newton-Thompson, Vicki Shannon and Irfan Toor, who provided invaluable advice on the use of accurate and non-offensive language in survey questions and in the report more generally
- · Patsy Agard and Lorne Gretsinger, who provided advice and input as practising principals and OPC Executive Members.

Special thanks Peggy Sweeney for her work in copy-editing the document and Christopher Johnstone for the graphic design.

And, critically important to this process are the school leaders who took the time to complete the survey and participate in interviews during a particularly challenging time. Without their support, this paper could not have been published.

Through the efforts of the individuals noted above and many others, directly or indirectly, I believe we have a document that will help us to have evidence-based conversations that will influence policy, decision-making, professional learning and ultimately the lives of students and educators.

Dr. Nadine Trépanier-Bisson

Vadine 9-Bisson

Director of Professional Learning, Ontario Principals' Council

Committee Chair

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# **Trauma-Sensitive School Leadership**

#### **Abstract**

Trauma-sensitive education has shown considerable promise as a potentially powerful tool to more effectively support student mental health and well-being, especially for those students who are at greatest risk (Cole, O'Brien & Gadd, 2005). This paper reports on the results of a survey completed by 652 Ontario public school administrators and 13 follow up interviews. The purpose of the study is to better understand the experiences, challenges, and opportunities of school administrators in Ontario toward leading a trauma-sensitive approach to education. The survey indicates that administrators have a strong conviction that trauma significantly impacts academics, behaviour and other student issues such as attendance or overall attitude toward school which aligns with research in the field. Administrators also indicated that there were fewer students experiencing trauma pre-pandemic. They have also noted impacts of trauma on educators. Previous research from a variety of sources, along with the responses of Ontario Principals' Council Members to the study survey, clearly point to the need for trauma-sensitive practices in Ontario's schools, especially post-pandemic. Most administrators supported the need for a trauma-sensitive approach at school and yet administrators were generally not satisfied with their school's ability to practice from a trauma-sensitive approach. Through the survey, administrators identified barriers faced by their staff in more fully practicing a traumasensitive approach: educator stress and burnout, lack of staff training, lack of staff time and curriculum pressures. The results indicate that it is not enough to attend to the trauma of students through professional learning and additional support - we must be more deliberate about addressing the trauma of school staff and administrators themselves. Not doing so can be catastrophic to our education system. The report concludes with several recommendations for government, school boards, principals' associations, school administrators and future research.

# **Trauma-Sensitive School Leadership**

# **Executive Summary**

# **Background**

In 2009, the <u>Student Achievement and School Board Governance Act</u> came into effect in Ontario. The Act requires that schools promote student well-being along with achievement. Since then, the COVID-19 pandemic has provided unprecedented evidence that school is vital to the mental health and well-being of students. This is especially true for students who are already at risk due to factors such as poverty, marginalization or adverse childhood experiences.

# **Purpose of Study**

Trauma-sensitive education has been promoted as a potentially powerful tool to more effectively support students at-risk, as well as a comprehensive approach to further developing student resilience. However, becoming a trauma-sensitive school can require a substantial rethinking of both educator unconscious biases and conventional pedagogical practices. Implementing trauma-sensitive education, therefore, poses genuine challenges for school leaders. The purpose of this study is to better understand the experiences, challenges and opportunities of school administrators in Ontario toward leading a trauma-sensitive approach to education.

# **Study Method**

A voluntary, anonymous online survey was sent to principals and vice-principals (VPs) in Ontario via their membership through the Ontario Principals' Council. In all, 652 school administrators (of 5400 OPC Members) completed the survey. Just over half (54.1%) of survey respondents were elementary principals, 18.1% were elementary VPs, 10.8% were secondary principals and 12.4% were secondary VPs. The remaining respondents served different administrative roles including system principals, acting principals and retired principals. In all, 25 school boards across the province were represented, including larger urban boards, such as the York Region District School Board, to smaller, rural and northern boards, such as the Rainy River District School Board.

# **Prevalence of Student Trauma**

The administrators were asked to estimate the percentage of students in their schools impacted by trauma, both prior to the pandemic and following it (Figure 1a). While pre-pandemic estimates varied considerably, almost one-third of administrators estimated that 10% or fewer of their student population was impacted by trauma. A further 28% of administrators placed their estimate at 20% or more. Estimates grew significantly when school administrators were asked to consider their students within the context of the pandemic. Almost one in four administrators believed that 20-30% of their students were impacted by trauma. The number of administrators who believed that 30-50% of their students were impacted by trauma doubled when considering the pandemic, as compared to prior to it.

32% 28% Percentage of Educators 23% 21% 15% 14% 12% 8% 8% 6% 6% 4% 4% 3% 2% 2% 1% 2% 0-10% 10-20% 20-30% 30-40% 40-50% 50-60% 60-70% 70-80% 80-90% 90-100% Cannot estimate Estimated Percentage of Students Impacted By Trauma

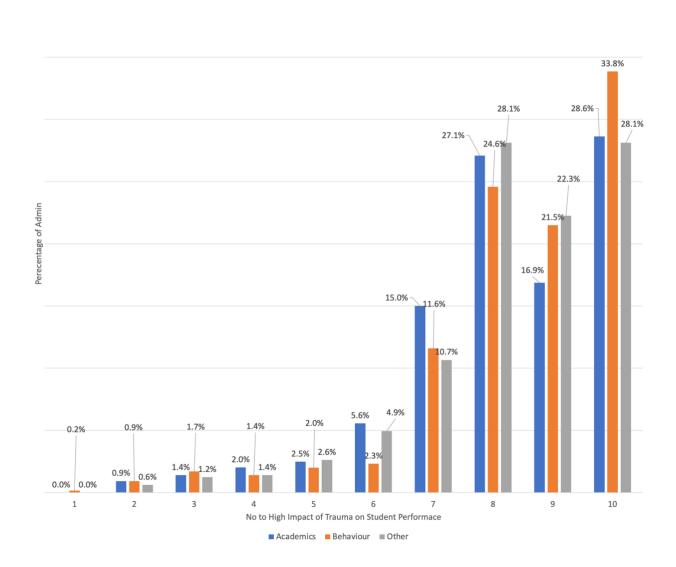
■ Pre-Pandemic ■ Currently

Figure 1a: Prior to the COVID-19 pandemic, and currently, what percentage of students (and their families) at your school would you estimate have been significantly impacted by trauma?

# **Impact of Trauma on Student Performance**

When asked to rate on a scale of 1 (Low Impact) to 10 (High Impact), the degree to which they believe trauma negatively affects student performance, administrators indicated a strong conviction that trauma impacts academics, behaviour and other student issues such as attendance or overall attitude toward school (Figure 2a). For example, more than one-quarter of administrators rated the impact of trauma on academic performance as 10/10. One-third of administrators rated trauma's impact on behaviour as 10/10. More than one-quarter of administrators rated the impact of trauma on attendance or overall attitude toward school as 10/10.

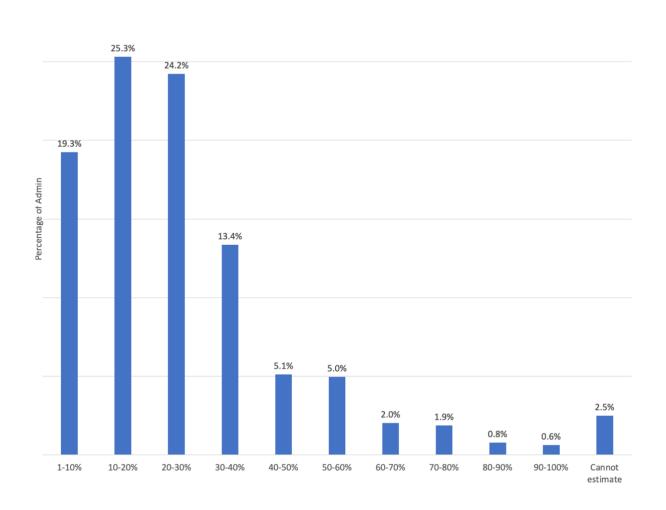
Figure 2a: Overall, what impact do you believe the effects of trauma have on your students' academic performance, behaviour and other student issues such as attendance or attitude toward school?



# **Impact of Trauma on Teaching Time**

Administrators also felt that a significant amount of teaching time is spent dealing with issues connected to student trauma (Figure 3a). For example, one-quarter of administrators estimated that their staff spend 10-20% of their teaching time dealing with issues related to student trauma. Another quarter of administrators estimated the time spent dealing with trauma-related issues as 20-30% of teaching time. One in 10 administrators estimated that 40-60% of teaching time is spent dealing with student trauma-related concerns.

Figure 3a: On average, what percentage of your staff's overall teaching time would you estimate is spent on dealing with issues related to student trauma?



Percentage of teaching time spent on student trauma-related issues

# Impact of Student Trauma on Staff Well-Being

The impact of trauma often goes beyond the individual student. When asked, "To what degree does dealing with student trauma negatively impact your staff's well-being and contribute to their stress?," 80% of administrators rated the negative impact of dealing with student trauma on educator well-being as 7/10 or higher (Figure 4a). One-third of administrators rated the negative impact as 9/10 or higher. School administrators also reported experiencing the effects of dealing with student trauma on their own well-being. Almost three-quarters of administrators rated the impact as 7/10 or higher. Close to 1 in 5 administrators reported the impact as 10/10.

26.8% 23.7% 19.7% 18.4% 17.5% Percentage of Staff and Admin 16.9% 14.7% 14 4% 7.7% 7.4% 5.6% 4.2% 3.7% 2.9% 2.9% 2.5% 0.5% 1.5% 0.2% 2 3 4 5 No to High Impact of Student Trauma ■ Staff ■ Admin

Figure 4a: To what degree does dealing with student trauma negatively impact your staff's well-being, or your well-being?

# Impact of Staff Trauma on Staff Well-Being

The impact of trauma on educators is further complicated by the fact that it is not just students who experience trauma. A number of educators, like any member of the adult population, have experienced trauma themselves, both in their personal lives as well as on the job. For example, three-quarters of administrators rated the impact that staff personal trauma is having on staff well-being as 7/10 or higher (Figure 5a). One third of administrators rated the impact as 9/10 or higher. Administrators also reported experiencing an impact on their own well-being from supporting personal trauma among staff. Almost 70% of administrators rated the impact of staff trauma on their own well-being as being 7/10 or higher. One-third of administrators rated the impact as 9/10 or higher.

23 7% 18.3% 18.1% 18.0% 7.2% Percentage of Staff or Admin 14.1% 11.8% 9.4% 9.3% 4.8% 4.5% 3.4% 2.8% 2.3% 0.5% 0.0% No to High Impact of Staff Trauma on Staff and Admin ■ Staff trauma on staff well-being ■ Staff trauma on admin well-being

Figure 5a: To what degree does the personal trauma experienced by your staff negatively impact their well-being, negatively impact your well-being?

# **Adopting a Trauma-Sensitive Approach**

Consistent with their concern about the prevalence of trauma on their students and its impact on school success, administrators were strongly in favour of adopting a trauma-sensitive approach in education (Figure 6a). The majority of administrators advocated the need for a trauma-sensitive approach at school, with over half rating the necessity as 10/10. A total of 85.2% of administrators rated the necessity as 8/10 or higher.

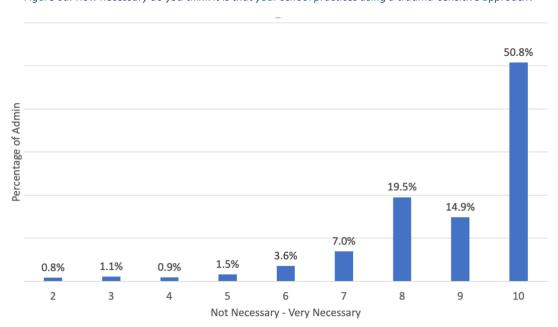


Figure 6a: How necessary do you think it is that your school practices using a trauma-sensitive approach?

# **Are Educators Properly Equipped?**

There was less confidence among administrators that their staff are properly equipped to practice a trauma-sensitive approach (Figure 7a). Overall, the majority of administrators rated their staff as being moderately equipped to deal effectively with students experiencing trauma. One in seven administrators rated their staff as 1/10 or 2/10, meaning unequipped. Few rated their staff as highly equipped. Administrators rated themselves as more equipped than their staff to support student trauma, with the average response being 7/10. Only 9% of administrators rated themselves as 9/10 or higher, meaning highly equipped.

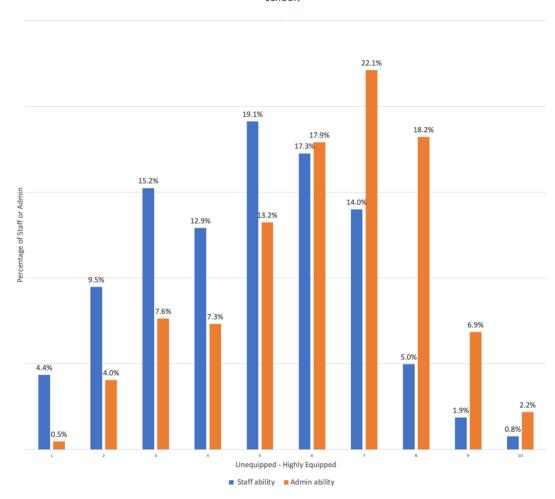


Figure 7a: Overall, how equipped are your staff, are you, to support students who are experiencing the effects of trauma at school?

# **Satisfaction With Current Trauma-Sensitive Practices**

Administrators were generally unsatisfied with their school's current ability to practice from a trauma-sensitive approach (Figure 8a). Only 6.3% of administrators rated their school's overall ability as 8/10 or 9/10. Slightly more than one-third of administrators rated their school's ability at 3/10 or lower. No administrator gave their school a 10/10, while 8.1% of administrators rated their school as 1/10.

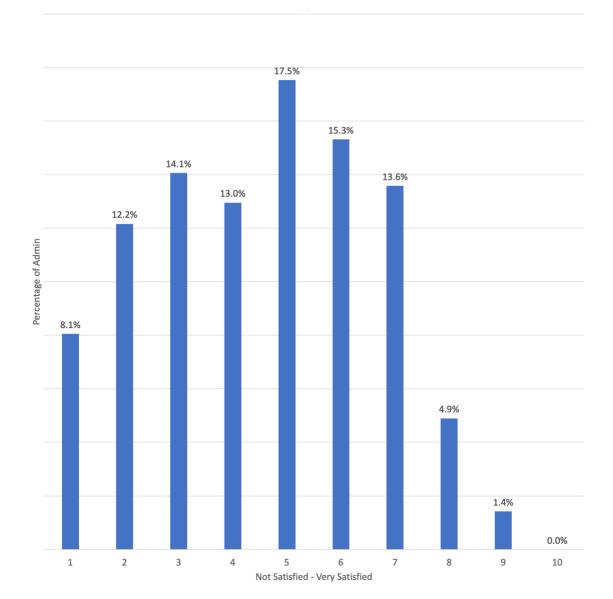


Figure 8a: Overall, how satisfied are you with your school's current ability to practice from a trauma-sensitive approach?

# **Administrator Support**

Administrator's experiences varied when reporting on the support they receive as a traumasensitive leader (Figure 9a). The largest group rated the support at 5/10. One-third of administrators rated the support received as 3/10 or lower, with almost one in 10 indicating that they receive no support. Just over one in 10 administrators rated the support they received at eight out of 10 or better.

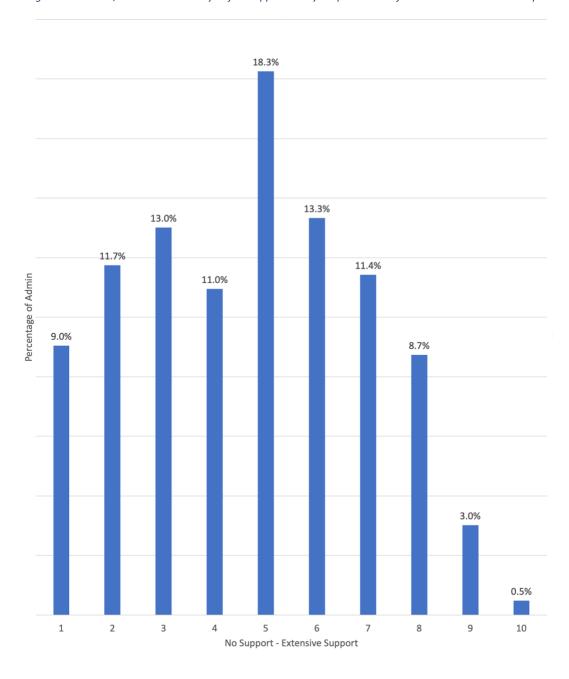
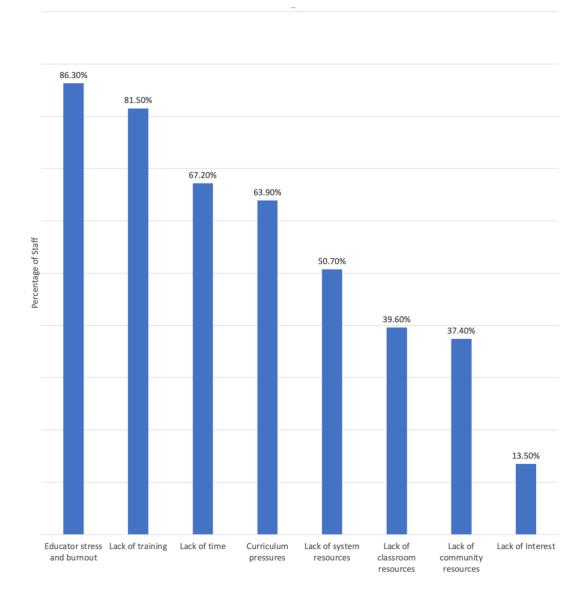


Figure 9a: Overall, to what extent do you feel supported in your promotion of trauma-sensitive leadership?

# **Staff Barriers to Trauma-Sensitive Education**

Administrators were asked to indicate the barriers that their staff face in more fully practicing a trauma-sensitive approach (Figure 10a). The most prevalent barrier, identified by 86.3% of administrators, was educator stress and burnout. This was closely followed by lack of staff training, lack of staff time and curriculum pressures. Rounding out the top eight barriers identified was lack of system resources (such as mental health supports), lack of classroom resources, lack of community resources (such as mental health services) and lack of interest among staff.

Figure 10a: What, if anything, gets in the way of your staff's ability to consistently adopt a trauma-sensitive approach? (Check all that apply)

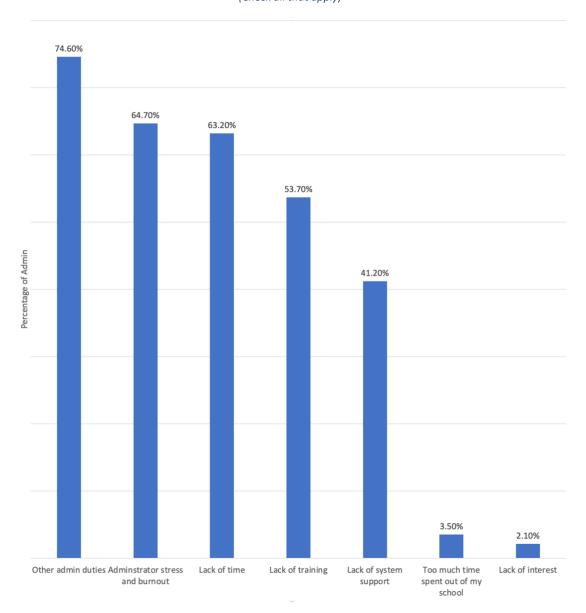


# **Administrator Barriers to Trauma-Sensitive Education**

Administrators identified five major barriers that they faced in consistently leading a school-wide trauma-sensitive approach (Figure 11a). The most frequently reported barrier, identified by three-quarters of respondents, was competing demands placed on their time by other administrative duties. Two-thirds of administrators identified stress and burnout as a barrier. This was closely followed by lack of time. Half of the administrators also identified lack of training as a barrier, followed by lack of system support. A smaller number of administrators reported two other barriers: spending too much time out of their school and lack of interest.

Figure 11a: What, if anything, gets in the way of your ability to consistently lead a school-wide trauma-sensitive approach?

(Check all that apply)



## Recommendations

Based on the research and survey responses, the OPC is making the following recommendations.

- **1. Time:** Allocate time for school administrators to learn and lead a trauma-sensitive approach by reducing day-to-day system demands and competing pressures. Consider areas in school and system planning where priorities can be consolidated to enable administrators to collaborate with their staff and students.
- **2. Training:** Provide more professional development to all school staff on trauma-sensitive practices, as well as both student and staff mental health and well-being. Also, allow more room for administrators to focus on mental health, trauma and well-being on PA days and in Professional Learning Communities (PLCs).
- **3. Tools:** Provide practical in-class, trauma-sensitive tools for educators to use to support students day-to-day.
- **4. Staff:** Increase access to and/or the number of in-class and in-school staff such as child and youth workers, as well as mental health professionals such as social workers and occupational therapists.
- **5. Community:** Strengthen the connection between schools and community mental health resources, including Indigenous and Inuit elders and communities, as well as community-based identity-specific organizations to support healing. Create a stronger sense of shared community responsibility for all students.
- **6. Paradigm Shift:** Recognize that authentically supporting equity, decolonization, inclusivity, trauma, mental health and well-being requires a paradigm shift in education. The system needs to rethink education's priorities in a post-pandemic world and reduce the number of priorities, providing time for educators and students to ensure basic needs are met, and scaffold learning for all in a more responsive way.

As an extension of these general recommendations, specific recommendations are included in the full report for different education stakeholders in Ontario: government, school districts, principals' associations and school administrators themselves. These specific recommendations are also informed by follow-up interviews, which were conducted with 13 administrators.

# **References**

https://www.ola.org/en/legislative-business/bills/parliament-39/session-1/bill-177

https://www.oise.utoronto.ca/atkinson/UserFiles/File/Policy\_Monitor/ON\_01\_04\_14\_-renewedVision.pdf

Ferguson, B., Roth, E. D., Ontario., & Hospital for Sick Children. (2005). Early school leavers: Understanding the lived reality of student disengagement from secondary school: final report. Toronto, ON: Ontario Ministry of Education and Training, Special Education Branch.

Cole, S.F., O'Brien, J.G., & Gadd, M. (2005). Helping traumatized children learn: Supportive school environments for children traumatized by family violence. Volume 1, Trauma and Learning Policy Initiative, Massachusetts Advocates for Children, Harvard Law School.

Cole, S.F., Eisner, E., Gregory, M. & Ristuccia, J. (2013). Helping Traumatized Children Learn: Creating and advocating for trauma-sensitive schools, Volume 2, Trauma and Learning Policy Initiative, Massachusetts Advocates for Children, Harvard Law School.

# **PART ONE: INTRODUCTION**

# **Background**

In 2009, the <u>Student Achievement and School Board Governance Act</u> came into effect in Ontario. The Act requires that schools promote student well-being along with achievement. Adding student well-being to the responsibilities of educators represents both an important and challenging shift in education.

The COVID-19 pandemic has since provided unprecedented evidence that school is vital to the mental health and well-being of students. It offered a stark reminder that academic success is closely interwoven with social and emotional success. This is especially true for students who are already at risk due to factors such as poverty, marginalization (due to minority group status, gender and community characteristics), or adverse childhood experiences (Ferguson & Roth, 2005).

However, given that education has historically focused on academic achievement, precisely *how* educators can best promote well-being has not been entirely straightforward or clear (Tranter, Carson & Boland, 2018). Trauma-sensitive education has shown considerable promise as a potentially powerful tool to more effectively support student mental health and well-being, especially for those students who are at greatest risk (Cole, O'Brien & Gadd, 2005). However, becoming a trauma-sensitive school can require a substantial rethinking of both educator unconscious biases and conventional pedagogical practices (Cole, Eisner, Gregory & Ristuccia, 2013). Implementing trauma-sensitive education therefore poses genuine challenges for school leaders.

# **Purpose of Study**

The purpose of this study is to better understand the experiences, challenges, and opportunities of school administrators in Ontario toward leading a trauma-sensitive approach to education.

# **Study Method**

A voluntary, anonymous online survey was sent to principals and vice-principals (VPs) in Ontario via their membership through the Ontario Principals' Council, the professional association of English public elementary and secondary principals and vice-principals in Ontario.

# **The Respondents**

In all, 652 school administrators completed the survey. Just over half (54.1%) of survey respondents were elementary principals, 18.1% were elementary VPs, 10.8% were secondary principals, and 12.4% were secondary VPs. The remaining respondents served different administrative roles including system principals, acting principals or retired principals.

Almost one-third of the school administrators had between 6-10 years of administrative experience. Approximately one quarter (26.2%) were relatively new to the role with 1-5 years of experience. The remaining 42.5% had 11 or more years of administrative experience.

Two-thirds (67.1%) of respondents identified as women. Almost a third (31.3%) identified as men. Less than 1 % of respondents identified as non-binary or gender diverse.

In regard to ethno-racial identity, the majority of administrators (86.6%) identified as white, 2.8% identified as North American Indigenous, 2.6% identified as Asian, 2% identified as Black, 2% identified as Middle Eastern and 1.1% identified as Indo-Caribbean. The remaining ethno-racial groups each represented less than 1% of respondents (see Figure 1).

Figure 1: Which of the following best describes your ethno-racial identity, regardless of your place of birth? (Select all that apply)



# **The School Communities**

Survey participants were asked to respond to questions that would provide contextual information about their school to the best of their knowledge. In some cases, where demographic data might not have been readily available, they may have estimated the information based on the data available to them (i.e. school climate survey, enrollment data, etc.) and their experience in the school community.

In all, 25 school boards across the province were represented, including larger urban school boards, such as the York Region District School Board, to smaller, rural, and northern boards, such as the Rainy River District School Board (see Figure 2). Slightly more than half of administrators lead schools with enrolments of 2000 students or more. Almost one-third of administrators lead schools of 500-1000 students (see Figure 3).

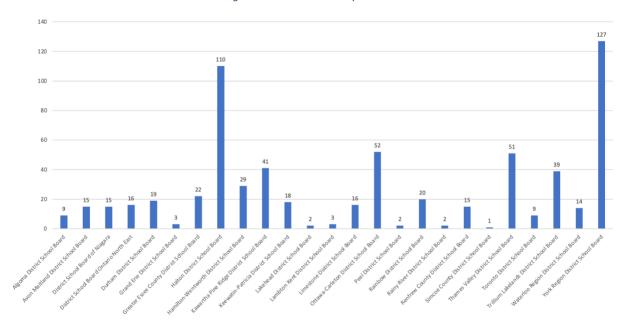
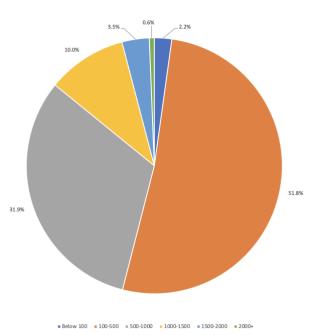


Figure 2: School Boards Represented





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The schools represented also varied in terms of the diversity of the populations they served. For example, 6% of administrators reported that up to 40% of their students are English Language Learners (ELLs), while nearly one in five schools (18.6%) reported having 10-20% of their students as ELLs. Just over half (54.1%) of schools reported that 10% or fewer of their students were ELLs.

The majority of schools (79.7%) reported that fewer than 10% of their students identify as First Nations, Métis or Inuit (FNMI). One in 10 administrators reported that 10-20% of their students identify as FNMI. Two percent of administrators reported that up to 40% of their students identify as FNMI.

Almost one-third (31.1%) of administrators reported that fewer than 10% of their students lived in poverty. More than one quarter (27.8%) reported that up to 20% of their students lived in poverty. One in ten schools (10%) reported that up to 40% of students live in poverty.

A little more than one in five administrators (22%) reported that up to 10% of their students belong to a racialized group. Approximately one in six reported that up to 20% of their students belong to a racialized group. Just over one in ten administrators (11.3%) reported that up to 40% of their students belong to a racialized group.

# **PART TWO: DEFINITIONS**

**Trauma:** Trauma is the lasting emotional response that often results from living through a distressing event. Experiencing a traumatic event can harm a person's sense of safety, sense of self and ability to regulate emotions and navigate relationships. Long after the traumatic event occurs, people with trauma can often feel shame, helplessness, powerlessness and intense fear. (The Centre for Addiction and Mental Health)

**Trauma-informed:** The term "trauma-informed" arose in the behavioural health field. According to the Substance Abuse and Mental Health Services Administration, "trauma-informed" refers to the delivery of behavioural health services in a way that "includes an understanding of trauma and an awareness of the impact it can have across settings, services, and population." (traumasensitiveschools.org)

**Trauma-sensitive:** The term "trauma-sensitive" describes a school in which all students feel safe, welcomed and supported and where addressing trauma's impact on learning on a school-wide basis is at the centre of its educational mission. The focus is on creating a whole-school culture that serves as a foundation for all students to learn and experience success at school. (traumasensitiveschools.org)

# PART THREE: TRAUMA AT SCHOOL

# Stress, Adversity and Trauma

Stress is an inevitable part of life and learning. It comes in many forms from a variety of sources. Most of the time, with support from others, children and adults alike are able to cope successfully with stress. However, there are times when stress can be overwhelming and even debilitating. Although the way that people react to stress can vary widely, the types of stress typically fall into one of three categories: positive, tolerable or toxic (Toxic Stress, 2020).

**Positive Stress:** Positive stress can increase student motivation, focus their concentration and channel their energy. Taking on stressful activities that lead to success also builds confidence and increases resilience. Experiencing positive stress helps to develop a healthy stress response and increases one's ability to face and overcome challenges while managing anxiety. Positive stress—whether cognitive, physical or emotional—is an essential ingredient in education.

**Tolerable Stress:** Tolerable stress results from events that are unexpected and potentially damaging but are both time-limited enough to allow for recovery and are supported by caring relationships that enable healing from what otherwise might be damaging effects. Common sources of tolerable stress can be events such as natural disasters, accidents or losses of loved ones. Often whether a stressful event is tolerable or not has less to do with the nature of the event itself and more to do with the degree of support the individual has received following the event.

**Toxic Stress:** Toxic stress occurs when the individual is exposed to strong and prolonged adversity with little time for recovery and insufficient support from others. For example, ongoing abuse and neglect in childhood is a common source of toxic stress. Those who experience toxic stress in childhood typically suffer from a range of difficulties that can last into adulthood. Importantly, research shows that supportive relationships with caring adults can prevent or reverse the damaging effects of toxic stress (A Guide to Toxic Stress, 2020).

# **Adverse Childhood Experiences**

There are many potential sources of toxic stress for young people. The most widely researched types are Adverse Childhood Experiences (ACEs, 2021). The ACEs refers to ten types of adversity in three major categories faced by children: abuse, neglect and household dysfunction (see Figure 4). These types of adversities have been found to show clear connections to an increased likelihood that children will develop social, emotional, behavioural, physical and academic problems, both during childhood and later in life.

Figure 4: Adverse Childhood Experiences

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother Treated Violently	Substance Abuse
Sexual		Divorce	

Exposure to even one ACE can have a profound impact on a child. Exposure to more than one can quickly compound the potential impact, making what might be a tolerable stress something toxic and prolonged. The original ACEs study found that exposure to one ACE is quite common. More than two-thirds of young people experience at least one ACE. Exposure to multiple ACEs is disturbingly high, with nearly a quarter of the population reporting exposure to three or more ACEs (Felitti et al, 1998).

More recently, research has found similar rates of ACEs in the Canadian population. For example, a 2021 study of 44,817 individuals found that 61.6% of the population report experiencing at least one ACE, while 35.6% report experiencing two or more. As well, 13.4% of women and 8.2% of men reported experiencing 4 or more ACEs (Joshi et al, 2021). In Ontario, the most recent (2018) Ontario Incidence Study of Reported Child Abuse and Neglect reported that, of a total population of 2,361,870 children ages 0-15, there were 148,536 investigations of child maltreatment. (Fallon et al, 2020).

## **Trauma and Post Traumatic Stress Disorder**

Not all ACEs necessarily lead to trauma. However, when adversity involves toxic stress, trauma can be the result. According to the Centre for Addiction and Mental Health:

Trauma is a term used to describe the challenging emotional consequences that living through a distressing event can have for an individual. Traumatic events can be difficult to define because the same event may be more traumatic for some people than for others. However, traumatic events experienced early in life, such as abuse, neglect and disrupted attachment, can often be devastating. Equally challenging can be later life experiences that are out of one's control, such as a serious accident, being the victim of violence, living through a natural disaster or war, or sudden unexpected loss (Trauma, Center for Addiction and Mental Health (CAMH)).

Traumatic events include ACEs, but also events occurring in adulthood such as the unexpected death of a loved one, sexual assault or seeing someone badly injured or killed. It is estimated that

approximately 76% of Canadians have experienced a traumatic event during their lifetime (Van Ameringen, Mancini, Patterson & Boyle, 2008).

Left untreated, trauma can lead to Post Traumatic Stress Disorder (PTSD), a recognized mental illness (PTSD, CAMH). Symptoms of PTSD include intrusive thoughts and physical reactions; avoidance of people, places and activities; negative changes in thoughts and mood; and changes in emotional arousal and reactivity (American Psychiatric Association, 2013). It is estimated that approximately 9.2% of the Canadian population has suffered from PTSD at some point in their life (Van Ameringen, Mancini, Patterson & Boyle, 2008).

#### **Estimates of Student Trauma**

The administrators were asked to estimate the percentage of students in their schools impacted by trauma, both prior to the pandemic and following it (see Figure 5). While pre-pandemic estimates varied considerably, almost one-third of administrators estimated that 10% or fewer of their student population was impacted by trauma. A further 28% of administrators placed their estimate at 20% or more. Estimates grew significantly when school administrators were asked to consider their students within the context of the pandemic. Almost one in four administrators believed that 20-30% of their students were impacted by trauma. The number of administrators who believed that 30-50% of their students were impacted by trauma doubled when considering the pandemic, as compared to prior to it.

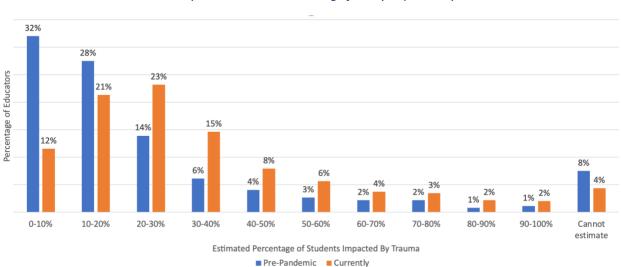


Figure 5: Prior to the COVID-19 pandemic, and currently, what percentage of students (and their families) at your school would you estimate have been significantly impacted by trauma?

# **Impact of Trauma on Student Performance**

There is an abundance of evidence to show that children who have been exposed to traumatic events and toxic stress have much higher incidence of difficulties at school. In fact, numerous studies argue that ACEs are the root cause of many serious social, emotional, behavioural and academic difficulties (Maynard et al, 2019; Romano et al, 2015). A comprehensive review of the impact of ACEs and childhood trauma revealed far-reaching effects on academic performance, behaviour and relationships (Cole, O'Brien & Gadd, 2005). In all, childhood trauma was shown to negatively affect the following areas critical to school success:

#### **Academic Performance**

Language and communication skills
Organizing narrative material
Cause-and-effect relationships
Taking another's perspective
Attentiveness to classroom tasks
Regulating emotions
Executive functions
Engaging in the curriculum

#### **Classroom Behaviour**

Reactivity and impulsivity Aggression Defiance Withdrawal Perfectionism

#### Relationships

Relationships with peers
Relationships with school personnel

Trauma not only leads to day-to-day struggles with learning, but can significantly undermine the student's overall academic progression. For example, students with three or more ACEs are 2.5 times more likely not to successfully meet grade-level curriculum requirements. Students with three or more ACEs are significantly more likely to be unable to perform at grade level, be labeled as special education, be suspended, be expelled or drop out of school (Education Brief: ACES for Educators and Stakeholders).

The administrators showed strong awareness of the impact that trauma can have on student success. When asked to rate on a scale of 1 (low impact) to 10 (high impact) the degree to which they believe trauma negatively affects student performance, administrators indicated a strong conviction that trauma significantly impacts academics, behaviour and other student issues such as attendance or overall attitude toward school (see Figure 6). For example, more than one-quarter of administrators rated the impact of trauma on academic performance as 10/10. One-third of administrators rated trauma's impact on behaviour as 10/10. More than one-quarter of administrators rated the impact of trauma on attendance or overall attitude toward school as 10/10.

33.8% 28.1% 28.1% 27.1% 24.6% Perecentage of Admin 22.3% 16.9% 15.0% \ 11.6% 10.7% 4.9% 0.2% 0.9% 1.7% 2.0% 5.6% 2.5% 2.6% 2.0% 1.4% 1.4% | 1.2% 0.9% 0.6% 0.0% 0.0% 2

No to High Impact of Trauma on Student Performace ■ Academics ■ Behaviour ■ Other

6

5

Figure 6: Overall, what impact do you believe the effects of trauma have on your students' academic performance, behaviour and other student issues such as attendance or attitude toward school?

# **Impact of Trauma on Teaching Time**

1

1-10%

10-20%

20-30%

30-40%

Administrators also felt that a significant amount of teaching time is spent dealing with issues connected to student trauma (see Figure 7). For example, one-quarter of administrators estimated that their staff spend 10-20% of their teaching time dealing with issues related to student trauma. Another quarter of administrators estimated the time spent dealing with trauma-related issues as 20-30% of teaching time. One in 10 administrators estimated that 40-60% of teaching time is spent dealing with student trauma-related concerns.



5.0%

50-60%

Percentage of Teaching Time

2.0%

60-70%

1.9%

70-80%

0.8%

80-90%

0.6%

90-100%

5.1%

40-50%

Figure 7: On average, what percentage of your staff's overall teaching time would you estimate is spent on dealing with issues related to student trauma?

2.5%

Cannot estimate

# Impact of Student Trauma on Staff Well-Being

The impact of trauma is not limited to the intrapersonal. The impact is interpersonal as well (Beck et al, 2009). Given that trauma often affects student attitude, motivation, mood and behaviour, the impact of student trauma can also impact educators. This impact is often referred to as vicarious trauma, secondary trauma or compassion fatigue (Pearlman & Saakvitne, 1995: Jenkins & Baird, 2002; Figley, 1995). Left unrecognized and untreated, educators affected by student trauma can suffer a range of difficulties including burnout (Newell & MacNeil, 2010). The impact on educators can lead to a range of difficulties including the following (Is there a cost ...?, CAMH):

- Feeling overwhelmed, hopeless, helpless or powerless when hearing of others' suffering
- Feelings of anger, irritability, sadness and anxiety
- Feeling detached from our surroundings or from our physical or emotional experience
- Feeling emotionally, psychologically or physically exhausted, burnt out or numb
- Physical symptoms such as nausea, dizziness, headaches
- Reduced empathy
- Feeling hypersensitive or insensitive to stories we hear
- Limited tolerance for stress
- Self-isolation and withdrawal
- Relationship conflict
- Feeling less efficient or productive at work
- Reduced pleasure in activities we used to enjoy
- Difficulty sleeping and nightmares
- Difficulty concentrating, focusing or making decisions
- Self-medicating and increase in substance use.

The reality of secondary trauma and compassion fatigue was well recognized by Ontario school administrators. When asked, "To what degree does dealing with student trauma negatively impact your staff's well-being and contribute to their stress?," 80% rated the negative impact of dealing with student trauma on educator well-being as 7/10 or higher (see Figure 8). One-third of administrators rated the negative impact as 9/10 or higher. School administrators also reported experiencing the effects of dealing with student trauma on their own well-being. Almost three-quarters of administrators rated the impact as 7/10 or higher. Close to 1 in 5 administrators reported the impact as 10/10.

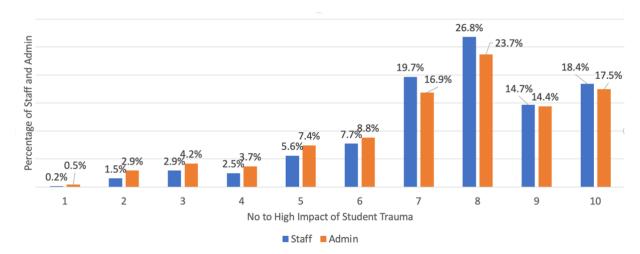


Figure 8: To what degree does dealing with student trauma negatively impact your staff's well-being, or your well-being?

# Impact of Staff Trauma on Staff Well-Being

The impact of trauma on educators is further complicated by the fact that it is not just students who experience trauma. A number of educators, like any member of the adult population, have experienced trauma themselves, both in their personal lives as well as on the job. Research shows that three quarters of the Canadian population have experienced at least one traumatic event in their lifetime (Van Ameringen, Mancini, Patterson, & Boyle, 2008). Where educators are concerned, there can be four broad categories of sources of trauma:

- Trauma occurring in childhood: Almost one-third of adults have experienced at least one
  Adverse Childhood Experience. Even for those adults who have not necessarily experienced
  trauma as a result of the experience, they are still vulnerable to its effects later in life. The
  experience can make adults vulnerable to adverse reactions to subsequent traumatic events
  even in adulthood (van der Kolk, 2014).
- 2. Trauma occurring in one's personal life: Trauma can occur at any time in one's life. Thus, educators may be impacted by events in adulthood such as accidents, loss of loved ones, crimes or other potentially traumatic events. These can similarly be a source of toxic stress in one's personal life, but can also potentially undermine one's ability to do their job, especially an inherently stressful job such as an educator.
- 3. Trauma occurring on the job: Educators are increasingly experiencing traumatic events on the job at school. For example, a recent study found that 54% of educators reported experiencing an act of physical violence (e.g., hitting, kicking, biting, hit by a thrown object) during the 2017–2018 school year (Santor, Bruckert & McBride, 2021). These kinds of events have increased significantly over the last decade.

4. Trauma related to the pandemic: Emerging research regarding the impact of the pandemic on educators shows that many have experienced high levels of stress as a result of it. For example, a recent study found that 80.5% of educators reported that their mental health was slightly or significantly worse as a result of the pandemic (Gadermann et al, 2021).

The administrators recognized the impact that personal trauma was having on staff well-being. Three-quarters of them rated the impact that staff personal trauma is having on staff well-being as 7/10 or higher (see Figure 9). One third of administrators rated the impact as 9/10 or higher. Administrators also reported experiencing an impact on their own well-being from supporting their staff who undergo personal trauma. Almost 70% of administrators rated the impact of staff trauma on their own well-being as being 7/10 or higher. One-third of administrators rated the impact as 9/10 or higher.

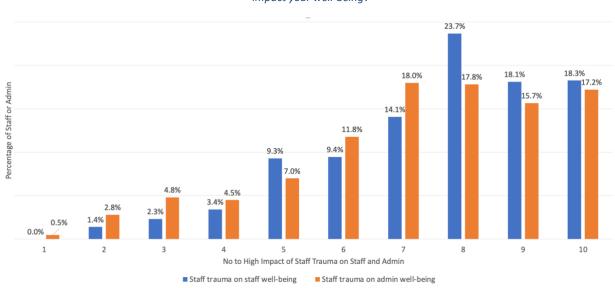


Figure 9: To what degree does the personal trauma experienced by your staff negatively impact their well-being, negatively impact your well-being?

# Impact of Administrator Trauma on Administrator Well-being

Administrators also experience trauma of their own, which can impact their well-being. When asked to consider the impact of personal trauma, slightly more than half of administrators (52.1%) reported the impact on their well-being of 7 out of 10 or greater (see Figure 10).

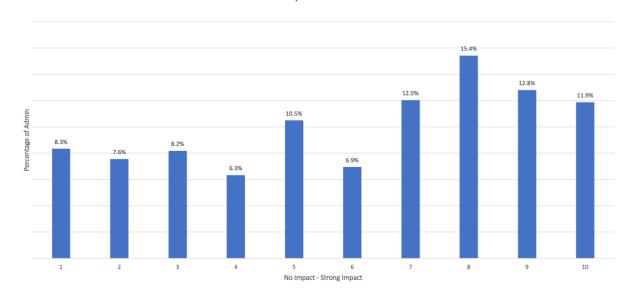


Figure 10: To what extent does trauma that you may have experienced negatively impact your current well-being and contribute to your stress?

#### **Selected Administrator Comments**

It becomes increasingly difficult in this environment to remain positive and supportive. The workday for me is so much longer than it used to be, and it was a long day prior to the pandemic. Each day is filled with issues. I feel there are no days that are restful or a little less stressful. This job is so very hard right now.

Sometimes when there is so much going on, with trauma, behaviours from students, staff anxiety and stress, it is a lot of stress put on administration. This is starting to burn me out - as well as colleagues that I speak to about this.

Feel very anxious, overwhelmed many days. Difficulty sleeping due to stress.

I am finding it more and more difficult to approach problems with staff and students with the level of empathy and patience that I feel that I should have. I am feeling very "done"...if that makes sense.

My mental health is being affected. It seems like we are working or accessible 24/7. It has affected my personal life and family.

As I am currently at a high needs school with students and staff having significant stress related to trauma, my own ability to manage my stress due to trauma is most often put aside so that I can be there to support my school community.

The wearing fatigue plays a huge role in mustering the resilience, by the end of the week, to fully and deeply engage in problem-solving. The cumulative effects of trauma are what I am attempting to navigate -- and I think many of my colleagues are as well.

Quite frankly, there are too many items that are affecting our role as leaders. We are NOT health experts, trauma experts and the board really has no foundations on this either. Nor do they know how to support people on the front lines. Schools are flailing as is morale. Let us lead without all these other unexpected expectations that affect schools!

Pure exhaustion has set in. Due to the demands in a single admin school, when I get home after being at the school and available to staff for over 9 hours a day (even though according to the board we only work 5 hours) I am completely spent and need to almost shut down, thus making my home life more challenging because I have nothing to give to my husband and children.

Decision making process has turned 180 and out of my hands at the school. Harder to buffer and support staff, students and families in a centrally driven model where the schools support the central ambitions and not support for the schools themselves in the main role of student learning and opportunities. My impact has eroded.

I've become hyper aware of the relationship between trauma (or perceived trauma) and behaviour of students. I am increasingly aware that my expertise in identifying trauma and dealing with behaviour resulting from trauma is insufficient on a daily basis. It has, however, created a strong team bond at our school in order to, every day, try to meet the needs of all students.

I'm not skilled enough or trained well enough. I also don't have the staffing to manage the daily issues that arise.

Personal verbal attacks from parents cause stress even if I'm just following policy.

#### PART FOUR: TRAUMA KNOWLEDGE AND UNDERSTANDING

Administrators were asked to take stock of their schools' current knowledge and understanding of trauma, along with their schools' current practices. Supporting trauma can be especially challenging in education, both because the role of the educator in supporting trauma is often unclear, as well as because trauma is often expressed indirectly and through a wide variety of ways (Tranter, Carson & Boland, 2018; Rossen & Hulls, 2013). The signs and symptoms of trauma are often hard to directly identify (van der Kolk, 2014).

# Administrators/staff ability to recognize signs and symptoms of trauma in students

There was a range of responses by administrators in regard to their confidence in their staff to recognize the signs and symptoms of trauma in students. Overall, the trend was of medium levels of confidence in the staff (see Figure 11). However, just over 1 in 5 administrators reported their confidence as 3/10 or lower. Administrators were more confident in their own ability to recognize the signs and symptoms of trauma in students. Almost 70% of administrators rated themselves as 7/10 or better.

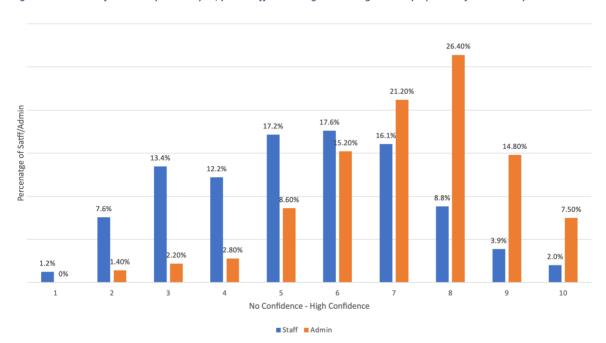


Figure 11: How confident are you that you/your staff can recognize the signs and symptoms of trauma in your students?

## Administrator/staff ability to support students experiencing trauma

The majority of administrators rated their staff as being moderately equipped to deal effectively with students experiencing trauma (see Figure 12). Yet 1 in 7 administrators rated their staff as 1 or 2 /10, meaning unequipped. Few administrators rated their staff as highly equipped. Administrators rated themselves as more equipped than their staff to support students experiencing trauma. Two-thirds of administrators rated themselves as 6/10 or better. Only 9% of administrators rated themselves as 9 /10 or higher.

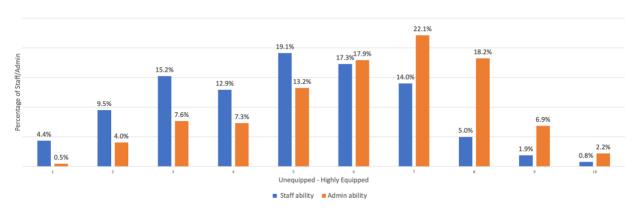


Figure 12: Overall, how equipped are you/your staff to support students who are experiencing the effects of trauma at school?

## Administrators/staff ability to recognize signs and symptoms of trauma in staff

Administrators responded in a similar manner when it came to recognizing the signs and symptoms of trauma in their staff. Most rated themselves as fairly confident with almost two-thirds rating themselves as 7/10 or better (see Figure 13). Administrators were less confident in the ability of their staff to recognize trauma in their colleagues. Similar to their ability to recognize trauma in students, administrators tended to rate their staff as being low to moderately able to recognize trauma in one another.

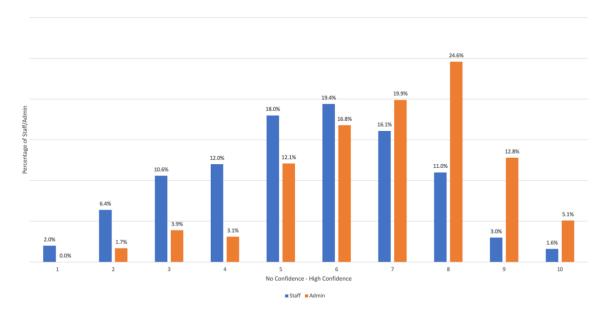


Figure 13: How confident are you that you/your staff can recognize the signs and symptoms of trauma in your STAFF?

# Administrators/staff ability to support colleagues experiencing trauma

Administrators also rated their staff as being moderate to low when considering how equipped they are to support colleagues who are experiencing trauma (see Figure 14). Two-thirds of administrators rated their staff as 5/10 or lower. Administrators rated themselves more highly in regard to supporting staff who are experiencing trauma. Two-thirds of administrators rated themselves as 6/10 or higher. However only 6% of administrators rated themselves as 9/10 or 10/10.

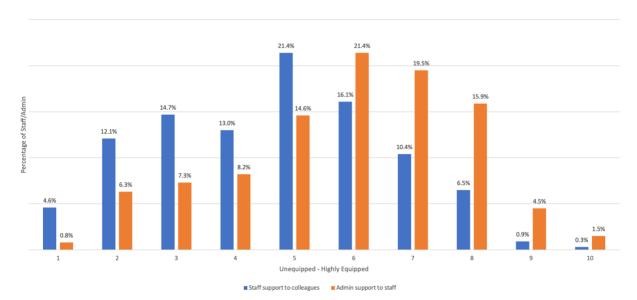
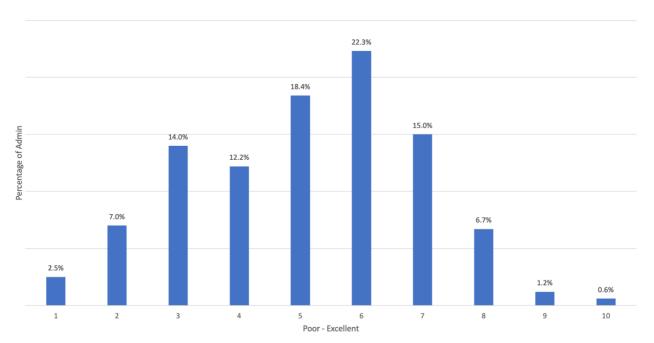


Figure 14: Overall, how equipped are you, your staff, to support STAFF who are experiencing the effects of trauma?

# Overall rating of school staff's knowledge and ability to effectively support those affected by trauma

Administrators tended to rate their schools' overall ability to support those affected by trauma as moderate (see Figure 15). Almost one in ten administrators rated their school as 2 or lower, while less than 2% of administrators rated their school as 9/10 or better. Just over half of administrators rated their school's ability as 5/10 or poorer.

Figure 15: Overall, how would you rate your school staff's knowledge of trauma and its ability to effectively support those who are impacted by it?



#### PART FIVE: ADOPTING A TRAUMA-SENSITIVE APPROACH

In the last decade or so, educators have been encouraged to adopt a trauma-informed or trauma-sensitive approach to education to better support the needs of students who have experienced trauma. Although there is no single definition for what constitutes a trauma-sensitive school, the approach typically incorporates a series of attributes and practices.

- The leadership and staff sharing [sic] understanding of trauma's impact on learning and the need for a schoolwide approach.
- The school supports all students to feel safe physically, socially, emotionally and academically.
- The school addresses student needs in holistic ways, taking into account their relationships, self-regulation, academic competence and physical and emotional wellbeing.
- The school explicitly connects students to the school community and provides multiple opportunities to practice nearly developing skills.
- The school embraces teamwork and staff share responsibility for all students.
- Leadership and staff anticipate and adapt to the ever-changing needs of students (Cole et al, 2013).

Implementing trauma-sensitive education is much more than adopting a pre-packaged program. Leading the implementation process involves engaging in a series of activities starting with identifying the needs of students, creating an action plan and undertaking professional development. For school administrators, this requires considerable time and system-wide support. For example, according to the Harvard Law School's Trauma and Learning Policy Initiative, implementing trauma-sensitive education requires reviewing all aspects of the system focusing on six key elements (Cole, O'Brien & Gadd, 2005) including

- 1. schoolwide infrastructure and culture
- 2. staff training
- 3. links with mental health professionals
- 4. academic instruction for traumatized children
- 5. non-academic strategies
- 6. school policies, procedures and protocols.

The school administrator plays a critical role in leading staff in the process of ongoing planning to incorporate a deeper understanding of trauma into all school processes and practices. Thus, administrators not only focus on increasing staff's knowledge of trauma, both in regard to its impact on students and staff, but also actively work on ongoing system-level change, from the classroom, to the school and beyond to community partnerships (Greig, Bailey, Abbott & Brunzell, 2021).

## **Necessity of Trauma-Sensitivity**

Consistent with their concern about the prevalence of trauma in their students and its impact on school success, administrators were strongly in favour of adopting a trauma-sensitive approach in education (see Figure 16). The majority of administrators supported the need for a trauma-sensitive approach at school, with over half rating the necessity as 10/10. A total of 85.2% of administrators rated the necessity as 8/10 or higher.

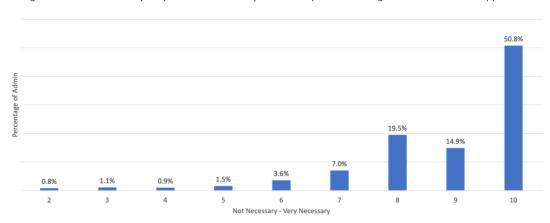


Figure 16: How necessary do you think it is that your school practices using a trauma-sensitive approach?

#### Staff importance placed on trauma-sensitivity

Administrators tended to see themselves as placing more importance on adopting a traumasensitive approach than their staff did (see Figure 17). However, most administrators rated their staff as viewing trauma-sensitivity as medium to moderately-high importance. About 1 in 6 administrators rated their staff as seeing trauma-sensitivity as being 9/10 or higher.

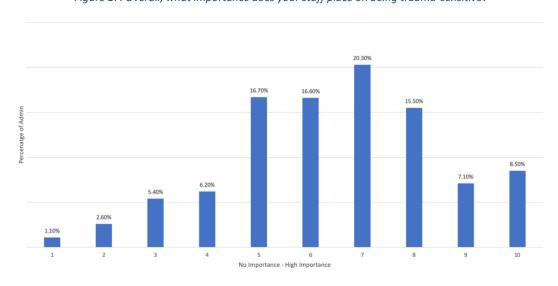


Figure 17: Overall, what importance does your staff place on being trauma-sensitive?

## Percentage of staff with trauma-sensitive educator training

Becoming trauma-sensitive typically begins with learning what it means to be trauma-sensitive. This involves some degree of professional learning. Given that the topic is not new in our sector, some educators have already received training in the area (see Figure 18). For example, 44.5% of administrators reported that fewer than 10% of their staff had received any kind of training in trauma-sensitive approaches. Over half (62.1%) reported that fewer than 20% of their staff had received training in trauma-sensitive practices. In all, 7% of administrators reported that 90% or more of their staff had received trauma-sensitive training.

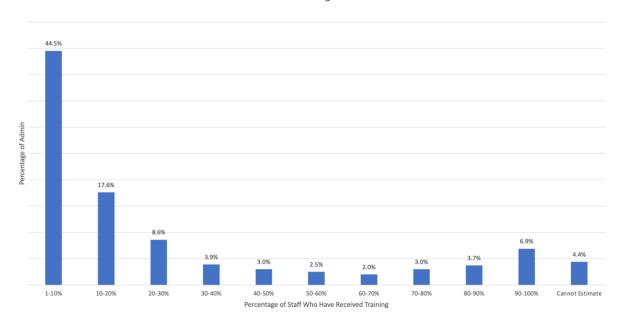


Figure 18: Approximately what percentage of your staff would you estimate have received training related to trauma-sensitive teaching?

## The degree to which school is currently practicing a traumasensitive approach

On average, most administrators reported their school as moderately practicing a trauma-sensitive approach (see Figure 19). Almost one-third of administrators (31.3%) rated their school's trauma-sensitive practice at 3 out of 10, or less. Slightly fewer than one in 10 rated their school's trauma-sensitive practice at 8/10 or above.

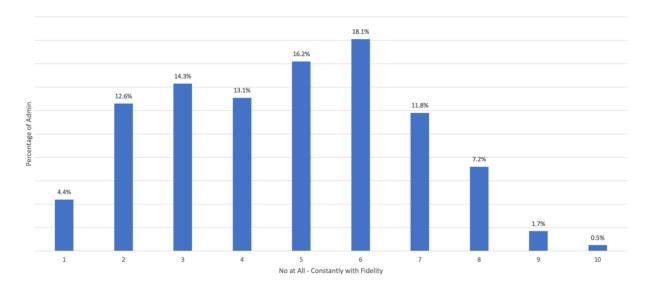


Figure 19: Overall, to what degree would you say your school is currently practicing a trauma-sensitive approach?

## Some examples from survey participants of current traumasensitive practices

Differentiating learning and assessment, creating welcoming environments, focussing on relationships first and building connections.

Active daily SEL practices, a real awareness of individual family needs, high levels of communication with students and families, use of a trauma lens and special education modeling to be proactive rather than reactive, formal PD around trauma and how to support student needs, strong relationship with our multidisciplinary team.

Staff are generally kind and compassionate but don't have a clear understanding of the many ways students might experience trauma.

Staff are very comfortable reaching out to parents and the community to discuss anything, from retrieving background information to offering support for families, there is a very open approach with communication. Staff are also very sensitive to student needs and work to ensure their needs are met. There is a solid understanding about how to support and assist emotionally and help build an environment of trust and well-being.

We are not quick to judge behaviour from students; we are providing a supportive posture with all students, giving them extra time to complete work. We went very slowly as a staff for September and October to get to know all of our students and to build a collective community in our school. We have taken the extra time to build relationships with parents and guardians and spend a great deal of time communicating with them.

Programming considerations (e.g., accommodations for all students), how we greet students (in the hallway, "light in our eyes"), problem-solving (e.g., being willing to take a wide range of previous learning/events into consideration), support staff (common understandings of emotional and social learning needs of students), frequent communication with families (e.g., how to support).

Morning check ins, teacher/student connections, free lunches, involvement of outside agencies, connecting with parents, utilizing SSAC, reduced expectations, calming zones.

We inform the staff to take care of the mental health of the scholars first prior to engaging in the stressors of the curriculum, but part of the trauma on their end is to complete the curriculum as it is something they can control, so I don't think overall we are doing a good job of being traumasensitive.

#### **Satisfaction With Current Trauma-Sensitive Practices**

Administrators were generally not satisfied with their school's ability to practice from a traumasensitive approach (see Figure 20). Only 6.3% of administrators rated their school's overall ability as 8/10 or 9/10. Slightly more than one-third of administrators rated their school's ability at 3/10 or lower. No administrator gave their school a 10/10, while 8.1% of administrators rated their school as 1/10.

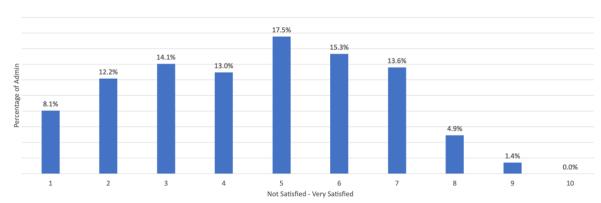


Figure 20: Overall, how satisfied are you with your school's current ability to practice from a trauma-sensitive approach?

## **Are Educators Properly Equipped?**

There was less confidence among administrators that their staff were properly equipped to practice a trauma-sensitive approach. Overall, the majority of administrators rated their staff as being moderately equipped to deal effectively with students experiencing trauma (see Figure 21). One in 7 administrators rated their staff as 1/10 or 2/10. Few rated their staff as highly equipped. Administrators rated themselves as more equipped than their staff to support student trauma, with the average response being 7/10. Only 9% of administrators rated themselves as 9/10 or higher.

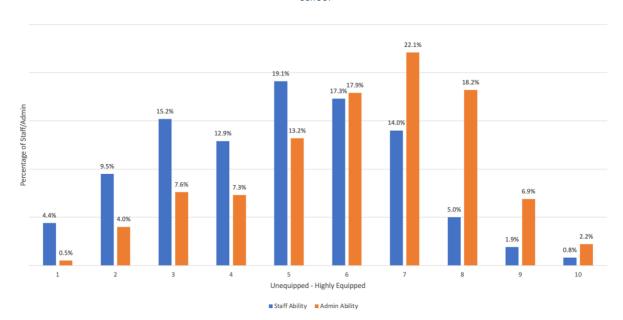


Figure 21: Overall, how equipped are your staff, are you, to support students who are experiencing the effects of trauma at school

## **Administrator Support**

Administrators varied in terms of the extent to which they felt supported to be a trauma-sensitive leader (see Figure 22). The largest number of administrators rated the support they received as 5/10. One-third rated the support received as 3/10 or lower, with almost 1 in 10 administrators indicating that they receive no support. Just over one in 10 administrators rated the support they received at 8 out of 10 or better.

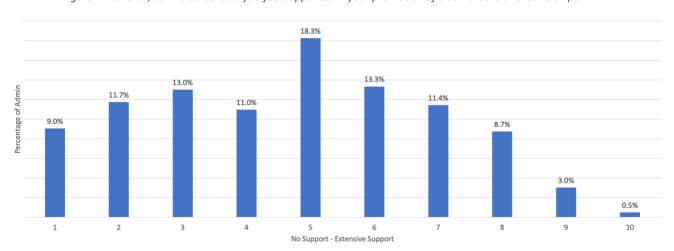


Figure 22: Overall, to what extent do you feel supported in your promotion of trauma-sensitive leadership?

#### Staff Barriers to Trauma-Sensitive Education

Administrators were asked to indicate the barriers that their staff face in more fully practicing a trauma-sensitive approach (see Figure 23). The most prevalent barrier, identified by 86.3% of respondents, was educator stress and burnout. This was closely followed by lack of staff training, lack of staff time and curriculum pressures. Rounding out the top eight barriers identified were lack of system resources (such as mental health supports), lack of classroom resources, lack of community resources (such as mental health services) and lack of interest among staff.

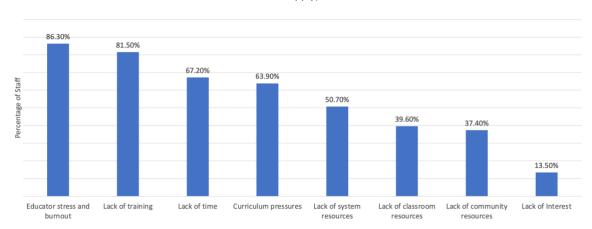


Figure 23: What, if anything, gets in the way of your staff's ability to consistently adopt a trauma-sensitive approach? (Check all that apply)

### **Administrator Barriers to Trauma-Sensitive Education**

Administrators identified five major barriers that they faced in consistently leading a school-wide trauma-sensitive approach (see Figure 24). The most frequently reported barrier, identified by three-quarters of them, was competing demands placed on their time by other administrative duties. Two-thirds identified stress and burnout as a barrier. This was closely followed by lack of time. Half of the administrators also identified lack of training as a barrier, followed by lack of system support. A smaller number of administrators reported two other barriers: spending too much time out of their school and lack of interest.

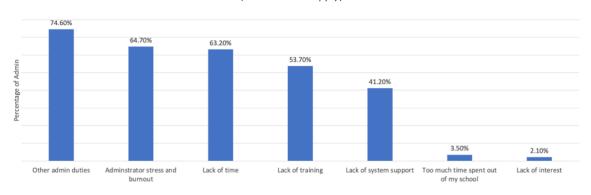


Figure 24: What, if anything, gets in the way of your ability to consistently lead a school-wide trauma-sensitive approach?

(Check all that apply)

#### **PART SIX: RECOMMENDATIONS**

Previous research from a variety of sources, along with the responses of Ontario Principals' Council Members to the study survey, clearly point to the need for trauma-sensitive practices in Ontario's schools, especially post-pandemic. The results indicate that it is not enough to attend to the trauma of students through professional learning and additional support - we must be more deliberate about addressing the trauma of school staff and administrators themselves. Not doing so can be catastrophic to our education system. Based on the research and survey responses, the OPC is making the following recommendations.

- **1. Time:** Allocate time for school administrators to learn and lead a trauma-sensitive approach by reducing day-to-day system demands and competing pressures. Consider areas in school and system planning where priorities can be consolidated and enable administrators to collaborate with their staff and students.
- **2. Training:** Provide more professional development to all school staff on trauma-sensitive practices, as well as both student and staff mental health and well-being. Also, allow more room for administrators to focus on mental health, trauma and well-being on PA days and PLCs.
- **3. Tools:** Provide practical in-class, trauma-sensitive tools for educators to use to support students day-to-day.
- **4. Staff:** Increase access to and/or the number of in-class and in-school staff such as child and youth workers, as well as mental health professionals such as social workers and occupational therapists.
- **5. Community:** Strengthen the connection between schools and community mental health resources, including Indigenous and Inuit elders and communities, as well as community-based identity-specific organizations to support healing. Create a stronger sense of shared community responsibility for all students.
- **6. Paradigm Shift:** Recognize that authentically supporting equity, decolonization, inclusivity, trauma, mental health and well-being requires a paradigm shift in education. The system needs to rethink education's priorities in a post-pandemic world and reduce the number of priorities, providing time for educators and students to ensure basic needs are met and scaffold learning for all in a more responsive way.

As an extension of these general recommendations, specific recommendations are included in the following pages for different education stakeholders in Ontario: government, school districts, principals' associations and school administrators themselves. These specific recommendations are also informed by follow-up interviews, which were conducted with 13 administrators.

#### **Recommendations for Government**

- 1. Recognize the context in which school administrators lead. We are still experiencing a pandemic and students, staff and administrators themselves have experienced unintended trauma, overt and hidden, that must be addressed.
- Create a working group that will examine principal and vice-principal workload and in particular ways of reducing day-to-day system demands and competing pressures. By consolidating system and school priorities and enabling administrators to spend more time with their staff, administrators could have more time to lead with a trauma-sensitive approach.
- 3. Work with all education stakeholders to rethink education's priorities and redefine student success such that students' basic needs are met and they can learn in anti-oppressive and anti-colonial environments.
- 4. Develop a province-wide enforceable policy that clearly and concisely directs that there be consequences for anyone who assaults, harasses, threatens or otherwise demonstrates violent behaviour, including through social media, toward a school principal or vice-principal, as a means to reduce the trauma that principals themselves may experience.
- 5. Work with the Ministry of Children, Community and Social Services and the Ministry of Health to facilitate access to cross-sector resources to strengthen the connection between schools and community mental health resources.
- 6. Provide funding for job-embedded professional development to all school staff on trauma-sensitive practices, as well as both student and staff mental health and wellbeing.
- Consider alternate models for job-embedded professional development that do not add to the existing strain of being away from the classroom or school to participate in learning programs.
- 8. Work with experts, including principals' associations and SMH-ON, to develop provincial resources that offer practical in-class, trauma-sensitive tools for educators to use to support students day-to-day.
- Collaborate with the Ministry of Colleges and Universities as well as Ontario colleges and universities to increase the number of graduates in areas such as child and youth workers, mental health professionals (for example, social workers) and occupational therapists.

10. Provide funding and training of additional administrator positions in each school district (within a school or family of schools based on need and availability of staff). These individuals would be responsible for providing training and other supports needed for the creation of trauma-informed learning environments that address the trauma caused by traumatic events and the everyday trauma of oppression and colonization.

#### **Recommendations for School Boards**

- Meet regularly with local OPC representatives to discuss administrator tasks that can be removed, consolidated or assigned to other board or school staff such that principals have more time to lead using a trauma-sensitive approach and have more time to spend with their staff.
- 2. Consider piloting creative solutions to address workload issues within families of schools. For example, creating an administrative vice-principal position responsible for health and safety, staffing (day-to-day and long term) and finances allowing principals to focus on a trauma-sensitive approach and instructional leadership.
- 3. Take steps to protect school administrators from violent behaviour. When violence occurs, enforce consequences on the individuals responsible and ensure that there are adequate supportive resources available to principals and vice-principals who are assaulted, harassed or otherwise victims of violent behaviour, including through social media.
- 4. Work with provincial partners to develop and implement specific supports for principals and vice-principals who experience a traumatic event at or connected to the school, and who in turn become a pivotal trauma support for staff and students.
- 5. Review board priorities in an effort to reduce the number of priorities for each school, thereby freeing up time for principals and vice-principals to spend more time with staff as they seek to better support students together.
- 6. Create opportunities for school leaders to come together across and within schools for formal training, network-based professional learning and peer support with a focus on mental health, trauma, and well-being.
- Work together with board and school staff to identify structures and biases in education that impede trauma-impacted students from having more equitable access to learning, and find ways of removing barriers and addressing biases to create environments where all students can succeed.
- 8. Work with board staff (principals, psychologists, social workers, youth workers, teachers) to develop easy-to-use tools that can be used in classrooms to help staff identify potential signs of trauma and provide opportunities for students to learn about mental health and wellness.
- 9. Increase the number of in-class and in-school staff who have regular access to child and youth workers, as well as mental health professionals such as social workers and occupational therapists who can offer support and resources.

- 10. Provide support to school staff in creating school-community task teams focused on common responses to traumatic events.
- 11. Provide opportunities for principals and vice-principals to come together to discuss ways in which achievement and well-being are embedded in board and school improvement plans.

### **Recommendations for Principals' Associations**

- 1. Advocate for the reduction of duplicative administrative demands and the streamlining of operational demands to reduce pressures on principals and vice-principals so that they have more time to lead using a trauma-sensitive approach.
- 2. Provide more professional development to aspiring and current leaders so that they continue to increase their knowledge and skills as they seek to support students who might experience trauma, including race-based trauma.
- 3. Continue to work with their administrator members and researchers to better understand the causes of trauma, including trauma caused by various types of oppression and colonialism, and how principals and vice-principals can develop trauma-informed leadership approaches that counter the effects of trauma and do not cause additional harm.
- 4. Develop resources (i.e. training, video materials, blogs, memos, conversation prompts) that support trauma-informed leadership practices that provide required support during and following traumatic events without causing further harm.
- 5. Create a working group which includes principals' associations, teacher federations and community-based mental health partners to discuss joint resource development and professional learning opportunities that would support efforts of all school staff to use trauma-sensitive approaches.
- 6. Support the creation of anti-oppressive and anti-colonial learning environments for principals, vice-principals and all students, recognizing that equity, inclusivity, trauma, mental health and well-being will require a paradigm shift in education.

## **Recommendations for Individual Principals and Vice-Principals**

- 1. Build time into staff meetings and professional development days (which may include demonstrations and role-playing) to learn and talk about trauma-informed practices with staff.
- 2. Participate in accessible training and learning networks to learn about trauma-informed leadership and set goals for integrating the learning into day-to-day practices.
- 3. Learn about, and discontinue if applicable, well-intentioned leadership practices that may cause additional trauma and learn how to respond when unintentional trauma occurs.
- 4. Strengthen collaborative networks with community-based agencies and partners who can support students who face trauma.
- 5. Create opportunities to discuss with colleagues and school staff the new paradigms and priorities of education and how these can be applied in your school to support student success in anti-oppressive and anti-colonial environments.

#### **Recommendations for Future Research**

Future research is needed to inform different aspects of trauma-informed practices in Ontario schools, including

- 1. regular research similar to that conducted for this paper to identify ongoing issues and trends over time
- 2. research that delves into race-based trauma and how school administrators can provide support and
- 3. research to better understand staff trauma and the types of support that are effective for adults who have faced trauma and have continued to work or have returned to work.

#### References

A guide to toxic stress. Center on the Developing Child at Harvard University. (2020, January 6). Retrieved May 17, 2022, from <a href="https://developingchild.harvard.edu/guide/a-guide-to-toxic-stress/">https://developingchild.harvard.edu/guide/a-guide-to-toxic-stress/</a>

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Beck, J. G., Grant, D. M., Clapp, J. D., & Palyo, S. A. (2009). Understanding the interpersonal impact of trauma: contributions of PTSD and depression. *Journal of anxiety disorders*, 23(4), 443–450. <a href="https://doi.org/10.1016/j.janxdis.2008.09.001">https://doi.org/10.1016/j.janxdis.2008.09.001</a>

Centers for Disease Control and Prevention. (2021, April 2). *Adverse childhood experiences (aces)*. Centers for Disease Control and Prevention. Retrieved May 17, 2022, from <a href="https://www.cdc.gov/violenceprevention/aces/index.html">https://www.cdc.gov/violenceprevention/aces/index.html</a>

Cole, S.F., Eisner, E., Gregory, M. & Ristuccia, J. (2013). Helping Traumatized Children Learn: Creating and advocating for trauma-sensitive schools, Volume 2, Trauma and Learning Policy Initiative, Massachusetts Advocates for Children, Harvard Law School.

Cole, S.F., O'Brien, J.G., & Gadd, M. (2005). Helping traumatized children learn: Supportive school environments for children traumatized by family violence. Volume 1, Trauma and Learning Policy Initiative, Massachusetts Advocates for Children, Harvard Law School.

Darcy A. Santor, Chris Bruckert & Kyle McBride (2021) Prevalence and Impact of Harassment and Violence against Educators in Canada, Journal of School Violence, 20:3, 261-273, DOI: 10.1080/15388220.2021.1879097

Divya Joshi, Parminder Raina, Lil Tonmyr, Harriet L. MacMillan, Andrea Gonzalez *Education brief: Aces for educators and stakeholders*. (n.d.). Retrieved May 17, 2022, from <a href="http://hmprg.org/wp-content/themes/HMPRG/backup/ACEs/Education%20Policy%20Brief.pdf">http://hmprg.org/wp-content/themes/HMPRG/backup/ACEs/Education%20Policy%20Brief.pdf</a>

Fallon, B., Filippelli, J., Lefebvre, R., Joh-Carnella, N., Trocmé, N., Black, T., ... Stoddart, J. (2020). Ontario Incidence Study of Reported Child Abuse and Neglect-2018 (OIS-2018). Toronto, ON: Child Welfare Research Portal.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 14(4), 245-258.

Ferguson, B., Roth, E. D., Ontario., & Hospital for Sick Children. (2005). Early school leavers: Understanding the lived reality of student disengagement from secondary school: final report. Toronto, ON: Ontario Ministry of Education and Training, Special Education Branch.

Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 3–28). The Sidran Press.

Gadermann, A.M., Warren, M.T., Gagné, M., Thomson, K.C., Schonert-Reichl, K.A., Guhn, M., Molyneux, T.M., & Oberle, E. (2021). The impact of the COVID-19 pandemic on teacher well-being in British Columbia. Human Early Learning Partnership. http://earlylearning.ubc.ca/

Greig, J, Bailey, B, Abbott, L, & Brunzell, T. (2021). Trauma-Informed Integral Leadership: Leading School Communities With a Systems-Aware Approach. International Journal of Whole Schooling, 17 (1), 62-97.

https://doi.org/10.1002/cl2.1018

Is there a cost to protecting, caring for and saving others? beware of compassion fatigue. CAMH. (n.d.). Retrieved May 17, 2022, from <a href="https://www.camh.ca/en/camh-news-and-stories/is-there-a-cost-to-protecting-caring-for-and-saving-others-beware-of-compassion-fatigue">https://www.camh.ca/en/camh-news-and-stories/is-there-a-cost-to-protecting-caring-for-and-saving-others-beware-of-compassion-fatigue</a>
Jan 2021, 9 (1) E158-E166; DOI: 10.9778/cmajo.20200064).

Jenkins, S. R., & Baird, S. (2002). Secondary traumatic stress and vicarious trauma: A validational study. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, 15(5), 423-432.

Maynard, BR, Farina, A, Dell, NA, Kelly, MS. Effects of trauma-informed approaches in schools: A systematic review. Campbell Systematic Reviews. 2019; 15:e1018.

Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue. *Best practices in mental health*, *6*(2), 57-68.

Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors.* W W Norton & Co.

*Post-traumatic stress disorder (PTSD)*. CMHA National. (2021, August 13). Retrieved May 17, 2022, from https://cmha.ca/brochure/post-traumatic-stress-disorder-ptsd/

Prevalence of adverse childhood experiences among individuals aged 45 to 85 years: a cross-sectional analysis of the Canadian Longitudinal Study on Aging

Romano E, Babchishin L, Marquis R, Fréchette S. Childhood Maltreatment and Educational Outcomes. Trauma Violence Abuse. 2015 Oct;16(4):418-37. doi: 10.1177/1524838014537908. Epub 2014 Jun 11. PMID: 24920354.

Rossen, E., & Hull, R. (Eds.). (2013). Supporting and educating traumatized students: A guide for school-based professionals. Oxford University Press.

Student Achievement and School Board Governance Act, 2009. Legislative Assembly of Ontario. (n.d.). Retrieved May 17, 2022, from <a href="https://www.ola.org/en/legislative-business/bills/parliament-39/session-1/bill-177">https://www.ola.org/en/legislative-business/bills/parliament-39/session-1/bill-177</a>

*Toxic stress*. Center on the Developing Child at Harvard University. (2020, August 17). Retrieved May 17, 2022, from <a href="https://developingchild.harvard.edu/science/key-concepts/toxic-stress">https://developingchild.harvard.edu/science/key-concepts/toxic-stress</a>

Tranter, D., Carson, L. & Boland, T. (2018) The Third Path: A Relationship-Based Approach to Student Well-Being and Achievement. Nelson Education Limited.

*Trauma*. CAMH. (n.d.). Retrieved May 17, 2022, from <a href="https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/trauma#:~:text=Overview,some%20people%20than%20for%20others">https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/trauma#:~:text=Overview,some%20people%20than%20for%20others</a>.

Van Ameringen, M., Mancini, C., Patterson, B. and Boyle, M.H. (2008), Post-Traumatic Stress Disorder in Canada. CNS Neuroscience & Therapeutics, 14: 171-181. https://doi.org/10.1111/j.1755-5949.2008.00049.x

van der Kolk, B. A. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. Viking.