TREATING TRAUMA IN SCHOOLS USING THE NARRATIVE APPROACH

by

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Dedication

This essay is dedicated to the many people who helped me complete this degree over the last couple of years. I send my heartfelt thanks to my parents who have always encouraged me and supported my goals. Their love and support are second to none. The teachers at City U were supportive since the first class and their patience and guidance are invaluable and very much appreciated. Thank you Hilda and Maria. Finally, I would be remiss not to thank those individuals without whom this accomplishment would have been far more difficult to achieve: Wendy, Trevor, and Qua.

Abstract

This paper outlines the long history of childhood trauma in our culture and its ubiquity to the present day. When primary caregivers do not provide the sense of safety that a child needs to thrive, trauma-informed schools deliver what is missing at home for many troubled and traumatized children. Narrative Therapy practiced by school counsellors is a useful approach for helping distressed school children who have experienced significant suffering and whose heightened stress response is not amenable to classroom learning. This therapeutic approach focuses on creating space between the problem story and the individual by enlivening the thin description of a traumatic event so as to create a wider perspective for the student. In so doing, the student comes to appreciate the fullness of her life beyond the tunnel vision story of the trauma. The importance of trauma-informed schools and the application of Narrative Therapy in a school setting are discussed.

Key Words: Narrative Therapy, childhood trauma, adverse childhood experiences, trauma-informed schools, school counselling, reauthoring, attachment

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Chapter 1: Introduction to Trauma and Narrative Therapy

> Dissociation is the essence of trauma. The trauma that started "out there" is now in their bodies. The challenge is not so much to accept the terrible things that may have happened, but learning how to gain mastery over one's internal sensations and emotions. Sensing, naming and identifying what is going on inside is the first step to recovery. (Van der Kolk, 2014, p.66)

Few fortunate people come out of adolescence without having suffered adversities that will affect them for the rest of their lives. The extent to which these experiences continue to mark them, though, varies from person to person and is influenced by many factors. Over the course of my three counselling practicums and my current employment as a high school counsellor, my naïve belief that trauma in children is a rare anomaly has been, sadly, challenged. I have counselled more students who have suffered significant, life-altering hardships in the past two years than I thought I would in ten. The prevalence of agony that school-aged students suffer is intensified by the fact that they lack the repertoire of skills, resilience, freedom and agency that are granted adults. They are, in a sense, captives to their families, their schools and *themselves*. Lacking the emotional intelligence that may help them manage their distress, many struggle in silence, unaware that there is hope for a better future. As described in the epigraph above, naming and identifying the suffering is the first step toward healing and allows one to give it a sort of tangibility.

This is where Narrative Therapy comes in. One purpose of this approach is to acknowledge what is going on inside, and to *create space* between the issue and the individual. Trauma can, predictably, become a dominant and defining story in one's life at the expense of alternate and empowering stories which contradict its overriding discourse. Narrative therapy

takes the postmodern view that reality is subjective and socially-constructed (Salzburg, 2007). Making meaning of one's reality comes from exploring the neglected narratives in one's life which have been overshadowed by stronger and superseding stories which can leave one stuck in a state of misery. The purpose of this essay is to highlight the suitability of the narrative approach in counselling for students who have been distressed in some way. In this chapter, an overview of the breadth of the problem of childhood trauma – both historically and currently – will show the importance of this matter and the relevance of Narrative Therapy in addressing it.

Background

A study by Felitti et al. (1998) helped break the silence of widespread childhood abuse and neglect when it revealed that the number of children in society who are abused far exceeds the numbers officially reported. The study interviewed over 17,000 participants, and each was given an Adverse Childhood Experience (ACE) score out of 10 to quantify the extent to which they had experienced adversity in childhood. Among the more shocking findings was that abuse in childhood is not at all uncommon. Of the 17,000 people interviewed, 28% had experienced physical abuse and 21% sexual abuse (Felitti et al., 1998). Also, there was a direct correlation between ACE scores and physical and mental illness in adulthood. For example, compared to someone who suffered *no* adversity in childhood, someone with a score of four or more had from four to twelve times the risk of substance abuse, cancer, depression and attempted suicide. What is most appalling is the finding that upwards of 80% of child abuse and neglect are perpetrated by the child's own parents (Streeck-Fischer & van der Kolk, 2000).

Without feeling safe in their own homes, children can feel lost in a seemingly dangerous world and lose their way. Adverse childhood experiences are like a springboard to difficulties later in life: juvenile antisocial behavior, delinquency, violent crimes, incarceration and

recidivism are just a few of the consequences of untreated trauma due to harmful experiences during childhood (Craig, Baglivio & Wolff, 2017). For many, school is a safe place compared to home, which emphasizes the importance of school staff to be sensitive to students in need. This is the state of affairs in our times, and sadly, nothing new. The history of trauma is just as disturbing and challenges us as a culture to acknowledge and address the abuse so widespread in our society.

History

Evidence about the prevalence of childhood trauma and its effects on society have at various times been downplayed, which has encouraged a aura of taboo around this topic. To give some context to the theme of this paper, an historic look at how science and society have viewed trauma is useful. While the subject of child abuse in all its forms is understandably uncomfortable, ignoring it is inexcusable and makes society complicit. Our most vulnerable populations should be most protected, primarily for their own sake and also for society`s as a whole.

In the late nineteenth century, after decades of study on the disease referred to as *hysteria*, some well-regarded physicians came to identical conclusions independently. As the etymology of *hysteria* implies, being the Ancient Greek word for "uterus", this disease was mostly associated with women, and regularly referred to with misogynistic undertones. For example: "a dramatic medical metaphor for everything that men found mysterious or unmanageable in the opposite sex" (Herman, 1992, p. 10). The doctors Pierre Janet and Sigmund Freud each concluded by 1895 that hysteria was the result of unresolved psychological trauma. They referred to this alteration in consciousness as "dissociation" and noted that the capacity to be vulnerable to this altered state was evident in patients from all strata of society (Herman,

1992, p. 12). Freud went so far as to "put forward the thesis that at the bottom of every case of hysteria there are one or more occurrences of premature sexual experience, experiences which belong to the earliest years of childhood" (Herman, 1992, p. 13). Freud, here, claims that trauma can be the cause of altered behaviour. Regrettably, Freud later renounced his conclusions because of its implications on society. Following his findings to their end, Freud would have had to accept that a great many children – mostly girls – across all walks of life were brutally mistreated in their youth. As Herman puts it (1992, p. 14), "The dominant psychological theory of the next century was founded in the denial of women's reality." Freud had made the following now-shocking statement which put an end to further enquiry: "I was obliged to recognize that these scenes of seduction had never taken place, and that they were only fantasies which my patients had made up" (Varma, 1997, p. 90).

Such a repudiation of reality seems inconceivable today, but it continues, as Felitti et al.'s 1998 study suggests. Ignoring the evidence, as Freud did, comes at the cost of enabling harmful norms in society to continue without scrutiny. One hundred years after Freud abandoned the study of hysteria, Russell (1984) chose over 900 women by random sampling and interviewed them about their experiences of sexual exploitation and domestic abuse. Her results – a century after Freud – could not have been that different from what Freud himself saw: 25% of Russell's participants had been raped in their lifetimes and over 30% had been sexually abused as children (Russell, 1984). Similarly, according to van der Kolk (2005) two decades after Russell, between 17% and 33% of women in the general population report sexual-physical abuse. The range is increased in mental health settings: from 35% to 50%. While history has shown us that these facts can disappear from consciousness and be slipped under the rug, the acts of injustice continue, and their effects cannot be so easily hidden. Van der Kolk (2005) states that much of

the mental and physical suffering in society today, along with the health care costs imposed on us all, could be vastly decreased if the silence on this uncomfortable topic were lifted. Much like Freud did not want to expose the endemic abuse of girls in his society, Van der Kolk believes that today we are equally complicit in failing to address the sexual and physical abuse of helpless children who cannot stand up for themselves.

What Freud and Janet discovered in treating "hysterical" patients was that alleviation from symptoms occurred when patients could recover their memories *and put them into words* (Herman, 1992). The act of speaking and identifying an atrocity is the first stage of healing, and a small but significant act of starting to unfasten the trauma from the victim (Herman, 1992). With respect to the most marginalized in society (including women and children), they are devalued, and "the most traumatic events of their lives take place outside the realm of socially validated reality. Their experience becomes unspeakable" (Herman, 1992, p. 8). Given the opportunity to speak is the important first step to re-authoring one's story, and to create a foundation for a new and healthier outlook.

A Place for Narrative Therapy

One common maxim stated by narrative therapists is that "the problem is the problem; the person is not the problem" White, 2007, p. 9). Under no circumstances is this clearer than in cases of childhood trauma. Children are defenceless in the face of misfortunes that are foisted upon them. They take on "the problem" through no willingness of their own and their identities may become tightly fused and identified with the trauma and its effects. An instance of suffering is an occurrence in the past, but its fallout can be long-lasting and impactful. Children who have experienced trauma are often fundamentally changed, and their beliefs about themselves and others' beliefs about them are also changed. As will be described in Chapter 2 of this essay, one

goal of Narrative Therapy is to separate the problem from the person through externalizing conversations. By creating distance between the child and the dominant problematic discourse, victims are given an opportunity to explore and inhabit *counterstories* (exceptions to the dominant problem story) of themselves (Nylund, 2003). In this way, a reauthoring can occur, one which includes a better understanding of the trauma, within the context of a wider landscape of meaning and values.

Herman (1992, p. 33) describes trauma as "an affliction of powerlessness". The overwhelming force of the trauma overpower the ordinary systems that give people a sense of self, of control, connection and meaning. Narrative Therapy, with its goal of researching and *rescripting* one's narrative with preferred and *true* stories, is well poised to help such children reconnect and find meaning beyond what was forced upon them against their will.

Defining Trauma

To a certain degree, trauma is subjective and exists along a continuum. What is traumatic for one person may not be for another. This paper refers to trauma in its most general sense, encompassing everything from minor traumas to complex ones. While "regular" trauma may be a single adverse event, complex trauma is the term which describes long-term and complicated consequences of multiple events and exposure for an extended period (O'neill, Guenette and Kitchenham, 2010). Whether victims have suffered a single occurrence of trauma or endured it over a duration of time, they may exhibit similar symptoms and may equally present as emotionally volatile, especially in response to minor stressors (Cook et al., 2005). While traumas can differ in their quality, strength and duration, the consequences can be comparable between one and the other. An individual's resilience to the effects of trauma determines to what degree

the trauma affects them, and therefore this paper does not refer to individual reactions to specific instances of trauma, but rather refers to them more generally.

Significance

Schools act as an interface between a child's domestic home life and the real world "out there", and therefore teachers and counsellors are well-positioned to recognize and address their students' problems. As a high school counsellor, I regularly meet with students who have endured experiences in their youth which would have been horrific for any *adult*. The topic of this capstone is relevant to my work as a counsellor, and significant to the extent that I will be better equipped to identify distress in the students I meet and to help them process their trauma to some degree.

The fact that girls tend to be victims of abuse more than boys is of relevance here as well. However, boys are susceptible to falling victim to the dominant cultural narratives of our society as much as girls are (Nylund & Nylund, 2003). Boys may easily become swept up in the hegemonic masculinity prevalent in society which can lead to the oppression of women. Moreover, this flavour of masculinity tends to ultimately harm men if it remains unchecked and unquestioned (Nylund & Nylund, 2003). A Narrative approach encourages an investigation of the structures of privilege and power that support men's dominance and women's compliance in our culture today. During my very limited time working as a school counsellor, I have had to challenge the views of several male students who have made blatant sexist remarks. I see it as an opportunity to explore the desirable and undesirable effects of these narratives in their lives and, by extension, society. Narrative Therapy approaches such learning opportunities to explore students' true values and how their actions can best align with those values. There is never blame assigned to these views. The Narrative method considers the effects of discursive practices in

shaping one's identity, particularly gender discourses (Nylund & Nylund, 2003). "The problem", often, is the internalization of these discourses that are predominant in our culture. One can list many of the stimuli in society that may influence both boys and girls in negative ways, and as far as school counselling is concerned, the examination of these discourses is an occasion to discover alternative and preferred stories of the self (Nylund & Nylund, 2003).

While there have been many revelations recently about the abuse that women face in society, this type of oppression is so entrenched and widespread that it will not go away anytime soon. The relevance of this to the main topic of this paper, "trauma and narrative therapy", is relevant because the dominion of "maleness" is a source of many traumas suffered by young girls, and narrative therapy is a modality that recognizes this. Nevertheless, this is not to dismiss traumas suffered by boys in our society. Those pains are just as real and, in fact, often suffered as a result of the same source; tyranny and oppression do not discriminate on the basis of sex. This capstone studies how narrative therapy can help students who have suffered hardships, and considers their struggles as problems external to them.

Remainder of Capstone

In the next chapter I will review the relevant literature on the effects of trauma on the individual, how narrative therapy can be applied, and why it's my chosen modality; and in the third and final chapter I discuss how Narrative Therapy can be applied by trauma-sensitive school counsellors, as supported by the literature, and the relevance of this topic for school counsellors is emphasized.

Chapter 2: Literature Review on Trauma

What's predictable is preventable. ("Educational Neuroscience", 2017)

"Not everything that is faced can be changed, but nothing can be changed until it is faced." (James Baldwin)

What I outline in this chapter is a literature review of the prominent effects of trauma on school-aged children and how it can shape their behaviour inside and outside of the classroom. The various ways that trauma marks a young child have consequences on her school life and, consequently, her future. Children who have experienced two or more adverse childhood experiences are nearly three times more likely to fail a grade in school in compared to children who have not experienced traumatic events (Bethel, Newacheck, Hawes, & Halfon, 2014). That so many students may be affected by what they were subjected to during their upbringing highlights that school counsellors are well suited to support them. Following this literature review, a review of Narrative Therapy as a modality and how it can be applied to students will be discussed.

Trauma at a Young Age

The literature in the area of trauma suggests that distress experienced before the age of seven is most harmful (Herman et al., 1989). This underscores the importance of the responsibilities of primary caregivers who are most accountable for children at this early stage of life. The attachment of a child to her caregivers is an important blanket of security, one that must remain secure in order for her to develop emotionally in a healthy way (Neufeld & Maté, 2004). Children are particularly sensitive and can be affected by events that may seem inconsequential from an adult's point of view. Young children internalize their experiences, and can sense how

their parents are feeling, whether their primary caretakers are stressed, and to what extent a parent appreciates their presence (to name only three of the many feelings young people are perceptive to). No matter how loving and caring parents can otherwise be, negativity bias can be particularly poignant to a young child (Beaudoin & Zimmerman, 2011). The effects become vastly more damaging as the experiences of the child are more adverse and this can have a huge impact on a child's behaviour. Bessel van der Kolk (2014, p. 112) writes, "Mastering the skill of self-regulation depends to a large degree on how harmonious our early interactions with our caregivers are". For children, the main source of information about who they are is based on the quality of their relationships with their parents. Hence, it is not surprising that abused and neglected children face enormous challenges to construct meaningful lives and safe interpersonal relationships (Van der Kolk, 2000). Well before a child starts grade school, her ability to engage in prosocial relationships can be maximized by an emotional attachment with her parents (Marcus & Sanders-Reio, 2001). Sadly, many traumatized children never have the opportunity to form emotional attachments with their parents and are consequently disadvantaged when they start school (Marcus & Sanders-Reio, 2001; O'neill, Guenette & Kitchenham, 2010).

Distressing Experiences and their Physiological and Psychological Effects

Trauma at an early age can produce long-term physiological changes, regardless of whether the trauma itself was corporal. A child's relationships and interactions with others affect the wiring of her developing brain which pre-sets it in certain ways to respond to future stimuli (Cook et al., 2005). Early stress can also physically affect the integration of the brain's hemispheres and cause deformities in the corpus callosum, the neural pathway connecting the two halves of the brain (O'neill, Guenette & Kitchenham, 2010). Given that the integration of the hemisphere (and of brain development generally) continues until early adulthood, it can be

inferred that traumatized students who remain overlooked may be stunted in their neurodevelopment and destined to remain so throughout life. Teicher et al. (2003) views excessive stress as a toxic agent that interferes with the normal course of brain growth, forming an altered and impaired brain. More adverse childhood experiences generally equate to the formation of fewer neural connections between the prefrontal cortex and other parts of the brain and a more reactive individual. Moreover, reinforced neural pathways are further fortified by the process of neural pruning which occurs most intensely at the impressionable ages of 4 and 14. If a child is chronically stressed at these critical times in life, the neural connections that are laid down will determine the wiring of the brain and therefore, to some extent, the future of the individual (van der Kolk, 2014).

All of this is to say that what a child experiences early on manifests physically in a child's neurological wiring. The part of a school-aged child's brain which develops most is that which is responsible for inhibitory control and cognitive flexibility (Cook et al., 2005). These features mostly involve the prefrontal cortex and determine one's interactions with other people, one's ability to assess the meaning of complex emotional experiences, and one's ability to choose a course of action based on past experiences and other people's perspectives. If healthy relationships cannot be formed early on, behaviour, consciousness, cognition, and self-concept integration can all be negatively affected (Cook et al., 2005). Taken together as a whole, traumatic events early in life therefore threaten to disrupt a child's nervous, emotional and social development, and can be the source of permanent negative effects on an individual. "The body knows the score" is one way of describing this phenomenon and is an aptly-named book by Van der Kolk (2014) whose main premise is that a child's experiences are imprinted in her mind and body, and appear later in life in one guise or another.

Fight, Flight, Freeze

All humans have an inherent "safety-valve" within them which gets activated when they feel threatened. Once triggered by the autonomic nervous system, this response sets into motion a series of hormonal changes in the body which cause a heightened state of psychological vigilance, making an individual hyper-alert and in a state of readiness. This is often referred to as the fight, flight or freeze response. For people who have witnessed and lived through adverse experiences, their bodies are, on some level, perpetually hyper-attentive to their environment, in fear of a reoccurrence of their previous trauma. Basically, their homeostatic controls for their response to fear are disrupted (van der Kolk, 2001). While this is a good response to have in the wild – as when humans were hunter-gatherers – it is not conducive to learning in a classroom environment. If an individual is born into a world that they perceive as dangerous, the manifestations of this early belief on later development may serve an *adaptive* purpose enabling them to activate intense fight–flight responses or react aggressively to perceived challenges (Teicher et al., 2003). Such an adaptive response makes sense considering the child's history, and our evolution, but, again, it is not advantageous to schoolroom learning. At the hormonal and neurological level, children previously traumatized may be in a heightened state of arousal that is not favourable to absorbing new information. The threshold bringing these individuals to an alertness of danger is lowered, and once activated can lead to anything from inattention to active aggression. Not only does this situation threaten to leave one behind academically, it also commits one to a life where social interest is sadly avoided (Buss, Warren & Horton, 2015). Such students thus tend to be withdrawn or to actively oppress and distract other students (Streek-Fischer & van der Kolk, 2000).

Schools are places where students are challenged – and therefore stressed – in various ways, both socially and academically. Traumatic memory is invariably triggered by general stress, by specific circumstances of duress, or by specific cues. These cues mirror some aspect of the original trauma (Neuner et al., 2008; White, 2004). They can be associated with instances where the student believes there is a lack of social support, or experiences embarrassment or criticism (White, 2004). All of these experiences are common in schools, and traumatized students are most perceptible to these experiences *and* susceptible to being retraumatized by them.

Stress Management and Self-Regulation at School

Van der Kolk (2001) states that, "at the core of traumatic stress is the breakdown in the capacity to regulate internal states including fear, anger and sexual impulses" (p. 7). As traumatized students are not attuned with their own feelings and have less control over their impulses than the average student, findings show that they often behave toward others as they themselves have been treated when they are stressed out by their environment (Streek-Fischer & van der Kolk, 2000). The pervasive problem with self-regulation is most readily evident in these students' experiencing even minor objective stressors as overwhelming. Managing the results of this overwhelming distress can be destructive in both the classroom and at home, and can lead to behaviours like self-injury, substance abuse, eating disorders and even suicide attempts (van der Kolk & Lewis, 1991; Felitti et al., 1998). Loss of self-regulation may be expressed on other levels as well: as a loss of ability to focus on relevant stimuli, as attentional problems and as an inability to inhibit action when aroused (Yehuda, 2002).

However, some students who have suffered the most extreme forms of abuse may be the least symptomatic. Bessel van der Kolk (2001) notes that victims who stop exhibiting their

suffering through externalizing behaviours become numb to the world, and this becomes their baseline. This "checking out" is most insidious to recovery because it is at odds with resolving trauma in an active way "since the inability to imagine a future impairs the capacity to look for new solutions" (van der Kolk, 2001). School counsellors trained to recognize these signs – or *the absence* of signs – can help students come out of their pain and move toward healing.

Effects on Identity

School children who were victims early in life often develop maladaptive behaviours to which they become identified. Whether their trauma is known by others explicitly, whether it is known to the extent of their externalizing behaviours, or whether the students are marked as "abnormal" for their withdrawal from the world, the narrative of their identity is strengthened by their peers, their teachers, their diagnoses, *and* their parents. Undisputed, these negative stories that people hold as true become reinforced and unquestioned. Sadly, children tend not to "outgrow" these early difficulties and thus continue to suffer from them (Yehuda, 2002). Their problems with attaining healthy relationships with others seem to play a big role in keeping them from leading satisfying lives. As will be discussed in a later section describing the principles of Narrative Therapy, helping students change these narratives about themselves can be bolstered by changing their perception of *others'* views about them. In this way, they can more readily form relationships with others. Being able to engage in competent social relationships is an important predictive factor in recovering from traumatic experiences (Yehuda, 2002). Also, one study showed that future dropouts who felt that their peers perceived them as troublemakers were 50% more likely than other students to leave school before graduation (Marcus & Sanders-Reio, 2001). Clearly, favourable relationships can act as a glue to keep students involved in school, but troubled students have difficulties making such connections.

The Need for Connectedness and Positive Relationships for Academic Success

One mandate of schools is to socialize students into productive members of society. Studies have clearly shown that if a student cannot sustain social relationships, she is kept from learning the fine communication tools needed to navigate our complex society (O'Neill, Guenette & Kitchenham, 2010). Such skills are the foundation and the prerequisite of developing social interest and a positive style of life, and can only be cultivated when trust is formed in relationship with a caring person (O'Neill, Guenette & Kitchenham, 2010). This highlights the need for knowledgeable, trauma-informed, front-line professionals working in schools to identify troubled students as early as possible.

Iachini, Petiwala & Dehart (2016) conducted a wide-ranging descriptive study considering the link between childhood trauma and high school disengagement rates. They found a positive association between the two. Of note is that the effects of trauma can be further magnified by in-school bullying, isolation or social rejection (Finkelhor, Shattuck, Turner & Hamby, 2015). The need for schools to foster anti-bullying policies, healthy relationships and positive connections amongst all members of the community cannot be overlooked. The first step toward calming the student's nervous system, their psychobiology, is to help them cultivate the connections which were denied them earlier in their development. The sense of basic trust of others is bestowed upon the child by the primary caregiver in the earliest stages of life, and is the foundation of their emerging personality and their sense of self (Herman, 1992). When the primary caregiver uses power in a benevolent way, the child develops autonomy, dignity, and feels valued. In the event where there is a betrayal of important relationships, the damage to the survivor's faith and sense of community is most severe (Herman, 1992). The protective nature of bonding with people who care is evident even in the most extreme adult examples. For instance,

in war, the most solid defense against horror and dread in soldiers is their degree of relatedness to others in their unit (Herman, 1992).

This constructive effect of social support cannot be overstated. Once a child's sense of safety and self has been shattered, it can only be rebuilt through *connection* with others. For those who suffered from post-traumatic stress, those who waited longer before accessing treatment witnessed the further deterioration of their social networks (Herman, 1992). It is during times of anguish that students most need support, preferably from an understanding caregiver, and this can only happen if trust and open lines of communication exist (Diamond, 2012). Many students who have suffered adverse experiences have attachment patterns which manifest in erratic behaviour in relation to both their peers and caregivers. They can become alternately clingy, dismissive, and aggressive in as younger children, and rigid, extreme and dissociative in adolescents. Such behaviours revolve around themes of trauma: abandonment and betrayal, or coercive control (Cook et al., 2005). Furthermore, such students are susceptible to stress and intense or numbed feelings, and therefore learn less than they otherwise could. The possibility of their social isolation and disengagement make them all the more susceptible to suffer unnoticed (Cook et al., 2005). If a neglected student's internal working model of attachment is nonexistent, or insecure, she will expect to be ineffective in making friends, never knowing how connections are formed in the first place (Marcus & Sanders-Reio, 2001; O'neill, Guenette & Kitchenham, 2010). These students are thus hindered from their first day of school.

Marcus & Sanders-Reio (2001) found that attachment to teachers impacted academic motivation, noting that those who had low attachment scores believed that teachers were unfair to them. While academic outcomes are increasingly the focus in schools, it must be noted that, as stated by Marcus & Sanders-Reio (2001), "the substrate of classroom life is social and

emotional" (p. 193). This substrate is very complex, and different students can have different amounts of experience with the various forms of attachment. Neufeld and Maté (2004) argue that there are six forms of attachment, which can be kindled through the physical senses, sameness, a sense of loyalty, significance, closeness through feeling, and through being known. If a student has not been inspired by these channels, she may have difficulty finding a figure to whom she can orient. Unfortunately, many such students cannot attach psychologically to any caregiver as trust in their previous relationships has always been broken (O'neill, Guenette & Kitchenham, 2010). The notion that a student's emotional needs come before academic success is supported in a 1997 study (Wentzel) which found a proportional relationship between the two factors. Because some of the students had few friends at school but felt connected to and encouraged by a teacher, Wentzel (2002) proposes that social ability with teachers might be more crucial than social aptitude with peers.

As discussed, even an early age the blueprints for various types of attachments and relationships become organized. By grade school, most students have access to a web of attachments, all of which combine to affect their academic and social wellbeing (Marcus & Sanders-Reio, 2001). Ideally, a child's family fosters an environment of social and academic success, but as this is not always the case, the school environment is the next best institution to help provide socio-emotional and therefore academic support.

Safety in Connection

When talking about safety, it's not merely physical safety that is of importance. When offered reliably and consistently, both physical and emotional safety are vital to making a young person feel secure enough to express herself (Bath, 2008). In such a setting, healthy connections have potential, and relationships between children and their mentors can flourish. From there,

emotion and impulse management are possible (Bath, 2008). This is implemented in a variety of ways, including encouraging physical activity to bring attunement between the mind and the body, and by checking-in on a regular basis so that students feel listened to and have opportunities to express themselves in a comfortable environment (Mihalas & Morse, 2009).

Through such interpersonal activities – by the creation of safe zones, both physical and relational – the negative effects of stress and trauma can be buffered and the good characteristics central to psychological strength and social well-being are fostered (Dods, 2013). Moreover, such connections enhance creativity and critical thinking which improve academics (Park et al., 2008). Social connectedness in school is key to improving a student's chances of completing secondary school (Bond et al., 2007; Wentzel, 1997, 2002).

As mentioned above, not all students are fortunate enough to have had blissful childhoods, and do not have established attachments with the caregivers in their lives. School counsellors meet with students and can help bolster their self-esteem so they can succeed academically and socially. Research shows that counsellors empower students when they focus on their strengths rather than their failings (Park & Peterson, 2008), and this can be done through the Narrative modality, described below.

Teamwork amongst students and active listening by their school mentors improves mutual understanding and empathy which connects people and leads youths who have not experienced real connections. Such relationships embody trustworthiness and identify the student's existence while supporting his dignity (Mihalas & Morse, 2009). We are, after all, relational creatures who strive to connect with others. The importance of safe, consistent and long-term relationships built on trust for traumatized youth is noted by Perry (2009) who found that such connectedness decreases the trauma-induced stress response so readily triggered in

troubled children. Healing will not take place despite the best intentions if a school-aged child who was once traumatized is shuffled from one school to another (Perry, 2009). There must be security and consistency for these students (Perry, 2009).

Traumatic stress is very common amongst Indigenous students and must be recognized as historic and intergenerational (Brockie, Dana-Sacco, Wallen, Wilcox & Campbell, 2015). This issue is salient in the context of Hirschi's 1969 social bond theory which states that people whose links with their culture and society are tenuous are the most likely to stray and be unsuccessful in the society in which they find themselves (Marcus & Sanders-Reio, 2001). Strong attachments to one's community and the people in it help ensure that an individual will not drift from and sadden the people to whom he is attached (Craig, Baglivio, & Wolff, 2017). This population of students is more affected and more at-risk than the general population, and the importance of connection to their community should be keenly considered and encouraged where appropriate.

Long-term impacts of trauma

It is well-established that childhood trauma adversely affects mental health *as well as* physical health. Various studies have determined that such trauma is linked to various autoimmune diseases and cancers, obesity, and heart disease, to name only a few (Buss, Warren, & Horton, 2015; Felitti et al., 1998). The public health impact of childhood mistreatment is huge when one considers the depression, antisocial behavior and drug use that are associated with it. Such findings by Schilling, Aseltine, & Gore (2007), in addition to evidence that the legacy of childhood trauma persists well into adulthood, underline the critical need for intervention strategies sooner rather than later (Schilling, Aseltine, & Gore, 2007; Felitti et al. 1998). Early prevention strategies are essential to put an end to the cyclical nature of this suffering. Counsellors, teachers and coaches are all in a position to foster healing (Carlson, 2003).

The Narrative Approach

Narrative Therapy engages a person to view their problem(s) in a different way. When traumas and habits are entrenched, it can seem like an enormous task to bring someone to change their relationship with their ordeals, but Narrative Therapy tackles it bit by bit, by focusing on the ignored descriptions of one's life, ones that have become overpowered by a predominantly negative story.

Students who seek counselling are courageous for wanting to confront what is troubling them. Most feel so overwhelmed by their problem that it is only natural for them to focus on it with tunnel-like-vision. While students come to the counselling suite with a precise view of their predicament, they often miss what is peripheral to that thin, totalizing description of the problem. The Narrative approach is to be curious about the *other* stories that intersect the problem story which can reveal other influences on the narrative as a whole. These other devalued stories inform many aspects of the problem that have been overlooked and can offer the student and the counsellor a wider view of the problem. By helping the student loosen their constricted view, space is created for them to view their situation more holistically and objectively. This is consistent with the postmodernist assumptions fundamental to Narrative Therapy which state that reality is individual, personal and fluid in nature. It is also heavily influenced and constructed by society. According to this approach there are no *absolute* truths, but the flexible meaning-making of individuals (Saltzburg, 2007).

In understanding how life stories take shape out of these prevailing dominant voices, Narrative work places importance on highlighting the voices of local, unique, forgotten, or ‘‘other’’ knowledge. Narrative counsellors are interested in what is not yet known, and listen to the student's story without trying to pathologize it, but rather to *understand* it. Narrative

therapists pause their "expertise" as counsellors in the sense that their clients are the expert interpreters of their lives (Freedman & Combs, 1996). The client therefore has the agentive capacity to change their own story and both the counsellor and the client *co-research* hidden aspects of the narrative to uncover *meaning*, not discover objective truths.

As students communicate their stories, the narrative counsellor interrupts to summarize their understanding of what the student is saying, and by asking questions which expand the landscape of the story, provide room for other themes to emerge. This allows the student to confirm or deny how the story is understood. Even though the objective is to appreciate the reality of the student, that reality unavoidably begins to change in the process. As students unpack their story, prompted by the counsellor's curiosity and questioning, they come to see their own chronicles expanded in a new way. During this whole process, the change in the understanding of the story takes place and the thin description of "problem story" becomes developed to include different points of view and preferred interpretations of the story. The student comes to consider aspects of the storyline that until then have been ignored, and gaps in the story are filled (Nafziger, Jacinta and DeKruyf, 2013). The counsellor listens to which new constructions are emerging and whether the student finds them useful or desirable (Freedman & Combs, 1996). Through this process, the narrative changes, and subplots of preferred ways of being begin to develop and be maintained. The crucial point is that students come to these determinations themselves, and not by the dictates of the counsellors. Only in this way can the new favoured accounts of self be accepted and solidified.

Naming and Externalizing

Students – and people in general – talk about their lives as though they were single-storied. They tend to focus on whatever is most challenging in the moment without paying much

attention to the broader, absent but implicit stories that are significant in their lives. Such attention to the problem itself – without a wider context – mires them in the known, familiar, problematic story which they may identify themselves with (Winslade and Hedtke, 2008). By remaining curious, asking for elaborations and teasing out the "sparkling moments" (moments when the problem story is not present), counsellors help students see openings between the problem and other aspects of their lives. These "openings" help to reify the problem, making it more tangible and demonstrable, and thus forms the possibility of mobility within which the student can facilitate movement and change. In this way, there is a loosening of the problem's stronghold on the student.

The above phenomenon is generally referred to as "naming and externalizing" (Winslade & Monk, 1999, p. 35). Counsellors ask questions which orient the problem as *separate from* the student using various methods, which can be as simple as giving the problem a name. They ask students to assume a relational stance with the stories that are exerting negative control over their lives. By asking questions about "That Depression", "These Dark Thoughts", "The Gaze of Others", or "This Inner Bully", the problem is spoken of as an entity *outside of the student* rather than as *part of the student*. For instance, rather than asking, "How did you feel about the teacher shouting at you?", a narrative tactic would be to say, "So, I'm hearing that Anger got the teacher to shout at you. What did it get you to do?" Whenever "The Problem" is referred to in this way, it reinforces the idea that the student is not the problem, but that the problem is the problem, and that it has no part of the inherent nature of the student. Externalizing also distances the client from the "known and familiar" which, to them, has been the problematic story (Ramey, Young & Tarulli, 2010). Externalizing can be done in less obvious ways, as shown in this example, "Can you describe the experience of *this breakup*?", or, "Can you tell me a little bit in regard to what

thoughts come up concerning *these spiraling thoughts*?" Particularly at the beginning, a Narrative counsellor tries to be as neutral as possible to allow the student to come up with their own words and meanings. Consider the different framings of these two questions: "What are you worried about?" versus "Can you tell me more about these worries you've mentioned?". The second statement leaves open a sweeping landscape of possible answers compared with the first question which imposes a constriction in the way it is posed.

While the mere naming of the problem may seem a simple task, it is not always obvious what the problem is – even to the student. Myriad aspects of a student's life can be challenging, so care and time must be taken to ensure proper identification of the student's predominant problem. Also, there is a deconstructive effect upon the problem story when a counsellor adopts an externalizing attitude but one cannot assume that externalizing means that a student can abandon responsibility for their actions. According to Freedman and Combs (1996), the opposite is the case. When a person's definition of himself is intertwined with the problem, there is no escaping it, as though the problem were characteristic to him. However, when the problem is viewed externally, he can exert some control over the problem which is outside of himself and therefore feel a sense of agency and responsibility. Externalizing conversations make room for the discovery and the performance of alternative stories of people's lives. Also, they encourage counsellors and students to adopt a parallel stance *in opposition to* the problem. Consequently, far from inviting hopelessness or resignation, externalizing conversations promote the student's agency to stand up to what is not working in their lives (Nylund & Nylund, 2003). Narrative Therapy thereby deconstructs the problem as a metaphorical principal for bringing about change in people's lives (Freedman & Combs, 1996). An approach like this helps untie what may be a tangled mess of a problem. In this process, problems become more concrete, nameable, and

beatable as a result. They also help solidify the problem's separateness. These questions interrupt the problem story – especially if they focus on strengths rather than deficits – and give the student a new perspective on the toll the problem has taken. Ideally, this helps the student feel less burdened by, and better able to challenge, the problem (Nafziger et al., 2013).

Externalizing the problem is the first step toward gaining an objective view of it and to engage curiosity about the influences that surround the problem. This technique in Narrative Therapy is referred to as *scaffolding* and its purpose is to elaborate meaning. Through scaffolding, a landscape of "the problem" and its influences appear. By questioning the actions that the problem inspires as well as those it denies, and to question the student about what options become conscious at those times, a student's intentions and values can be brought to light.

Mapping the Effects of the Problem

In order to gain a greater understanding of the problem, Narrative therapists ask questions which map the effects of the problem on different areas of the person's life. It's an exploration of some of the tactics that the problem itself "uses" to maintain an influence. This is an opportunity to really map out the problem's effects on the person's life. Questions which can start this process focus on the history of the problem, when the student was first "introduced" to it, how long it has been around, and how steadily its presence has been known since then (Winslade & Monk, 1999). Also, if changes are not made, what future effects can be predicted? In this part of the procedure, timelines and tables of the history of the problem story can be sketched. Follow-up questions can focus on the breadth and depth of the problem. Does the problem appear in every aspect of the student's life, or only a few? What are the exceptions and when do they occur?

As with questions whose goal is to help *define* the problem, questions that map the effects of the problem are designed to open and expand the landscape upon which the problem resides rather than narrow and constrict it. For example, asking whether a student's current experience of aloneness is new, or whether they've ever had good experiences of being alone are more open-ended than asking a totalizing question. Questions about a student's values, skills and preferences, for instance, go further in exploring and therefore understanding the problem than a closed-ended question. This line of questioning can lead to questions about choice and whether the student can employ agency to change the nature of their loneliness experience. From there, the student and the Narrative counsellor can explore the student's relationship to the problem.

Some examples of scaffolding questions which map the effect of the problem: "How did *X* come into your life?*,* What kinds of events occur which usually lead to your being *X*?, When you are *X*, what do you do that you wouldn't do if you weren't *X*? What are the consequences of your life in relation to *X*?, If by some miracle you woke up one morning and you were not *X* anymore, how, specifically would your life be different? What made you vulnerable to *X* so that it was able to dominate your life? What has *X* gotten you to do that is against your better judgement? Does *X* blind you from noticing ways that you can successfully fight against it? (Freedman & Combs, 2000). Answering these questions is useful toward an understanding of the problem at a deeper cognitive level. Knowledge of the problem can be an ally for fighting it.

A Narrative therapist is not interested in solidifying and encouraging the problem story by validating it. However, she may validate *the student.* The Narrative counsellor is interested in expanding the neglected narratives of a student's life, not in denying or being unempathetic to the experience that the student is facing. Empathy and expanding are not mutually exclusive, as shown in the following statement, "I'm hearing that this was one of the hardest times of your

life. Tell me more about this experience." The Narrative therapist will not enforce the student's dominant narrative by validating *it*; she can avoid doing that by empathizing with the person's experience without strengthening the problem story.

Mapping the Unique Outcomes and the History of the Problem

As the externalizing conversations continue and develop, and the story becomes more organized and simplified in the student's mind, the school counsellor detects clues to competencies possessed by the student which are perhaps not yet known to the student. The therapist remains focused on finding unique outcomes to use as catalysts to emphasize a different story from the dominant one (Gonçalves, Matos & Santos, 2009). Unique outcomes are times when the client is not over-shadowed by his or her problem (White & Epston, 1990), and each unique outcome is then woven together to form new stories and restructure the dominant story into one that is less problem-saturated (Merscham, 2000).

These unique outcomes can be hard to find, but may be detected in the student's actions, thoughts, intentions to act, moments when the effects of the problem don't seem so strong, areas of life that remain unaffected by the problem, special abilities, knowledge about how to overcome the problem, relationships that defy the problem's encouragements, and elsewhere (Winslade & Monk, 1999). The larger the variety of unique outcomes observed, the greater the chance that a story counter to the problem story will arise and be sustained (Goncalves, Matos & Santos, 2009). No "sparkling moment" is too small not to be seized upon by the counsellor to help wrench the hold of the problem narrative from the student. Dialogically, instances of unique outcomes are opportunities for new voices to gain power to tell their own stories, different from the voice of the dominant story. With other voices or perspectives clamoring to be heard, the

problematic narrative cannot maintain its authoritarian status (Goncalves, Matos & Santos, 2009). These counterstories are facilitators to reauthoring one's narrative.

Part of deconstructing the dominant narrative involves working to understand how the dominant narrative came to be. Questions that can help in understanding the problem's history include questioning what played a role in its construction; whether it limits the student's self-concept and behaviours; the ways in which it serves the student, to name just a few (Winslade & Monk, 1999). Another method of deconstructing the predominant storyline is to make comparisons with the past. For instance, "When did worry appear in your life? In what ways has worry been an ally and in what ways is it problematic?" "In addition to your current worries and loneliness, you mentioned being alone before. Do these two feelings live together? Is 'alone' ever accompanied by 'worry'? Was there a time when loneliness did not elicit worry?" An exploration of the different experiences and strengths of the problem over the history of a person's life also helps loosen the grip of the problem as different possibilities emerge.

Deconstructing and Reauthoring

Narrative counsellors practice deconstructive listening to give space to parts of people's narratives that have not yet been *storied.* When we listen deconstructively to people's stories, we are mindful of the fact that these stories have multiple possible meanings and that their endings are not yet written, and that they are open to reauthoring (Freedman & Combs, 2000). Deconstructive *questioning* invites clients to see their stories from different perspectives, to notice how they are constructed (or *that* they are constructed), to note their limits, and to discover that there are other possible interpretations and narratives (Freedman & Combs, 2000). Through these techniques, students may come to see that their interpretations and beliefs are constructed, and that they can be *re*constructed differently. By unpacking it in this way, by

looking beyond the "taken-for-granted" stories – and looking for the subordinate stories – possibilities to view problems differently are offered.

One way this is encouraged is by questioning the validity of any totalizing language used by the student. For example, "All humans strive for connection, therefore loneliness is a bad thing…" By agreeing with this, and not challenging this sweeping "truth statement", this construction story would be perpetuated. Rather, the Narrative counsellor may ask, "It sounds like this is a topic you've been thinking about… you mentioned earlier something about worry, and I wonder whether this is somehow feeding loneliness or is the feeling of loneliness feeding worry…" Whenever totalizing language occurs, it is an opportunity to challenge that totalizing construction, which is the first step toward reauthoring. Another approach which helps complement this and encourages further exploration of the ever-growing landscapes of history, memory and meaning is that of comparing past self with present self. "What did you know then [when the problem was less severe] that you may have forgotten? Can you tell me more about how or why you have forgotten this over the years?" Such questions encourage the foundation for a counterplot to the problematic narrative.

Reauthoring takes place within the context of deconstruction conversations; they co-exist as intertwined processes in which unhelpful stories become disassembled in the presence of developing descriptions of emergent alternative – and more positive – storylines (Saltzburg, 2007). This approach is helpful for victims of trauma in that it enables dissociated and fragmented memories of trauma to be positioned in time with a beginning, middle and end, so that they can be reintegrated into the person's preferred narrative (White, 2004). The role of reauthoring will be further elaborated in the following, final chapter.

Chapter 3: Narrative Therapy in Schools

> Enforced loyalty to declared truth is the way to marginalize the imagination. (Saul, 2001, p 121)

> Imagination protects us from the temptation of premature conclusions; the temptation of certainty and *the fantasy of fixed truth*. What's more, it seems to draw us forward by using this prolonged uncertainty to alternatively leap ahead and then enfold our other qualities… into a *new, inclusive vision of the whole*. Then just as we 'think' we understand, it leaps ahead again into more uncertainty. And so imagination appears to be naturally inclusive and inconclusive. (Saul, 2001, p 116)

In order to envision the possibility of viewing problem(s) differently, students need to feel safe and to be shown care by others before they can own their vulnerability and have compassion for themselves. What must come between the trauma and the healing is safety, and through safety, attachment. School counsellors may find themselves positioned to provide compassion in a safe environment, and thereby embody the facilitator for change.

The Importance and Role of Counsellor-Student Attachment

Very often, the perpetrator of complex trauma is a primary caregiver, the very person that should provide security, not suffering. In extreme cases, the child cannot trust adults. According to Herman, (1992),

> The abused child is isolated from other family members. She perceives daily, not only that the most powerful adult in her intimate world is dangerous to her, but also that the other adults who are responsible for her care do not protect her. The child feels that she

has been abandoned to her fate, and this abandonment is often resented more keenly than the abuse itself" (p. 100).

Moreover, when the target of the abuse is already socially diminished, in this case by being young, she may find that most of the abuse she experiences "takes place outside of the reality of socially validated reality" (Herman, 1992, p.8). Her experience is therefore not spoken but rather expressed through behaviour. The role of the counsellor is to recognize these behaviours and to give time and opportunity to speak about what was once unspeakable; a foundation of trust is paramount**.** The reality that traumatized children can be wary of adults and view them (whether consciously or not) as potential sources of harm is one principle that directs policy in a trauma-informed school (Mihalas et al., 2009). An attachment of a parental nature – one based on trust and safety – has been shown to diminish emotional irregularities in traumatized children (De Young et al., 2011). This is the type of relationship that can be nurtured in schools as much as appropriately possible.

The literature supports the notion that childhood stressors are very common – more common than most people would guess – and that they often exist unrecognized by others (Anda et al., 2006). There also seem to be a strong links between adverse childhood experiences and risk-taking activities, disease, lower education and consequently unemployment (Felitti et al., 1998). The importance of early interventions for childhood adversities is crucial, and with time and care, maladaptive neurological wiring can be changed (Craig et al., 2017). Moreover, when feelings of trauma are suppressed or rendered irrelevant, they "can develop into feelings of wretchedness and self-loathing" (White, 2004). This underscores the importance of school counsellors – and all school staff – to be informed of the reality and the importance of

recognizing students who are in need *not only* for the children's school careers but also for their futures and long-term health.

Most abused children stick to the hope that adulthood will bring resolution and freedom from the problems caused by events from their childhood. But young and budding personalities are impressionable, and a child who was once a prisoner may produce still the same prisoner in adulthood; the reenactment of similar traumas and repeated victimization later in life are common: "The child victim, now grown, seems fated to relive her traumatic experiences not only in memory but also in daily life… You start to expect violence, to equate violence with love at an early age" (Herman, 1992, p. 111). Conversely, when a trauma recurs later in life, developmental conflicts from childhood are reopened, creating confusion. Herman continues, "This forces the survivor to relive all her earlier struggles over autonomy, initiative, competence, identity and intimacy" (p.52). The victim may appear superficially to be normal while emotionally staying tied to the timelessness of her trauma. All that is suppressed cannot be integrated into her "normal life" and so the trauma can never fully be integrated into her life story. So long as these fragments of her past remain renounced, the more the traumatic memory remains alive and a threat to reappear at the slightest provocation (Herman, 1992). Reliving the trauma under uncontrolled circumstances is terrifying – usually unwelcomed and unexpected. All the more reason to talk through the trauma, reauthor it, and tell a new narrative under more controlled conditions. School counsellors can provide the attachment and safe environment required for a child to open up about her past.

How Attachments Form

The concept of attachment was conceived by John Bowlby and Mary Ainsworth as a social system that develops in infancy with the goal of providing a sense of safety for the child

(O'Neill, Guenette, & Kitchenham, 2010). A newborn infant becomes quickly attuned and attached to the entity that provides warmth and nourishment: "The internalisation of a caring object takes place within the earliest of relationships" (O'Neill, Guenette, & Kitchenham, 2010). What is consistent with the various diagnoses a traumatized child might receive is that they are often characterized by attachment disorders. Among the most common diagnoses were separation anxiety disorder, oppositional defiant disorder, phobic disorders, PTSD and ADHD (Van der Kolk, 2014). With such setbacks and adversities facing students, resilience is negatively affected, with only the extreme options of hyperarousal or shutdown being available (Hoff, 2016). Without a primary focus on safe and secure attachments in life, children are left to their own devices and do not have the tools to engage in life in a positive and fruitful manner.

When students are felt cared for and feel as though their teachers are committed to their well-being, their academic motivation tends to increase. The converse of this occurs when students are *not* attached to their teachers and feel their teachers are unfair toward them or simply do not like them (O'Neill, Guenette, & Kitchenham, 2010). When teachers were viewed as more caring, the drop-out rate of such children decreased (O'Neill, Guenette, & Kitchenham, 2010). Unconditional acceptance is necessary but not sufficient for distraught students to succeed. They need emotional life skills, and this can only happen through connection. It would be a tall order to insist that all school counsellors be specialists in trauma, but they can be adequately informed about it in order to identify its expression and to know when to refer students to specialists (Ko et al., 2008). However, school counsellors in trauma-informed schools – and teachers alike – recognize the importance of attachments within the family and school over a focus on academic success. Such attachments are a foundation for academic achievements and are fundamental to graduation (Marcus & Sanders-Reio, 2001).

How the School Environment Heals

There are four key assumptions underlying trauma-informed approaches: 1) a realization of the widespread prevalence and impact of trauma; 2) a recognition of the signs of traumatic exposure; and 3) a response grounded in evidence-based practices that (4) resists re-traumatization (Overstreet & Chafouleas, 2016). Teachers and counsellors who demonstrate genuineness, honesty and reliability are best suited to develop healthy relationships with students and to guide them onto a healing path (Mihalas et al., 2009). As discussed above, there are various ways that this can be cultivated. Such ventures undoubtedly take time and may include myriad methods to bring students to a place of acceptance and safe expression (Mihalas et al., 2009). A few methods are journaling, group check-ins, active listening, and a variety of physical activities followed by mindful relaxation (Brunzell et al.,2015). Routine and physical activities which bring the mind back to the body, followed by relaxation, can allow for a rewiring of the neural pathways that automatically jump to a stress impulse (Brunzell et al., 2015; Dyregrov, 2004). Such reactions are a response to an adult or a whole world perceived as unsafe. In healing this disordered mode of attachment, counsellor and teacher empathy, warmth and authenticity, are paramount. These methods complement the form of psychotherapy endorsed here, the Narrative therapeutic approach.

Classrooms can be a place of healing for students affected by emotional harm. Teachers can incorporate concepts which promote resiliency such as creating spaces for calm and focus, and lead opportunities for students to challenge their own negative self-talk (Brunzell et al., 2015). Approximately two out of every three school-age children are likely to have experienced at least one traumatic event by age 17 (Overstreet & Chafouleas, 2016), therefore all classrooms can benefit from implementing supportive strategies. In trauma-informed schools, personnel at

all levels have a basic awareness about trauma and an understanding of how it affects student learning and behaviour in school. Narrative Therapy helps name the problem in a non-threatening way, usually allowing *the student* to describe the problem by naming it, even personifying it if they like. Some questions the counsellor might ask to help with the naming process are, "How does the problem bring you down? What does the problem get you to do? What areas of your life does the problem invade? How would you prefer things to be?" Student responses to these questions may be playful yet informative. Party accessories, art drawings, name tags and other resources can be used in this externalizing activity. In a group setting, this activity can be extended by dividing the group into threes, where each member of the group takes on a different role: One, an investigative reporter who interviews the Problem, the second, a personification of the Problem, who brags about its influence in the life of the Student, and thirdly, the Student affected by a given problem (Nafziger, Jacinta and DeKruyf, 2013). Activities like this one are congruent with the PACE approach which consists of Playfulness, Acceptance, Curiosity and Empathy (O'Neill, Guenette & Kitchenham, 2010). Creating a wide landscape of acceptance gives grounds for students to share with their counsellor aspects of their trauma which they may not have ever thought of – much less shared or spoken of – before (White, 2004). Widening and loosening the story in this way is an integral part of redirecting one's spotlight from the all-consuming Problem narrative. Through this process, with time, counselling proceeds with the goals of stabilization, improving emotional and self regulation, relational skill-building and enhanced decision-making abilities. The ultimate goal is to help the student integrate a narrative that recognizes the influence of the trauma, separating the trauma itself from its triggers and effects, while identifying present and future skills to better navigate this trauma-affected landscape and to better navigate school (O'Neill, Guenette & Kitchenham,

2010; “Creating Trauma-Informed Schools”, 2019). This path which engages Narrative Therapy is consistent with Herman’s (1992, p. 158) assertion that recovery unfolds in three stages: “The central task of the first stage is the establishment of safety. The second stage, remembrance and mourning. The third stage is reconnection with ordinary life”.

The ways students respond to trauma are based on what they give value to and importance in life. But in the context of trauma and its aftermath, what was once of importance often becomes devalued (White, 2004). This contributes to a sense of personal misery, to the development of shame, and finally to the erosion of the “sense of myself” (White, 2004). One other method that Narrative school counsellors employ to bolster this “sense of myself” is referred to as “witnessing”. Witnessing is when an outsider is invited into the room to hear a student describe his own problem story. Ideally, the outsider witness would also relay a positive story that they have of the student, in order to communicate thoughts about the student from an objective point of view. The outsider witness usually relates a story that includes overlooked narratives, with the upshot of the student widening his view. Such an activity can play a huge role in re-establishing and further enhancing the “sense of myself” that can become shattered from trauma (White, 2004). This is consistent with Herman’s (1992) first principle of recovery, which is the empowerment of the survivor. Herman also contends that sharing experiences with others is a precondition for the restoration of a sense of a meaningful world (1992). Hearing an objective, outsider’s voice can empower a person and help them reauthor their history.

The sense of oneself can be visualized as a territory of life. When a person experiences trauma, there is a shrinking of this territory of identity (White, 2004). This territory consists of alternate, preferred and neglected narratives that need reinvigorating in order to widen a person’s view of their problem. If a young student hears a positive and complimentary story about himself

from *another's* perspective, this can be life-changing and have a great impact on the student's own territory of identity.

School counselors are facilitators of change. Nudging a student's perspective just a little bit away from negative storylines can shift the student's standpoint toward one that views strengths and abilities instead. The key is to help widen the field of view that inspects the problem story exclusively (Winslade & Monk, 2007).

How Narrative Therapy Helps Reauthor Traumatic Stories

Narrative counsellors do not employ specific techniques so much as ask questions which maneuver the spotlight that shines on their client's landscape of identity. The counsellor remains curious and co-researches with the client aspects of the problem that may have been disregarded or disqualified. Through this appreciative inquiry, the counsellor provides the student with options for telling and re-telling the preferred stories of their lives while listening for unique outcomes that contradict the problem story. The assumptions of appreciative inquiry are that every person engages in actions that work for them and make sense to them, giving them life and vitality, and that such questioning can identify this positive core and help them connect to it in ways that inspires action for change. In this way, opportunities to rework and reauthor are created. It is an appreciation and exploration of our multi-storied lives with the goal of deconstructing what has become the norm. Some examples of such questions are, "When you've noticed yourself in the grips of 'Not Good Enough', are there positions that have served you better?, How does "The Problem" bolster its position?, What supports and nourishes this story of 'Less-Than-Worthy'?, Whose rules are they?, Has failure made you any promises?" (White, 2005).

By investigating aspects of the problem that span from the past to the future, from the real to the hypothetical, and in all environments, rich descriptions arise which allows the linking of alternative stories between times and individuals, with shared themes that speak to purposes, values and commitments in common (White, 2005). The goal is that the creation of a thick description surrounding the Problem Story can be contrasted and juxtaposed by the thin conclusion that was loyally held to beforehand.

Reworking Reputations, Reauthoring the Past as Homework

> We can forget that words— particularly words on official looking documents—have the power to "create people's lives, not just describe them" (Winslade & Monk, 1999, p. 117)

The exercise of writing one's own narrative about an event can be calming, consoling, and also therapeutic in the sense that it externalizes emotions and observations by the physical act of writing them down. This has the effect of creating an emotional distance from unpleasant events and observing the experience of them from various and objective points of view (Yehuda, 2002). Writing also has the capacity to better communicate one's experiences because the activity itself usually does not have a time constraint. Thoughtful deliberation takes place for each idea, for each memory, and this alone thickens the story being told. If left uncommunicated, narratives of trauma can become a burden to oneself, which can lead to emotional isolation – "a sense of being forsaken and no longer part of the human race" (Yehuda, 2002, p. 21). Speaking or writing about the trauma can be a first step towards moving out of being entrenched within the problem story and externalizing it. It is also a way to reconnect with what one values and to recognize the devaluation caused by the trauma. This devaluation is what can produce a sense of being "messed up" or "damaged" (White, 2004). Narrative Therapy seeks a reclamation of what

was once held as valuable by the person. This can be given as an assignment by a counsellor or by an English teacher in collaboration with the school counsellor and student.

Reauthoring in this way also helps restore half memories to full memories making what was once dissociated become more solidified within a temporal landscape. In this process, intersecting narratives are reinvigorated and brought to life, and what was erased can be remembered which can restore a sense of personal agency, "one that is in harmony with the person's preferred 'sense of myself'" (White, 2004).

Narrative therapists, inclined and influenced by postmodern thinking, believe that human beings live their lives according to stories. These stories reflect the meanings that people make of the events they experience, and which describe and shape people's lives. White and Epston (1990) assert that people often become bogged down in dominant stories that disqualify, limit, or disempower them, and this is seen in students who have been demeaned and abused. School-aged students are prime candidates for this form of therapy as their personalities are continually forming and reforming, and they are experimenting with ways of being in the world. With some direction and co-researching, school counsellors can positively impact students' lives.

A principle of the Narrative approach is that clients seek treatment when their dominant life stories become oversaturated with problems which take over their lives (Merscham, 2000). This approach fits nicely with the retelling of trauma stories for adults who have means and awareness to seek help, but in the case of school children, grown-ups have a responsibility to know what signs may indicate that a student needs help. While being identified as "needing help" by an adult may be disempowering to a young student, the therapy itself is emboldening because it encourages that power be collaborative rather than forced on the student, a basic rule in trauma treatment to avoid retraumatization (Merscham, 2000).

For the Counsellor

With regard to Narrative Therapy compared to other modalities, one common obstacle and misconception is to view the approach as a set of techniques rather than a philosophical stance. The "technique" *is* the philosophical approach described here, and the flexibility and versatility of the modality are exemplified by this philosophical view. So long as the therapeutic framework is bought into and understood theoretically, practicing counsellors have a lot of leeway to be creative in their therapy. Counsellors, though, must be aware of compassion fatigue when meeting with students who have been emotionally harmed. Compassion burnout has the potential to harm the relationship with the student, can result in inattention, reduced empathy, depersonalization and/or cynicism. In addition, counsellors can become more irritable, suffer sleep disturbances and myriad other negative effects when they don't practice self care. And with the student population in question, the therapist must be self-reflective to avoid the potential multiplying effects of retraumatization, and suffering in the form of secondary trauma ("Creating Trauma-Informed Schools", 2019; Alisic, 2012).

The counsellor must all-the-while be mindful of the possibility of counter-transference – particularly in dealing with potential family traumas (Abrams, 1999). Dealing with issues which can veer close to home may cause an emergence of issues from the counsellor's own life. To be sure, the counsellor should have regular contact with his or her counselling team since being witness to family counselling may produce complex reactions.

Counsellors must also be cognizant of the fact that one person's trauma is not another's, and that trauma from an unimagined source can affect their students. Criteria of conventional ACEs are true for children from all socioeconomic and ethnicities. The criteria for the landmark (Conventional) ACEs study focus on three categories: abuse (child physical abuse; child sexual

abuse; child emotional abuse), neglect (physical neglect; emotional neglect) and indicators of family dysfunction (mentally ill person in the home; drug addicted family member; parental discord; witnessing domestic violence; incarceration of any family member). However, there are Expanded (community-level) ACEs which might be similarly destructive as Conventional ACEs. For example, community-level ACEs include being a witness to violence; having lived in foster care; experiencing bullying; living in unsafe neighbourhoods; and feeling discrimination. These are experienced more commonly by ethnically diverse populations, much more than the affluent population used for the initial ACE study by Felitti et al., (1998).

Areas of Future Research

The identification of silent students is a problem, since many instances of trauma are rarely reported to the police, much less to school employees. Therefore, an assessment of students might be appropriate so that schools can meet students' unique needs (Iachini et al., 2016). Since such sufferings can be so well hidden by the afflicted (Overstreet et al., 2011), there is a need in schools for screening methods so that trauma-affected students can be helped (Felitti, et al., 1998). Teachers are on the frontline, so to speak, and many feel unskilled with diagnosing traumatized youth, because most have not undergone specific training for it (Alisic, 2012). This being the case, future studies are needed to investigate the effectiveness of teacher training which makes teachers aware of subtle indicators of trauma. Counsellors could use scores from a standardized questionnaire as a screening tool prior to directing students to other specialists and services. This, too, could be a fruitful area of study in the future.

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