

**HOW SCHOOL COUNSELLORS CAN SUPPORT TEACHERS TO IMPLEMENT
TRAUMA-INFORMED PRACTICES IN THEIR CLASSROOMS TO IMPROVE
SOCIAL-EMOTIONAL AND ACADEMIC OUTCOMES**

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**How School Counsellors Can Support Teachers to Implement Trauma-Informed Practices
in Their Classrooms to Improve Social-Emotional and Academic Outcomes**

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Abstract

This paper explores the question of how school counsellors can support teachers to implement trauma-informed practices into the classroom. The purpose of this paper is to examine and define trauma and adverse childhood experiences or ACEs, explore the impacts of trauma on classroom behaviour and the school setting, and understand the effects of trauma and ACEs on functioning and self-efficacy for students and teachers. Research has found that trauma and adverse childhood experiences have a profound impact on children and how they function in the school setting (Offerman et al., 2022). Teacher social-emotional training and professional development on trauma and compassion-based practices are shown to improve classroom outcomes significantly when sufficient training is completed. The literature review will also examine theoretical approaches which target positive changes which teachers can make to improve the classroom experience, specifically Bio-ecological Systems Theory, attachment theory, polyvagal theory, brain states theory, and person-centred theory. The use of these approaches has shown to improve academic and social-emotional outcomes for teachers and students in the school setting. The research findings are then considered for a group therapy program to support teachers with using compassion-based practices.

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How School Counsellors Can Support Teachers to Implement Trauma-Informed Practices in Their Classrooms to Improve Social-Emotional and Academic Outcomes

Chapter 1

As school counsellors, we encounter teachers and students every day who face major challenges with teaching and learning. Many students arrive at school carrying the burden of emotional distress which can result in poor mental health, low academic functioning, poor social skills and behavioral difficulties (Rawson, 2020). In many cases, the root cause of these struggles is adverse childhood experiences or traumatic events that have occurred or are ongoing for the young person (Kisiel et al., 2014). Although it is well-researched and understood that social, emotional and academic outcomes are directly impacted by how accepted and cared for a student feels, many teachers have difficulty connecting with and understanding students for a variety of reasons, including a lack of support and training, as well as their own adversity and trauma (Epstein et al., 2024). Students are left feeling lost and misunderstood in a system that does not approach education in a holistic way or where the social-emotional well-being of the child is viewed in dichotomy to academic and curricular outcomes (Thomas et al., 2019). Teachers' levels of exhaustion, toxic stress and burnout continue to grow as more and more teachers leave the profession (Kim et al., 2021). Additional factors which impact teacher burnout include challenging student behaviour, lack of connection, lowered teacher self-efficacy and lowered job satisfaction (Hubel et al., 2020).

There is a growing body of research that informs us as educators about the role of trauma in the classroom. Trauma-informed practices are slowly making their way into schools with excellent results (Zaatari & Maalouf, 2022). Although there is much research about the impact of

traumatic events and complex trauma on the developing brain, there is not a lot of research on this topic in relationship to the day-to-day work of teachers in the classroom (Thomas et al., 2019). There is also limited research about how teacher mental health impacts student social, emotional and academic growth in the classroom (Thomas et al., 2019). There are a few schools and school districts that are embracing the philosophy of trauma-informed education and using compassion-based approaches; however, this remains largely unexplored by most school boards (Thomas et al., 2019). These outlying schools are reporting excellent results in social-emotional and academic growth in students and higher teacher job satisfaction (Thomas et al., 2019). There are also programs which have been implemented into schools which provide structure and training for teachers to grow in these areas (Culshaw & Kalum Bodfield, 2024). These are exciting advancements in the work to support both students and teachers to healing and success. School counsellors who are trained in trauma-informed practices can put many supports in place for teachers who are struggling for a variety of reasons in the classroom.

Background Information

Many years ago, I was teaching English as a Another Language at a large high school. One course I taught was an enriched CALM 20 (Career and Life Management) class which focused on teaching culture, life skills and interpersonal skills to students who were new to Canada. The first day, I met a student who had a presence which terrified the other students. At the age of 15, this student was covered with tattoos and had a striking demeanor. I was able to make connections with him because I speak Spanish and over time, he was able to share with me about himself. He had witnessed the murder of his father and experienced the abandonment of his mother. He had been sent to Canada to live with a family member as a young adolescent and spoke very little English. The family member had been overwhelmed by his behaviour, and he

had been living in a group home for several years. He didn't come consistently those first few days, but I convinced him that if he came to my class, I would let him go out for smoke breaks. I went several times to the school counsellors to try and get more support for him and they said that they had him on a waiting list for the Youth at Risk Development Program (YARD) through Calgary Police Services but there was a three-month waiting list. This program supports adolescents to leave gang life and culture and supports with the development of other life skills.

As I delved into the school experiences of this child, which were in the notes on PowerSchool, I could see that most school interactions with this young person had been punitive in nature. Before he had a chance to attend the YARD program, he ended up in the youth detention system and he didn't come back to school. As a teacher, I did not feel equipped to support this student, although I was one of the few friendly contacts that this child experienced daily. It was through this experience that I came to understand that my role as a teacher was much bigger than I had considered in the past. I often wonder what happened to him, and if there had been many teachers and counsellors who could have connected with him within the school system, would things have been different for that student. In a world of cuts to program funding, decreased social services, increased immigration, and deteriorating classroom conditions, we need to rely on the most important aspect of education for young people: connection. When we educate from the heart, when we can be vulnerable and genuine, when we can step into the shoes of our students and conceive of their experiences, we begin to educate beyond the realm of content- we teach people. This is foundational to trauma-informed practices and compassionate education.

The topic of this paper is how school counsellors can support teachers in implementing trauma-informed practices in the classroom to support growth in social-emotional and academic

behaviour for students. Social workers, counsellors, psychologists and other helpers had believed for decades that childhood experiences impacted child development and outcomes. Finally, in 1998, the first research on adverse childhood experiences was published (Felliti et al., 1998). It was revolutionary in that it gave a vocabulary and data to the problem of trauma. Many studies followed and we are still learning about the importance of trauma-informed practices. The concept of compassion-based programming for schools or school districts that identify philosophically as compassion-based, which is the foundation of trauma-informed work, are still very few but this is a growing trend (Thomas et al., 2019). Teacher mental health and personal experiences with trauma are found to have a direct impact on the social-emotional functioning of students in the classroom, which begs the question, how can school counsellors support student and teacher wellness, as well as compassion-based methods, to improve student outcomes classroom (Hubel et al., 2020)?

Statement of the Problem

Those who work in people-facing services, such as education, encounter youth who are struggling with their mental health every day. There has been an increase in young people seeking treatment for many mental health conditions, such as depression and anxiety, self-harm and suicidality in youth in recent years (Olson et al., 2015). One in four students world-wide will experience a mental health problem and one third of youth will experience mental health disorders during their lifetime (Merikangas et al., 2009). Three out of ten of the leading causes of disability in adolescents are related to mental health disorders (Merikangas et al., 2009). Many of these mental health issues can be directly associated with adverse childhood experiences (ACEs) or traumatic experiences (SmithBattle et al., 2021). However, our teaching practices and approaches in schools, as well as our school philosophies, remain largely unchanged in most

school districts in regard to trauma-informed practices (Thomas et al., 2019). Teachers are front-line service providers that students see on a regular basis and are often the first people to identify significant issues with functioning that students are experiencing. Many students come to school carrying the impacts of trauma and it is not addressed in relationship to their learning and mental health (Rawson, 2020). Children experiencing trauma do not have years of experience to draw on, as adults do. They are often experiencing a particular difficulty for the first time.

Compounding this, children have developing brains and less ability to emotionally regulate, which has a significant impact on how they will function in the school environment (Kisiel et al., 2014). Learning is very difficult for dysregulated children because they are often experiencing overstimulation of the sympathetic nervous system which can lead to impairment in their autonomic nervous system and leads to a constant state of fight, flight or freeze (Muscatello et al., 2023). Teachers may not be aware of what the student is experiencing and often have an unclear understanding of how trauma manifests in student behaviour, as well as the impacts on social, emotional and academic outcomes. When teachers struggle with classroom management, it is often due to behaviors which are related to adverse childhood experiences (Thomas et al., 2019). Most education programs do not focus on coping with childhood trauma in the classroom and teachers are left to cope with these problems with little support. Teachers are often unprepared to support students due to their own adverse experiences or mental health struggles, and a lack of training in this area (Epstein et al., 2024).

Purpose of the Paper

The purpose of this paper is to provide school counsellors with the appropriate research and information to understand the scope of the problem of trauma in schools and to provide a framework with resources for supporting teachers with implementing trauma-informed practices

in the classroom while raising self-awareness, improving mental health and improving teacher self-efficacy. The literature review in Chapter 2 will begin by defining the meaning of trauma as it relates to adolescent development and mental health, as well as examining the long-term outcomes of trauma in students. It will identify behaviors and signs of trauma symptoms to support teachers in recognizing at-risk students in their classrooms. It will examine what trauma looks like in the classroom and use the ACEs assessment, as well as other research to help teachers understand the scope of childhood trauma.

Next, this paper will explore teacher wellness and mental health as it relates to their work in the classroom. This will help teachers understand how their own adverse childhood experiences and trauma may impact how they are interacting with students and how it may impact their relationship styles. This will include an exploration of the literature on teacher wellness and the impacts of childhood adversity on teachers in the classroom. The intent of this exploration is to help teachers to heal, to connect to empathy and to understand what students may be experiencing. Lastly, in Chapter 2, different theories for working with vulnerable students will be outlined. There will be a focus on the integration of theories which school counsellors can use to support teachers in their personal and professional development, including Bronfenbrenner's Bio-ecological Theory of Child Development, polyvagal theory and emotional regulation, attachment theory, brain states theory and Conscious Discipline approaches and finally interpersonal skills based on the work of Carl Rogers and Thomas Gordon.

Chapter 3 will provide a detailed analysis and recommendations for skills from these theories and approaches as next steps for teachers. It will detail a foundational plan for a program which school counsellors can use to support teachers with the integration of compassion-based approaches in the classroom. It examines how healing from trauma can happen within the school

setting and explores trauma-informed approaches in the classroom, including what they are, how they can be used, and how this can help teachers. The program will include somatic and communication practices which benefit both teachers and students in improving mental health. Lastly, a slide show presentation (Appendix K) will be created and included in this paper and project to introduce teachers to these approaches and serve as a foundation for a larger program.

Teaching is not an easy job; it requires that we give a lot of ourselves. Most often, teaching is about learning; we learn who we are and what we value, how to connect and build relationships, and how to do this in very busy and active classrooms. The intention here is to create support for teachers who may have their own mental health challenges which show up in the classroom setting, who are finding connection with students challenging, and who may be struggling with classroom behaviors. This research paper will provide information about skills and programs for school counsellors and teachers to help them in their extremely important work.

Thesis Statement

The overlying theme of this paper is how school counsellors can support teachers with implementing trauma-informed practices into their classrooms and schools. It will define and investigate what trauma is, its long-lasting impacts, how it impacts students and teachers, and which theories can support teachers to begin healing themselves and supporting their students. This paper and project will offer a ready-to-use framework for school counsellors based on compassionate practices. These skills and practices are meant to support both students and teachers with their mental health, to promote resiliency and to build community.

Positionality Statement

I acknowledge that my positionality has an influence on my perspective of the topic I have chosen. The theme of trauma comes from my interest in understanding the possibility of improving the classroom experience for students and teachers. Addressing the social-emotional challenges a student is having can be difficult for many teachers. I know this firsthand because while being a teacher, I spent many years living with and raising children with a person who had life-altering addiction issues. I watched the pain and trauma that this caused my own children as we lived in a constant state of distress for many years. Although I am from the majority Caucasian population, born and raised in Canada, my gender and generational family traumas has had a significant impact on my life perspective, attitudes and behaviors. I steadfastly believe that the knowledge and understanding outlined in this paper can revolutionize children's and teachers' experiences in schools. I realize that my lens is very personal and have made efforts to address bias as I have researched, written and created the program for teachers. I also believe that although I have some understanding and compassion from personal experience, there are many adverse life situations which are unfamiliar to me, such as extreme poverty, being a minority by race, religion, and immigration status, having barriers to education and opportunity, and experiencing disability or neurodiversity. However, I do believe that using compassion-based approaches allows educators to lead with empathy, even when they do not have personal experience with these situations.

Significance of the Study

Adverse childhood experiences, which are often the root of trauma, have been found to have significant impacts on individuals in almost every scope of life, including learning and education, relationships and family, community connection, vulnerability to addiction, socio-

economic status, and health outcomes, just to name a few (Fitzgerald & Gallus, 2024). Research has found that up to two-thirds of children have experienced at least one adverse childhood experience (ACE) and those who have experienced a high number of ACEs are at greater risk for lower social-emotional and academic functioning (Rawson, 2020). These students often struggle with emotional regulation, maladaptive behaviors and difficulties with learning (Rawson, 2020). At the same time, many teachers are struggling with burnout and poor mental health, and their own adverse experiences and trauma can play a significant role in how they manage difficult relationships in the classroom (Hubel et al., 2020). It has been shown that over 70% of teachers have experienced one adverse childhood experience and more than 20% have experienced four or more (Hubel et al., 2020). In some regions, we see as many as 50% of new teachers leaving the profession before completing the first five years (Kim et al., 2021). These statistics paint a grim picture of how many individuals are functioning in the school setting.

Despite these discouraging numbers, there is a lot of hopeful research which is showing that there are excellent approaches which can help support teachers with their mental health and the success of their students. The work of many dedicated researchers and educators encourages us to look at new classroom management approaches, such as trauma-informed compassion-based perspectives. The work of renowned psychologists, brain researchers and experts in trauma, such as Dr. Vincent Felitti, who headed up the first research project on trauma in 1998, have inspired an academic movement to explore the impacts of trauma on brain development, physical health and mental health. Perry's work on childhood trauma, Bailey's work on brain states and Conscious Discipline, and Porges' development of polyvagal theory, as well as the work of Bowlby on attachment theory, are just a few theories which will be explored here as foundational approaches for healing oneself and supporting students in schools (Bailey 2025;

Kennedy & Kennedy, 2004; Perry 2007; Porges & Buczynski, 2011). The findings in the literature review and recommendations, in the form of a program for teachers, will benefit school counsellors, teachers, and students as they engage in the school experience. This is transformative information that has the purpose of healing and supporting teachers on their journey to educate the whole student.

Definition of Terms:

SEL- social-emotional learning; “Social-emotional learning is the process of developing students’ knowledge, attitudes and skills to manage emotions, build healthy relationships, set goals and make decisions” (Alberta Learning, 2025).

ACE- adverse childhood experience; “potentially traumatic events that occur in childhood (0-17 years)” (US Center for Disease Control and Prevention, 2024).

Teacher self-efficacy- “the ability to engage students, maintain effective classroom management, and implement effective instructional strategies” (Cooper, 2019, Pg. 3).

Outline of the Remainder of the Paper

The next sections encompass Chapters 2 and 3. Chapter 2 is a literature review organized into three themes: (1) the effects of student trauma on school functioning, (2) how teacher trauma and childhood adversity shapes classroom relationships, and (3) student wellness and mental health, including theories that guide trauma-informed support, each of which is further subdivided into clear subthemes. Finally, Theme 3 studies student wellness and mental health, looking at theories which can help and support teachers in the classroom. Each theme has several subthemes which organize the information.

Chapter 3 synthesizes the literature review findings into a project framework: an eight-session group program offering psychoeducation and peer support for teachers implementing

trauma-informed, compassion-based practices. Teachers will explore foundational theories, develop key interpersonal skills, and share experience within a collaborative community. The program begins with an introductory presentation on relevant data and theory, followed by detailed session outlines.

Chapter 2: Literature Review

This chapter will explore the definition of trauma for the purposes of this literature review, examine adverse childhood experiences (ACEs), and identify how ACEs and trauma present in our students. Following this, the chapter will analyze the lasting impacts of trauma through the lenses of both the teacher and the student. It will analyze the lasting impacts of trauma, both through the lens of the teacher and the student. In particular, teachers' experiences with trauma will be explored through the perspective of the impact on teacher self-efficacy and student outcomes. Building on this, this review will outline best practices for teacher self-care and healing to make the greatest impact on school functioning and to reduce teacher burnout. Finally, this chapter will outline trauma-informed theory and principles, and outline several interrelated theories which can support teachers, school counsellors, and administrators in integrating trauma-informed practices into schools. These theories will include: Bronfenbrenner's Bio-Ecological Theory for Human Development, attachment theory, polyvagal theory, brain states theory and the Conscious Discipline program, somatic and mindfulness practices, and person-centred approaches to interpersonal skills for teachers. Drawing on the theories and practices described in this paper, teachers and school counsellors can be partners in improving the mental health and wellness of staff and students (Pedrini et al., 2022). It is possible to improve academic and social-emotional outcomes for students, assist students in healing from trauma, decrease teacher burnout, improve teacher job satisfaction, improve teacher outcomes, promote better mental health in schools, and create compassion-based schools where students feel like they belong through learning and implementing new approaches and practices. This is a message of hope for all those teachers who have been struggling in the classroom, not

understanding the behaviours of their students, and feeling like they are on the edge of leaving the profession.

How does trauma impact school functioning?

What is trauma? Teachers encounter students who are struggling with their mental health due to traumatic events every day. However, most teachers' understanding and definitions of trauma vary greatly, as do their understanding of adverse childhood experiences due to limited training in this mental health crisis (Thomas et al., 2019). Teachers do not receive adequate levels of mental health and trauma-informed education in teacher training programs and professional development to use these practices in the classroom (Thomas et al., 2019). The need for trauma-informed care has been studied widely in the fields of medical care and mental health, but implementation of trauma-informed practices has come later to the field of education (Thomas et al., 2019).

It is important to have a working understanding of trauma to create a baseline from which teachers can identify and communicate about behaviors which reflect trauma in their students. Trauma happens as a result of an event that is perceived as harmful or an event that creates high levels of distress for an individual (Thomas et al., 2019). Some scholars believe that the word "trauma" is overused in society to describe less impactful events, so it is important to emphasize that the word "trauma" implies significant harm (Walker et al., 2024). It has a monumental impact on a person's functioning and well-being (Walker et al., 2024). Adverse childhood experiences are traumatic events that cause significant toxic stress to a child or young person, such as abuse, neglect, maltreatment, family separation, or issues with mental health within the family unit (Joshi et al., 2021). These are just a few of the traumatic events a child may face, which will be discussed later. To summarize, childhood trauma results from adverse childhood

events that the child perceives as traumatic and causes the child significant stress which have severe impacts on the child's functioning, both outside and at school.

Research has found that two-thirds of all children have experienced at least one traumatic event and those who have experienced four or more adverse childhood experiences are at critically high risk of being labelled as a "behavior" problem in a school (Rawson, 2020). It is important to note that there are different severities and impacts of traumatic events on children. Youth who experience complex trauma, such as interpersonal trauma and attachment trauma, ongoing and repetitious traumatic events, as well as multiple traumatic events, have more severe impacts (Kisiel et al., 2014). Researchers found high levels of dysfunction in the areas of physical health, mental health and mood, attention and behavior and self-regulation (Kisiel et al., 2014). Another study found that children in the U.S. foster care system who had been exposed to multiple major ACEs such as physical abuse or sexual abuse, often displayed symptoms of suicidality, self-harm, mood disorders such as depression, features of mania, features of ADHD, social withdrawal, PTSD, and impaired sleep (Benarous et al., 2023). Traumatic childhood experiences were prevalent in all demographics, but certain groups experienced higher rates of ACEs. Trauma impacts children across all demographic groups, but vulnerable youth, such as children in the foster care system, have a greater likelihood of experiencing complex trauma and have more severe impacts as a result of the adverse experiences.

Trauma Through the Lens of the ACEs Assessment. ACEs are adverse childhood events that can be perceived as traumatic by children who experience them. ACEs are well-researched, and it has been observed that children who have experienced ACEs are at a higher risk for emotional and behavioral problems (Offerman et al., 2022). Providing training and building knowledge for

teachers about the impact of trauma on the developing brain, neurobiology, and mental health helps them to understand and support students who are experiencing the impacts of trauma (Thomas et al., 2019). An important and well-researched tool is the ACEs Screening Tool, which can help teachers to understand the causes of trauma in children. The ACEs assessment is a tool that scores the number of adverse childhood experiences that a youth has experienced (SmithBattle et al., 2021). This tool was developed to screen adults, and there is controversy as to whether it should be used with children because it is a comprehensive list of the traumas that many children experience. Answering the questions may be retraumatizing (SmithBattle et al., 2021). The survey interviews adult clients about their experiences with physical and emotional abuse, drug and alcohol use in the home, sexual abuse, household dysfunction, such as parental mental health, separation and divorce, domestic violence, incarceration of a parent, and parental neglect.

More recently, Fitzgerald and Gallus (2024) found that these are not the only adverse childhood experiences that should be considered when assessing trauma and studied the relationality of these factors. This study concludes that the ACEs assessment does not consider the complexity of these factors, and it recommends that other features of childhood adversity be considered. It outlines that certain risk factors lead to or co-occur with other adverse childhood experiences. For example, maltreatment at home can be related to behaviors such as bullying or peer pressure. They suggest some additional factors for childhood adversity, including community adversity, such as witnessing violence, experiencing war, fear of deportation, gang activity, structural racism, neighborhood safety, household dysfunction, peer problems, bullying, a range of sexually abusive behaviors, from exposure to pornography to rape, emotional abuse, attachment trauma and disruptions in caregiving, parental death, parental illness or

incapacitation, parental incarceration, witnessing threats or violence to caregivers, extremes in parenting styles, such as being too inflexible or permissive, long-term depression, chronic parental conflict, poverty, natural disasters, pandemics, and motor vehicle accidents (Fitzgerald & Gallus, 2024). This research is seminal in that it challenges the well-researched assessment tool for ACEs as being too narrow in defining what constitutes adverse childhood experiences and trauma. Teachers need to be aware of the wide range of experiences that may have a debilitating impact on child wellness and consider culture, diversity, history, environment, mental health, internet use, and social media access, in addition to family relationships, which were the foundational focus for ACEs. Only through expanding the current vocabulary around trauma and increasing teachers' understanding of trauma will they truly be able to recognize why a student may show up differently than others and be empathetic to their students who have suffered childhood adversity from trauma.

What are the long-term impacts of trauma for the individual child? Since the first study of adverse childhood experiences, many other studies have examined the connection between ACEs and long-term outcomes in adulthood (Felliti, 1998; Hamby et al., 2021). In 2021, the American Psychological Association printed a literature review of many scientific studies on the outcomes of adverse childhood experiences and found that the higher the number of “doses” of childhood trauma or adverse childhood experiences, the higher the negative “biopsychosocial” outcomes. It also found 40 different areas of “biopsychosocial” impacts which contribute to the leading causes of disease and death for adults, including heart disease, stroke, and cancer (Hamby et al., 2021). Another study found that adults who had experienced childhood trauma often suffered from depression and dementia, memory, processing speed, and executive functioning impairments (Lowry et al., 2021). A key piece in the connection between trauma and disease is

known as toxic and ongoing stress. This type of stress causes decreases in brain development, early cellular aging due to changes in DNA and shortening of telomeres, changes in hormone functioning, and an impaired microbiome (Bhutta et al., 2023).

Adolescents who have experienced ACEs are also at a higher risk for addiction than teenagers who have had no or less significant experiences of trauma (Garami et al., 2019). The development of executive functioning of the prefrontal cortex, which helps the individual to manage decision-making, impulse control, willpower, and emotional regulation, can be very significantly affected at key times in brain development due to adverse experiences and heightened stress (Garami et al., 2019). These teens are at a higher risk of experimenting with drugs and addictive substances at a younger age. The research also states that in comparing the number of traumatic experiences with the risk of addiction, adolescents who have experienced more stress from trauma will be at higher risk of addiction over time (Garami et al., 2019).

What does trauma look like in the classroom? The effects of childhood trauma on social, emotional, physical, and academic development are staggering. Five major areas of development in which children are impacted and that can cause heightened school stress are the following: biological, emotional, social, cognitive, and prosocial (Rawson, 2020). Trauma, even in low “doses,” has a dramatic impact on children in most areas of life (Hamby et al., 2021), and when we consider all of the untold stories that swirl around classrooms and schools, we often have no idea as educators how much a young person may be suffering. We know that ACEs and constant levels of toxic stress have profound impacts on children socially, emotionally, physically, and academically (Hamby et al., 2021). Some of the behaviors that teachers will notice in the classroom include: difficulty concentrating, appearing more needy, increased or decreased energy and activity, looking exhausted, being hungry, mood changes, physical maladies, such as

headaches or stomachaches, wanting to lie down or go home, absenteeism, startled easily or sensitive to high activity and noise, increase in ADHD symptoms, pushback to authority, rules or teacher requests, changes in academic function or lower marks (Rawson, 2020).

Additionally, trauma and toxic levels of stress change brain development in young people. A complex neurobiological phenomenon occurs due to trauma and toxic stress; the elevated and sustained levels of cortisol and adrenaline damage the prefrontal cortex, amygdala, and hippocampus in the brain (Rawson, 2020). This, in turn, impacts learning, behavior and health. This imbalance of hormones in the brain causes a lowered immune system, dysregulation of growth and sex hormones, as well as insulin (Rawson, 2020). The amygdala is constantly triggered, which results in constant fight-or-flight reactions by children (Rawson, 2020). Children who are in) a constant state of dysregulation struggle with managing behaviors related to attention, self-regulation, and learning (Rawson, 2020).

Many of the symptoms that teachers see in the classroom are features of common mental health disorders, such as ASD, ADHD, anxiety, and PTSD (Muscatello et al., 2023; Rawson, 2020). Other research has found similar results showing that trauma has a dramatic impact on school functioning for the student (Frydman & Mayor, 2017). In this study, it was established that often children who have experienced trauma also exhibit features of ADHD, as well as aggressive behaviors and deep loneliness, due to self-isolation. These children often experience poor attachment with significant adults in their lives and have difficulties with self-expression, interpersonal skills, trust, and behavioral boundaries (Frydman & Mayor, 2017). Students often adopt an inflexible schema, or lens through which they view themselves to protect themselves; however, they may feel triggered through typical behaviors of peers, such as criticism, bullying, being excluded, and gossiping (Frydman & Mayor, 2017).

Why is this important? Every day, teachers encounter difficult situations with student learning and behavior that may result in the level of trauma that a student is experiencing or has experienced. Many students have experienced at least one adverse childhood experience, and many of them have experienced complex trauma (Rawson, 2020). Most of the research on trauma has not been done in the school setting, but rather in social services and healthcare settings (Thomas et al., 2019). As a result, the area of trauma-informed teaching has been largely ignored in schools, and teachers generally have not received adequate training to be able to recognize trauma and support affected students with learning and social-emotional development (Thomas et al., 2019). Interestingly, research has found that the impact of trauma in classroom and other settings is directly correlated to the number of experiences, the type of trauma a student has experienced, and the way in which the student perceives the traumatic experience (Hamby et al., 2021). We can infer that teachers may not have a lot of information about what a student has experienced and how possible trauma may be impacting them, especially if information about the trauma has not been shared with the school. This makes the classroom an especially challenging place for these students and for teachers.

Much of the research stated that there are correlations between many mental health issues and how trauma shows up in the classroom (Frydman & Mayor, 2017). There are many observable symptoms, such as lowered executive functioning, PTSD, anxiety, isolation, difficulty maintaining boundaries, and depression (Frydman & Mayor, 2017). These mental health symptoms can have a severe impact on student functioning in the classroom. The ACEs Assessment Tool is one measure of the severity and type of trauma that has been used with adults (SmithBattle et al., 2021). It was the first survey tool developed, yet researchers now know that its scope is too limited in the categories it examines (Hamby et al., 2021). However,

teachers should be familiar with this tool as it is a well-known metric for understanding trauma and provides a shared language for discussing trauma. The scope of this tool did not include intergenerational trauma, the impact of war, community trauma, racial trauma and racism, bullying, religious trauma, among others (Hamby et al., 2021).

It is essential that trauma be recognized and addressed at the school level because of the multiple impacts that are well-documented. The ongoing stress and dysfunction affect adolescents in their physical body as well as their social-emotional functioning. The long-term impacts of adverse childhood experiences and toxic stress contribute to the top illnesses linked to premature death, such as heart disease, stroke, cancer, and dementia (Hamby et al., 2021). The mental health impacts are huge, ranging from anxiety, depression, PTSD to personality disorders (Rawson, 2020). Young people who have unresolved trauma are at a high risk for addiction and other life-impacting behaviors (Garami et al., 2019). Some students do not have high levels of support at home, and therefore it is incumbent upon schools to take this problem seriously and make schools a safer place for students.

Lastly, the idea of attachment is important to consider when addressing trauma in our students. In more modern models of child development, such as Bronfenbrenner's Model of Bio-ecological Systems, the child does not develop in a linear way (Vélez-Agosto et al., 2017). In fact, there are many variables contributing to the development of the child at any age, which can help build resiliency and mitigate some of the impacts of toxic stress. The influences closest to the child are family, friends, peers, school, religious community, and close community. When viewing development through this model, we can see that schools serve a very important function to students in all areas of their development. Through the lens of bio-ecological theory, we can see that school belonging plays an essential role in child development, and therefore it is

incumbent upon schools to incorporate trauma-informed practices and compassionate education to better serve all students, but particularly vulnerable students (Zaatari & Maalouf, 2022). We cannot underestimate the impact that we can have on a child's life and ability to heal, particularly when they are suffering and do not have strong family or community support. If we can imagine that healthy attachments could happen in the school setting to promote healing and build resiliency in the child, then we must acknowledge that we, as educators, have a responsibility to care for the children who walk through our doors.

How teacher experiences with trauma and childhood adversity impacts relationships in the classroom.

Impact of Trauma on Teacher Self-Efficacy.

Teaching is considered one of the professions where a high level of empathy and compassion are important; teachers are some of the most caring and supportive individuals in the modern workforce. Teachers who choose to stay in this profession have high levels of empathy and compassion for the social and emotional needs of children and adolescents (O'Toole & Dobutowitsch, 2023). Many teachers come to work having experienced traumatic events or adverse childhood experiences in their own lives. In one study, 73% of teachers were found to have experienced at least one ACE, and 22% had experienced four or more ACEs (Hubel et al., 2020). Teaching is a people-facing industry, where teachers experience constant social contact with few breaks, multi-tasking, quick assessments of social situations, and high levels of decision-making, management of helpful and unhelpful academic and social behaviors, and high levels of problem-solving (Brante, 2009). These tasks, along with the demands of content delivery, are very challenging. Teachers also carry their personal life experiences with them as they manage children and teens who are experiencing trauma-related behavior. Often, teachers

struggle with their own unresolved trauma in the face of students who are struggling and can be re-traumatized while supporting children who are experiencing ACEs or can experience secondary trauma from supporting children in their classes (Epstein et al., 2024). Moreover, many teachers struggle with the additional stress of lower wages, low support from administration, little support with resources, and long hours (Stauffer & Mason, 2013).

Additionally, research is finding that global events, such as political and social events—for example, the US elections or the Covid-19 pandemic—result in added negative social behavior and polarization in the classroom and schools, which increases teacher stress (Lassri et al., 2024). Some of the results of toxic stress, coupled with the trauma that teachers are experiencing, result in the attrition of up to 50% of teachers in the first five years of teaching (Kim et al., 2021).

Those who remain often begin their careers with idealistic and altruistic goals but become worn down by the stress, demands, and unresolved trauma (Stauffer & Mason, 2013). This in turn has an impact on teacher mental and physical health, disrupts classroom functioning, contributes to lowered teacher attendance, and impacts relationship-building as well as behavior management in the classroom (Hubel et al., 2020). Overall, it is clear that unresolved trauma and ACEs intensify the stress of this demanding role that the teacher plays in society.

Impact of Trauma on Teacher Functioning. Research conducted on teachers during the Covid-19 pandemic found that the teaching staff in schools is extremely vulnerable to burnout, which results in negative impacts on the classroom, school culture, and to society as a whole (Lassri et al., 2024). Teachers who are struggling with their mental health as a result of stress and trauma are more likely to use punitive discipline in the classroom, which is most often ineffective (Kim et al., 2021). This study found that children who are taught by individuals experiencing burnout have higher cortisol levels than other students (Kim et al., 2021). In another study, it was found

that teachers who had experienced ACEs, such as physical or emotional abuse, have a lowered quality of social and emotional functioning in the classroom (Hubel et al., 2020). These teachers have higher levels of depression and anxiety, and lower levels of emotional regulation, feeling frustrated and angry with students and about their jobs (Doan et al., 2024). (← missing punctuation) Often, teachers experiencing burnout have lowered levels of compassion, empathy, and a sense of helplessness (Lassri et al., 2024; Stauffer & Mason, 2013). Teachers may be unaware of what they are experiencing and the need for more self-care (Lassri et al., 2024). This same study found that as the number of ACES (ACEs) went up for teachers, the quality of the social-emotional environment in the classroom lowered. Lastly, the psychological impacts of trauma and work-related stress are known to lower the quality of life for teachers through lowered mental and physical health (Lassri et al., 2024). A teacher from one study explains that their blood pressure is 20 points higher during the school year (AFT, 2017). The current research highlights the importance of addressing teacher burnout and the underlying causes, including trauma and ACES (ACEs), secondary trauma, and toxic stress. Teacher well-being may have been viewed as a personal or school issue in the past, but it is becoming clear through the numbers of teachers who leave the classroom and the overall mental functioning of teachers in general that this is becoming a societal issue (Kim et al., 2021; Lassri et al., 2024).

Healing Teacher Trauma and Impacts on Students.

Teachers feel and suffer like all other humans, and yet there is this fear about an unraveling amongst teachers if we share too much of ourselves (Garcia). Teachers are expected to be supportive and caring for their students who may be struggling with the impacts of trauma, yet teachers themselves may be struggling with unresolved grief, secondary trauma, and childhood trauma. Data on teachers' overall levels of compassion are rated at moderate, which is

surprising given the close contact that they have with students and the window that they are given into students' inner lives (O'Toole & Dobutowitsch, 2023). Teachers who are experiencing emotional upheaval, such as trauma or secondary trauma, tend to demonstrate lower levels of compassion (O'Toole & Dobutowitsch, 2023). However, it has also been found that teachers with higher levels of compassion satisfaction, or the feelings of personal and professional satisfaction that come with being helpful and supportive to students, tend to stay in their careers longer and have better mental health (O'Toole & Dobutowitsch, 2023). Interestingly, these higher levels of compassion in the workplace and self-compassion also indicate more openness to engaging in trauma-informed practices, resulting in lower levels of teacher burnout (O'Toole & Dobutowitsch, 2023). Not surprisingly, it has been found that older teachers, who have remained in teaching for many years, are more open to implementing trauma-informed practices in the classroom (O'Toole & Dobutowitsch, 2023).

Teachers who demonstrate higher levels of empathy, caring, and adaptability also see a reduction in unhelpful academic and social behavior in the classroom (Kim et al., 2021). Modeling the behaviors of empathy and caring also results in more of these observable behaviors amongst students (Kim et al., 2021). Addressing teacher trauma, supporting teachers with self-awareness, and training teachers on trauma-informed practices are approaches that have been found to increase teacher self-efficacy, or the teaching style and pedagogical approaches that directly impact student learning in the classroom. Teachers who experience unchecked ACES (ACEs), unaddressed past trauma, and low self-care demonstrate lowered teacher self-efficacy (Epstein et al., 2024). This has been found to have a negative impact on student learning (Epstein et al., 2024). This was witnessed during the Covid-19 pandemic, when teachers experienced global trauma, personal losses, an increase in domestic and work responsibilities, as well as

lowered self-care (Epstein et al., 2024). These teachers were at a 50% higher risk of experiencing secondary trauma (Epstein et al., 2024). In short, increased empathy, caring, self-compassion, self-care, and training in compassionate approaches and trauma-informed practices in the classroom result in better academic, social, and physical outcomes for students.

Approaches to Improving Teacher Mental Health. Three effective approaches to increasing teacher resiliency and mental health while supporting students who are experiencing trauma are: increasing teacher self-care, increasing teacher training to incorporate trauma-informed practices in the classroom, and incorporating a model of support for teachers. When addressing self-care, research has found that teachers who engage in some type of self-care have higher self-efficacy, yet many teachers are resistant to engaging in self-care practices (Quarmby et al., 2024). In a study of pre-service Physical Education teachers, it was found that these young teachers felt overwhelmed by the workload, responsibilities, and emotional fatigue, and often did not engage in self-care or engaged in negative self-care, such as eating junk food or engaging in risky behaviors (Quarmby et al., 2024). In this same study, it was also found that young teachers who engaged in learning about trauma-informed care and learned to invest in self-care to mediate the effects of their own trauma in the classroom had a better outlook on the teaching profession (Quarmby et al., 2024). Through additional professional development with trauma experts, specific to using a trauma-informed approach to teaching, teachers are able to raise self-awareness and explore their own past in a safe and supportive environment (Epstein et al., 2024). This additional training explores the following topics: teacher burnout, the effect of Conscious Discipline programming on teacher self-efficacy, how the brain works in relationship to safety, their personal reactions to trauma, how humans respond in social situations, school culture, restorative approaches to classroom discipline, neuroplasticity, negative bias in the presence of

trauma, complex trauma, the formation of attachment and safety, classroom-specific strategies for trauma-informed teaching, and an evaluation of their approaches in the classroom. Through completing this specific training, it was found that teachers had increased resiliency when facing their own trauma and symptoms of teacher burnout were reduced (Epstein et al., 2024). Lastly, using supervision as a model of support, similar to the model used in training counsellors and psychologists, is a novel approach to decreasing teacher burnout and improving teacher mental health (Lassri et al., 2024). In this model, the counsellor, or in this case, teacher, finds a mentor to support them with their practice through psychoeducation, sharing of experiences, and self-reflection (Lassri et al., 2024). In the education model, this can be done by peers or in some cases, mental health practitioners or school counsellors, depending on the needs of the teacher (Lassri et al., 2024). In this model, the teacher reflects on how to better understand students and engages in self-reflection on their own reactions while receiving coaching from a colleague or peer on incorporating trauma-informed approaches in the classroom (Lassri et al., 2024). Finally, administrators and school counsellors can provide teacher mental health check-ins throughout the year, providing or referring for mental health supports to those teachers who appear less resilient (Lassri et al., 2024).

Somatic Approaches to Supporting Teachers to Address Trauma. Two approaches that have been helpful to teachers in reducing symptoms of toxic stress, trauma-related symptoms, and burnout are incorporating mind-body practices into their self-care and receiving training based on mind-body techniques and somatic therapy. Somatic therapy is a way of treating individuals who are struggling with trauma or PTSD, as well as toxic stress, and explores the relationship between the physical body and the mind (Brom et al., 2017). Many techniques are used in somatic therapy, such as learning to create safe spaces, practicing mind-body mindfulness—for

example, meditation, grounding, and breathing techniques—incorporating movements like yoga or other exercises that encourage the exploration of how trauma and stress are held and released in the body (Brom et al., 2017; Davis et al., 2023). Other techniques based on somatic therapy are self-regulation, co-regulation, and titration (or managing arousal when processing trauma), and pendulation (or balancing the body parts triggered by trauma and those that are not) (Brom et al., 2017; Davis et al., 2023). Teachers who received training on implementing mind-body techniques into their routines demonstrated strong benefits from these practices. In one study, teachers were taught trauma-informed yoga as a means of self-regulation through breathing in yoga poses (Davis et al., 2023). This learning included understanding how the sympathetic and parasympathetic systems are managed through mindfulness and understanding emotional states. Trauma-informed yoga includes incorporating mindfulness practices and is based on 11 major tenets, such as safety, breath, grounding, and compassion (Davis et al., 2023). Teachers practiced reintegrating the mind and body, as well as learning about empowerment and resiliency. Those teachers significantly lowered their symptoms of trauma and secondary trauma and increased their positive self-concept (Davis et al., 2023). They also experienced lower depression and anxiety, better sleep, lower cortisol, and improved heart health as a result of the program (Davis et al., 2023).

In another study, teachers engaged in a program called the Mind-Body Group for Teacher Stress, referred to as MBGTS (Eyal et al., 2019). In three sessions, teachers learned somatic techniques, such as understanding trauma as it relates to themselves and their students, creating safety, identifying stress in the body, breathing techniques, emotional states, and how to implement self-care (Eyal et al., 2019). Although the program was developed for students, it was used with teachers for this study, as there are very few programs available for supporting

teachers with trauma (Eyal et al., 2019). Teachers reported benefiting from the program and expressed the intention to continue using techniques as they moved forward (Eyal et al., 2019). Teachers reported enjoying the sharing and collaboration with others and building a sense of community with their colleagues (Eyal et al., 2019).

Lastly, it has been found that teachers who deliver programs that teach SEL and mindfulness-based strategies to their students benefit from exposure to the material they teach, even when it is created for students (Kim et al., 2021). Teachers who delivered the program Mind-Up, a mindfulness-based program for students, experienced more self-awareness and environmental awareness, improvements in depression and anxiety, better skills for managing difficult behaviors higher job satisfaction, and a higher sense of accomplishment in the workplace (Kim et al., 2021).

Considerations. Teachers are experiencing high levels of burnout and attrition due to trauma, secondary trauma, compassion fatigue, significant demands within the classroom and school, low administrative support, low wages, and long hours (Kim et al., 2021; Stauffer & Mason, 2013). From a societal perspective, there is a need to retain and attract more teachers, as almost 50% of teachers leave the profession in the US—with similar numbers in Canada—within the first two years of teaching (Karsenti & Colin, 2013). Most teachers have experienced at least one ACE, and many have experienced four or more ACEs throughout their lifetimes (Hubel et al., 2020). Subsequently, teachers enter the classroom where many students are experiencing trauma, and if their own adverse experiences have not been addressed, they are at a higher risk for experiencing secondary trauma and compassion burnout (O’Toole & Dobutowitsch, 2023). This, in turn, results in teachers resorting to more punitive styles of discipline, high cortisol

levels—which translate to stress in children—and lower academic and social functioning in the classroom (Hubel et al., 2020; Kim et al., 2021; O’Toole & Dobutowitsch, 2023). Given that teacher burnout and attrition are major societal concerns, we need to do better to care for teachers as administrators and school counsellors. Older teachers who have chosen to stay in the profession are shown to have higher levels of compassion, higher openness to incorporating trauma-informed practices in the classroom, and higher levels of job satisfaction (Quarmby et al., 2024). Teachers who have attended professional development on mindfulness-based approaches to addressing trauma or who have taught social-emotional mindfulness-based content to students also demonstrate better classroom management skills, more ability to deal with difficult classroom behaviors a higher ability to self-regulate and co-regulate with students, a higher quality of life, improved mental and physical health, and a higher sense of achievement (Davis et al., 2023; Eyal et al., 2019; Kim et al., 2021). Addressing teacher and student trauma—as well as secondary trauma—through teaching SEL mindfulness curriculum, engaging in professional development about trauma-informed approaches, addressing personal trauma, and implementing mind-body therapeutic self-care results in better overall outcomes for both students and teachers.

Student Wellness and Mental Health: Theories for Helping

What is trauma-informed teaching? When we consider compassionate schooling or trauma-informed teaching, it’s important to be clear on the foundation of trauma-informed practices. When working with students who have experienced trauma or ACEs, the core work is providing safety and security for the individual through the relationship (Kühne et al., 2024; Southall, 2024). The most important considerations for trauma-informed work in schools are promoting healthy and supportive interactions between teachers and students (Southall, 2024). The aim of this work should be the prevention of re-traumatization, which can happen through

negative interactions between teachers and students (Southall, 2024). School culture is an important factor when considering re-injury of students. The school should become a safe haven for our hurting students (Southall, 2024).

Trauma and complex trauma often cannot be singled out as one event; rather, they consist of many layers of reactions to one or more events (Giroux et al., 2023; Malchiodi, 2015). In our students, it is often ongoing, has many facets, and has lasting and substantial impacts (Giroux et al., 2023). It impacts the mental health and mood of students, their social-emotional and academic behavior and the physiology of the student (Giroux et al., 2023). Trauma affects cognitive function and even the belief system of the students (Giroux et al., 2023). Currently, most schools are not formally considered part of the mental health supports provided societally to children and adolescents; however, schools, school counsellors, and teachers can provide excellent mental health interventions (Pedrini et al., 2022). School culture and relationships with teachers and school counsellors can mitigate the reactions to the impacts of trauma and even open the door for healing (Pedrini et al., 2022). There is good evidence at the primary school level that teaching social-emotional skills has good outcomes for children, and more research needs to be done at the secondary level (Pedrini et al., 2022). However, this evidence gives us hope and motivation that schools can make a substantial difference in the lives of our most vulnerable children. The following section will examine several modalities and theories that have been shown to have a positive impact on students in counselling and teaching and will discuss how these theories can be implemented to promote healing and reduce the tragic impacts of trauma in children and adolescents. It will examine Bronfenbrenner's Bioecological System of Human Development, attachment theory, polyvagal theory, brain states and the Conscious

Discipline program, somatic or mindfulness practices, and finally person-centred approaches and training for teachers.

Bronfenbrenner's Bio-ecological System of Human Development. As educators in school systems, we have not traditionally viewed teaching and educational psychology from the point of view of systems theory. In the 1990s, a large amount of research was done on relational systems (Connors, 2011). Prior to this, Uri Bronfenbrenner developed a unique model for conceptualizing human development that was strikingly different from previous models of human development—for example, Erik Erikson's model (Stanley, 2022). Traditional models viewed human development in a very linear, stage-focused way. However, Bronfenbrenner's Ecological System of Human Development is a circular model with the individual at the center surrounded by systems of interaction that directly or indirectly impact the development of an individual. In this model, the second innermost ring around the individual is the microsystem, which represents the interpersonal world of the child, including the family, friends and neighbors, schools, and communities (El Zaatari & Maalouf, 2022). The relationships within the system are complicated and interrelated (Stanley, 2022). In this model, it is clear that schools and teachers play a very significant role in the child's life and development. When we approach trauma-informed practices, it is important to keep this model front of mind as we develop relationships and supports for the child. This illustration reminds us of the level of impact that schools have on child development and the importance of many factors in the microsystem, such as the student-teacher relationship, the learning environment, extracurricular activities, relationships with peers, and school safety (El Zaatari & Maalouf, 2022).

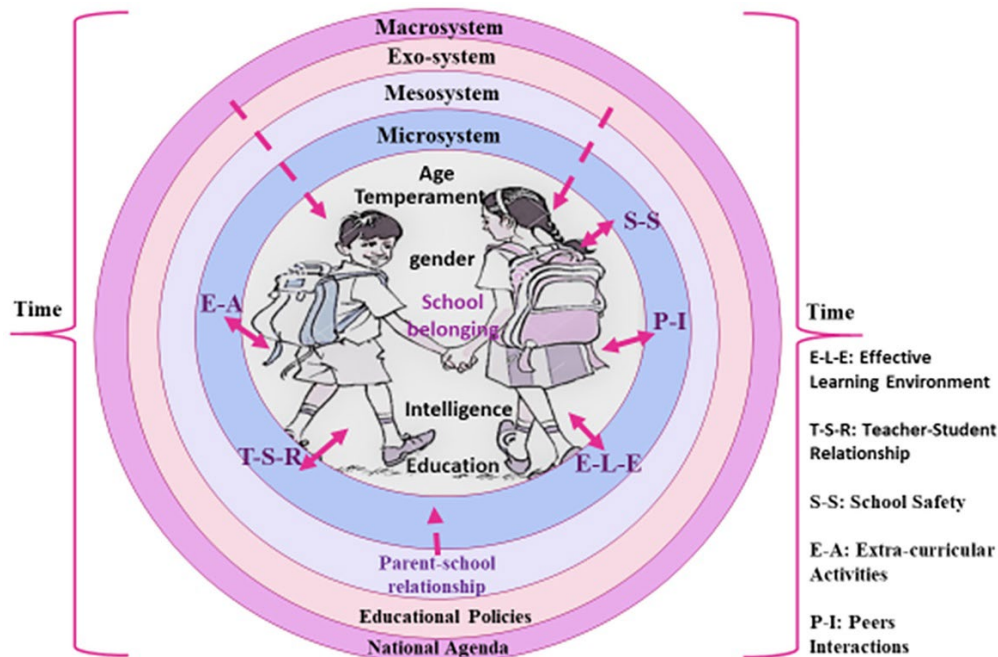


Figure 3. The bio-ecological system model and a sense of belonging at school (Allen et al., 2016)

(El Zaatari & Maalouf, 2022).

When viewing an illustration of Bronfenbrenner's model for human development, there are five inner to outer rings which represent influence and interaction on the development of the individual at the center of the model. Those rings from the center are the microsystem, described above; the mesosystem, which represents the relationships between different interacting groups or individuals in the microsystem; and the exo-system, which represents external influences such as health, quality of schooling, and socio-economic status (El Zaatari & Maalouf, 2022). The fourth ring, or macrosystem, includes broader influences such as politics, culture, and society (El Zaatari & Maalouf, 2022). Lastly, Bronfenbrenner later added a fifth ring, the chronosystem, which represents environmental factors, life events, and significant historical events (El Zaatari & Maalouf, 2022).

Understanding that human development is fluid, repetitive, and ongoing—as well as being deeply relational—is a key shift in how we view child development within the education system, how we approach children living within multiple systems and with multiple influences, and how we can better support children struggling with trauma through wrap-around supports (El Zaatari & Maalouf, 2022). A 2018 study demonstrated that academic performance by students improved with the development of tri-sectional relationships between student, school, and family (Stanley, 2022). Students benefited from the united efforts and understanding of the complexity of their learning (Stanley, 2022). This study also addressed many factors influencing student learning, such as socioeconomic factors, family values, school infrastructure, and teacher understanding of diversity (Stanley, 2022). This demonstrates a more holistic approach for the treatment of trauma in children and supports the use of compassion-based practices in the classroom. The following illustration supports the idea that many factors within a school impact school climate and a sense of belonging for students, which is critical for healing from trauma. We can see the importance of relationships between students and teachers, parental relationships with the school, and peer interactions (El Zaatari & Maalouf, 2022).

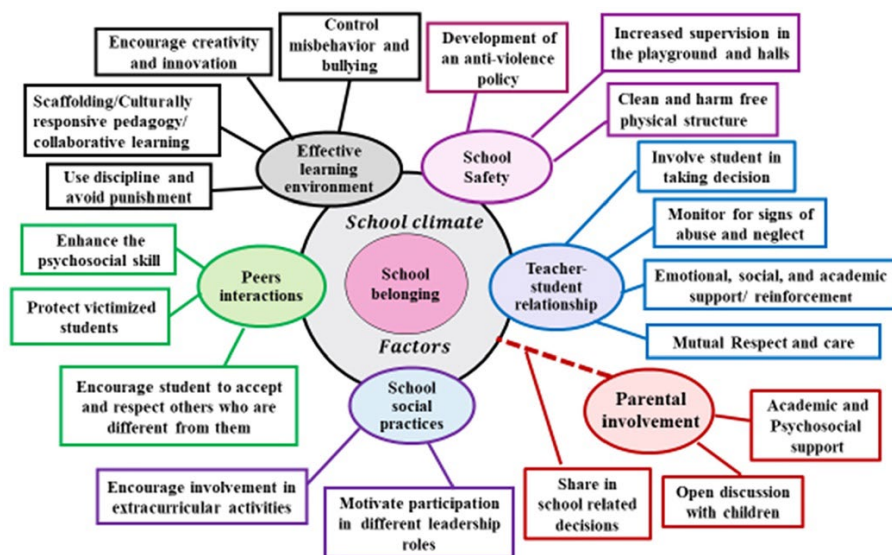


Figure 4. Important practices of school climate factors that could enhance school belonging.

(El Zaatari & Maalouf, 2022).

Attachment Theory. Another related theory through which we can find ways to support students who have experienced trauma or ACEs is attachment theory. Attachment and trauma are often closely linked, especially when trauma is an adverse childhood experience of abuse, parental addiction, divorce, or neglect (Li et al., 2022). Attachment theory was first recognized by psychologist and researcher John Bowlby in the 1950s (Kennedy & Kennedy, 2004). He defined attachment as “lasting psychological connectedness between human beings” (Parr, 2019, Pg. 1). Closely related to Bio-ecological Systems Theory, we can look at attachment through the lens of relational systems as opposed to the traditional view that attachment styles are only developed in early childhood and that other relationships in a child's life do not influence this important feature of child development (Li et al., 2022). Briefly, attachment theory describes four types of attachment traditionally believed to develop in the first years of life. Secure attachment is when a bond of trust and safety is created between the child and caregiver (Kennedy & Kennedy, 2004). Research has found that a child needs three people that they can

securely attach to for optimal mental health (Kennedy & Kennedy, 2004). When this type of attachment does not happen with one or both parents or caregivers, it is referred to as insecure attachment, of which there are three types (Kennedy & Kennedy, 2004). A chaotic family life, parents with low social-emotional functioning, and low maternal warmth are some risk factors that undermine secure attachment (Kennedy & Kennedy, 2004; Li et al., 2022). Attachment teaches young children about their self-worth and the safety and reliability of others (Kennedy & Kennedy, 2004).

When observing children who are experiencing insecure attachment, maladaptive or negative social behaviors by children and adolescents are often present (Kennedy & Kennedy, 2004). Anxious-ambivalent attachment happens when a child cannot rely on a parent as a base of security and is characterized by anger, clinginess, or fear of rejection (Kennedy & Kennedy, 2004). Anxious-avoidant attachment is observed as overly independent behaviors, low emotional expression, and avoidance of closeness (Riley, 2010). Disorganized attachment is the fourth subtype, which combines the anxious-ambivalent and avoidant styles (Kennedy & Kennedy, 2004). These students will have a behavior pattern that swings between the two styles, demonstrating many features of both attachment styles and poor emotional regulation (Riley, 2010). The disorganized style of attachment leads to the lowest social-emotional outcomes for students (Kennedy & Kennedy, 2004).

When considering the interrelatedness of attachment, the Bio-ecological System of Human Development, and trauma, we can look at a research study from 2022 that demonstrates the connection between the two theories. The study outlined the connection that adolescents make with other participants in their microsystem in the absence of healthy parental attachment

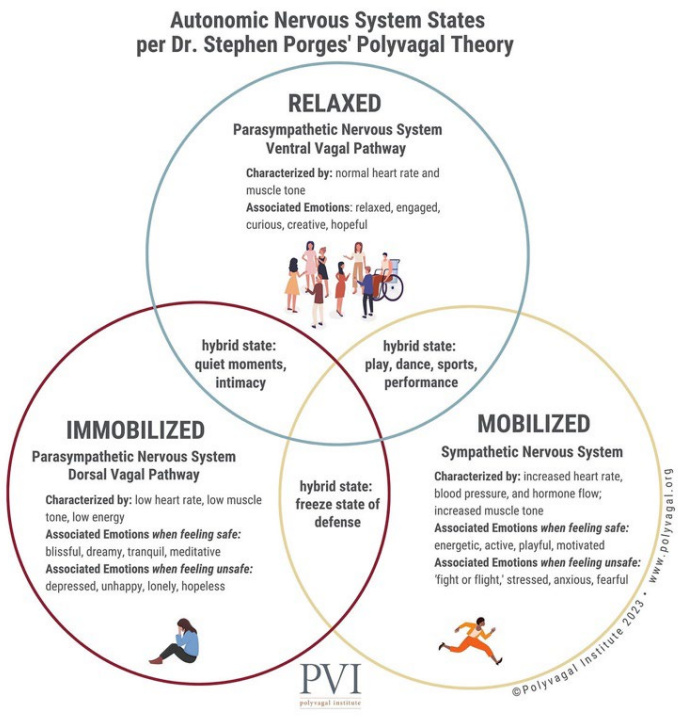
(Li et al., 2022). A group of adolescents with dysfunctional family environments described as harsh and characterized by low-functioning child-parent relationships were found to make attachments to peers who struggled with social-emotional skills and even criminality (Li et al., 2022). These peers either chose these friends or were forced to become friends because they were rejected by other peers (Li et al., 2022). These teenagers were attracted to other like-minded teens due to depression and lowered mental health (Li et al., 2022). When the parent-child attachment was injured or precarious, the teens found others in their microsystem to attach to, although their choices were maladaptive and had negative consequences on their mental health and overall functioning. As teachers, we are a part of every child's microsystem, and we can have positive impacts on attachment, safety and security, and the mental health and welfare of the students we teach.

It is important to discuss what the implications of Bio-ecological Systems of Human Development and attachment theory have on education and learning. Riley (2010) notes that the traditional three Rs of reading, writing, and arithmetic in education should now be replaced with relationship, relationship, and relationship. These three relationships represent the myriad of connections with the teacher and student but also the connection to family and other supports in the child's microsystem (Riley, 2010). Students pick up on teachers' attachment style, as well as reflect their own attachment style, in the classroom (Kennedy & Kennedy, 2004). For example, a teacher who projects an avoidant attachment style is often perceived as approachable yet emotionally detached, which has a direct impact on classroom functioning (Kennedy & Kennedy, 2004). For a child who struggles with attachment injury or trauma, this will be a difficult student-teacher relationship (Kennedy & Kennedy, 2004). These teachers also have difficulty connecting with their own warmth and caring towards students and often have

unrealistic expectations of students (Kennedy & Kennedy, 2004). Helping teachers recognize their own trauma and attachment issues may promote a better understanding of student behavior by allowing the teacher to understand the child through the lens of their lived experience (Kennedy & Kennedy, 2004). Additionally, addressing personal trauma and attachment style, as well as recognizing the student's attachment style, can move a relationship from an unequal power balance to a more reciprocal relationship, where student and teacher work together to solve problems and improve the relationship and, subsequently, learning (Riley, 2010). Through creating a safe haven within the classroom and the relationship, and through providing supports for the individual adolescent who is struggling, the teacher will likely see much more progress in social, emotional, and academic growth. Teachers can be an attachment person for students within the school context, that is, providing comfort, warmth, and safety for students to grow and thrive (Riley, 2010). Although this attachment will look very different than a parental attachment, it is still very crucial to the wellness of our students and may be the only warmth and safety that a child experiences in a day.

Polyvagal Theory. An understanding of polyvagal theory helps teachers to see the connection between the brain, the body, behavior attachment injury, and trauma in both them and their students. This modern theory is based on the functioning of the autonomic nervous system (ANS) and the physiological, psychological, and behavioral effects of trauma and stress (Blanning, 2024). It was developed by Stephen Porges in 1994. There is not a large body of research yet to support polyvagal theory, but it has been found to be very useful in practice (Giroux et al., 2023). Viewing trauma through this theory helps to increase understanding and compassion for our students while giving us strategies to help our students (Porges & Buczynski, 2011). Polyvagal theory identifies the autonomic nervous system as having strong influence over

the psychological, physical states, and subsequent behaviors, depending on the environment and stimuli (Porges & Buczynski, 2011). Our bodies have defense mechanisms, such as fight or flight (mobilized) or freeze (immobilized) reactions. Observing a student's emotional and physical state through the perspective of the autonomic nervous system takes practice, and children's emotional states are not always obvious at first. When the vagal ventral system is stimulated, the student feels safe and connected, comfortable, and secure (Blanning, 2024). When a student is feeling unsafe, anxious, or stressed, their sympathetic nervous system is engaged, and their defense reaction may be fight or flight (Blanning, 2024). The dorsal vagal state results from a highly stimulated nervous system where danger is dominant, and the parasympathetic nervous system is in charge. The child will freeze, shut down, be unresponsive, and after long periods of being in fight or flight, children often become depressed and despondent (Blanning, 2024). Children whose attachment needs have not been met, or who have experienced **ACES** (ACEs) or trauma, are constantly in these states of fight, flight, or freeze and have lower social-emotional functioning, as well as a lower ability to self-regulate, as seen in the illustration below (Blanning, 2024; Kühne et al., 2024).



(Polyvagal Institute, 2025)

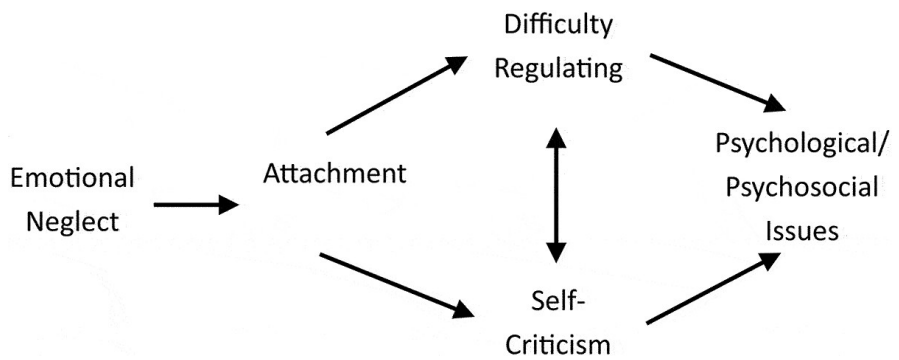
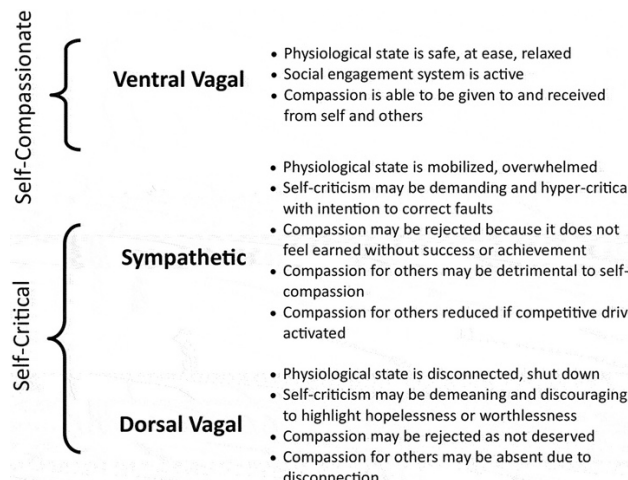


Diagram of consequences of emotional neglect this image is the property of the author.

(Blanning, 2024).

Two important concepts of polyvagal theory are self-regulation and co-regulation. Firstly, it is important that the helpful adults in a child's life learn strong self-regulation skills to manage

their emotions and lower their heart rates (Blanning, 2024; Southall, 2024). Dysregulated children need the support of a trusted adult to re-regulate themselves, a practice called co-regulation (Blanning, 2024). Often, teachers are not emotionally well-regulated or have not received enough training or in-servicing on trauma-informed practices to help a student with co-regulation (Southall, 2024). Self-criticism and self-compassion are two areas of psychological functioning that are highly impacted by poor attachment and trauma, resulting in more dysregulation (Blanning, 2024). High numbers of ACEs often result in attachment problems, in particular avoidant attachment, which in turn can present high self-criticism, low self-worth, and low self-compassion in children and adolescents (Blanning, 2024), as seen in the illustration below. Avoidance of painful feelings and a lowered ability to self-soothe can be evident in these children (Southall, 2024). Research has found that specifically teaching adults self-regulation skills can consequently result in raised self-compassion, and one can assume this would also be relevant for children and adolescents. This, coupled with co-regulation skills, can be very helpful to classroom teachers (Southall, 2024). Lastly, and most importantly, when the teacher can create safety and security for students through creating a warm and compassionate relationship, both the teacher and the student are found to benefit (Kühne et al., 2024; Southall, 2024). Teachers and students both benefit from lowered cortisol levels and increased school satisfaction. Fostering relationship-building skills within schools is the most important way to promote trauma-informed teaching (Southall, 2024).



Impact of Polyvagal States on Compassion This image is the property of the author.

(Blanning, 2024)

Brain States. One particular program that reflects the interrelationship of the philosophies and concepts of the Bio-ecological Theory of Human Development, attachment theory, and polyvagal theory is brain states theory and Conscious Discipline, developed by Dr. Becky Bailey in the early 2000s. This theory and approach support the research on the importance of building relationships when working with children who have experienced trauma and ACEs (Bailey, 2011). Social-emotional learning has been in use since the 1970s, but this is one of the most disseminated approaches (Wilburn, 2023). Most social-emotional approaches are designed for parents; however, this approach targets other caregivers, in particular teachers, in a child's life and is considered a trauma-informed approach (Wilburn, 2023). The use of this program has demonstrated improved teacher self-efficacy, decreased internalized and externalized behavior problems in children, and improved school culture (Wilburn, 2023). Conscious Discipline is unique in that the work focuses on changing teacher behavior as opposed to changing student behavior and is based on neuroscience related to brain states. These brain

states reflect emotional states as a basis for teaching emotional regulation (Bailey, 2011). A recent study found that teacher success with this approach increased when there was a change in both mindset and skill set in the teacher over time (Wilburn, 2023). Similar to polyvagal theory, recognizing emotional states is foundational to the philosophy of Conscious Discipline and a good starting place for teachers. This theory is adapted from the neurodevelopmental work of many previous brain researchers with expertise in trauma, including the renowned Dr. Bruce Perry, who is considered the founder of trauma therapy and research (Conscious Discipline, 2025). Similar to polyvagal theory, this program outlines three brain states: the executive brain (green), where effective emotional regulation, learning, problem-solving, and other functions are present (Conscious Discipline, 2025). Teachers want children to be accessing the executive brain while at school to support emotional regulation, learning, organization, and positive decision-making (Conscious Discipline, 2025). This state correlates to the engagement of the parasympathetic nervous system in the ventral vagal state, as described in polyvagal theory (Porges & Buczynski, 2011). Next, there is the emotional state, where students struggle with emotional regulation, may be in the fight-or-flight stage, and where teachers see escalated unhelpful social and academic behaviors (Conscious Discipline, 2025). In this state, the parasympathetic nervous system is engaged in the dorsal vagal state (Porges & Buczynski, 2011). Many children who have experienced ACEs or trauma will be in this state a lot of the time. There is a strong correlation between early childhood trauma and ADHD symptoms, which hamper executive functioning; however, lowered executive functioning may be trauma symptoms that mimic ADHD symptoms (González et al., 2019).

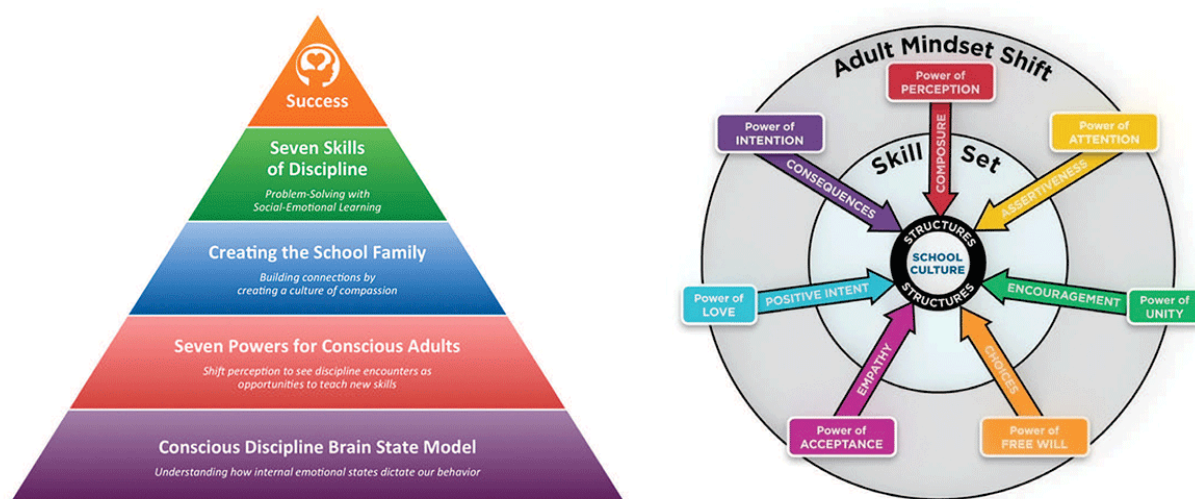
Lastly is the survival state, which is characterized by complete shutdown, retreat, or physical reaction of a child who is feeling very unsafe, and it correlates with the sympathetic nervous system in the dorsal vagal state (Porges & Buczynski, 2011). This is a fear response.



(Conscious Discipline, 2025)

This type of program, as well as other programs based on emotional regulation in the classroom, has been found to have positive results on academic and social behavior (Pedrini et al., 2022). These programs help teachers to create connection in the classroom, to provide safety and security to students, and to teach problem-solving skills to students (Conscious Discipline, 2025). In Conscious Discipline, there are four driving principles which relate directly to trauma-informed practices: use of the brain state model, seven powers for adults which help shift perceptions of discipline and connection, creating safety in the school community, and discipline

skills taught through a model of social-emotional learning and problem-solving. In the illustrations below, we see the hierarchy of these principles and the necessary shift in adult mindset. Overall, using these approaches with adolescents has been found to improve attendance, emotional regulation, and mental health, as well as decrease risky behavior (Pedrini et al., 2022).



(Herald, 2021)

Somatic Approaches to Self-Regulation and Healing. Supporting relational and brain-based approaches, it has been found that incorporating somatic approaches to self-regulation and healing for adolescents can be done very effectively in the school setting (Malchiodi, 2015). Two somatic approaches that have demonstrated excellent results are incorporating creative expression into classes and teaching mindfulness skills, such as grounding or breathing. The large body of research on trauma supports the idea that brain states are mirrored in the body (Malchiodi, 2015; Webb et al., 2021; Broderick & Metz, 2009). Therefore, if we can assist students to have a calm and balanced brain state, we will see improvements in emotional regulation and school performance (Malchiodi, 2015). This can be done through a variety of somatic approaches. Integrating the arts into the classroom has proven to have excellent results

in lowering the impacts of trauma, creating calm, and balancing the left and right sides of the brain—a key concept in trauma treatment. This is a foundational approach in Eye Movement Desensitization and Reprocessing therapy [EMDR]), a trauma therapy that focuses on bilateral movement between the two sides of the brain to create balance and reframing (Malchiodi, 2015). The book *Creative Interventions with Traumatized Children*, edited by C. Malchiodi, is based on the ground-breaking work of Bruce Perry and Peter Levine. This book outlines the importance of implementing creative arts for self-expression in the classroom, such as art (painting, drawing, etc.), dance, music, drama or play, projects with self-expression, poetry, writing, and many more creative modalities. These approaches have been found to be very healing for students, and therefore teachers are encouraged to embrace these approaches (Malchiodi, 2015). The use of creative expression correlates with the attachment process that infants experience with caregivers. Attachment happens in the right brain with babies, and this part of the brain grows more quickly in infancy; therefore, stimulating this part of the brain with creative endeavors creates a sense of attachment or calming for students (Malchiodi, 2015). Work on trauma is often about balancing the right and left brain, but schools tend to focus on left-brained activities and language-based tasks in their approaches, so having right-brained activities that are nonverbal expressions of feelings and experiences, such as painting or dance, encourages bilateral balance, reframing of perceptions, and harmony in the brain (Malchiodi, 2015).

For this discussion, mindfulness teaching includes implementing breathing, self-awareness, and grounding activities. Research about trauma, PTSD, anxiety, and depression in students has found a common behavior of rumination on negative thoughts. In a recent study, it was found that teaching present-moment attention and metacognitive or self-awareness helped decrease rumination in adolescents (Webb et al., 2021). A study of 120 grade 12 girls found that

using a mindfulness app, including breathing and meditation activities, increased peacefulness and relaxation. It also improved self-acceptance and emotional regulation. This study even found that this group benefited from better sleep, as well as decreased fatigue and pain (Broderick & Metz, 2009). These simple practices can be incorporated into classroom routines to improve social-emotional outcomes over time.

Person-Centred Approaches to Teaching: The Interpersonal Communication.

The classroom is a busy place where there are a lot of different relationships and interactions happening in real time. The teacher will experience more behavioral and learning challenges with their students with high ACEs or childhood trauma (Giroux et al., 2023). Working with children who are struggling with social-emotional problems requires strong skills for relationship building. Carl Rogers, a highly regarded psychologist, established person-centred theory in the 1950s, which espoused the value of relational teaching (Renger & Macaskill, 2021). One of his colleagues, Thomas Gordon, another person-centered psychologist, developed training programs for parents and teachers to support them with relationship-building skills. These highly regarded practices are foundational in counselling and teaching today and are still very relevant theories and practices (Renger & Macaskill, 2021). Interpersonal skills training includes concepts like active listening skills, confrontation skills, and conflict resolution (Gordon, 2010). Three tenets of person-centred theory are genuineness, empathy, and unconditional positive regard, or non-judgmental approaches to communication (Renger & Macaskill, 2021). Teachers with strong interpersonal skills tend to manage conflict better, have stronger relationships with individuals and the group, and tend to have a higher level of job satisfaction (Skaalvik & Skaalvik, 2010).

Two major factors in teacher burnout are discipline management in the classroom and communication with parents (Skaalvik & Skaalvik, 2010). Both are positively impacted by increased teacher self-efficacy, which is in turn impacted by strong interpersonal and relationship skills. A teacher's level of emotional intelligence has been proven to indicate the quality of the relationships that teachers have with students, effective classroom management, and successful content delivery (Sekreter, 2019). Emotional intelligence includes a broad range of teacher abilities, including self-awareness, self-regulation, and self-confidence. When interacting with others, it includes problem-solving, optimism, empathy, social skills, effective communication, interpersonal skills, and conflict resolution (Sekreter, 2019). Teachers arrive to the profession with different levels of skills; however, these skills can be improved with commitment, practice, and training. One recent study found that teacher training in communication skills over a nine-week period raised emotional intelligence for teachers, improved their communication skills, and helped them feel more connected in their school community (Tuluhan & Yalcinkaya, 2018). Much of the research also finds significant student improvement in student achievement (Sekreter, 2019; Tuluhan & Yalcinkaya, 2018). This theory is important for working with students who have experienced trauma because teachers learn specific relationship-building skills which are vital to promoting improved mental health and wellness for children who have experienced ACEs or trauma.

Considerations.

Understanding theories that promote healing is vital to the growth of compassion and trauma-informed practices in schools. Since the advent of research on trauma in 1998, researchers, child psychologists, school counsellors, and educators have begun learning about the deep and tragic impacts of trauma, as well as theory and methods to mitigate and even heal

trauma through the work of teachers and school counsellors (Felliti et al., 1998; Pedrini et al., 2022). There is a correlation between Bronfenbrenner's Bio-ecological System of Human Development, attachment theory, polyvagal theory, the brain states model and Conscious Discipline, somatic practices and person-centred practices. They are connected by the theme of relationships in the child's microsystem and the significance of these relationships on the child's development (Stanley & Kuo, 2022). Neuroscience research about the impact of trauma on the nervous system and the subsequent brain states is another strong connecting theme of these theories. These theories are foundations which provide support and education to teachers and help teachers to implement trauma-informed practices effectively in the classroom (Bailey, 2011; Porges & Buczynski, 2011; Wilburn, 2023). These theories also encourage the development of safety and security, fundamental to trauma healing, through working on creating a compassionate school culture, where students feel safe and feel belonging (El Zaatari & Maalouf, 2022). Teachers and school counsellors can be strong partners in improving the mental health of students which leads to the best academic and social-emotional outcomes (Pedrini et al., 2022). It is important to note that trauma-informed practices do not only benefit the students who are struggling with traumatic events but every student (Jones et al., 2017). All students thrive in an environment of caring and safety, where the relationship between the teacher and student is the primary focus and where social-emotional skills are part of the curricular goals (Jones et al., 2017). Therefore, it is incumbent upon teachers, school counsellors and administrators to take trauma-informed approaches seriously and invest in these practices to build compassion-based schools with excellent social-emotional and academic results.

Conclusion

For decades those who worked in people-facing industries suspected what was later demonstrated through research: those who had suffered adverse childhood experiences and trauma in their lives seemed to have poorer outcomes in the trajectory of their lives. The work of Felitti and his team brought trauma research into the spotlight which has led to an explosion of research and expertise on the subject (Felitti et al., 1998). This research gives educators and counsellors hope in the face of what seems like an epidemic in poor mental health functioning for children. Teachers can improve their mental health by understanding impact of trauma and adverse childhood experiences in their own lives while developing the empathy and skills to support young people who are suffering. There are modern theories and practices which are demonstrating positive results for teacher and student outcomes and there is a shift towards compassion-based schools with trauma-informed practices at the center of the work. Schools can become safer and more welcoming and school communities can thrive. In the remainder of this paper, the approaches and implementation of these approaches will be examined in depth in the hopes of giving teachers a framework for improved relationships with students, improved levels of self-efficacy and job satisfaction and skills for working with students who are vulnerable and struggling in our system of education.

Chapter 3: A Presentation for Teachers

Teachers are facing more challenges than ever in the classroom, especially in helping children and adolescents cope with mental health problems which are impacting student performance and behaviour (Hamby et al., 2021; Rawson, 2020). Research has found that, in recent years, there has been an increase in students seeking treatment for serious mental health problems and that many mental health issues that they are experiencing are due to traumatic or adverse childhood experiences (Olfson et al., 2015). Trauma is not defined by the type of adverse experience someone has, but rather how the child (or adult) perceives and processes the experiences. When these experiences have life-altering impacts or cause significant harm to children and adolescents, it can be defined as trauma (Thomas et al., 2019). Trauma directly impacts mental health functioning in young people, which in turn often leads to mental health disorders and disabilities (Merikangas et al., 2009). Initially these traumatic events impact a child or adolescent's physical and mental health, as well as their behavior and emotional well-being (Kisiel et al., 2014). The impact of childhood trauma over a lifetime is very significant, impacting many facets of health, social-emotional functioning and relationships, level of education and economic outcomes for individuals (Hamby et al., 2021; Garami et al., 2019).

The area of adverse childhood experiences and trauma has been well researched since the late 1990s and it has been found that untreated trauma has significant impact on young people's social, emotional, and academic performance in the classroom (Felletti et al., 1998; Rawson, 2020). When children are experiencing trauma, there are many signs and symptoms which impact social functioning, behaviour and learning in the classroom. Teachers may observe a variety of symptoms, such as difficulty focusing, dysregulated emotions, physical ailments, school avoidance and withdrawal, sensitivity to noise, push back to rules, aggressive behaviors,

and fatigue, which often mimic other disorders such as ADHD or learning difficulties (Rawson, 2020). High levels of toxic stress have been found to alter the neural networking and brain development in children and adolescence which highlights the important of trauma-informed practice in school settings (Rawson, 2020). Schools and school life have a significant impact on child development and are an important part of the microsystem of the individual child. Beyond learning, schools provide community and belonging for the child (Stanley, 2022). It is imperative for school staff, school counselors, and teachers to become more informed and skilled at addressing these problems and implementing practices that support our students' mental health.

There has been much research around implementing trauma-informed practices in mental health care and medical health care settings, but less research has been done on trauma-informed compassion-based practices in the field of education (Thomas et al., 2019). It has been found that using these compassion-based practices to build strong relationships with students benefits not only students but also teachers (Matos et al., 2021). Teacher mental health has not been a highlight in the trend to improve teacher wellness, and there is research that indicates that teachers' own personal trauma and adverse childhood experiences has an impact on teacher self-efficacy in the classroom (O'Toole & Dobutowitsch, 2023). It has also been found that teachers who have lower mental health due to trauma and ACEs are more likely to use practices which don't provide safety and security to students, such as punishment and authoritarian-style classroom management practices (O'Toole & Dobutowitsch, 2023; Epstein et al., 2024). It seems that both students and teachers are often struggling with toxic stress, unaddressed trauma and difficulties with mental health.

The foundation of trauma-informed school practices is creating safety and belonging through relationship building and creating safe spaces in schools. However, many teachers

struggle with this because they report that they do not believe that they are well-equipped or trained to deal with the mental health and behavioral challenges that they experience in the classroom (Epstein et al., 2024). They often experience secondary trauma from working with highly traumatized students (Epstein et al., 2024). Teachers report that the large majority have experienced at least one ACE in their lifetimes and 25% report four or more ACEs (Hubel et al., 2020). Teacher burnout, due to mental health issues, is very high and up to 50% of teachers in some jurisdictions leave the profession due to stress and mental health struggles (Kim et al., 2021). School counselors can support teachers to implement these practices into their work with students by providing mental health support, psychoeducation, and professional development training. This chapter will outline a seven-week program to support teachers to improve their own mental health while implementing compassion-based practices to improve relationships in the classroom, a foundational part of trauma-informed teaching.

Implications

Strong teacher mental health is a foundational part of having healthy school communities and schools that support children and adolescents who are struggling with social, emotional or academic difficulties (Matos et al., 2021). Children may struggle with mental health for a variety of reasons, and research tells us that trauma or ACEs contribute significantly to the problem (Rawson, 2020). School counsellors can play a major role in providing support for mental health and for creating change in the classroom and within the school culture (Kim et al., 2021). Teachers need more emotional supports and training, including professional development, mentorship and community. As stated earlier, teachers are burning out and leaving the profession far before they should, and this is preventable with specific interventions (O'Toole & Dobutowitsch, 2023). The majority of this chapter will outline a support and training program for

teachers called Heart-Mind Training with the intention of providing a tool for school counsellors to support teachers in specific areas.

School counsellors must be very strategic and mindful about the approaches that they use in the classroom and choose professional development which supports these approaches. Many mainstream behavioral programs aim to modify the behavior of children but few target teacher behaviour (Bailey, 2025). I have developed a teacher-training program which addresses the mental health, wellness and relationship skills of teachers so that they have the confidence and skills to care for their mental health while caring for the mental health of their students. The approaches which will be explored in the course are interrelated and include the perspective of Bronfenbrenner and his Bio-ecological Theory of Human Development, the work of John Bowlby and others on attachment theory, the work of Richard Porges and polyvagal theory, as well as the work of Becky Bailey on brain states and Conscious Discipline. It includes many somatic practices, such as grounding and mindfulness practices, and finally the person-centered philosophy and interpersonal skills practices developed by Carl Rogers and Gordon Thomas. All of these approaches are viewed through the lens of supporting those who have experienced trauma and are exhibiting symptoms of trauma in their daily lives. Through this program, school counsellors can play an impactful role in training and supporting teachers to address mental health and trauma from a holistic school approach. Research tells us that everyone benefits from compassion-based practices in the classroom, not just students who have experienced trauma, and including the teacher (Kim et al., 2021).

These approaches are found to help, and much research supports these approaches (Brom et al., 2017; Davis et al., 2023; Epstein et al., 2024; Eyal et al., 2019; Lassri et al., 2024; Matos et

al., 2021). In an integrated model, a practitioner can use many approaches that help to create a very powerful and impactful support and training program for teachers.

Recommendations

Mind-Heart Techniques for Classroom Management and Teacher Wellness: A Compassion-based Approach

The Mind-Heart Techniques course provides teachers with a comprehensive introduction to the course and seven following group sessions of approximately 8-10 teachers. The program can be modified to accommodate more participants; however, for this project, I will build each session for a smaller group. This program can also be modified to provide parent education. This program takes a group therapy approach to supporting teachers in the areas of self-care, self-awareness, and relationship skills to improve their experiences of working with students who are struggling with their mental health. It encompasses compassion-based practices based on the areas of research detailed in the literature review. The program outlined below aims to improve teacher mental health through building community, psychoeducation and mental wellness support, such as somatic exercises and mindfulness practices. It also offers social-emotional training for teachers using neuroscience, mindfulness and compassion-based practices. This program has a focus on relationship building skills through person-centered-based interpersonal skills practice. There are four overarching goals which address the important themes in the research: (1) to share research and psycho-education with teachers about working with adolescents using neuroscience, mindfulness techniques and compassion-based practices, (2) to help teachers develop specific self-care strategies for improved mental health and lowered burnout, (3) to share and practice person-centered communication skills with teachers and (4) to

create a supportive community for teachers. Each session has been planned with these goals in mind, and they are addressed in the introductory session. The goals are outlined in Appendix A.

Goals of the Program.

Goal 1 requires that the school counsellor or facilitator share information about neuroscience, mindfulness techniques and compassion-based practices. In this session, teachers will learn how to define trauma, what the adverse childhood experiences are and how to assess for them, as well as learning trauma-informed practices, including creating safety in the classroom context. They will explore the importance of attachment and how attachments are made in the school setting vs a home setting. They will learn about a progressive way of considering child development from a social context, as opposed to a physical, linear context through Bronfenbrenner's Bio-ecological System of Human Development. Teachers will discuss the importance of teamwork and building community for teens who are struggling. Teachers will be able to identify brain states and use communication skills to help dysregulated adolescents. The foundation of this goal is understanding the importance of empathy in the classroom.

The second goal is to practice skills which support teacher mental health and wellness inside and outside of the classroom and will require teachers to evaluate their present level of self-efficacy and burnout through surveys and discussion. Teachers will also practice reframing techniques for improved self-perception and perception of children. They will recognize and challenge maladaptive thinking and language used in the classroom and towards themselves, a technique used often in CBT therapy but also one which is used in person-centered therapy. Teachers will also practice self-calming and emotional regulation skills, such as grounding and breathing techniques, using mental health apps, and techniques which lower classroom conflict.

Goals 3 and 4 focus on developing person-centered communication skills with teachers and creating a supportive community for teachers. Teachers will learn about the person-centered theory of empathy, congruence and unconditional positive regard and how the use of these approaches can change the dynamics of their relationships. They will practice reflective listening, confrontation, problem-solving and conflict resolution. Teachers will share their experiences through sharing circles, learning from each other using this indigenous model. This will be foundational to the structure of the group. They will learn about peer mentorship and how they can be involved and learn to identify when they need individual mental health support.

Description of the Program Sessions.

The introductory session will provide a broad overview of the main concepts of the course, share important research that supports the foundational theory, and include a description of the structure of the course. It will give teachers the opportunity to consider and discuss some of the challenges that they are facing. It will also touch on the major findings of the literature review above about teacher and student trauma, ACE's, teacher mental health and wellness, and theories or approaches which can help both students and teachers. This will be in the form of a PowerPoint presentation attached in the appendices and will be the focus of the Capstone presentation. Appendix B provides an outline for each of the subsequent seven sessions.

Session 1: Teacher Wellness and Community allows the group to come together and create a safe container for learning and sharing. This is a key component to trauma-informed practices (Lassri et al., 2024). Participants and the facilitator will form group guidelines and norms for sharing and explore how safety is created in a group setting or classroom. They will then complete a mental health assessment called the GHQ-S, which is commonly used and well

researched (Lütke Lanfer et al., 2002). It assesses overall general mental health, anxiety, stress, depression, confidence, feelings of self-worth, and sense of purpose and score their results to give each participant a sense of how they are doing with their mental health overall (Anjara et al., 2020). The group discussion will focus on community support as a tool to improve mental health and encourage teachers to reach out to peers and community support when they are not doing well. Teachers will also receive information about when to recognize the symptoms of problematic depression, anxiety, crisis and suicidality, both in students and themselves. They will receive a handout with a list of community supports. Lastly, the group will participate in a grounding exercise in which they do a body scan to check where they are holding stress in their bodies. This activity promotes the use of somatic activities to improve teacher and student mental health. Participants will receive a weekly prompt for a journal activity that they can choose to engage in.

Session 2: Understanding Trauma begins with a reflection on the information learned from the past week on mental health and how it impacted their work in the classroom. Participants will watch a video from the Polyvagal Institute which contains valuable information about polyvagal theory, the impact of ACEs, chronic stress, trauma and a dysregulated nervous system. It discusses different types of traumas and adverse childhood experiences and provides information about trauma and long-term impacts of trauma, as well as how attachment injuries impact the nervous system. The video describes different stress responses, which ties into the upcoming material on brain states. The video provides information about group dynamics and co-regulation, which is a very important topic for teachers who need to become students' co-regulators in the classroom setting to provide safety. One of the themes of the video is emotional resiliency which is explained in an understandable yet detailed style. This video will lead into a

discussion about how teachers can regulate their own ANS (autonomic nervous system), how somatic practices can be integrated into self-care and the importance of co-regulation in the classroom (Polyvagal Institute, 2025). Participants will then practice box-breathing, a somatic technique for self-regulation.

In Session 3: Compassion-Based Classroom Practices, the participants will explore the work of Dr. Nadine Burke Harris, a pediatrician who has extensively studied trauma, adverse childhood experiences and how educators can provide healing in the classroom. She espouses social-emotional learning in the classroom to help students to assess their emotional regulation and learn to self-calm (Edutopia, 2020). After a check-in on last week's learning, participants will explore about the limits of traditional discipline, creating safe spaces in schools and implementing mindfulness in the classroom, such as breathing practice and meditation through a video by Dr. Harris. A group discussion will follow. Participants will also receive a handout called De-escalation Tips for Teachers which gives practical skills for helping students with emotional regulation (We Are Teachers, 2025). The session will end with a discussion on where teachers can start with the implementation of somatic practices in the classroom and a practice with aromatherapy.

Session 4: Attachment and the Classroom explores the concept of attachment, how it is related to trauma and the importance of healthy attachment at school. Kennedy and Kennedy, 2004, found that schoolteachers often serve as primary attachment people for children, especially when home life is unstable. Although it is very different from parental attachment, attachment to teachers and school attachment is explored in this session. As an introduction, the facilitator will share Bronfenbrenner's Bio-ecological Model of Human Development with teachers and lead a discussion about the microsystem and the importance of teachers from this perspective of

development (El Zaatari & Maalouf, 2022). Teachers will learn about their own attachment style through a survey and how their attachment style impacts teacher behaviour in the classroom, how teachers can provide security and safe haven for students and approaches for healing attachment injury. They will watch a video about trauma-informed practices in the classroom and discuss how trauma may impact a child's experience at school (Burke, 2020). Teachers will begin the session by discussing their experiences with compassion-based practices and co-regulation and will end the session with an introduction to the Emotional Freedom Technique [EFT], a somatic exercise which includes tapping on pressure points as a way of self-calming for adolescents.

The last three sessions are based on the work of Dr. Thomas Gordon and Rogerian theory and will include interpersonal skills training: active or reflective listening, confrontation and problem-solving or conflict resolution (Gordon, 2010). These sessions will begin with a discussion of how empathy, unconditional positive regard and genuineness are communicated in the classroom and the power of these fundamental principles from person-centered theory in the classroom (Talvio et al., 2013). Teachers will examine the importance of feelings identification and will be reminded of the work we have covered on brain states. These skills are also seen in other discipline and communicative approaches, such as Conscious Discipline and Positive Discipline. These programs veer away from punitive approaches and aim for improved communication and mutual understanding as a way of changing behaviour (Wilburn et al., 2023). Teachers will begin with active listening, the most fundamental communication skill for improving relationships in the classroom. These specific listening skills encourage trust and understanding and convey empathy (Tuluhan & Yalcinka, 2018). This skill requires strong feelings identification and paraphrasing skills which will be practiced by teachers.

There are several appendices included for these sessions to support teacher understanding of concepts and practice of skills. These will be shared with teachers and can be used as a reference in the future. During the conversation about feelings vocabulary and how to facilitate students to talk about feelings, teachers can refer to Appendix E, the Emotions Wheel and use this with students (Reading Vine, 2025). The course facilitator can also use the Feelings Iceberg, Appendix F, to help teachers understand that there may be many feelings driving behavior. When covering active listening skills, teachers can refer to appendices C, D, and H. Appendix H, How to Master Reflexive Listening, provides an excellent step-by-step process to engaging in active (reflexive) listening and Appendix D, Active Listening Starter, provides teachers with a list of sentence starter that they can get comfortable with (Hirschfeld, 2024; Bendiksen, 2024). Appendix H, Communication Cycle- Active Listening, was adapted from Dr. Thomas Gordon's work on active listening and the communication cycle. The course facilitator can use this handout to demonstrate how teachers unknowingly roadblock communication in the active listening process and to understand the effectiveness of active listening. (Gordon, 2003).

Confrontation and conflict resolution as a problem-solving model will follow the active listening skills in the program sequence. The trust and safety built through active listening with students is foundational to teaching and modeling problem-solving. Specific models of confronting with kindness and conflict resolution will be presented to teachers and practiced in session (Gordon, 2010). As an introduction to confrontation, teachers will refer to Appendix J, Mistaken Goals of Behavior, to bring more insight and empathy to the maladaptive behaviors of students who have experienced trauma (Positive Discipline, 2020). This is originally the work of Alfred Adler but has been integrated into the well-known positive discipline program developed by Jane Nelson. Also, to support teachers with kind confrontation, teachers will be provided with

a handout, Appendix G, Eight De-escalation Tips for Teachers, from the article “What is Oppositional Defiant Disorder?” (We Are Teachers, 2025). Although this article refers to ODD, it has excellent suggestions for the helping teachers manage student dysregulation, regardless of the cause, such as ignoring challenging questions and using diffusers. De-escalation is an important skill in helping students to re-regulate (We Are Teachers, 2025). The model provided in Appendix E outlines the original conflict resolution model developed by Thomas Gordon which is still used today (Gordon Training International, 2018). It is an effective model for solving bigger problems or conflicts with students and will be practiced through the use typical conflict scenarios. The program will also address teacher anger management and modelling stepping away from conflict until healthy communication is possible (Gordon, 2010). Teachers will have opportunities to practice in session and come back to the following sessions with reflections on their experiences.

Conclusion

Caring for the mental health of our students is complicated and teachers play a fundamental role in the lives of students. Teaching is a people-facing service which is demanding and requires strong mental health and excellent communication skills (Brante, 2009). Teachers often have mental health issues based on their own adverse experiences or secondary trauma that happens in the workplace that has not been sufficiently addressed (Epstein et al., 2024). At the same time, there are students arriving at school who are experiencing a range of adverse childhood experiences and trauma which is having a direct impact on many areas of their lives, including behaviour, mental health and learning (Hamby et al., 2021). Classrooms and schools often do not feel safe for students and many teachers rate their self-efficacy, or

effectiveness in the classroom as moderate to low. Teacher burnout is high, and retention of young teachers has seen a worrying downward trend (Epstein et al., 2024; Kim et al., 2021).

Teachers and students school experiences can be improved and there are many positive outcomes from using trauma-informed compassion-based approaches in schools and classrooms. Teachers who have experienced extensive professional development in the area of trauma-informed practices report improvement in their effectiveness in the classroom as well as lowered levels of burnout and higher job satisfaction (O'Toole & Dobutowitsch, 2023). Trauma-informed approaches are based on several theories, including Bio-ecological Theory of Human Development, attachment theory, polyvagal theory, brain states theory, the Conscious Discipline program, and interpersonal skills practices, based on person-centered theory. The fundamental idea is that we create safety and trust within schools and classrooms and there are many methods and theories which can be integrated to achieve this (Kühne et al., 2024; Southall, 2024). I have outlined a therapy and psychoeducational framework for a program which could be implemented to support teachers on this journey of healing both themselves and their students. It requires some self-examination and reflection, but mostly knowledge of approaches, practice of interpersonal skills, ways to implement this knowledge, and building a community of support. This program provides a framework for hope, healing and understanding, as well as increasing empathy, genuineness, and unconditional positive regard in relationships that are fostered in schools. Transformation and change are possible when we listen with our hearts and act in the best interest of all members of the school community.

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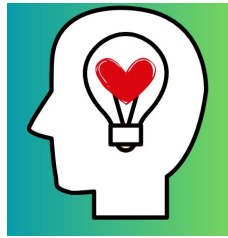
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Appendix A



Mind-Heart Techniques for Classroom Management and Teacher Wellness: A Compassion-based Approach

A program for teachers and parents of adolescents to give them self-care, self-awareness, and relationship tools to work with students using trauma-informed practices.

Goals:

1. To share research and psychoeducation with teachers and parents about working with adolescents using neuroscience, mindfulness techniques and compassion-based practices
2. To practice skills which support teacher mental health and wellness inside and outside of the classroom
3. To share and practice person-centred communication skills with teachers and parents
4. To create a supportive community for teachers and parents

Goal 1: To share research and psychoeducation with teachers and parents about working with adolescents using neuroscience, mindfulness techniques and compassion-based practices

Objectives:

- a. Learning- what is trauma, ACES, and trauma informed practices
- b. Learning about the importance in attachment and how teachers/caregivers create attachment
 - What does human development look like using modern model- Bronfenbrenner's Bio-ecological System of Human Development
 - The importance of teamwork and building community for teens who are struggling
 - How do we create safety and security in a school setting vs a home setting

- How do teachers support adolescents with attachment?
- c. Learning- how to identify brain states and use approaches which help (Polyvagal Theory/ Brain states theory)
 - What are the brain states and characteristic behaviors?
 - How should I act/react when I see a specific state?
 - Their behaviors vs my behaviors
 - Creating emotional safety
 - How can we help our students co-regulate?

Learning- the importance of somatic Mind-body practices

Goal 2: To practice skills which support teachers' mental health and wellness inside and outside of the classroom

Objectives:

- a. To evaluate the present level of functioning and burnout of the teacher/caregiver
 - Survey and discussion
- b. To practice reframing techniques for improved self-perception and perception of children
 - Checking language that we use to describe ourselves
 - Checking language that we use to describe students
 - Checking perseverating unhelpful thinking
- c. To understand practice self-calming and emotional regulation skills with teachers through
 - Introduce some grounding techniques
 - Demonstrate how to use the Clarity App
 - Introduce breathing techniques
 - Introduce strategies to “Step Out of the Ring” with your teenager and approach conflict when calm

Goal 3: To share and practice person-centred communication skills with teachers

Objectives:

- a. Learning- the importance of empathy, congruence and unconditional positive regards
- b. Practice- reflective listening

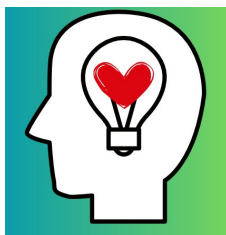
- c. Practice- confronting kindly
- d. Practice problem-solving through conflict resolution

Goal 4: To create a supportive community for teachers

Objectives:

- a. The power of sharing circles- learning from each other using this indigenous model- this sharing model will be used in the program
 - b. The power of mentorship- setting up mentorship relationships for teachers
- Providing individual support for teachers when necessary

Appendix B



Mind-Heart Techniques for Classroom Management and Teacher Wellness: A Compassion-based Approach

Session 1: Teacher Wellness and Community		
Group Discussion	Question: 1. How do we create safety in our group? (Group rules) 2. How do we create safety in our classrooms?	Activity: Write down Group Expectations
Theme: My Mental Health	Complete General Health Questionnaires survey	Activity: Complete the GHQ-S survey-score Discuss results.
Group Discussion:	Who is my community? When do I need to reach out for help? What are some ways to improve supports and community for teachers in the school?	Discussion or journal
Somatic exercise:	Grounding- Body Scan Follow along with the video: <u>Where am I holding stress in my body?</u>	

Session 2: Understanding Trauma		
Group Discussion:	<p>Discussion Question:</p> <p>How did our discussions about teacher mental health impact your week?</p> <p>Did your awareness bring about any change in your behaviors in the classroom?</p>	Alternative: Pair and share
Theme: Understanding Trauma	<p>Watch the video:</p> <p>Trauma and the nervous system: a polyvagal perspective</p>	Secondary Resources: Brain States Website
Group Discussion:	<p>Discussion Questions:</p> <p>What are activities that you enjoy which can help you regulate your nervous system?</p> <p>Who are some people in your life that you can co-regulate with?</p> <p>How can we help our students to co-regulate?</p>	Discussion or journal
Somatic exercise:	Box Breathing Video	Homework: How Childhood Trauma Affects Health Across a Lifetime

Session 3 Compassion-Based Classroom Practices		
Group Discussion	Discussions Questions: Did you have an experience with a student or a child this week where you could co-regulate with them? What are your experiences with co-regulation for yourself this week? Can you describe any self-care or mindfulness activities that you did this week?	Alternative: Pair and share
Theme: Creating safety in the classroom	Watch the video: Three Trauma-Informed Practices Backed by Science	Secondary Resources Link: Recognizing Dysregulation and De-escalation Tips
Group Discussion:	Discussions Questions: How comfortable do you feel with doing somatic practices in your classroom and where could you start? What are ways that you could create safe spaces and places for students to re-regulate in your classroom?	Discussion or journal
Somatic exercise:	Aroma therapy: How it can be used in the classroom.	More on Aromatherapy

Session 4 Attachment and the Classroom		
Group Discussion	<p>Discussion Questions:</p> <p>Did you have an opportunity to try some compassion-based strategies in the classroom or de-escalation techniques? Describe the situation and results.</p> <p>What does attachment look like in schools and classrooms and how can we facilitate attachment?</p>	Alternative: Pair and share
Theme: The Importance of Attachment	<p>Learning and Discussion:</p> <p>Bronfenbrenner’s Bio-ecological System of Human Development: A different model to consider</p> <p>Self-Awareness: The Attachment Project Quiz</p>	<p>Handout: Bronfenbrenner’s Bio-ecological System of Human Development</p> <p>Secondary Resource: Video Trauma-Informed Teaching</p>
Group Discussion:	<p>Discussions Questions:</p> <p>What do you think trauma-informed teaching looks like in your classroom?</p> <p>What did you learn about yourself from the quiz?</p>	Discussion or journal
Somatic exercise:	Follow video for an EFT (Tapping) Activity	Homework: Watch Trauma-Informed Schools and Practices

Session 5 Reflective Listening Practice		
Group Discussion	Discussion Question: What are some listening skills and why are they important?	Alternative: Pair and share
Compassion-Based Communication Skills: Reflective Listening	Skills Practice and Discussion: How am I feeling? Feelings ID <u>Roadblocks to Communication</u> Active Listening Starters and Practice Active Listening Scenarios	Handouts: Feeling Wheel: Appendix I Feelings Iceberg: Appendix F How to Master Reflexive Listening: Appendix C Active Listening Starters: Appendix D Communication Cycle-Active Listening: Appendix H Optional Reading: Book: P.E.T. or T.E.T, by Dr. Thomas Gordon
Group Discussion:	Practice active listening in small groups.	
Somatic exercise:	<u>First Front for Stress and Anxiety Relief: A Guided Meditation</u> A Deepak Chopra Guided Meditation	Homework: Practice active listening at home and in the classroom.

Session 6 Confrontation with Kindness		
Group Discussion	Did you have an opportunity to try active listening? Describe its effectiveness and problems you encountered.	
Compassion-Based Communication Skills: Confronting with Kindness	<p>Skills Practice and Discussion:</p> <p>Mistaken Goals of Behaviour</p> <p>Statement of Judgment vs. Statement of Observation</p> <p>Myths about Power Struggles</p> <p>Watch video Turning You-statements into I-statements</p> <p>Forming Confrontive I-Messages</p> <p>Scenarios with Confrontation</p>	Handouts: Mistaken Goals of Behaviour Appendix J
Group Discussion:	Practice confrontation in small groups.	
Somatic exercise:	Clarity App (Breathing Exercise) and other mindfulness apps	<p>Homework: Read article How to Totally Mess Up Confrontation</p> <p>Homework: Practice active listening at home and in the classroom.</p>

Session 7 Coping with Conflict in the Classroom		
Group Discussion	Discussion Questions: Were you aware of conflict when it popped up in your week? What was your experience if you tried the confrontation model?	
Compassion-Based Communication Skills: Coping with Conflict in the Classroom	Watch video: Conflict Resolution 101 The Conflict Resolution Model Practice Scenarios while working through the model	Handout: Conflict Resolution Model Appendix C
Group Discussion:	Practice conflict resolution in small groups	
Somatic exercise:	Sharing Circle: Most useful tools that you have learned End of program survey	

Appendix C

Reflexive Listening

HOW TO MASTER REFLECTIVE LISTENING

LISTEN ACTIVELY

- Pay full attention; no interruptions
- Notice non-verbal cues
- Nod and show you are engaged

1

SHOW EMPATHY

- Pay full attention; no interruptions
- Notice non-verbal cues
- Nod and show you are engaged

2

SUMMARIZE & CLARIFY

- Paraphrase key points
- Ask questions to clarify
- Confirm understanding before proceeding

3

RESPOND MINDFULLY

- Provide feedback respectfully
- Keep personal judgments aside
- Offer insights or advice when asked

4

Appendix D

REFLECTIVE LISTENING

PURPOSE: Show you're listening

OUTCOME: Trust

CONFIRMING OPENING

FEELING

SITUATION

It sounds like...

you feel mad

about ____

If I hear you correctly...

you feel angry

because of ____

Just so I'm clear...

you feel upset

when ____

What I hear you saying is...

you feel stressed

about ____

You seem to be saying...

you feel anxious

because of ____

Am I hearing you say...

you feel disrespected

when ____

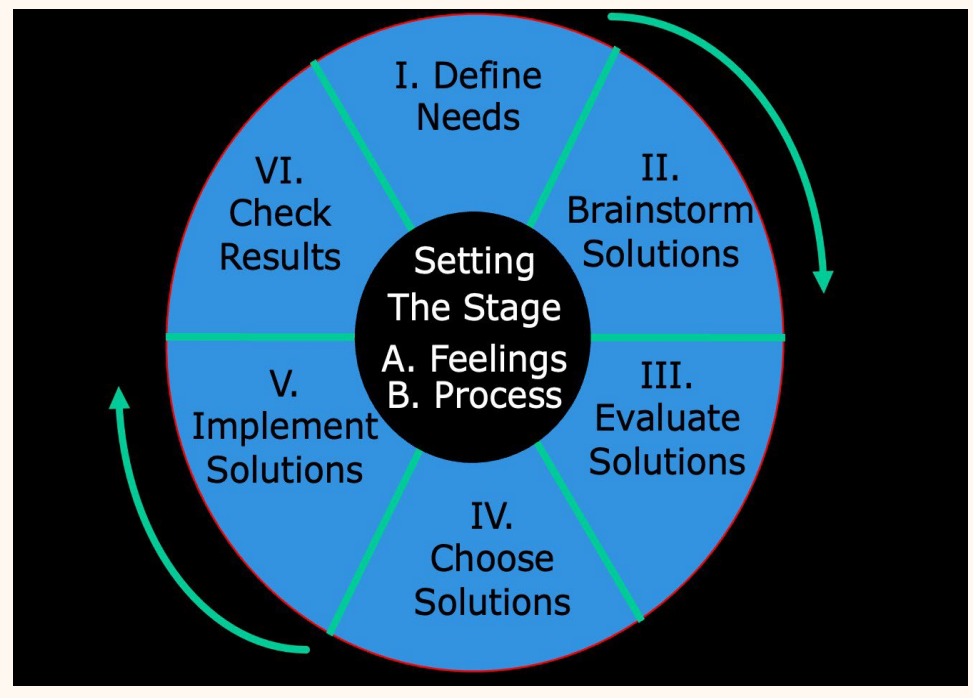
If I've understood...

you feel confused

about ____

Appendix E

Conflict Resolution Model



(Adapted from Gordon Model for Parents P.E.T. Infographic, Gordon Training International, 2018)

Appendix F

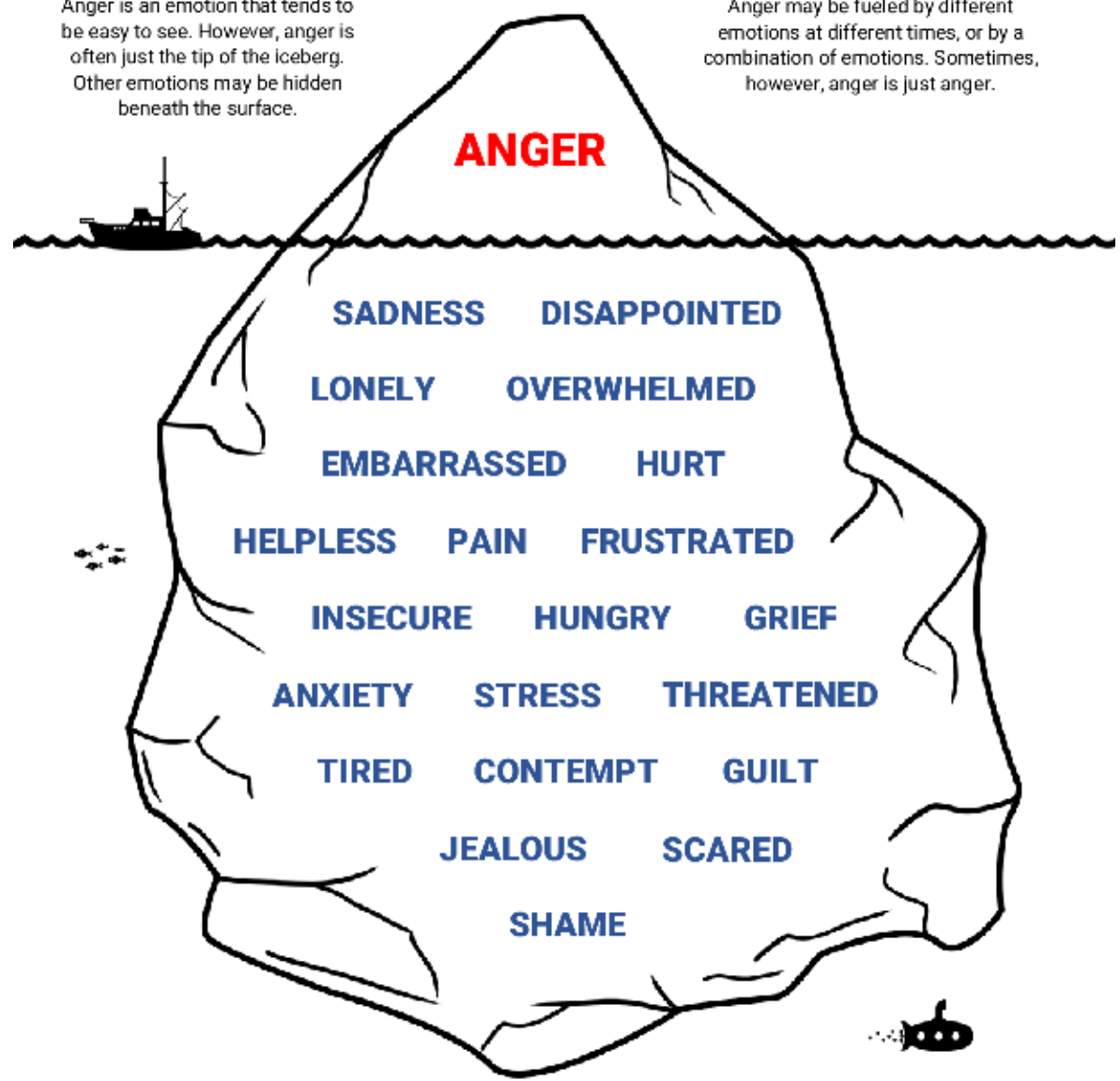
Anger Iceberg

In some families, anger is seen as more acceptable than other emotions. A person might express anger in order to mask emotions that cause them to feel vulnerable, such as hurt or shame.

Anger triggers are people, places, situations, and things that set off anger. Your triggers can provide clues about the emotions behind your anger.

Anger is an emotion that tends to be easy to see. However, anger is often just the tip of the iceberg. Other emotions may be hidden beneath the surface.

Anger may be fueled by different emotions at different times, or by a combination of emotions. Sometimes, however, anger is just anger.



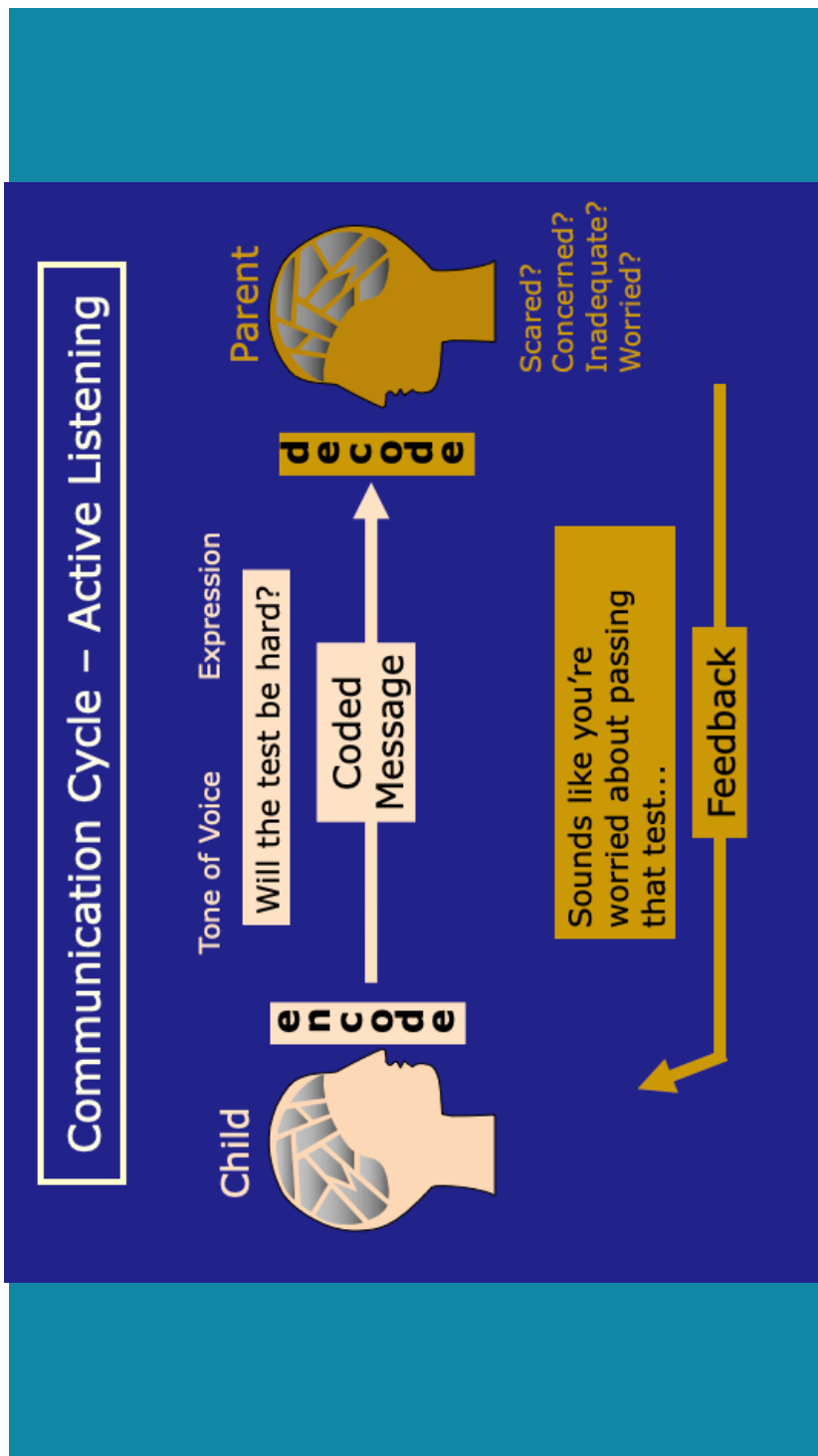
Appendix G

8 DE-ESCALATION TIPS FOR TEACHERS

- 1 BE EMPATHETIC AND NONJUDGMENTAL.**
Remember that students' feelings are real, whether or not we think those feelings are justified. Respect their feelings and be sure not to dismiss them.
- 2 AVOID OVERREACTING.**
While we can't control students' behavior, how we respond to it has a direct effect on whether the situation escalates or defuses.
- 3 SET POSITIVE LIMITS.**
Give respectful, simple, and reasonable limits. Try saying "I'll be happy to talk with you as soon as the arguing stops" or "I'll be able to listen as soon as your voice is as calm as mine."
- 4 IGNORE CHALLENGING QUESTIONS.**
Engaging with students who ask questions that challenge our authority is rarely productive. Instead, redirect them to the issue at hand.
- 5 ALLOW QUIET TIME FOR REFLECTION.**
Don't be afraid of awkward silence. Silence is a powerful communication tool, and it can give students a chance to reflect on what happened and how to proceed.
- 6 DO A QUICK BODY SCAN.**
We can unintentionally co-escalate when we use a raised voice, cross our arms, or clench our jaw. Take a moment to release tension and regain composure.
- 7 USE DIFFUSERS.**
Help your students feel seen and heard by saying phrases such as "I hear you" and "noted." This gives them time to breathe and become calmer.
- 8 PRACTICE REFLECTIVE TEACHING.**
We may find students pushing our buttons again and again. Take a look at the past, and determine how best to apply those lessons moving forward.

@weareteachers

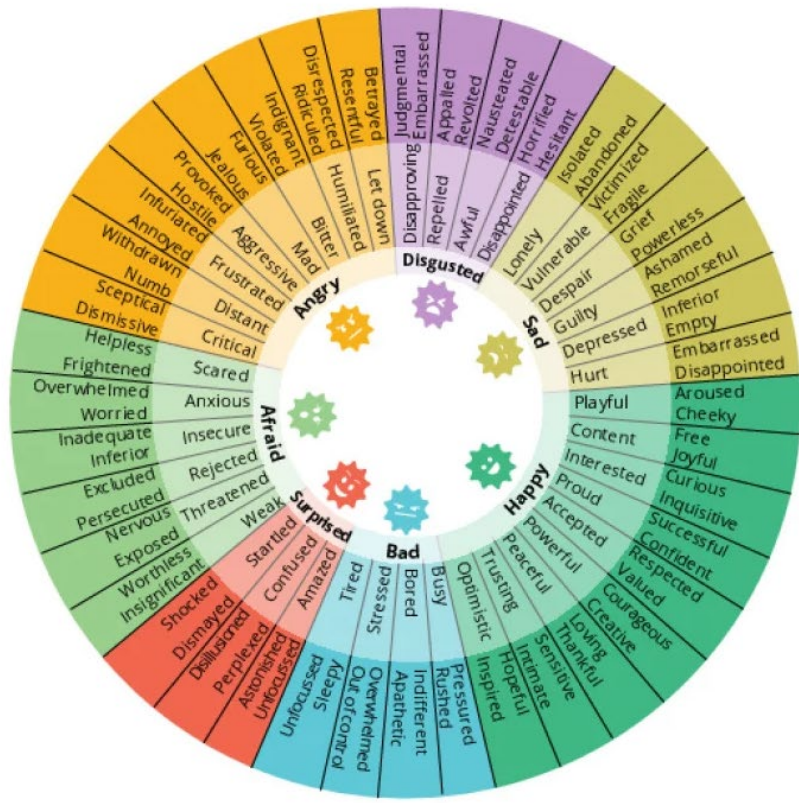
Appendix H



Adapted from *Teacher Effectiveness Training*. (Gordon & Burch, 2003).

Appendix I

EMOTIONS WHEEL



Appendix J

Mistaken Goal Chart

www.positivediscipline.com

1	2	3	4	5	6	7	8
The child's goal is:	If the parent/teacher feels:	And tends to react by:	And if the child's response is:	The Belief behind child's behavior is:	How adults may contribute:	Coded messages	Parent/teacher proactive and empowering responses include:
Undue Attention (to keep others busy or get special service)	Annoyed Irritated Worried Guilty	Reminding Coaxing Doing things for the child he/she could do for him/herself	Stops temporarily, but later resumes same or another disturbing behavior. Stops when given one-on-one attention.	I count (belong) only when I'm being noticed or getting special service. I'm only important when I'm keeping you busy with me.	"I don't have faith in you to deal with disappointment." "I feel guilty if you aren't happy."	Notice Me Involve Me Usefully	Redirect by involving child in a useful task to gain useful attention; Say what you will do, "I love you and ____." (Example: "I care about you and will spend time with you later.") Avoid special services; Say it only once and then act; Have faith in child to deal with feelings (don't fix or rescue); Plan special time; Set up routines; Engage child in problem-solving; Use family/class meetings; Ignore (touch without words); Set up nonverbal signals.
Misguided Power (to be boss)	Angry Challenged Threatened Defeated	Fighting Giving in Thinking "You can't get away with it" or "I'll make you" Wanting to be right	Intensifies behavior Defiant compliance Feels he/she's won when parent/teacher is upset Passive Power	I belong only when I'm boss, in control, or proving no one can boss me. You can't make me.	"I'm in control and you must do what I say." "I believe that telling you what to do, and lecturing or punishing you when you don't do it, is the best way to motivate you to do better."	Let Me Help Give Me Choices	Acknowledge that you can't make him/her do something and redirect to positive power by asking for help; Offer a limited choice; Don't fight and don't give in; Withdraw from conflict and calm down; Be firm and kind; Act, don't talk; Decide what you will do; Let routines be the boss; Develop mutual respect; Get help from child to set reasonable and few limits; Practice follow-through; Use family/class meetings.
Revenge (to get even)	Hurt Disappointed Disbelieving Disgusted	Retaliating Getting even Thinking "How could you do this to me?" Taking behavior personally	Retaliates Hurt others Damages property Gets even Intensifies Escalates the same behavior or chooses another weapon	I don't think I belong so I'll hurt others as I feel hurt. I can't be liked or loved.	"I give advice (without listening to you) because I think I'm helping." "I expect you to know why I focus more on your grades than I focus on you as a person."	I'm Hurting Validate My Feelings	Acknowledge hurt feelings; Don't take behavior personally; Avoid punishment and retaliation; Build trust; Use reflective listening; Share your feelings; Apologize; Make amends; Show you care; Act, don't talk; Encourage strengths; Put kids in same boat; Use family/class meetings.
Assumed Inadequacy (to give up and be left alone)	Despair Hopeless Helpless Inadequate	Giving up Doing for Over helping Showing a lack of faith	Retreats further Passive No improvement No response Avoid trying	I don't believe I can belong, so I'll convince others not to expect anything of me; I am helpless and unable; It's no use trying because I won't do it right.	"I expect you to live up to my high expectations." "I thought it was my job to do things for you."	Don't Give Up On Me Show Me A Small Step	Break task down to small steps; Make task easier until child experiences success; Set up opportunities for success; Take time for training; Teach skills/show how, but don't do for; Stop all criticism; Encourage any positive attempt, no matter how small; Show faith in child's abilities; Focus on asset; Don't pity; Don't give up; Enjoy the child; Build on his/her interests; Use family/class meetings.

From Teaching Parenting the Positive Discipline Way by Jane Nelsen and Lynn Lott

Appendix K

[Click here for the full presentation.](#)

By Donna Joy,
M.Ed School Counselling program

