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“It’s Just Not What We See”: Trauma Training for Teachers Working with Syrian Refugee Students

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Abstract

There is a growing interest in the provision of trauma interventions in schools, including support for refugees being educated in Canada. Very little research, however, has explored trauma training for those working in schools, particularly from the perspective of teachers. This qualitative case study focused on one school district in a mid-sized city in southwestern Ontario, Canada, examining perspectives on existing trauma training held for teachers who work with Syrian refugee students. Results from seven teacher interviews suggest that social workers must be careful not to slot teachers into pre-existing general trauma training, but must design specific trainings that consider the setting, developmental needs, and forms of trauma unique to war, displacement, and resettlement stressors in order for the trainings to be most helpful to teachers. Further research from the perspective of teachers, as well as Syrian students, is needed in order to create more equitable educational environments.

Keywords: trauma training, school, teachers, Syria, refugee, education, Canada, trauma-informed schools

Introduction

The last decade has seen increased calls for trauma-informed practices and services in schools (Chafouleas, Koriakin, Roundfield, & Overstreet, 2018; Oehlberg, 2008; Overstreet & Matthews, 2011), with schools seen as the optimal place for intervention and support (Young & Chan, 2014). The trauma-informed schools research has tended to discuss systemic interventions, or focus on the role of the school psychologists, social workers, or outside providers, often leaving out focused studies on the classroom experiences of teachers (Zakszeski, Ventresco, & Jaffe, 2017). This is problematic given teachers typically spend the most time with students. This article therefore focused on hearing from teachers what aspects of trauma training they find helpful, problematic, or absent, based on their experiences attempting to apply these trainings in the classroom to support Syrian refugee students.

This exploratory qualitative case study aimed to advance knowledge from the perspectives of Canadian teachers about their experiences working with Syrian refugee students and feedback on trauma trainings. Teachers from a mid-sized city school district in southwest Ontario, Canada were asked to assess the most and least helpful aspects of trauma training they were provided, and how they have applied these trainings in the classrooms. Critical teacher perspectives on topics or techniques that were missing, problematic, or irrelevant to the needs of these students are provided. While this study focused on trauma training and Syrian refugee students, I view this research as connected to the broader issue of educational equity for all students who have experienced structural or personal harm (Mayor, 2019). If schools do not provide appropriate supports for students who have experienced trauma, students are more likely to be disengaged, suspended or expelled, and experience further harm in the school system (Chafouleas et al., 2018), adding additional layers of harm and contributing to an environment where all children are not provided equal access to education. While this study is focused on supporting Syrian refugee students, several of the recommendations for trauma training can be applied to all teachers.

For the purpose of this study, trauma is defined as abuse, neglect, witnessing interpersonal and community violence, exposure to familial substance abuse, significant losses, structural violence, forced migration, war, poverty, and experiences of discrimination. This study draws on Herman's (1992) view of trauma as a social justice issue, interwoven with power and collectively denied, where individuals from less powerful groups, in this case Syrian refugee children, are more likely to be harmed and to have their suffering pathologized or dismissed. Thus, it is critical that trauma training provides strategies for teachers which considers systemic forms of harm and does not pathologize their expressions of suffering and survival. The purpose of this study was to focus on teacher-centered insights and critiques to better understand what forms of trauma training best help teachers support students, and to provide recommendations for trauma training for teachers that better matches the school setting, target populations, and the teacher's classroom role.

Literature Review

Exposure to Trauma for Syrian Students

Between November 2015 and January 2017, 40,081 Syrian refugees resettled in Canada

(Immigration, Refugees and Citizenship Canada 2018); approximately 50% of these refugees are children (Ontario Government, 2018). Refugee children entering Canadian schools have often experienced interruptions to their schooling in their home country and during the trans-migration process; students often have little or intermittent formal education due to the impact of war and displacement (Human Rights Watch, 2016; United Nations High Commissioner for Refugees, 2013). Many Syrian refugee children face difficulties re-integrating into a school system, while also adjusting to language and cultural differences in Canadian norms and coping with traumatic stressors both past and ongoing.

For refugee youth, trauma can occur during all or part of the pre-migration, trans-migration, and post-migration phases (Stewart, 2011). Hilario, Oliffe, Wong, Browne, and Johnson's (2015) scoping review suggests that migration to Canada puts youth at higher risk of mental health difficulties, a risk exacerbated when there has been trauma exposure prior to migration. Due to the nature of the Syrian war, many children will have experienced major traumatic stressors, including war, violence, bombings, loss of family members, torture, refugee camps, and personal injury (Hadfield, Ostrowski, & Unger, 2017). Early reports suggest that Syrian children have been disproportionately exposed to conditions of war, loss, and forced migration, and Syrian boys have experienced very high rates of torture, physical violence, and sexual violence (Quosh, Eloul, & Ajlani, 2013). In a study of Syrian refugee children in a Turkish refugee camp, 45% experienced posttraumatic stress disorder symptoms, with a significant number of others meeting criteria for major depression and/or regular psychosomatic symptoms (Sirin & Rogers-Sirin, 2015). Others may experience further harm and traumatic stressors upon arrival in Canada, including racism, xenophobia, anti-Muslim hate, discrimination, parental unemployment and poverty, social isolation, and separation from family of origin (Baker, Price, & Walsh, 2016; Dachyshyn, 2014; Hadfield et al., 2017; Montero, Ibrahim, Loomis, & Newmaster, 2012; Sadler & Clark, 2014; Stewart, 2011; Tecle & James, 2014; Young & Chan, 2014).

It is important not to assume that all refugee children will have experienced trauma, or to view Syrian children through a deficit lens as "traumatized." Yet, as Tweedie, Belanger, Rezazadeh, and Vogel (2017) point out, "When *the entire* class consists of children who have experienced the horrors of war first-hand (as is the case in some Canadian classrooms at present), it is important that teachers have at least some awareness of trauma-informed teaching practice" (p. 38). Given the extensive trauma exposure many refugee students face, Pugh, Every, and Hattam (2012) argue that schools need to be prepared for the likelihood that refugee students will exhibit signs of being emotionally distressed and having been exposed to trauma. Indeed, refugee students have demonstrated high levels of "externalizing behaviour," that might interfere with schooling (Henley & Robinson, 2011) and "internalizing behaviour," that may lead to psychosocial struggles (Stewart, 2012). Further, a significant body of research highlights the negative impact of trauma on early child and adolescent development and functioning, and can inhibit students' ability to access equitable learning opportunities at school (Chanmugam & Teasley, 2014; Perfect, Turley, Carlson, Yohannan, & Gilles, 2016; Porche, Costello, & Rosen-Reynoso, 2016; Turner, Shattuck, Finkelhor, & Hamby, 2017). Schools must be prepared to support students who are struggling. The following section will therefore review existing literature on schools as a site for trauma intervention more generally and in particular for refugee students.

Schools as Site of Trauma Intervention

School-based trauma interventions are on the rise in North America (Rolfesnes & Idsoe, 2011; Zakszeski et al., 2017). Researchers argue that schools provide a unique opportunity to implement wide scale and public health trauma interventions in a natural setting, allowing for earlier, evidence-based trauma interventions at lower costs than expensive weekly therapy or hospitalizations (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Overstreet & Matthews, 2011; Rolfesnes & Idsoe, 2011). Rolfesnes and Idsoe's (2011) meta-analysis on PTSD symptoms and school settings indicate that school-based treatment has relatively large effects. Importantly, in assessing major trauma studies from the last decade, Chafouleas et al. (2018) and Zakszeski et al. (2016) point out that the overwhelming research evidence focuses on cognitive behavioral therapy (CBT) models in North American schools. However, it is important not to assume that the dominance of these models means they are the most, or only, effective models. Rather, their manualized treatment approach makes them more conducive to quantitative study than psychodynamic, creative, or relational approaches. Furthermore, as Zakszeski et al. (2016) highlight, most of the effectiveness studies focus on immediate crisis intervention (e.g. after a natural disaster or act of extreme violence) versus interventions for students who have experienced chronic and persistent trauma. Regardless of the specific trauma program, most school-based trauma programs follow the US Substance Abuse and Mental Health Services Administration's (SAMHSA, 2014) trauma-informed goals of (a) preventing adverse events, (b) building self-regulation, (c) assisting individuals to return to their prior functioning, and (d) avoiding re-traumatizing individuals.

While more limited, there have been calls for, and experimentations with, trauma-informed schools in Canada (Dods, 2015; Ontario Federation of Indigenous Friendship Centres [OFIFC], 2016; Record-Lemon & Buchanan, 2017). The OFIFC (2016) highlights the importance of Indigenous and decolonized school-based trauma practices, which include traditional and communal methods of healing and an expansion of the definition of trauma to include historical and intergenerational forms of harm. Dods' (2015) Canadian study finds that students report strong and caring relationships with their teachers are critical to increased school engagement and decreased emotional distress. While more research is needed, Canadian schools are increasingly seen as a simple and low-cost setting to reach youth, help identify those at risk or living with difficulties, and provide mental health care services (Froese-Germain & Riel, 2012).

When focusing on the needs of refugee students who have experienced trauma, a number of barriers, including language differences (Fazel, Garcia, & Stein, 2016; Sullivan & Simonson, 2015), stigma (Fazel et al., 2016), lack of familiarity with Western models of intervention (Beehler, Birman, & Campbell, 2012), lack of culturally appropriate interventions (Beehler et al., 2012; Fazel et al., 2016; Sullivan & Simonson, 2015), and financial difficulties (Sullivan & Simonson, 2015), can make accessing trauma care more difficult. Guruge and Butt's (2015) scoping review finds that while more research is needed, the existing literature suggests that schools might serve as a useful place for trauma support and may reduce some of these barriers to accessing support. Indeed, a growing number of researchers recommend that refugee students' mental health needs might be best met through school-based interventions because they can occur in a familiar setting with less stigma (Beehler et al., 2012; Fazel et al., 2016; Sullivan & Simonson, 2015; Stewart, 2012, 2014), reduce financial and access issues (Beehler et al., 2012;

Sullivan & Simonson, 2015), provide sustainable change for an individual's relevant trauma triggers and behaviours that are activated at school (Beehler et al., 2012), utilize teachers as a mediating and supportive connection between the students and mental health professionals (Fazel et al., 2016), and provide a holistic model of care (Block, Cross, Riggs, & Gibbs, 2014; Quinlan, Schweitzer, Khawaja, Griffin, Dip, & Cert, 2016).

Tyrer and Fazel's (2014) systematic review concludes that more research into effective trauma practices for refugee students is needed. Their review finds that of the existing intervention research, three main forms of treatment have been used: verbal processing of past experiences, creative and arts-based techniques, and interventions which combine both. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Cognitive Behavioral Therapy (CBT) are the most prevalent of the verbal processing interventions, but other techniques have been effectively applied (e.g., Narrative Exposure Therapy, EMDR, Interpersonal Therapy). Tyrer and Fazel (2014) argue that while schools appear to be a good place to identify students in need and provide support, the data remains limited in terms of which interventions should be used and who should provide them. The majority of the interventions are provided by mental health experts (although they argue that teachers and school staff could be trained to provide many of these) and the approaches tend to be individual, rather than classroom or whole school approaches. Further, only two of the studies included in this review took place in the Canadian context (Rousseau, Benoit, Lacroix, Bagilishya, & Heush, 2005; Rousseau, Benoit, Lacroix, & Gauthier, 2009), both utilizing creative arts therapists employing arts based methods to attend to traumatic and refugee experiences. As Young and Chan (2014) note, "Within the Canadian context, school-based programs that target mental health needs of refugees specifically are more limited" (p. 41). Clearly, more research is needed on the application, provision, and effectiveness of trauma practices with refugee students in Canadian schools.

Teachers and Trauma Training

Across the trauma-informed schools movement and refugee trauma literature, there are some studies that demonstrate teachers' ability to facilitate recovery from trauma (Baum, Rotter, Reidler, & Brom, 2009; Gormez et al., 2017; Prinstein, La Greca, Vernberg, & Silverman, 1996), provide successful classroom interventions (Berger, Horsenczyk, & Gelkopf, 2007; Overstreet & Mathews, 2011; Wolmer, Hamiel, & Laor, 2011), identify potential obstacles in recovery (Alisic, 2012), and refer children for further support (Block et al., 2014; Farmer, Burns, Phillips, Angold, & Costello, 2003; Fazel, Doll, & Stein, 2009). For example, Gormez et al. (2017) describe Turkish teachers being given "extensive training" to implement group CBT treatment for Syrian refugee students, resulting in significant improvement in students' emotional measures. Block et al. (2014) report findings on a holistic school based model where teachers are trained through a series of professional development workshops on the kinds of stressors refugee students might face and how to provide socioemotional support in the classroom. Other researchers highlight the importance of teachers creating environments where refugee students can best learn, which includes sensitivity to possible traumatic exposure during the pre-, trans-, and post-migratory stages and creating empathetic and strong relationships to students (Block et al., 2014; Kovinthan, 2016; Stewart, 2012). Indeed, teachers must be equipped to be able to identify and help support the students who would benefit from trauma-informed practices and trauma-centered supports (Sadler & Clark, 2014; Stewart 2011).

However, overwhelmingly most trauma-informed school models focus trauma training and intervention on the school psychologist, school social workers, or include outside researchers and clinicians (Zakszeski et al., 2017). In the refugee trauma literature, there is also a focus on expert providers of trauma interventions, despite the fact that teachers spend the most time with the students (Beehler & Birman, 2012; Hughes, 2014; Quinlan et al., 2016). Nastasi, Overstreet, and Summerville (2011) suggest additional professional development support needs to be put in place for teachers, writing, “Teachers expressed concern that they might not always know what to say in response to students sharing their feelings, that they would become overwhelmed with their own feelings, and that the curriculum was an additional demand being placed on them during an already challenging year” (p. 546). Many have called for teachers to become more central in trauma-informed schools and to be provided with better training for facilitating healthy classroom environments for refugee students (Clark, 2017; Gormez et al., 2017; Hadfield, 2017; Kovinthan, 2016; Montero et al., 2012; Stewart, 2011, 2012; Sullivan & Simonson, 2015).

Indeed, the need to better understand teacher trauma training is a growing issue. Whitley, Smith, and Vaillancourt (2012) suggest that there are growing mental health needs among Canadian children, but that teachers lack the training to tackle prevention and intervention needs, and researchers do not yet know what forms of training would be effective. Most training for Canadian teachers focuses on academic achievement, and mental health and socio-emotional health training is limited (Brown, Phillipppo, Weston, & Rodger, 2019). Froese-Germain and Riel (2012) find that the majority of Canadian teachers (87%) do not feel adequately trained to deal with children’s mental health issues; over two thirds report never receiving any professional development on the topic. In the same study, teachers report needing additional knowledge or skills training in understanding and identifying mental health needs, working with students with externalizing behaviours, and working effectively within the classroom and with families (Froese-Germain & Riel, 2012). Further, it is important to note that many common positive reinforcement and behavioural classroom management and intervention models are inadequate for addressing the complexity of trauma. These kinds of trauma can problematically focus on simply reducing and containing an individual’s symptoms, rather than providing true individual support, along with ignoring relational, school, and or collective responses to traumatic harm (Becker-Blease, 2017). Young and Chan (2014) outline the difficulties teachers face in supporting refugee students who have experienced trauma, with 25% of teachers reporting difficulty determining which classroom behaviours required intervention and teachers reporting their challenge in how to balance the needs of individual refugee students and the class as a whole.

Despite the need for teachers to be trained to best support refugee students, research demonstrates that training is often inadequate or completely absent for Canadian teachers (Clark, 2017; Hadfield, 2017; Kovinthan, 2016; Montero et al., 2012; Stewart, 2011, 2012). Importantly, the writing on the importance of training teachers often provides scant details on what trainings currently exist, what trainings they would propose, and what teachers themselves find to be the most helpful aspects of trauma training. For example, Pugh et al. (2012) discuss the importance of teachers understanding how challenging behaviours are connected to children’s experiences of survival in their home country or expressions of emotion not yet able to be articulated through the English language and Young and Chan (2014) discuss in-service trainings and consultation opportunities for teachers working with refugee students. Yet, neither study articulates what should be included in these trainings or what methods of training might be effective. Stewart

(2011) includes lesson plans on trauma and loss for teachers to use with students but does not state what form of training might help teachers conduct these lessons or cope with doing this kind of work. Baum et al. (2009) describe training that gives teachers strategies to use in the classroom and provides an opportunity for teachers to express their own responses to trauma, but did not privilege teachers' perspectives in the data, instead only measuring students' pre- and post-levels of trauma symptoms. None of these studies highlighted above interviewed teachers about their experiences with trauma training or challenges in supporting students with trauma histories in the classroom.

While Alisic's (2012) qualitative study does not focus on refugee trauma in particular, it is notable due to its focus on elementary school teachers' experiences providing trauma support to students with a wide range of exposure to trauma. This study finds that many teachers struggle with uncertainty about their role versus that of the school psychologist, balancing the needs of individual students with the class' needs, and determining how to help their students cope. Alisic (2012) suggests teacher training should address how to provide daily support for students, ways to recognize students' recovery and challenges, when to refer students and their families to specialized support, and how to take care of themselves given the stress of working with students who have experienced trauma. Finally, Tweedie et al.'s (2017) recent article is written specifically about teachers working with Syrian refugee students in Canada, focusing on a student teacher's experience and challenges in implementing the Attachment, Regulation, and Competency (ARC) trauma-informed framework. This study draws on a preservice teacher's journal entries to illuminate the effectiveness and difficulties of applying the model. While a welcome study in the literature, its limited sample of one student teacher does not take into account how others, including those more experienced in the classroom, understand or implement trauma training. There is clearly a gap in the literature of teachers' perspectives about trauma training, what they consider helpful classroom strategies, and what, if any, trauma training needs they have for supporting refugee children. This study attempts to address this gap.

Method

This qualitative case study examines teachers' assessments of existing trauma training provided to help them support Syrian refugee students. Given both the heterogeneity of student traumatic experiences and teacher trauma trainings, a case study was selected to examine in depth teacher reactions to trauma training in one school district in a mid-sized city in southwest Ontario, Canada. This study matches Gillham's (2000) depiction of using case studies to deeply understand human activity that is complexly embedded in the real world. Given this case study focused on the ongoing implementation, successes, and challenges of trauma training in the classroom, an emergent design based on semi-structured interviews allowed the researcher to add questions based on topics emerging within that interview or previous interviews. In addition, during the data collection process, new Syrian students arrived in the district; therefore teachers were asked about these ongoing changes in the classroom in relationship to their training. This study was approved by the ethics boards of the researcher's university and the sampled school district.

Sampling and Recruitment

This school district was selected because it has a significant, growing Syrian refugee student population based on available demographic data (Houle, 2019) and already serves as a model district for advanced English as a Second Language, English as an Additional Language and English Language Development interventions designed for students with disrupted educational experiences. This district has recently embraced the incorporation of student and school wellness principles based on Ontario's Ministry of Education (2016) *Well-Being Strategy for Education*, which centers on creating improved mental health, safe and accepting schools, healthy schools, and equitable and inclusive education. This district has implemented a number of socio-emotional strategies across all classrooms and has provided professional development on mental health and wellness topics. Because of the availability of advanced educational supports, examining this case allowed me to focus on the trauma needs of the classroom and the applicability of provided trauma trainings for the sampled teachers.

In this district, the teachers identified for trauma training were those providing English language acquisition for incoming Syrian students. The district offered multiple trainings and several of these teachers have sought out additional training opportunities, which provided a wide range of experiences to draw from. This study asked teachers about three of the most commonly attended trauma trainings: (1) basic trauma training provided by a university researcher in single session workshops, which focused on signs of trauma, individual triggers, common traumatic experiences, resiliency and posttraumatic growth, and creating a safe and welcoming school environment, (2) specific trauma training provided by trauma experts during a one-time, multi-day workshop, which focused on the impact of war on children and suggestions for coping strategies, (3) a local school board curricula intervention in multiple, iterative sessions, where teachers learned how to combine coping strategies like grounding techniques with English language learning, reading and writing skills. It should be noted that not all teachers who were interviewed attended all three trainings, but all attended at least one of these three. Teachers were welcomed to discuss other trauma trainings.

To be included in the study, teachers were required to have received trauma training and be currently working with Syrian refugee students within the identified school board. Two key informants identified a sample of teachers who met these criteria. Because this represented a relatively small number of teachers, the goal was to invite all teachers who had received this training. However, due to school board policy, principals had to give permission before teachers could be invited to participate. Seven schools were contacted; five agreed to participate in the study, one declined to participate, and one did not respond to the inquiry. Ten teachers in schools where the principal had given permission were sent a recruitment email that included information about the study and an invitation to set up an interview at a mutually convenient time and location. Due to ethical concerns, the email emphasized the voluntary nature of this study. Seven teachers expressed an interest in the study, and were all interviewed by the author of this study. All teachers completed an informed consent form, which were secured in a locked cabinet and kept separate from the interview transcripts.

Data Collection

Participants were asked to complete a short demographic survey, including questions about their gender identity, date of birth, race/ethnicity, years teaching, and information related to their school and teaching experience (school name, grade/s teaching, years of experience as a teacher, and how many Syrian refugee children were in their class). While the original intention was to publish aggregate demographic information on participants, I have made the decision not to include this data, due to the ethical risk that even in aggregate form, reporting the number of participants with marginalized identities (e.g., racialized teachers) might unintentionally identify participants to members of the school district who were aware this study was taking place. All names used in this article are pseudonyms chosen by the teachers.

All interviews were conducted in a setting determined by the participant, including the school afterhours, the university of the researcher, or a school district building. The interviews were semi-structured (60-90 minutes) to allow emergent questions to arise; this is consistent with the case study methodology of progressive focusing. Teachers were asked about their experiences working with Syrian children who have experienced trauma, trauma training/s, implementing training in the classroom, and supports provided to the teachers (see Appendix A for interview questions). All interviews were audio taped and transcribed. Notes were taken during and immediately after the interviews to track the teachers' nonverbal responses, affect, and the researcher's reactions to the interview. Italics were used in the transcripts to indicate verbal emphasis on the part of the interviewee and parentheses used to record nonverbal information, such as laughter.

In addition to the interviews, school board policy documents on refugee students, mental wellbeing, and trauma; trauma training documents, slides, and videos; and copies of resources used in the classroom were collected. The use of multiple data sources allowed for triangulation of data between the school documents listed above, training materials, teacher interviews, and my notes taken during interviews, immediately following each interview, and during the data analysis.

Data Analysis

To analyze the data, I familiarized myself with the transcripts by reading them multiple times. Handwritten notes and analytic memos were made about significant themes and concepts noticed in the data, using Saldana's (2013) exploratory and open coding. Notes of my thoughts and feelings about the interviews were made, awareness that my prior history having worked as a trauma therapist in K-12 schools shapes my understanding of this data. Because of the depth and complexity of the data collected, this broader study was first broken into three research sub-questions for analysis: First, what do teachers see as strengths and areas for improvement in trauma training and strategies for intervention in the classroom? Second, how does trauma emerge in the classroom? Finally, what support is needed for teachers going forward? The interview data were separated into these categories, with some responses being included in more than one sub-question analysis. This study focuses only on the findings from sub-question one, looking in depth at teachers' perspectives on the usefulness of the trainings.

Using Saldana's (2013) exploratory and open coding process, a number of initial codes were created that focused on the sub-question one data. I compared and contrasted data within these codes, moving from codes to subcategories and categories. I began to see how teachers articulated their understanding, uses, and problems of the provided trauma training, and distilled these categories into themes. I then dialogically examined the data and the scholarly literature, moving between this study and existing research in order to deepen the analysis process. To process my own assumptions, insights, and embodied knowledge from the fieldwork, I consistently wrote self-reflexive notes and engaged in arts-based processing throughout the data analysis phase.

Interviewees were given the option to participate in a member checking process of the data analysis to ensure it reflected their perspectives and to assist with identifying training policy recommendations. At the time of the interviews, all seven teachers asked to participate in member checking. After the analysis was emailed to all participants, only one teacher responded with feedback on the analysis and met with me to discuss this feedback, which was incorporated into the findings of this study. In the results that follow, I use excerpts from the interviews are used to illustrate how teachers assess the usefulness and problems with current trauma training when working with Syrian refugee students in the classroom.

Results

Trauma Training Experience

Of the teachers sampled, no teachers received trauma training during their Bachelor of Education, and only one teacher received any information about trauma during their Master of Education. Many teachers articulated that they received little or no training on mental health issues for their students, let alone trauma specific training, consistent with the findings of Whitley et al. (2012). Trauma training was most commonly accessed through brief workshops or during professional development opportunities embedded in the school setting. A few had sought out additional regional trainings or attended optional conferences, trainings, or reading resources. The level of experience in trauma training was quite uneven across the sample, with some receiving only basic in-school options and others seeking out more in-depth options.

While the findings below will focus primarily on problematic and missing elements of the provided trainings, all teachers also discussed how important they found having even the existing trainings given the high needs of their current students. Of particular interest, some teachers found specific strategies for helping a student through a trigger or stressor to be most helpful (e.g., how to prepare and debrief a potentially triggering school event like a fire drill). In contrast, others suggested that step-by-step strategies were less important than training on how to shift the teacher's classroom presence to be more predictable in general, and willing to be flexible when traumatic memories were triggered. These same teachers tended to appreciate understanding how a trauma-informed lens overlaps with good teaching practices like building strong relationships, being curious about students' daily lives, and implementing small group instruction. Multiple teachers underscored the usefulness of trainings focused on providing "safe" or "healing" classroom environments. Teachers also discussed the importance of opportunities to participate in acts of self-care, noting that they needed much more support on this front. Last, two teachers pointed out the value of advanced training, which highlighted how

trauma manifests differently in children, resulting in symptoms being commonly misread. For example, Anne discussed how the training helped her rethink about a student's inability to focus, shifting her assumption of an ADHD diagnosis to considering how attention difficulties might be linked to remembering a traumatic event. As she stated,

One of the things that really struck me in the training is that trauma can appear.... Um.... Can kind of mask itself as learning disabilities. And that really struck me as interesting. What was the one thing that was said? Um... ADHD can be trauma. And I was like (makes a surprised face, with eyes wide open). That was a big an aha moment for me because I can think of kids that I've taught in the past that was like... They can't pay attention; they can't sit still. Um... I remember my very first year I had a kid who... I was just *struggling* with him and I was talking to I think guidance and they said, "Oh well, he's coming from the Sudan. We think that he as a child soldier" and *now* I go, "Well that's probably why he can't sit at a desk." That would make sense. You're going to have trouble sitting still.

Missing or Problematic from the Trainings

While all teachers found value in some aspect of the training, most were critical of the provided trainings. Many described the trauma trainings as not matching the realities of the kinds of trauma or developmental needs of the students they work with, or not being designed with the limitations of a classroom setting in mind. The results below highlight these concerns.

School-specific. Despite many of the trauma trainings taking place as part of school professional development, several teachers discussed the apparent lack of consideration for how trauma might present in a school setting, the differences between trauma disclosure in a group classroom setting versus within the frame of individual therapy, and the differences in teacher roles from other caregivers. As Susan said,

[The trauma training] was a lot more on how to work with signs of trauma one-on-one. I found it, it was good, but I couldn't, it wasn't about the *classroom*. It wasn't about what *we* see [...]. What do we do in a large group? It was more if they are in counseling with you, you can try this strategy and make a family tree and it was like, well we don't have time for that!

When asked what school districts need to know about teachers, trauma, or trauma training, Madeline noted, "I think that focusing on *teachers* who work with these kids and giving them strategies is a really good idea. Um, I do think they need to be more kid-focused. And *school focused*." When talking with teachers, it was clear that those who provided the trauma trainings were used to training other kinds of professionals. Teachers were often left to determine on their own how to translate and adapt the information to a school setting, and commonly left with questions about their role. As Sabrina stated,

I think I went into [the training] looking for a solution of some sort. Like I know I have these students in my class. I know they've experienced trauma. I don't, I'm not a guidance counselor. I'm not sure what to do in my role in class. I still don't!

This finding is unsurprising given the lack of published research on the training or experiences of trauma for teachers in the classroom (Stewart, 2011), but points to a clear need to develop school-specific strategies and trainings for teachers.

Developmental needs. Most of the provided training discussed the symptoms and strategies for dealing with trauma from an adult perspective, and rarely, if ever, focused on elementary or high school aged students. This is problematic given the research that children and adolescents understand, process, and cope with trauma in different ways depending on their developmental stage and verbal skills (Pfefferbaum, Noffsinger, Wind, & Allen, 2014). Kathryn expressed concern about applying trauma training designed for older adolescents or adults who have a conscious memory of the event to younger children, stating,

I think it can also be occurring at an unconscious level for younger children. So maybe they don't even have a direct memory of the trauma. Whereas older children, adolescents, and adults usually have more of an understanding of what's happened but I don't think that being younger, not recalling the events, um means that they haven't experienced trauma. I think it can happen at an unconscious level.

Similarly, Madeline stated,

Cause we have to think about it to some extent because as I said, kids don't....they don't say it the way adults do [...] And I know that some of the trauma training was about how you can make that thought that's coming to your mind repeatedly, make it smaller or some strategies around that, but I think they were very adult focused, rather than child focused.

In addition to questioning the appropriateness of applying strategies designed for older individuals with younger students, Susan pointed out that there had been little discussion of the impact of trauma on a student's presentation or developmental progression. She discussed her inability to distinguish between a trauma reenactment and immaturity in students, noting,

Sometimes I find developmentally some of the students are very immature and I just don't know if that's just them, or if there's something else there, you know what I mean? So just zeroing in on high school students, their behaviours with trauma, would help.

Research indicates that the timing of traumatic events influences the developmental course of trauma impact and that the age of the individual will impact what coping strategies are most commonly used (Pfefferbaum et al., 2014). Susan's confusion regarding issues of regression highlights the need for trauma training that is child- and adolescent-focused.

Form of trauma. Those interviewed discussed how the kinds of trauma discussed in the trauma trainings often did not match the realities of the experiences of their students. Trainings often ignored the specificities of war and refugee experiences, ongoing trauma, other school-based trauma, and traumatic stressors in the Canadian context.

War/refugee trauma. The majority of trainings focused on single event, past trauma, often within the context of an experience of abuse. As Susan suggested,

And I found even though it was trauma training, it wasn't necessarily – and maybe there is no difference – but it wasn't anything about, like, trauma from war situations. It was more... it was very general. Trauma from sexual abuse. Trauma from this type of abuse, or that. Which I'm sure is the same type of trauma, but like... I found it to be very general and not specific enough for what I was looking for.

In this statement, Susan struggles to determine whether war or refugee traumatic experiences are comparable to an abuse incident, clearly indicating her confusion regarding what is applicable to her students who have experienced a different form of harm. This confusion is troubling, given the research that indicates that refugee children often face multiple traumas during the pre-migration, trans-migration, and post-migration phases (Stewart, 2011) and that Syrian refugees have often experienced multiple overlapping forms of loss and harm. Having training that helps teachers understand what forms of trauma are most common for Syrian refugee students, as well as best practices when working with complex trauma cases, is critical. While one select group of teachers optionally chose to attend a training that focused on war and refugee trauma, they were the only educators present at the training and they faced difficulties translating the provided strategies into the school context.

Ongoing trauma in country of origin. Unlike some forms of trauma that are a single event or have a clear end point of the harm, for most refugees even once out of the immediate war-related danger, they may experience ongoing loss, stressors, and new traumatic events (Stewart, 2011). Unfortunately, many teachers described the trainings as focusing on single event trauma. As Madeline noted,

So at one of the trauma trainings things, there were a lot of one time incidents that were traumatic. Like an accident. So like some of the examples were things like a ferryboat went over and someone was on the boat. It's a one-time incident, but um our situation here is ongoing.

She clarified, "They go home and the parents are upset because they heard from home, they heard from the family members that are still there, or they are worried about the family members that are still there." In the case of most Syrian students, the trauma is not a single, past event, but complex, multiple, and ongoing. The provided trauma trainings too often relied on definitions and strategies that were not always designed to match these kinds of realities.

Teachers often expressed some distress or uncertainty around how to address these new traumas with their students, particularly when students would become aware of a new loss while at school. Teachers told many stories of students finding out about a bombing of their hometown, a family member being in heightened danger, or the death of a loved one, all while in their classroom. As Sabrina articulated,

They can find out so immediately. Like I, I was in the middle of teaching a lesson about like root words or prefixes or like something like that. And I'm walking around the classroom and I'm noticing that one of the kids in my class has a cell phone on his lap. And he's watching...it looks to me like it's a video of something that's happening in Syria. Like there's kids crying and so I'm just thinking like 'Oh how are you going to

learn what a prefix is, and why is that even important? When this is clearly what's on your mind?'

Literature on discovering traumatic material via social media for students is limited, so it is important to consider how the age of social media presents unique challenges when students have immediate access to new, often traumatic, information (Stewart, 2011). Sarah noted,

The technology with this group is something unprecedented. They all have technology. Um so you know we've had kids that have gotten texts that one of their friends have martyred themselves, and what do you do with that? Like like full blown crisis, trying to get kids help, um. They are hearing about things happening in the moment and trying to, to help them. And then you've got teachers like (sharp voice), 'No cell phones in class!' (Laughs and shakes her head.) You know?

Implicit in both of these reflections is the importance of providing space and consideration for students learning new information, as well as a lack of consistency among teachers of how to handle these kinds of situations. Certainly the provided trainings did not give information on how to manage new traumas being learned of during the school day.

Teachers also discussed the struggle of not being able to predict what students might be facing, and the fact that they often had less up-to-date and accurate information about what was happening in Syria than those they were attempting to support. As Anne articulated,

But I know that I have had kids from Aleppo, that area that um... they are very aware of what's happening. They are *more* aware. What's interesting, one time one boy, cause I said, 'They're getting out of Aleppo' and he said, 'Uhh....nahhh.' And he said, 'Miss what you hear in the news, not what's happening.' And I think they have a better awareness of what's happening than we do. They're getting *front line* information [...]. So they are definitely impacted by what's still going on. And they have *many* family members. We have a student whose brother is in the Syrian army. So they have direct connections to what's going on. So they are always impacted by what's happening.

Here, we see a teacher's awareness that the students are ahead of her in terms of information, and the implied difficulties this would pose for teachers. Teachers reported that current information on the Syria crisis was rarely, if ever, provided during these trainings. Knowing all the detail of ongoing trauma in a student's country of origin is not necessary in order to provide student support, respond flexibly in the moment, and demonstrate empathy. However, it is helpful for teachers to be provided with some basic knowledge about the conflict and common forms of trauma in order to identify and prepare students for predictable trauma triggers (e.g., fire drill alarms being mistaken for bomb sirens), be familiar with the kind of new traumas that might occur and be able to react calmly if this is revealed in class (e.g., a student reporting a new family death during a period of heightened armed conflict), or plan for increased awareness and sensitivity on dates or times of the year that might correspond with trauma anniversaries (e.g., dates of invasions) or important secular and religious holidays in a country of origin (e.g., Syria's national independence day or Eid al-Fitr). Indeed, as Stewart (2014) argues, school actors should have basic knowledge of the political and social contexts of their refugee students in order to provide better support.

Trauma in schools during trans-migration. All but one teacher indicated that they had many students of various ages discuss harm happening in Jordanian or Lebanese schools as part of their trans-migration experiences. This theme initially emerged from the interviews, and, in line with emergent case study methodology, was eventually added as a question for later interviews. As Kathryn noted,

They've had huge discrimination and racism and even physical, um corporal punishment and physical *abuse* [in Jordan and Lebanon]. I would call it physical abuse. Um within the school environment. So you know they've talked about everything from um not being able to actually attend classes and learn or going to school but they would have to clean the washrooms. Or clean the school. And that was considered going to school. [...] Or going to separate classes, not integrated with the students that were from the secondary county. To being physically hit and, or being verbally abused by teachers. And they've often talked about racial degradation. That they weren't, they were made to feel like they were from a lower race, a lower group of people. I am so amazed with the limited amount of English that our newcomers from Syria come with, how quickly they want to share that.

This quotation highlights teachers' concerns about students' previous learning environments in 'secondary countries,' defined as the countries of first arrival prior to permanent settlement in Canada. It may also help reveal why multiple teachers discussed at length needing to build respect and trust in the classroom given traumatic school experiences.

Similarly, Sarah stated,

So he talked about the schooling in Jordan. And they had to go after the other kids and they had to clean the other schools first, they had to clean up after the Jordanian kids. And the Jordanian teachers were not happy to have to be teaching these kids at all so they were often beaten and...

When the interviewer began to ask, "So school became another place of like," Sarah interjected with, "Trauma. And some of the kids did experience that. We had a couple of kids that we couldn't transition from the [temporary housing] to the school because of that anxiety." Here, we must consider the complexity of teachers being asked to provide socio-emotional and trauma support when previous teachers may have been a source of harm for these students. It is important to note that no previous research has focused on Syrian children's experiences in Jordanian or Lebanese schools and no students were directly interviewed about these experiences, so further research into this as a potential trauma experience is needed. However, if this is indeed a common experience for Syrian refugee students, it would be important to name and discuss in trauma trainings the power dynamic of a teacher attempting to provide support to students who have experienced trauma in schools, and often at the hands of teachers themselves. Given the possibility that students would see Canadian teachers as potential perpetrators and schools as places where harm might occur, trauma training might need to engage with some of these possibilities. The lack of discussion in current training may reflect the fact that this information about how Syrian refugees have been treated in secondary countries is still emerging, and trainings do not yet reflect these emerging concerns.

Ongoing traumatic stressors and discrimination in Canada. Multiple teachers compared student experiences in Syria and in refugee camps, with a positive image of the experience in Canada. As Anne commented,

I say, ‘You guys are the survivors. There’s a reason that you are here.’ So I think that for me has been ok to kind of shift that focus. Rather than *dwell* on the things that they have been through, the fact that *they are here* (while hitting the table on “here”). And that they are in a safe place now.

This lack of awareness from many teachers about the multiple challenges and traumas common for refugees in Canada suggests a lack of critical training on this topic, and suggests that teachers may problematically believe in the Canadian myths of multiculturalism, benevolence, and ‘colourblindness’ (Bannerji, 2000). It is important that problems and traumatic stressors in Canada are not brushed over and that teachers do not reinforce a false narrative that suggests Canada is a safe and benevolent place for refugees. The research literature highlights the traumatic stressors that many refugee students will face on Canadian soil and in Canadian schools (Dachyshyn, 2014; Pollack, Newbold, Lafreniere, & Edge, 2012; Sadler & Clark, 2014; Stewart, 2011; Tecle & James, 2014; Wideman-Johnston, 2014; Young & Chan, 2014).

A few teachers highlighted some of these issues and resettlement trauma, addressing, for example, the lack of long-term support for Syrian families. Interestingly, Anne, who was quoted above as seeing Canada as a safe place, stated,

I’ve always had discussions about government being very good at bringing them here. Setting them up. But then, now what? So that long-term ongoing support I think is what we are missing for many of these students because they do, they get here and this is the honeymoon period [...] and then all of a sudden reality comes crushing down on them.

Others commented on a lack of material resources, acting as the translator for the family, difficulty for adult families in finding meaningful employment, and concerns about future survival in Canada. Given these stressors, teachers being trained to help students by differentiating their experiences of trauma as being in the past and elsewhere through “you are safe here” narratives, may skim over the real and present difficulties for Syrian students and their families. Trainings must inform teachers about post-migration traumas in Canada.

Furthermore, only two teachers directly discussed the potential for racism and/or anti-Muslim hate in schools and in the wider Canadian context. One teacher noted, “We already had instances in our school of um... like verbal statements of racism about what’s coming.” She quickly added that this reaction was not widespread and that the school had an assembly to try to educate the students about the Syrian crisis. Another interviewee suggested that Islamophobia was not an isolated incident, instead highlighting the ways in which curriculum materials create a problematic environment for students. As Sarah stated,

You know I was talking to this teacher about [name of assigned book] and said, ‘You know that book really portrays Muslims in a negative way’ and this society we’re in now, in this post-Trump, you know it was right around the time of the Quebec massacre too, I said, ‘You need, we need to be considering what we are teaching. You’re teaching within

a very different climate now. You have 150 Syrian kids in here who will be coming through your system and you are putting this stuff out there with all these kids like that – like what messages are we giving? And how is that going to impact the overall climate of your school?’

Given the recent Wilkins-Laflamme (2018) study that highlights the prevalence and strength of Islamophobia in Canada, and experiences of Syrian refugees, a lack of recognition about how harm may be perpetuated in Canada is a gaping hole in the trauma training provided for teachers.

Discussion

While all interviewees highlighted their desire for ongoing training opportunities, the findings from this study underscore how it is not sufficient to slot teachers into pre-existing trainings on trauma. When social workers are tasked with designing and providing trauma training, the specific needs, challenges, and potentials for teachers working with students with refugee experiences must be considered. Social workers providing support to teachers must also consider how being asked to support students who experience severe and ongoing trauma may call up questions about the roles of teachers in their students’ lives, and teachers may require ongoing support to do this work well.

Based on study findings, a number of recommendations were identified for those designing trauma training for teachers working with Syrian refugee students. The first four training recommendations are applicable to all teachers, because trauma can impact student populations in any classroom. The final four recommendations highlight some of the specific needs of students with refugee experience.

1. Training must center on the needs, context, and interventions appropriate for school-based settings. Examples of trauma reactions or challenges should be drawn from classroom and school-based scenarios. Any strategies provided should keep in mind both the limitations of the setting (i.e., often classroom and group based) and the role and training of teachers (i.e., not asking teachers to conduct clinical trauma interventions beyond the scope of their educator role).
2. Scenarios for the ways in which trauma manifests and strategies for supporting students should be drawn from the experiences of teachers in the classroom. School-based trauma reactions and support needs are unique, and the development of best practices should come from those who spend the most time with the students.
3. Information about how trauma is processed and manifests in symptoms should be child and adolescent specific. Trauma interventions and strategies should be age-appropriate and not rely solely on verbal processing or cognitive techniques.
4. Trauma trainings must be careful not to reinforce the idea that Canada provides “safety” for all students and should actively provide information about the possibility that students may face ongoing stressors, discrimination, racism, and anti-Muslim hate in Canada.
5. Trauma definitions and examples must reflect the reality of refugee traumas, with attention paid to the multiple, complex forms of loss and harm that may have occurred. Single-event, discrete examples of trauma should not be considered the default definition for trainings.

6. Definitions and examples of trauma must include pre-migration, trans-migration, and post-migration. Trainings and strategies should not assume that the trauma is contained in the past and is over. Considerations for ongoing trauma (both in country of origin and in Canada) once students arrive must be provided.
7. Trainings should consider alerting teachers to harmful experiences some students may have had while attending school in secondary countries, refugee camps, or during trans-migration. This might include conversations on school potentially being seen as a place of harm and teachers as perpetrators and providing teachers with strategies on how to slowly build respectful relationships with their students.
8. Given the ongoing nature of the trauma and challenges for refugee students, trainings should not be limited to a single session, but instead provide ongoing opportunities for training, sharing, and care/support for those tasked with supporting these youth.

Limitations

This case study was limited to a single school system; future research should be conducted in other school districts to assess whether the findings from this study are reflective of the problems of trauma training found outside of this district. Further, while this study intentionally focused on the experiences of teachers because they are an understudied group regarding this topic, recommendations for best practices in the classroom should also include the experiences of Syrian refugee students and what strategies best support their learning from the students' perspectives. In addition, while member checking was part of the research process, only one teacher replied with feedback. While the decision was made to email the data analysis to teachers due to concerns participants had about being identified within the district, it may have been more helpful to set up an additional in-person meeting to present analysis and engage in discussion, rather than asking interested teachers to read and offer written feedback via email. More feedback from participants would increase the trustworthiness of these findings.

Contribution to Social Work Policy, Practice, and Knowledge

The purpose of this study was to advance knowledge from the perspectives of teachers in Canada about their experiences working with Syrian refugee students who have experienced trauma. Seven in-depth interviews were undertaken to better understand the most and least helpful aspects of trauma training. The findings from this study suggest that social workers designing trauma trainings cannot assume it is useful to slot teachers into pre-existing trauma trainings. Social workers either providing these trainings or working alongside teachers in school settings must keep in mind the specificity of the forms of trauma unique to war, displacement, and resettlement stressors. The potential harm occurring in Canada should not be skimmed over, but considered as a critical part of understanding the traumatic fabric of some Syrian refugee students' experiences. Further, the nature of a school setting, including appropriate classroom-based supports and strategies, the teacher's role, and developmental needs of students, must be carefully considered when developing trauma training for all teachers, since experiences of trauma can exist across all student populations.

This study demonstrates how, when teachers are centered in the data collection, new insights on the specific challenges and needs within classroom settings emerge. If social workers are sincerely interested in providing equitable educational opportunities for Syrian refugee

students, it is critical that further research is conducted on trauma training for teachers and what they find useful, as well as research on the techniques and interventions teachers find effective in the classroom. Additionally, future research should not remain limited to those working with Syrian refugee students and should be conducted with any teachers tasked with implementing trauma-informed school interventions and with impacted students. Teachers must be listened to in order to provide the appropriate and specific training for those who spend the most amount of time with the students. If teachers are unsure how to support the learning of those who have experienced trauma, students are unlikely to receive the pedagogical and mental health support they deserve, risking the creation of deeper inequitable educational opportunities for Syrian refugee students.

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Appendix A

Interview Guide Questions

Main question	Follow-up questions
What kind of trauma training, if any, did you receive when you were in school for your Bachelor of Education and/or Master of Education?	Did you receive training on mandated reporting? Did you receive any mental health training?
What resources have you found helpful in understanding or supporting Syrian newcomer refugee students who have faced trauma?	
Can you tell me about the trauma training or professional development opportunities have you had through this school district?	Did you attend (name individually each of the three most commonly attended trainings)? Can you tell me about that (named) training?
What do you remember most strongly from the training?	What of the training has been most helpful to you in your role as a teacher?
Can you tell me specifically about a time when you utilized something you learned in training in the classroom that was effective?	How did you react? How did the class react? How did you feel in the moment? How did you feel afterwards?
Can you tell me specifically about a time when you utilized something you learned in training in the classroom that was NOT as effective?	How did you react? How did the class react? How did you feel in the moment? How did you feel afterwards?
Have you noticed any differences in the way you understand Syrian refugee newcomer students after the training? If so, what?	Can you give me an example?
If you have any, can you tell me about problems or behaviours in the classroom that are still challenging after the training?	Can you give me some specific examples?
What, if any, information or training about trauma do you wish you had more of?	How do you think it should be provided?
How are you using the (name of trauma curriculum) books in the classroom?	Can you tell me about any changes you have noticed in the classroom since introducing them?
What kind of wider support has been helpful (e.g. from the board, schedule, colleagues)?	Is there any additional support you wish you had more of in supporting students who have experienced trauma? What kind of opportunities are there for you to discuss with other staff questions or challenges related to trauma?
Teachers are often asked to play multiple roles for their students. Can you tell me about what roles you see as most important when working with Syrian refugee students?	What is like to be asked to help support the emotional wellbeing of students while attending to teaching goals? What, if any, challenges have emerged? What, if any, positives have emerged?
Is there anything else you would like to share?	

Note. The results reported in this article pertain only to the sub-question: what do teachers see as strengths and areas for improvement in trauma training and strategies for intervention in the classroom? The interview guide questions in the table therefore reflect only this sub-question. For access to the full interview guide, please contact the author.