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Teachers' Experiences Supporting Children after Traumatic Exposure

Eva Alisic

University Medical Center Utrecht

Marissa Bus, Wendel Dulack, Lenneke Pennings, and Jessica Splinter

University of Applied Sciences Utrecht

Author Note

Eva Alisic, Psychotrauma Center for Children and Youth, University Medical Center Utrecht, Utrecht, the Netherlands; Marissa Bus, Wendel Dulack, Lenneke Pennings, and Jessica Splinter, Department of Ecological Pedagogy, University of Applied Sciences Utrecht. Marissa Bus, Wendel Dulack, Lenneke Pennings, and Jessica Splinter contributed equally.

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Correspondence concerning this paper should be addressed to Eva Alisic at the Psychotrauma Center for Children and Youth, University Medical Center Utrecht, KA00.004.0, P.O. Box 85090, 3508 AB Utrecht, the Netherlands. Telephone: +31 88 755 4113. Fax: +31 88 755 5325. E-mail: e.alisic@umcutrecht.nl

Abstract

Teachers can be instrumental in supporting children's recovery after trauma but some work suggests that elementary school teachers are uncertain about their role and about what to do to assist children effectively after their students have been exposed to traumatic stressors. This study examined the extent to which teachers working with children aged 8 to 12 years report similar concerns. A random sample of teachers in the Netherlands ($N = 765$) completed a questionnaire that included 9 items measuring difficulties on a 6-point Likert scale (potential range of total scores: 9 to 54). The mean total difficulty score was 29.8 (ranging from 10 to 50; $SD = 7.37$). The fraction of teachers scoring 4 or more varied between 25 and 63% for individual items. A multiple regression analysis showed that teachers' total scores depended on amount of teaching experience, attendance of trauma-focused training, and the number of traumatized children they had worked with. The model explained 4% of the variance, a small effect. Since traumatic exposure in children is rather common, the findings point to a need to better understand what influences teachers' difficulties and develop trauma-informed practice in elementary schools.

Teachers' Experiences Supporting Children after Traumatic Exposure

Teachers in elementary schools play an important role in children's lives. They not only teach academic skills but also serve as role models, regulate interactions between children, and provide emotional support (e.g., Hamre & Pianta, 2001). Furthermore, teachers may serve as a linking pin between families and clinical services as schools are children's most important entry point to mental health care (Farmer, Burns, Phillips, Angold, & Costello, 2003). One particular area in which teachers can be instrumental is in monitoring and supporting children's recovery from traumatic events (Rolfesnes & Idsoe, 2011). The large number of hours that teachers spend with children each week enables them to identify posttraumatic behavior change. If knowledgeable, they can also provide coping assistance including emotional processing, distraction, and the reinstatement of familiar roles and routines (Prinstein, La Greca, Vernberg, & Silverman, 1996).

Although a number of studies have shown the positive effects of teacher-mediated interventions related to mass-trauma such as war and disaster (e.g., Wolmer, Hamiel, Barchas, Slone, & Laor, 2011; Wolmer, Hamiel, & Laor, 2011), little is known about teachers' support of children in daily school life who have been exposed to a variety of traumatic events. An unpublished qualitative study (Alisic, 2011) suggested that elementary school teachers are uncertain about their role and about what to do to assist children effectively after traumatic exposure. Participants indicated a lack of guidance on how to balance the needs of the children who had been exposed against the needs of the other children in the classroom, as well as their own needs, and wanted better knowledge and skills about helping children after trauma.

The purpose of the current study was to examine to what extent teachers, in a random national sample in the Netherlands, report the experiences identified in the qualitative study with regard to supporting children after trauma.

Method

Participants and Procedures

As of May 2010, 6,926 elementary schools were registered at the Dutch Department of Education. The 37 schools that had participated in two earlier studies on child trauma (Alisic, Van der Schoot, Van Ginkel, & Kleber, 2008; Alisic, 2011) were excluded from the list. From the remaining pool a contact list of 2,000 schools was drawn-up, using the random sampling function of SPSS 17 (SPSS Inc., 2009). Anonymous questionnaires and return envelopes were sent to 500 teachers in each of the last four grades of these elementary schools (where children are between 8 and 12 years old), for a total of 2,000 questionnaires. Teachers were professionals spending full days with children teaching them various (academic) skills. The study was approved by the Medical Ethics Committee of the University Medical Center Utrecht. In total, 765 teachers (27% male) returned the questionnaire for a response rate of 38%. The mean age of the teachers was 43.0 years (range 18 - 64; $SD = 12.07$).

Measures

The questionnaire contained nine items covering various aspects of assisting children after trauma that had emerged from the qualitative study (see Table 1). The items were tested in a 'think aloud protocol' (Beatty & Willis, 2007) with a child trauma expert and two teachers, then revised, piloted in a group of 31 teachers (independent of the study sample), and finalized using their feedback. The questionnaire started with a short introduction of trauma (in line with the DSM-IV A1 criterion for PTSD by the American Psychiatric Association, 2000) and two examples: a girl (Janne) who had witnessed severe violence and a boy (Joris) who had survived a serious road traffic accident. An example of the statements that followed is: "With children like Janne and Joris, I find it ... to balance looking after the child and looking after the class". Statements were scored on a 6-point Likert scale, ranging from 1 = *not difficult at all* to 6 = *extremely difficult* (scores ≥ 4 were seen as indicating

serious difficulty by the 'think aloud' participants). The measure yielded a Cronbach's α of .82. After a scree plot in an exploratory factor analysis revealed that the scale consisted of one single factor, confirmatory principal axis factoring showed that every item loaded at least .30 on this factor.

In addition to the nine items and the demographic information, we asked teachers to indicate how many years they had been teaching, how many hours of trauma-focused training they had attended in the past three years, and with how many exposed children they had worked during their career.

Analysis

We carried out descriptive analyses to show the proportions of teachers endorsing certain dilemmas. In order to explore whether certain characteristics of teachers were associated with higher scores, we conducted a multiple regression analysis with the total score as the dependent variable and years of teaching experience, attendance at trauma-focused training in the past three years, number of traumatized children worked with, and gender as independent variables entered simultaneously. Excluding respondents with incomplete data, descriptive analyses involved 762 to 765 teachers and the multiple regression analysis was conducted with the data of 739 teachers.

Results

On average, the teachers had 18.4 years of experience (range 1 - 43; $SD = 12.2$). Most of them (89%) had directly worked with one or more children who had been confronted with trauma. About 9% had participated in a training they identified as relevant to supporting children after trauma in the last 3 years varying from a 1 hour session to a program lasting over several months.

The endorsement pattern of the respondents on each of the nine items of the questionnaire is shown in Table 1. On each item, at least one in four teachers rated the item 4

or more out of 6. In particular, many teachers found it difficult not to get emotionally involved too much; to find their position as a teacher of academic skills versus mental health care provider; to know the best ways to support children after trauma; to know when children need professional mental health care; and to know where they could find information about traumatic stress (percentages ranging from 50 to 63%). The total score ranged from 10 to 50, with a mean of 29.8 ($SD = 7.37$). One in five teachers scored 36 or more (corresponding to ≥ 4 on average per item).

In the multiple regression analysis (see Table 2), teachers' scores depended significantly and negatively on the amount of teaching experience, whether they had attended trauma-focused training in the past three years, and the number of traumatized children they had worked with. Gender was nonsignificant. The model explained 4% of the variance in the total difficulty score, a small effect.

Discussion

This study points to a need to develop trauma-informed practice in elementary schools. We examined the extent to which Dutch elementary school teachers have difficulties regarding the support of children after trauma in day-to-day school life. A significant number of teachers in our sample, one out of every five, experienced a high degree of difficulty, including a lack of knowledge and skills. Knowing that traumatic exposure is rather common in children (with exposure rates to over 50% in peacetime populations; Copeland, Keeler, Angold & Costello, 2007), the results suggest that many traumatized children receive less than optimal support.

Our results should be considered preliminary since the study has a number of limitations. These include the use of self-report where observations of actual teacher behavior and child outcomes would be very informative, the absence of several variables that may be important to predict teachers' difficulties (e.g., their own traumatic history, the amount of

support received from colleagues), and the use of a new instrument that needs further testing, even though the psychometric characteristics were promising. On the other hand, the strengths of the study comprise its basis in qualitative research and the inclusion of a relatively large national sample, but most importantly its innovative nature: teachers' support of traumatized children in daily life has not been studied before in a quantitative way.

With the limitations and strengths in mind, several aspects of the results merit further consideration. One of the prominent themes concerned the boundary between the tasks of a teacher and those of a mental health care provider. Ko et al. (2008) observed that trauma confronts schools with the dilemma of how to balance their mission of education with the fact that many students need help in dealing with traumatic stress in order to be able to engage in learning. The present study shows this dilemma as well, which will need to be solved at a policy level. In our view, teachers do not need to become therapists, but they should have basic knowledge about traumatic stress and feel confident about working with children who have been exposed to trauma.

With regard to the latter two, this study made clear that many teachers did not feel competent. For example, 63% of the teachers did not know well when children need mental health care and 51% did not know well where to go to ask questions about traumatic stress. In order to refer children to specialist services when needed, both would be important skills. In addition, this study showed that only 9% of the teachers had followed any form of training covering trauma (training quality may need further study as the effect size was small). Obviously, similar studies need to be done in other countries to confirm this picture, but these findings suggest a pressing need to provide teachers with more knowledge and skills.

Finally, half of the teachers indicated a difficulty with emotional involvement. In other professions (e.g., first responders and mental health care providers), the risks of compassion fatigue and secondary traumatization have been described (e.g., Boscarino, Figley, & Adams,

2004). This topic should be further explored in teachers, including potentially important variables such as own traumatic history and support from colleagues. Meanwhile, our results point to the importance of paying attention to the emotional burden teachers may experience.

In our view, a first step in the development of trauma-informed practice in schools would be the provision of information materials to teachers, principals, and pre-teacher students. Topics to cover would be how to facilitate coping when working with children in the classroom, how to recognize symptoms of adaptive and maladaptive coping, where to refer children and their families to when specialized services are necessary, and how to take care of yourself under stressful conditions. A number of information packages have already been developed (e.g., the Traumatic Stress Toolkit for Educators by the American National Child Traumatic Stress Network, 2008, and the Toolkit Child and Trauma by Alisic, 2010, in the Netherlands). They will need to be tested, where necessary revised, and widely disseminated to assist (future) teachers in supporting pupils exposed to trauma.

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Table 1

Descriptive Data for Teachers' Difficulties with Supporting Children after Trauma

"For me, with children like Janne and Joris, it is [score 1- <i>not difficult at all</i> to 6 - <i>extremely difficult</i>] to ..	<i>M</i>	<i>SD</i>	Rating of 4 (%)	Rating of 5 (%)	Rating of 6 (%)
..Balance looking after the child and looking after the rest of the class"	2.7	1.14	17.4	7.6	0.4
..Balance looking after the child and avoiding to put him/her in a special position"	2.8	1.17	17.3	10.2	0.9
..Balance looking after the child and making the situation too heavy"	3.0	1.22	18.8	13.4	1.3
..Avoid 'taking the problems home'"	3.5	1.48	19.0	24.4	6.9
..Decide where my task ends and the task of a social worker or psychologist begins"	3.8	1.32	24.5	28.0	7.6
..Know what is best for me to do to support them"	3.6	1.25	24.6	20.9	5.8
..Know when they need mental health care to recover"	3.9	1.28	23.3	32.6	6.8
..Know what to discuss about the trauma with the children themselves and the class"	3.1	1.28	18.2	14.6	2.9
..Know where to get answers to my own/parents'/children's questions"	3.5	1.40	22.0	23.6	5.4

Note. $N = 762 - 765$.

Table 2

Multiple Regression Predicting Scores on Teachers' Difficulties Helping Children After Traumatic Exposure

Predictor variable	<i>B</i>	<i>SE B</i>	β
Constant	31.27	.76	
Years of experience	-.07	.02	-.12*
Number of exposed students	-2.35	.91	-.09*
Trauma-focused training during past 3 years ^a	-.08	.03	-.10*
Gender ^b	.74	.63	.05

Note. $N = 739$. Adjusted $R^2 = .04$.

^a 0 = did not attend, 1 = attended. ^b 0 = male, 1 = female.

* $p \leq .01$.