Lessons from Beauvais:
Dialogues at a Youth Concurrent Disorders Centre

by

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Abstract

Adolescents with a concurrent disorder (co-occurring mental health and substance use) are an understudied population. Mental health and substance use is a growing concern in schools, though support is impeded by teachers' higher workloads and greater stress since the COVID-19 pandemic. This study investigates what students with a concurrent disorder need from teachers to support mental health and ultimately, how teachers can support student wellness. Using a grounded theory approach that emphasized listening, a three-part qualitative and quantitative survey was conducted (n=25) with questions pertaining to school experiences in prior mainstream classrooms and the small classroom at a ten-bed inpatient concurrent disorders unit (Beauvais). Ranging in ages 13-18, participants came from diverse backgrounds and geographical locations. Findings determined that participants want to be supported, understood, and cared for. The acronym *SUC*, as in SUCcour, was developed to reference results. Data led to determining eight participant "heart-desires": healing, safe spaces, to be looked at, pursued, and listened to, that teachers know, that students succeed, and that teachers try. Four "ways of being" allow teachers to create spaces of SUC that meet heart-desires: by becoming aware that we are unaware of what our students endure, being tuned in—as in intuitive of our students' social and emotional states, losing our agenda of adhering to curricular expectations and assessment practices, and embracing our own vulnerability and risk in the SUC process. This study concludes that participants' mental health is not supported by programs or frameworks, but by entering nurturing environments that are created with the implementation of research findings. In doing so, teachers' personal wellness may be promoted through the reciprocated SUC student-teacher relationship.

Keywords: concurrent disorders; education; adolescents; support, understanding, and care in education; heart-desires; awareness

Dedication

This work is dedicated to my students. All of them. My first student was my brother Scott. I was in kindergarten, he was 16 months younger. I remember forcing him to play "school" with me; though he was rarely happy about it, he occasionally indulged. I had chalk and a blackboard and made him sit, listen, and answer my questions.

To my students at the start of my career, I apologize. There are so many responses and misunderstandings I wish I could do over. I loved my job, I had a heart for you, but I wish I knew what you needed beyond academics and how to deliver that better.

To my elementary school students, you made me better. It was with you where being tuned in and aware of my unawareness, losing my agenda, and being vulnerable took root. To N, you are the one who altered the trajectory of my career. You inspired my passion for what student transformation can be, and I am so incredibly proud of you.

To my Beauvais students and this study's participants, you have my heart. You bless me as the recipient of your stories and bring incredible meaning and purpose to my day. You are survivors and you are resilient because you are here.

Last, to my beloved children, Brodan and Ianna, who actually agreed that I could be their teacher several years ago. You soared magnificently through your grade 7 year with mom in front of the classroom, you allowed me to pursue this doctoral goal, and you are in fact the reason that I am here.

Acknowledgements

I am filled with gratitude. To…

My parents (Glenn and Louise Rabuka) and Scott. I have always said I am not book-smart. However, I have determination and the ability to work hard, and that is because of you. I was raised in a home of privilege where I was loved unconditionally, showed my worth every day, and walked confidently through life knowing that I could do anything. It is because of my early years that I have been able to have the grit for this painstaking work (my interpretation), and I am so incredibly blessed to have this upbringing. To my grandparents, oh, I miss you still. You set the legacy for what has been done in your family, and I tear up even now considering who you were as the most loving and kind people who have walked this earth.

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My teacher experts who I interviewed. You show us all how it is done and thank-you for giving your students what they need. You prove the possibilities of this research.

My fantastic SFU support team. Sean, I think you believed in this work when I thought I was an imposter. Thank-you for allowing me to go rogue with a few "non-conventional" aspects of this thesis. Heesoon, you agreed to take this on. Kate, you walked through hours of improving and refining with me and were supportive even when not on payroll. Catherine and Peggy, early on you helped calm my formatting-nerves and were beyond responsive. Beev, Jason, and Dale, you are my brilliant colleagues who selflessly guided me throughout the end process. Thank you all.

My children Brodan and Ianna. I am grateful for every part of your being, where you have been, who you are, and where you are going. I am grateful you supported me through endless days and nights at the computer screen or needing quiet while I mandated my time to focus. I love you to the moon and back and whatever you do in life, I am proud of you. Greater, though, is who you are in spirit and in character.

My husband Dave. I think very few have the unwavering support of a husband who epitomizes a kind, generous, thoughtful, loving, and gentle man. You made dinners and did way too many dishes over four years. I am eternally grateful for your sideline

cheerleading, your fancy charts and near giddiness about formatting, and agreement that I take this on.

My God: "For I know the plans I have for you… plans to prosper you and not to harm you, plans to give you hope and a future" (Jer. 29:11). You are a God of promise, hope, love, joy, and wow, You are good.

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List of Acronyms

CBT	Cognitive Behaviour Therapy
CD	Concurrent Disorders
CMHA	Canadian Mental Health Association
FI	French Immersion
GT	Grounded Theory
IEP	Individualized Education Plan
MCFD	Ministry of Child and Family Development
MH	Mental Health
MHD	Mental Health Disorder
PVT	Polyvagal Theory
SA	Substance Abuse
SEL	Social and Emotional Learning
SUC	Support, Understanding, Care
SUD	Substance Use Disorder
SEL	Social and Emotional Learning
TADS	Trauma, Anxiety, Depression, and Substance abuse
TIP	Trauma Informed Practice
YCW	youth care worker

Chapter 1.   Positioning

This chapter is devoted to positioning. I describe how I arrived at my current work location of Beauvais and give a warning of the difficult content within this thesis. The position of my workspace, students and study participants, classroom, the reader, and me as the inquirer is critical to understanding this thesis; therefore, Chapter 1 is solely devoted to anchoring. I expand particularly on my own positioning, as I discuss enmeshment, being a listener, and divulge my biases and reflexivity.

1.1. Conversations From Beauvais

Me: How's sobriety going?
Him: Shit. It sucks.
Me: Do you know what the best thing about sobriety is?
Him: Nothing. Getting high again.
Me: No... guess.
Him: No regrets. And no hangovers. And health. Besides that, it's all downhill.
Me: Nope. It's the morning after. The best thing about sobriety is the morning after.

This is not a normal discussion a teacher has with any student, let alone one struggling to stay sober. And rather than reveling in being proud of himself the morning after, looking at a healthy, un-bloated face and un-emaciated body, he was planning his next high:

Him: There's no easy way out of this. I'm too in love with it, I obsess over it. Like today this girl was imitating what it was like on Molly and in my head I was like, "Damn, that's attractive."

There I was, planning an introduction to this thesis, and instead found myself trying to convince a youth to use *only* pot on the upcoming weekend, reminding him that in the morning he would be proud of himself as he would look unashamedly into the mirror.

Him: I actually wake up and obsess about how much fun I had the night before. And I think about how I felt. And the feelings and the mix of uppers and downers.

The pep talk, needless to say, did not go as planned. In fact, I have had countless pep talks in my classroom that, I am confident based on everything I hear after a youth's weekend pass (yes, my students require a "pass" to leave our inpatient unit), do not "stick."

1.2. Trigger Warning

I start with the above dialogue to illustrate the hard reality of my teaching position. Initially, it took several months to learn how to adjust mentally to the intensity of my job. The stories of many of my students are heart-wrenching, jaw-dropping, appalling, and graphic. I have had to carefully consider how I relay their anonymized stories, as I learned early on that these narratives are simply too painful for many colleagues to hear. And these are not *normal* dialogues between a public-school teacher and her students. Yet, for the purpose of this work, it is important that I share the painful truth of stories that are inextricably linked to the lessons of this research and the messages I discuss in Chapters 6 and 7.

For this reason, I must begin this thesis with a trigger warning. The stories within these chapters are difficult and my language is raw. For example, when describing self-harm, I use the word "sliced" rather than "cut," as this is how the youth truly felt in the moment. "Cut" is too meagre a word for the intensity of their emotions described in the private discussions of my classroom. If I put myself in the mindset of these students, my language becomes theirs, not mine. I have not taken lightly the fragility of these stories, yet fragility is central to this work, and therefore must be discussed. When stories were too disturbing, I held back certain details simply to make this work less traumatic for my reader. To respect the delicate worlds of my students and to verify consent, I shared with each participant the part(s) of their narrative I include in these pages.

1.3. The Arrival

I first met my current principal in 2015. At the time, I had been teaching French Immersion in a wealthy community where my days were spent mandating accurate verb tenses and adjective agreements. I approached him after I had experienced a particularly fulfilling year with "diverse learners" who had success in my classroom. I had no training for alternate education, but I felt I should work at his school. While the dichotomy between French Immersion and alternate education students seems stark, it is not: social and emotional needs are at every school. My words to him were, "I think this is my calling."

It took three more years and my own linguistic "failings" to arrive at this current position. In the spring of 2018, I hoped to shift from an elementary to a high school

French Immersion placement but was told that my oral language was not sufficient. On the last workday of June, I left my classroom of 12 years with tears streaming down my face; I was jobless. Six weeks later, I found a posting for a concurrent disorders (CD) unit under the jurisdiction of the same alternate high school I had visited earlier. While I felt highly intuitive with students, I felt my application was laughable as I did not have required qualifications that are habitually requested in alternate education postings. Yet, I was subsequently hired (there was no other qualified applicant), an irony that has never been lost on me as I was deemed unqualified to teach in my specialty field.

The site was at Beauvais[1], an adolescent mental health (MH) unit affiliated with our local hospital. Here, I receive youth from seven diverse school districts who battle substance use disorders (SUDs) as well as various MH disorders such as anxiety, depression, schizophrenia, and bipolar. Some have been homeless, many slice their arms in fits of self-harm, and some show heroin tracks criss-crossing the cuts. Others come with fresh scars from suicide attempts. I found myself facing students who had not only endured trauma but were also engaged in a potential lifelong process of recovery over both addiction and MH challenges. I was a French Immersion teacher of two decades, not a psychologist. On paper, I was grossly underqualified for this job.

1.4. Positioning Beauvais

Beauvais comprises half a floor of an urban MH building. It is an "end of the road" facility, intended to support youth who have exhausted all other community MH resources, such as counselling or an integrated health and social service centre. As well, students must show indicators of a concurrent (co-occurring substance use and MH) disorder, though this unit accepts patients who are non-concurrent (having only MH disorders). This makes these youth, in theory, a unique population (Saulnier et al., 2022) and some of the most vulnerable (Erskine et al., 2015; Henderson et al., 2017) in our health authority.

This inpatient centre offers services of psychiatrists, a psychologist, social workers, an occupational therapist, psychiatric nurses, youth care workers, and me, the teacher. It is this multifaceted approach that categorizes Beauvais as one of the first of its kind in the country. Patients spend usually less than a month here where they

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[1] All titles and names are changed to guard confidentiality.

stabilize, receive accurate MH diagnoses, and learn tools to implement once back in their home community. I have had several youth return up to five times. Before its opening, this unit had been planned as a "lifeline" for desperate families and as "a place to rebuild spirit."

To help make our unit a "home" for these three weeks, the space is welcoming. Windows are large, which gives natural light and creates a feel of "bright and airy." There are views of an inlet and mountains. The common area has a kitchen, ping pong and foosball tables, and a media room for movies. There is a large screen TV for video games, and it is not uncommon to find youth moving to *Just Dance*. There is an exercise room, spaces for families to connect, and private rooms for counselling.

I have been graciously welcomed as part of this medical and social services team to operate a small classroom. While I am still considered staff at my district's alternate high school, I work solely at Beauvais. I assist students with classwork they bring from their teachers, or offer an accredited course developed by my district for transfer back to their home school.

1.5. Positioning My Students

Despite their diverse backgrounds, Beauvais youth collectively describe similar experiences with educators. This is explored in Chapters 6 and 7. They identify the same needs and wants, as well as similar challenges, major or minor, that began during their mainstream school years. While I see my students in crisis after the CD has overwhelmed their mental, intellectual, and emotional health, each had teachers along the way with whom they interacted as they faced hurdles that became acute and, sometimes, life-threatening. Almost all tell me they felt misunderstood and ignored.

Over the past two years I have observed a shift in our clientele. In my first year and a half at Beauvais, I often had students who had been homeless or raised in an area of our city known for high rates of SUDs, MH disorders, and deaths due to drug toxicity or overdose. I am told that the screening committee tightened expectations due to specific circumstances that were proven, through experience, as problematic. For example, patients now must have a "safe exit plan," meaning that if life goes awry on the unit, they have an appropriate place to return. This policy immediately eliminates certain demographics; for example, a homeless youth has no opportunity for a safe exit plan.

Therefore, more of my students now come from a tangible home (rather than from homelessness), either with a biological parent or in foster care. I observe that these youth feel more stable and deal with fewer SUDs than those with whom I worked during my first year and a half at Beauvais. As there are more patients now who struggle with only MH (non-concurrent), they tend to have higher school engagement, less childhood trauma, and come from homes with two working parents. It is not that non-concurrent patients are the majority of our unit; however, fewer have SUDs since the change of intake criteria.

Participants in this study come from a wide array of experiences. Some students come with trauma that still makes me cringe and over which I have wept. Many youth are here from foster care through the Ministry of Child and Family Development (MCFD) and several come from low income homes. Many talk to me about "breaking the cycle" of addiction, mental unwellness, and violence. Their narratives expose the effects of trauma, a societal issue I discuss in Chapter 3. Some live in remote areas with few community services that, even if their parents could afford, are inaccessible.

At the opposite end of this socio-economic spectrum are those who have wealthy, highly educated, and overachieving parents. Many cohabitate with their biological parent(s). During my first two years at Beauvais, the school that referred the largest number of youth of all districts was considered the most "desirable" public school in this city, often cited on real estate listings. These students of privilege, who have a similar profile of those I taught in French Immersion, have access to psychologists, counsellors, and a list of acronymed specialists too long to mention here.

The more "fortunate" participants in this study have just one MH disorder. Many, though, battle ongoing CDs and therefore may be less productive in life, have less success in education, and more visits to the emergency department or psychiatric hospitalizations than their counterparts without co-occurring MH and SUDs (Esmaeelzadeh et al., 2018). In my classroom I observe students who experience inner turmoil and insecurity, immense conflict in various relationships, and academic, peer, or family pressure. (I will discuss more factors of CDs and how this is evidenced in the classroom in Chapter 2.)

At Beauvais, youth from these diverse backgrounds create their own community. United by the commonalities of substance use and MH challenges, they find kindred spirits and become friends who understand each other's struggles. These youth (mostly)

share the quest for sobriety and improved MH. It still amazes me how people from so many different upbringings end up at the same place, literally locked together in a MH institution, eating the same hospital food and seeing the same practitioners. These young people speak together and encourage each other with words that expose a Beauvais community wanting hope, healing, and connection. And there is no doubt that their problems, great enough to warrant a several week psychiatric stay, qualify them as "vulnerable" or "at-risk."

Ivory Toldson, professor of counselling psychology at Howard University and author of *No BS (Bad Stats): Black People Need People Who Believe in Black People Enough Not to Believe Every Bad Thing They Hear about Black People* suggests that, traditionally, the term "at-risk" is attributed to students who come from single-family and low-income homes, have experienced abuse or neglect, and are of a certain race or ethnicity (Toldson, 2019). Yet, Toldson challenges this very notion of attaching the concept of "at-risk" to any student, suggesting that "using 'at-risk' as an adjective for students is problematic. It makes 'at-risk' a category like honours student, student athlete or college-bound student, though 'risk' should describe a condition or situation, not a person" (p. 1). Therefore, the participants in this study will be referred to simply as "participants," "youth," or "my students." I do not want to label these participants according to their trauma, home life, or MH challenges. I view them all through the same lens; they are young people who have transformed my practice and with whom I am privileged to work.

1.6. Positioning My Classroom

Youth attend my classroom for two hours each morning as part of Beauvais programming. When I began this position, unit dynamics were new to me. Previously, I had the luxury of longer-term relationships with students (and families) I taught over multiple years. In my new work site, where relationships were short-term, I had to ascertain how to most effectively engage for a very brief period in time. So, on my gut-hunch that our few weeks together must be undergirded by affirmation, I structured the classroom to show students they *matter*.

Thanks to an abnormally hefty budget, I was able to buy reclining office chairs, iMacs, MacBooks, and iPads. I immediately purchased a capsule coffee machine. While other brands are cheaper, I insisted on the superior Nespresso brand, as, I would later

explain, "My students are worth Nespresso." I replaced felt pens and colouring pages with a turnstile rack of various genres of fiction and non-fiction books. Even though, at the time, I knew very few youth would agree to read even a comic book, I chose to send a silent message of their worth. My students are worthy of books. I bought plants.

As my mandate to build students' self-worth took root, my behaviour aligned; I began to listen better, ask probing questions, and truly pay attention to responses. I stopped typing on my laptop as a youth spoke and leaned in to engage more often. I made myself aware of body language—such as facial contortions or someone's hallway walk towards my classroom that suggested an evident state of debilitating anxiety—so that I could intuitively support these youth. While this attentiveness is more time consuming, it is feasible thanks to the teacher to student ratio of 1:5 (on a busy day). Unlike most of my colleagues, I have significant time to be aware of and engage with these students. (In Chapter 7, I discuss how we can support student wellness in busy mainstream spaces without the budget or time such as mine.)

1.7. Positioning the Reader

This thesis is written for educators. While at first glance my work may appear relevant solely for an alternate education teacher, it is not. From conception, this work has been intended for anyone in any educational setting who works with any type of learner. The lessons of my students are valid regardless of audience, age, gender, life experience, geographical location, or teaching area. These lessons, as I discuss in Chapter 7, *are perhaps what we ourselves need as teachers*. Parents, as well, might find this research useful, as the contents of this thesis shine light upon how adults must understand a young person, and give them what they need through maturation. I suggest that the propositions within this work can be implemented even in a brief encounter between adult and youth on a street corner. This research is for anyone wanting a glimpse into the souls of those who struggle with mental health and substance use disorders.

1.8. Positioning Myself

This unit's management team graciously allows me to attend Multidisciplinary Rounds each morning. Here, I learn about a student's family dynamics, parental

substance abuse, physical ailments, unsafe behaviour, and even, sometimes, the consistency of bowel movements. This knowledge, the teacher/student ratio, and unique classroom space make me privy to details of personal lives that most other teachers do not hear.

Throughout the privilege of this research and within my own reflection, I positioned myself as a teacher, but more importantly as a psychology-layperson who is well aware that she has no formal training in MH and SUDs counselling. While I have devoured literature and learned from growing research in this field, I often operate on my own intuition. I have never considered myself qualified to give a psychological analysis. Rather, my conclusions are based on my belief that, as humans, our fundamental need is to be in functional and healthy relationships with others. I work with youth who want to be seen, heard, and understood. And I believe that building self-worth in our students is foundational to all we do within the four walls of our classroom. I enter this thesis as a learner attempting to ascertain how I may integrate psychology into education. I have no formal counselling certifications to sit in the space that I do with these youth, yet my teacher-student connection gives greater testament to the power of a caring and listening educator (which I discuss in Chapter 7).

1.8.1. Enmeshment

To explain *how* I am positioned, it is important that I describe my navigation of the emotional intensity at Beauvais. When I began, I was like a deer-in-trauma-headlights. I sat in Rounds listening to horrific stories of sexual abuse, beatings, abandonment, and other occurrences of which I will spare my reader the details. Everything I listed above as descriptors of my students—the scars, heroin tracks, suicide attempts, and homelessness—I encountered within the first month.

My quest was to learn how to deeply engage at Beauvais and to disengage once back in the outside world. It was the notion of enmeshment that guided me. Introduced in the 1970's by psychiatrist Dr. Murrey Bowen, enmeshment first referred to environments of over-dependent and over-involved family members (Reevy et al., 2010). Family therapist Salvador Minuchin furthered this concept to describe the dysfunctional and codependent blurred lines of relationships (Minuchin, 1974), differentiating the "two extremes of boundary functioning… [to be] enmeshment and disengagement" (p. 54). If

the opposite of enmeshment is *disengagement*, I decided to choose the former; I could not disengage from these students in the moments we were together.

I wondered if I could use enmeshment for its benefits of "engender[ing] feelings of mutuality, belonging, and emotional support" (Kerig, 2014, p. 10). If I could sift out the positive aspects of enmeshment by deeply engaging with my students, perhaps they would feel the greater belonging and support that Kerig suggests. And I wondered if mutuality could occur as I, too, feel a part of my students' lives due to my emotional involvement. Perhaps, by finding meaning in this mutuality, I would find personal joy and well-being. Yet, I have shed tears—which I suggest society may find unprofessional—in hearing stories of the youth I work with. This is an example of how I *momentarily* lose the boundary of emotion by enmeshment, so that I can unguardedly care for my students.

However, I must then detach as I leave this place. I consider "detachment" as a way to disengage when the time is appropriate. Literally, as I exit the doors of this unit, I have a physical sense of "walking away," so that I can walk through the other areas of life without the weight of horrendous narratives upon me. I immediately learned to not recount anonymized work stories, simply because they were too traumatic for any listener and took work past a healthy boundary into my personal life. Thanks to my detachment upon exit, I can sustain attachment at Beauvais.

Even before Beauvais, my personal wellness has been a process of trial and error. After a few years as a new teacher, I stopped working weekends. Then ten years into my career, I no longer took home lesson planning or marking, which sometimes entailed a twelve-hour day at school. I did this for the sake of work boundaries. I also began to find joy in caring for students, where I experienced deep fulfillment as I watched my students thrive. I became focussed on what Noddings (2013) calls *engrossment*—where I sought to deeply understand my learners—in order to be attentive to and intuitive of my students' social, emotional, and academic needs. I needed to care to have the energy to pay attention to my learners, though to care better, I needed to be engrossed. As a result, I found meaning when I engaged beyond academics, such as supporting emotional and social growth; the purpose of building a student's worth became the driving force to make the effort to invest in the young beings before me. My focus turned more towards how a student felt that day than a meticulously crafted grammar lesson. My wellness and ability to navigate the intricacies of teaching flourished. *My most meaningful teaching years were not those when I taught*

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the best lesson plans, but when I fostered securely attached relationships with my students.

Now at Beauvais, I am engrossed with my students, and the image of enmeshing then detaching, enmeshing then detaching on a daily basis empowers me. As a form of self-care, I detach to maintain personal wellness. Though I consider my work as "extreme" alternate education, this enmeshment image can pertain to all teaching practices. Teachers must step in and step up for our students, yet also care for ourselves. I offer that when we care for our students, we find meaning and purpose. As well, we must detach from our work as we seek moments of healthy rejuvenation (to discuss in Chapter 7). I suggest that setting healthy boundaries is good also for our students, as boundary-setting allows us to bring our full selves to those who deserve the best.

1.8.2. Being A Listener

Another aspect of positioning is how I approached this research. As I considered my inquiry, I felt a chasm between adult perception and student experience, sensing that our current teacher-dialogue is missing a critical component. Certainly, as I will discuss in Chapter 3, there is an abundance of meaningful books about social and emotional learning (SEL), MH, wellness, and mindfulness. These are written by experienced educators who explain such concepts as adolescent needs, classroom management, and the value of relationships.

Yet, I wonder, are we listening?

While writing this thesis, I spoke to a good friend about MH support practices at his high school. He commented that he works with approachable and empathetic teachers and counsellors; he argued that his school has excellent systems in place for struggling youth. I asked how his students perceived such school support. He was unable to answer this question, as I may have been in his position. *We are not asking.* Yet, this study's participants consistently suggest that what schools are doing to support wellness is not working.

This thesis asks about students' perspectives of both school experiences and how teachers can foster better MH. The form of this thesis is narrative, since participants of this study answered nearly all questions through stories. My writing style is one of

dialogue, given this thesis relies on the phenomenological and experiential responses of my students. My intention is not to criticize the work of my colleagues. Rather, I share the experiences of Beauvais students who have been admitted to one of just three such units in the country whose patients have some of the highest incidents of death for their age group (Chesney et al., 2014).

In Chapter 2, I will discuss further the importance of being a listening teacher and the gap that *not listening* creates in supporting student wellness.

1.8.3. Biases and Reflexivity

Based on what I have described above, it is inevitable that my greatest concern when pondering this project (that I will describe in Chapter 2) was my own bias. Before the start of this study, I had already engaged in countless classroom discussions at Beauvais, a world in which I worked for three years prior to data collection. I had been asking questions similar to many of those in this study's interviews. Therefore, in order to keep an open mind about decisions I would make in the research process (Engward & Davis, 2015), I asked an abundance of questions to gather, I hoped, a broad range of responses. I knew that I would never use all this data in one thesis. The hurdle was removing my own tunnel vision, to keep my mind and expectations open, and to be ready for discovery. Most difficult for me was to avoid confirming my hypotheses before I even began the first survey, and to take on the challenge of finding the participant outliers that I did not anticipate.

With bias comes benefit. My humanity cannot help but participate in my research (Gibbs, 2015); I am a living, breathing human being who has responded emotionally to the experiences of my students, who still finds great meaning in these relationships, and who genuinely wants to learn how to consistently do better. This interaction is conducive to the grounded theory (GT) that Charmaz (2006) suggests is a social interaction approach:

> Recognizing assumptions is key to acknowledging the lens through which we view our world and our work. … it is not possible, nor indeed desirable, to separate our history and ourselves from the construction of a GT. Understanding and articulating our assumptions makes clear how our philosophical position only serves to enhance our work. (Birks et al., 2019, p. 3)

The power of my experience ultimately enhanced the construction of theory (to discuss in Chapter 4).

I practiced reflexivity throughout the research process. I constantly evaluated dialogue, and jotted notes as I considered my own reactions to and perspective of participants' stories. I had to also consider my own self as the researcher and remain open to personal scrutiny (Charmaz & Thornberg, 2021). I wanted to be a *reflexive* researcher; I chose to critically consider my role, practice, and process throughout this study (Braun & Clarke, 2021) and to ascertain the truth of the data before me rather than conclude what I wanted it to be. While I did not use thematic analysis (TA) per se as methodology, I connected with the notion that "the researcher is like an archaeologist sifting through soil to discover buried treasures. Analysis is a process of discovering themes that already exist within a dataset, or finding evidence for themes that pre-exist the data" (Terry et al., 2017, p. 20). I hoped to unearth themes that flowed from participants' narratives so as to discover rather than assume.

1.9. Conclusion

In this chapter I explained the research positionality of my teaching environment, the participants, the reader, and me as researcher. This chapter sets the stage for the process of this study. In Chapter 2, I introduce the goals of this thesis. I present what this thesis does and does not seek to achieve, and the foundation of my research process. I provide fundamental information about the issues of MH and SUDs that drove this research project and explain how schools are responding to these problems. I identify the hurdles, gaps, and research questions of this project.

Chapter 2.   Introduction

In Chapter 1, I positioned this work by describing the key players and elements involved in the research process. In this chapter, I introduce the purpose of my thesis. I illustrate the foundation of this research with stories of two participants. I establish what this thesis will not do and discuss listening as the main aspect of what it will do. I briefly outline the concepts of mental health (MH) and substance use disorders (SUDs), as well as student MH before and after COVID-19 restrictions. I describe the current state of student MH in schools, and how schools are supporting youth wellness. I identify three hurdles that impede this support and explain gaps I hope to fill in the process of giving students what they need. I conclude with my research questions and purpose.

2.1. The Tale of Two Students

The best way to illustrate the intent of this thesis is through the stories of two specific Beauvais students. Early in their inpatient stays, I learned that each had attended the elementary school where I used to teach French Immersion. They had the same teacher, several years apart, in the classroom next to mine. Their teacher and I partnered often, collaborating on lessons and outings. As they described specific field trips and visits to my classroom with their peers, I remembered; my memories were of sweet, happy preteenagers who appeared to be quiet, studious, and engaged.

Yet, in their conversations with me at Beauvais, both recalled how, at that time, they did everything possible to hide the horror of their home lives. Their main goal at school was to mask their emotions and "be normal," which, for each, was wildly successful as no staff member ever fathomed what they endured outside the school walls. Maddy[2] effectively hid the fact that she was being physically abused and emotionally neglected. At Beauvais, she tearfully told me how she tucked her mother, always in a drunken stupor, into bed at night. Even as a little girl, Maddy never knew the nightly ritual of a mother saying "Goodnight, I love you," and turning off her bedroom light as we assume all mothers do.

Adam described how he loved learning and often read books alone in the library.

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[2] All names in this study are changed to protect confidentiality.

He is one of the few Beauvais students who *enjoyed* Math. Adam's first visit to the principal was in grade seven after he punched a classmate. The Ministry of Child and Family Development (MCFD) became involved when they learned, after he ran away from home, that Adam's father had beaten him since the age of seven. Adam recounted vivid stories of bruises, bloodshot eyes, and his parents refusing a hospital visit due to particularly harmful abuse. He had poor sleep at Beauvais with memories of being woken up at night by a raging, alcohol-fueled parent. Adam did not attend school that year for weeks at a time because the marks of abuse were so evident. Teachers were told the absences were due to illness. We believed it.

The impact of these two students drove my research as I compared their finessed school presentations with the raw vulnerability of these beings before me at Beauvais. I could not have understood that Maddy and Adam's love of school was based on its far proximity from home, or that their most concerted effort in that adjoining classroom revolved around hiding the reality of their shattered lives. However, at Beauvais, delving into my students' pasts—to the extent that I do—is a gift that allows me to understand and know better, contrary to my days at that elementary school.

The lessons surrounding my prior unawareness of these two lives became the heart of this thesis. Had I known better, could I have interacted better? As I became privy to the intimate details of homes, I began to wonder about the frequency and extent of *hidden* family or peer trauma and the mental anguish that students endure. Conversations with anxious, depressed, and languishing students continue to expose stories that suggest our school system fails to give youth what they truly need. Ultimately, their narratives suggest that many youth feel invisible and uncared-for at school.

2.2. What This Thesis Will Not Do

To better outline this thesis, it is important to identify what it is not. I will not repeat strategies that are already mentioned in very sound and effective published teaching resources. This work will not determine roles and responsibilities of educators, nor protocols and processes of intervention. I will not suggest methodologies, training workshops, frameworks, optimal Individualized Education Plan (IEP) adaptations, nor will I describe the referral process to MCFD or MH practitioners.

The results of this study's data do not suggest that we must *do more*, but that we must *be differently*. While I detail in Chapters 6 and 7 the implications of how *we are* in our classrooms, in this section I describe my process of arriving at this study's conclusions. To describe this research process in the most rudimentary of terms: I listened.

2.3. Listening

Historically, we have not listened to students. It has been rare to invite student voices to help create policy or reform (Mitra et al., 2014) or make the choice to listen to what students have to say within schools (Cook-Sather, 2009; Smyth, 2007). Young people have felt this, reporting—when asked—that they do not feel heard (Hanna, 2022) or listened to (Du Plessis-Schneider, 2022; Healey et al., 2006) by teachers. I observed this trend of "not listening" as I researched traits of "listening educators" in various books, articles, Podcasts, or TedTalks. I was struck by how few of these writers and presenters actually *listened* to their subjects. Rather, content pertained to the writers' own opinions, along with anecdotes from decades of teaching. I did not hear voices of those very students about whom the analyses and conclusions were made.

2.3.1. A Few Listeners

While most educational "experts" I studied did not demonstrate listening skills with their subjects, I managed to find a handful of outliers. Some adults indeed asked students about their educational experiences with the purpose of improving teacher practice and supporting wellness. In *Safe, Seen, and Stretched in the Classroom*, Dr. Julie Schmidt Hasson (2021) polled "former students" (p. 1) in random public spaces, asking about their favourite teacher, to learn about memorable classroom experiences. Another study, conducted by high school and post-secondary young people (from Aspen Institute National Youth Commission on Social, Emotional, and Academic Development's Youth Commission) for The Collaborative for Academic, Social, and Emotional Learning (CASEL) surveyed students about school experiences and challenges, with the intention of improving the development of social and emotional skills that are necessary for their futures (DePaoli et al., 2019). The *All of Who I Am* study interviewed over 100 American youth about their perspectives of social, emotional, and

cognitive integration into learning (Jones et al., 2020). In *Teachers Need Real Feedback*, Bill Gates (2013) describes his foundation's study that surveyed students about what makes great teaching. Shelley Wright (TEDx, 2013) describes her efforts to ask students how they wanted to learn in the year so that she could adjust her teaching according to their needs.

2.3.2. When Listening Is Problematic

The reason for which we listen is important. As Scharmer (2018) suggests in *Theory U*, good listening depends on our intention. Scharmer identifies lower level of listening as "downloading" (p. 93), when we listen to confirm our own judgements rather than have an open mind to the person before us. We download information based on what we know, wanting to quickly reconfirm to ourselves: "There they go again." Stephen Covey (2013), author of *The 7 Habits of Highly Effective People*, also considers the aim of listening. He suggests that we often listen to primarily be understood in our conversations: "*Most people do not listen with the intent to understand; they listen with the intent to reply*" (p. 251).

I suggest that educators are quickly ensnared in the trap of listening as we seek to confirm our judgements of others and to be understood. How often do we place our own anticipation on students' words, or plan a response while a student is asking a question or giving a comment? As teachers, our days are spent making judgements and seeking to be understood; downloading and planning responses are inevitable practices of our listening. Compounding this is my own busyness: am I trying "to rush them, interrupt, or glance at my phone?" (Murphy, p. 9). How often are we too frazzled and do not want to be bothered to truly listen? These questions challenge us to reflect upon our motive for listening; we must consider whether we truly want to hear the thoughts and needs of our students, or if we are listening for our own self-gratification, as we assure ourselves that we are caring teachers who "listen." I propose that when our listening is nominal, in that *we listen only for the sake of listening*, we prevent ourselves from receiving student voice and make no space for self-improvement.

2.3.3. Authentic Listening

To avoid the listening-traps I present above, we must consider what makes listening authentic. True listening entails "responsiveness to student voice" (Kahne et al., 2022, p. 392). When we listen, we must "seek first to understand" (Covey, p. 251) the person who is speaking, which requires avoiding the intentions that serve ourselves rather than the speaker. I offer Rudduck's (2007) term 'consultation' (p. 590) as an example of how to guard listening intent. She describes consultation as educators partnering with students to discuss teaching and learning, including inviting students to provide feedback about instructional styles, curriculum content, and assessment opportunities. Consultation, Rudduck writes, is initiated by teachers and is purposeful, as it discusses topics that are important to youth, asks for advice, invites comments on classroom practice, and is "a way of hearing what young people think within a framework of collaborative commitment to school reform" (p. 590). When we do this, we are less likely to plan how we will be understood in conversation or make judgements, as we receive our students' voice. Receiving the words of our students is authentic listening.

2.3.4. Why We Must Listen: For Our Students

Authentic listening benefits our students. Its ability to bring equality to youth and foster their own development is evidenced at Burroughs High School, on Chicago's south side. In the aftermath of the murders of George Floyd, Breonna Taylor, and Tony McDade, students at Burroughs wrote a letter to the administration—signed by more than 80 youth—about their concerns of racism and white teachers' apparent lack of empathy. Rather than ignoring the letter, school administration invited student input on how to educate the community for development of a plan to promote equality (Kahne et al., 2022). The authentic listening of these educators is an example of what Safier (2017) suggests as the agent for administrators to create equity (Safir, 2017), even though listening is the most underrated leadership skill (Scharmer, 2018). Research found that Burroughs' promotion of youth voice resulted in students' sense of agency and belonging (Mitra, 2004); stories such as these illustrate why Lewis-Charp et al. (2003) suggest that listening fosters civic and personal development. By allowing students to have a voice, we become committed to equity in the classroom (Cook-Sather, 2022).

Further, listening to students promotes success. For example, in a recent study of grade 8 and 9 students in Chicago, Kahne et al. (2022) found that when young people felt heard, in that teachers received and authentically responded to students' opinions, both attendance and academic performance improved. Other research supports that allowing student voice improves academic and school success (Benner et al., 2019; Fullan, 2015; Mitra, 2009).

2.3.5. Why We Must Listen: For Our Own Transformation

Listening is not only beneficial for students, but also transformative for our teaching practice. Listening allows the development of mastery in our discipline (Scharmer, 2018, p. 31) and personal betterment (Dale Carnegie and Associates, 2017). Listening gives us insight into possible dysfunction of the school environment, what causes school attrition, and how school could be better (Smyth, 2007). However, more important than improving school space, I suggest that when we allow student voice—in that we *authentically welcome* that voice—we can improve our responses, reactions, and behaviours. We cannot help but to pay attention and engage (Cook-Sather, 2006). This allows what Scharmer (2018) calls generative listening, as it transforms the listener when they receive and respond to the speaker. Our behaviour and choices change, based on the words of the one to whom we listen. When this occurs, listening becomes the channel to building empathy and deeper relationships (Nichols & Straus, 2021).

If we do not listen, we create what Scharmer (2018) calls a "blind spot" in leadership and social change, where we are unaware of "the who" (p. 18) of our service. Listening, he states, is the inner source that shapes our perspectives, thereby allowing us to connect with future possibilities. As a teacher, I interpret this to mean that authentic listening allows me to shed my judgements of the person to whom I listen; therefore, I can connect with their true being and help support their potential, who they may become in the future. When I suspend judgement in listening, I will not confine the student to my own expectations. And, when I *know*—rather than judge—a student, I am better equipped to meet their needs. For this reason, the knowledge derived from authentic listening changes perspective, becoming the primary venue to improve my alignment with the true needs of my students. Through listening, I can behave and respond meaningfully and effectively as I consider the whole individual in my classroom.

2.3.6. Removing My Blind Spot

Therefore, to alleviate potential blind spots, I sought to become aware of "the who" of my service so that I could connect better with the wellness needs of my current and future students. Initially, I hypothesized that my findings would lead to recommendations of best practices and strategies for classrooms. As this research progressed, I began to consider not the "what" of classroom undertakings, but the "how." This occurred when I simply listened and allowed myself to be taught. Early on in this research process, I sensed that my participants have a wealth of knowledge; perhaps listening could become an empowering tool to access student knowledge and better understand the inner recesses of our students' minds. My dialogue was a form of "consultation," as I invited participants to provide feedback about how teachers can better meet their needs. I was confident their responses would allow teachers to improve our service to youths' emotional and social needs. Ultimately, I sought authentic listening to transform teaching practices that could better support students.

2.4. Mental Health (MH) and Substance Use Disorders (SUDs)

It is important to describe the common characteristics of those to whom I listened. The participants I interviewed had diagnosed MH and SUDs, which are challenges I continue to observe daily. Given my students' diverse backgrounds, it has become evident that facing these adversities does not discriminate between locale, economic status, ethnicity, or sexual orientation.

An explanation of my work to new acquaintances is often met with an earful of stories that testify to the depth and breadth of youth MH and substance use challenges. For example, recently at a coffee shop as I collected donated muffins for Beauvais, a waiting patron inquired about my loaded bags. After my brief explanation of the muffin recipients, the man embarked upon a lengthy narrative of his own son's schizophrenia. The father lamented the lack of MH funding, challenges navigating school systems, and misunderstanding from those in a position to assist. While the story of Adam and Maddy illustrates how easy it is to be ignorant of a youth's carefully constructed facade, this coffee-shop-father's experience, like other stories I often encounter, suggests that MH disorders infiltrate communities. I know many who are impacted by the pain of a sibling,

friend, or child who battles MH and, as I detail below, I witness this problem getting worse.

2.4.1. Trauma, Anxiety, Depression, and Substance Use (TADS)

The most common MH challenges, and the ones I encounter most often at Beauvais, are trauma exposure (Abraham et al., 2022; SAMHSA, 2022; Tonmyr et al., 2020), anxiety, and depression (Dikel, 2014; Merikangas et al., 2010). Substance abuse is often co-occurring with such MH disorders (Hawke et al., 2018; Libby et al., 2005) and is considered a MH condition given its influence on a person's neural circuitry and behaviour (Burke et al., 2017; National Institute of MH, n.d.). In this thesis, I refer to trauma, anxiety, depression, and substance use as TADS (an acronym I have not seen used elsewhere) and, when referred independently, use the term "mental health" to include SUDs.

2.4.2. MH and SU: A Concurrent Disorder

Adolescents with co-occurring MH and SUDs are an underanalyzed population (Saulnier et al., 2023) where research is sparse (Henderson et al., 2019). While my database searches found a handful of psychiatric analyses (such as Catchpole & Brownlie, 2016; Henderson et al., 2019; Saulnier et al., 2023), I have yet to uncover research that is specific to youth concurrent disorders in the field of education. However, understanding these students is of growing relevance given the numbers involved, as the percentage of students who face these challenges is too high for what young people should endure.

Canadian statistics for youth MH issues are grim. Almost one of every five youth aged 5-17 perceive themselves to have fair to poor MH (Statistics Canada, 2021) and nearly one third of children aged 11-15 experience at least two psychological distress symptoms each week, such as stomach pain, insomnia, or headaches (Gromada et al., 2020). By 2017, mood and anxiety disorders were seen in this age group more than in any other Canadian demographic (Statistics Canada, 2017) and, in 2018-2019, 1 in 11 youth were medicated for MH disorders (Canadian Institute for Health Information, 2022). The statistics of suicide contemplation are worse. Roughly 14% of 15-24 year-olds have reported suicidal ideation at some point in life (Statistics Canada, 2017), and,

since 2000, suicide has been consistently the second leading cause of death for youth 15-19 years (Statistics Canada, 2022).

The rate of substance use offers another unhealthy portrait of Canadian youth. The B.C. Coroners Service (2023) now reports drug toxicity as the leading cause of death for young people. Another recent study (Aderibigbe et al., 2022) found that while youth used substances in community settings (22.3%), they used even more in residential (37%); those older than 16 who had higher experiences of trauma used at significantly higher amounts. With their substance use, Canadian youth are particularly susceptible to concurrent disorders, as they experience higher rates (3.8%) and greater overlap between MH and substance use than older adults (Rush et al., 2008). The fact that MH and SUDs co-occur—and that the former is a precursor to the latter—is more of an expectation than an exception in the field of psychiatry (Deas & Brown, 2006; Kaminer & Bukstein, 2008). In Chapter 3, I discuss MH and SUDs in greater detail.

2.4.3. Declining MH Wellness: Pre-COVID-19 Era

While there is little concrete data about youth psychiatric disorders (UNICEF Canada, 2020), trends suggest that youth wellness has deteriorated over several decades. In Western nations, there was a sharp rise of youth anxiety, depression, and other MH issues between the early 1900s to 1990s, with a fivefold increase of MH issues occurring between 1939 to 2007 (Twenge, 2011). Of these, anxiety and depression were six times more likely to occur than other MH disorders. Further, studies dated from the 1930s suggest a consistent increase in panic attacks, neuroticism, verge of mental breakdown, and generalized anxiety throughout North America (Goodwin, 2003; Scollon et al., 2006; Swindle et al., 2000; Twenge, 2000). By 2019, 20% of Canadian youth aged 15 to 17 reported their MH to be "fair" or "poor" (Statistics Canada, 2020)

This MH decline is observed throughout the world, as adolescents are currently in a global MH crisis (Benton et al., 2021; Gunnell et al., 2018). Two decades of worldwide MH tracking shows an increase in youth MH distress (World Health Organization, 2020) and a decrease in MH wellness (UNICEF Canada, 2020). For example, over ten years, adolescent depression and anxiety rates have continuously increased (Comeau et al., 2014; Wiens et al., 2020), with females particularly affected by these disorders (UNICEF Canada, 2020; Wiens et al., 2020). Compared with the rest of the world, Canadian child and youth well-being has fallen from 10th to 30th place out of

38 wealthy countries in twenty years (UNICEF Canada, 2020). As of 2020, Canadians between years 15-19 ranked 31st of these same countries for low mental well-being and life satisfaction. Canada scores even worse regarding suicide rates, at 35 out of 41 measurable countries (Gromada et al., 2020), meaning we have some of the highest suicide rates in the documented world.

2.4.4. Declining MH and Wellness: COVID-19 Era

In 2019, as I prepared for this study, I had hypothesized that youth MH was deteriorating without any premonition of the effects of a looming global pandemic. Youth MH had *already* been called a crisis prior to COVID-19 (Vaillancourt et al., 2021). Then, as students experienced greater stress due to the social isolation of online learning and loss of extra-curricular activities (Sick Kids, 2021), their MH was significantly affected (Cost et al., 2021; De France et al., 2021; Schwartz et al., 2021). One study found that 57% of youth aged 15 to 17 reported their MH somewhat worse or much worse after physical distancing requirements (Statistics Canada, 2020). During COVID-19 restrictions, anxiety and depression rates rose far more than the anticipated trajectory for non-pandemic times (Courtney et al., 2020; De France et al., 2021). Hospitals witnessed a consistent heightened level of MH conditions (Sick Kids, 2021) as over 70% of youth experienced a decline in wellness relating to depression, anxiety, irritability, inattention, hyperactivity, and obsessions/compulsions during the first two to four months after the implementation of COVID-19 emergency responses (Cost et al., 2021). Canadian youth MH hospitalization rates rose by 60% (CIHI, 2022), though British Columbian teens fared even worse with 69% more hospital visits related to MH (CIHI, 2020). Some studies found increased substance use throughout the pandemic (Chaiton et al., 2022; Cho et al., 2021; Dumas et al., 2020). Eating disorders required hospitalization at a rate of 167% more frequently than from the pre-COVID-19 era (Agostino et al., 2021). These are the statistics at the time of this writing; however, the full impact of this recent pandemic on youth is unknown (Rogers et al., 2021).

Research indicates undeniable detrimental effects of COVID-19 restrictions, and Canadian youth report being misunderstood and unsupported. Young people between 15-24 years were hindered the most, reporting worsened MH (63.8%) more than any other age demographic in 2020 (Statistics Canada, 2021). Rates of decline were higher in those with pre-existing MH diagnoses (Cost et al., 2021), as COVID-19 affected youth

who had already been particularly vulnerable (Statistics Canada, 2021) compared to their counterparts. Yet, parents thought their offspring were doing better than children actually reported. Over half (52%) of Canadian youth years 12 to 17 did not consider their MH on par with what their parents believed it to be. Of those inaccurately assessed by their parents, 65% reported that their MH was worse than parental perception (Statistics Canada, 2021). Yet, as we fail to recognize the state of MH in our youth, 26% of these do not feel supported by their families (UNICEF Canada, 2020) and are not receiving adequate MH support (Vaillancourt et al., 2021; Wiens et al., 2020). Less than 20% of Canadian youth with MH challenges find appropriate treatment (Mental Health Commission of Canada, 2023), meaning that 80% of our students who struggle with MH do not get the assistance they need. Teachers echoed this problem over a decade ago, reporting that 20% of all students are either not being identified nor receiving MH services (Froese-Germain & Riel, 2012). When youth do get aid, wait times for practitioners in some Canadian provinces can be six months to one year (Children's Mental Health Ontario, 2020). Canadian responses to help these youth are even more dismal when compared globally. Canada ranks 28 out of 36 wealthy countries in their low spending on areas that influence the wellness of children and youth (UNICEF Canada, 2020).

All this leads to a larger conundrum. If parents do not recognize the lived experiences of their own children—and if these youth are not getting proper support—how could teachers ever accurately assess the wellness of students who research suggests are in a MH crisis? Misperception of youth well-being, combined with the fact that we do not yet know the full ramifications of a global pandemic (Bussières et al., 2021), make teacher-student relations more critical than ever.

2.5. MH in Schools

MH disorders have become a very relevant concern for teachers due not only to prevalence, but because of their impact on school success. In 2019, Statistics Canada (2020) found that 32% of youth with poor MH had a grade average of C or lower, while only 9% of those with very good or excellent MH had the same grades. This data aligns with research that suggests student wellness is correlated to school success (Askell-Williams & Lawson, 2014; Whitley, 2010) and that poorer MH leads to lower academic results (Whitley et al., 2018). Youth who struggle with MH do not engage in the positive

academic behaviour required for higher academic success, such as the ability to focus and self-regulate (Duncan et al., 2021). And we know that students who have a better mood and sense of well-being perform better in academic subjects (Duncan et al., 2021). Those with poor MH interact less in school and have higher drop-out rates than their counterparts (Whitley et al., 2018).

Inevitably, MH affects school attendance and substance use. Those who report poorer MH miss more school (Lawrence et al., 2019; Wood et al., 2012); research directly links higher school absence to depression (Finning et al., 2019), severe anxiety (Ingul & Nordahl, 2013), adverse childhood experiences (Stempel et al., 2017), and substance use (Gakh et al., 2020). As well, students who feel little educational support and are less connected to school are more likely to use multiple substances (Zuckermann et al., 2020). Conversely, schools that can engage youth and have positive climates and structures can offset drug consumption (Chan et al., 2017; Das et al., 2016; Lo et al., 2015). All of the above suggest that a school's awareness of and investment in student MH is essential for not only a student's academic and emotional success, but also to foster the school achievement that is linked to having success later in life (Dikel, 2014).

The importance of supporting student MH becomes paramount when we consider the magnitude of educational institutions' presence in the lives of youth. Apart from home, young people spend most of their time in schools, with the preschool and kindergarten teachers being the first adults a child regularly encounters as he or she gains independence from primary caregiver(s) (Dikel, 2014; OPACY, 2006). In British Columbian elementary schools, children spend 878 hours a year with teachers (B.C. Government, n.d.) while students across Canada between years 6 to 17 spend an average of 925 hours per year in class (Statistics Canada, 2018). This brings a total of time spent in classrooms between school start to high school graduation to at least 15,000 hours (Hamre & Pianta, 2010). As well, given that school attendance is mandatory in most provinces until 16 years (Zuker & Lecic, 2019), the classroom attendance rate of 97% of all Canadian 15 year-olds (Statistics Canada, 2019) further supports the fact that schools play a large role in childhood and adolescence.

Although teachers are not trained specifically to recognize and respond to MH and SUDs (Dikel, 2014; Engelhardt, 2016), they are in fact on the front lines of recognition and response. This is particularly the case if parents and caregivers are

unable to offer the support youth need: schools are locations where wellness problems emerge, as adolescence is the age when MH disorders are most diagnosed (Kessler et al., 2005; Merikangas et al., 2010; Solmi et al., 2021) with 50-75% of adult MH disorders beginning before the age of 15 (Kim-Cohen et al., 2003; Vaillancourt et al., 2021). Teachers therefore become key figures in identifying and referring struggling students to MH clinicians (Engelhardt, 2016), making schools a "gateway" (Dikel, 2014, p. 3) to MH services. This gateway makes teachers responsible and offers them the opportunity to form an essential support system for struggling youth (Dikel, 2014).

Research supports the notion that teachers can have a strong influence on young people. A 2010 survey found that 88% of respondents were able to identify a teacher who had a "significant, positive impact" on their lives, while 98% stated a good teacher can change the course of a student's life (ING, 2010). Respondents also stated that, apart from family, teachers have the greatest influence on growing up. This valuable position of teachers is attested to by my Beauvais students, who can immediately identify experiences in classrooms that helped or hindered their MH problems. These challenges eventually evolved to the point of requiring a stay at this psychiatric unit. Each youth I receive articulates positive and negative interactions with teachers during progressions of their MH deterioration that eventually became acute and, sometimes, life-threatening.

Brendtro et al. (2019) summarize my argument that it is more vital than ever for educators to understand and respond to what happens within families. They write about the power of a teacher in a student's journey towards MH wellness:

> There will always be children born to adults whose parenting skills and resources are insufficient to meet their needs.…… Whether educators and other youth practitioners are ready for this responsibility or not, they have a key role in reclaiming children adrift. Building restorative relationships is not limited to those with formal training in counseling. An adult who is involved in ongoing daily events has many opportunities to show small acts of kindness and respect. While trained therapists make important contributions, everyday supportive relationships are the most potent way to heal trauma…. In every city and hamlet, schools could become the new *tribes* to support and nurture children and adolescents at risk. The school is the only institution providing ongoing, long-term relationships with *all* our young. Some children spend only minutes a day in conversation with parents, but all have extended contact with adults who staff our schools. (pp. 36–37)

2.5.1. Current Social and Emotional Learning (SEL) and MH Focus

Fortunately, Canadian schools are increasingly aware of the importance of SEL. Books such as *Ensouling Our Schools* (Katz & Lamoureux, 2018), *Teaching with A Social, Emotional, and Cultural Lens* (Markowitz & Bouffard, 2020), and *Everyday SEL in High School* (Philibert, 2021) provide frameworks and strategies that foster social and emotional skills as teachers support mental, spiritual, and emotional wellness. In *Teaching with the Heart in Mind* (2020), Dr. Lorea Martinez Perez offers ideas of how to educate the hearts of students by building student wellness, while also considering the social and emotional intelligence of teachers. Beach & Neufeld-Strijack (2020) describe how to build student-teacher relationships and create inclusive, safe classrooms in *Reclaiming Our Students*.

Schools are also increasingly aware of the need to support MH. In *Creating Schools that Heal*, Koplow (2002) promotes early intervention practices in the therapeutic learning spaces of "emotionally responsive classrooms" (p. 49). Teachers learn how to create supportive learning environments that build strong MH in *Schools that Heal* (Latané, 2021). And *The Teacher's Guide to Mental Health* (Dikel, 2014) provides understanding about the MH disorders that occur most often in schools, including a framework to support students and undertake a referral process. I questioned why, with such extensive current educational dialogue about wellness and SEL, my Beauvais students have so many negative school experiences. It became evident that, while we strive to support student well-being, we are missing something.

2.6. Hurdles that Prevent Appropriate Student Support

Policy makers and educators do not dispute that youth need greater MH support (Children First Canada, n.d.; Froese-Germain & Riel, 2012; Vaillancourt et al., 2021). However, while schools are potential access points to identifying and supporting MH, there are hurdles. I offer three barriers that prevent us from adequately fostering student wellness: teachers' lack of time, "buy in," and personal wellness.

2.6.1. Time

Teacher time constraints, which are unavoidable in schools, are our first hurdle to

support student wellness. Katy Farber (2010), author of *Why Great Teachers Quit*, identifies "the time crunch" (p. 44) as a primary cause of teacher attrition. She interviewed teachers who explained they do not have the time to do all that they feel they should. She writes, "ask teachers what they need more of, and time is usually first on their list. Time for meaningful assessment. Time to collaborate with peers. Time to plan for instruction to help meet the needs of their students" (p. 44). Farber offers one teacher's comparison with her husband's work that resonates with my own experience as the teacher-wife of a software developer:

> My husband was a great moral support, but I couldn't help but hate him and his job as a programmer. He could sleep through his alarm, and it wouldn't be a disaster if he was a half hour late. He could go to the bathroom when he wanted. He could go out to lunch with his colleagues. He worked on his project for eight hours a day, and when it was time, he could come home and didn't have to plan or grade. He didn't deal with constant noise and chaos and power struggles and have people questioning everything he did. He could call in sick without a second thought and not have to worry about sub plans at 3 a.m. when you're puking your guts out (p. 45).

Classroom teachers must adhere to the B.C. Ministry of Education's checklists of Content Learning Standards, Big Ideas, and Core Competencies (B.C.'s Curriculum, n.d.). This curriculum asks that teachers offer personalized, concept-based and competency-driving learning, flexible and individualized learning environments, as well as community collaboration. We must also adapt and modify programs for diverse learners. I recall the pressures of this combined with the challenge of being required to teach concepts for which I was not trained. For example, when I taught grade 7, having to teach "simple algorithms that reflect computational thinking" (B.C. Ministry of Education, 2016, p. 1) was daunting. I still vividly recall what I refer to as my "hamster on a wheel" experience in mainstream elementary teaching. I struggled to find the time to support student wellness when I faced the daily burden of an already very full workload.

2.6.2. Buy In

A second hurdle in supporting youth wellness is a teacher's "buy in" to do so. To "buy in" entails that a teacher concedes that a student's well-being overrides academic endeavours. However, there is hesitation amongst teachers to be involved in MH concerns for which they are not trained (Clarke, 2021). And, when we do not engage in prevention programs, we relay the message that academics are more important than MH (Doll & Cummings, 2008). Some teachers believe that their work is to pass on

knowledge rather than be keepers of emotions (Perez, 2020). In my own practice, I felt a constant drive from colleagues and administrators to adhere to government curriculum and assessment practices, which unintentionally minimizes the critical component of MH in a student's educational journey. Counsellors who I speak with in various communities echo the outcome of prioritizing academics, as they feel that many colleagues give messaging that their teaching role is to relay facts—student wellness should be directed solely to the trained sector of psychology.

I wonder if "buy in" is hindered due to the relatively novel concept of "SEL" in education. The term was introduced only thirty years ago, in meetings hosted by the Fetzer Institute (Elias et al., 1997), as a response to an increasing concern of failing prevention programs and health-promoting efforts in schools. These 1994 meetings led to the creation of CASEL, which seeks to establish quality and evidence-based SEL practices in schools (Kress et al., 2006). While greater emphasis on SEL practices is evident in the past twenty years (Shanker, 2014), I personally have observed heightened dialogue in teaching workshops and professional development over the past decade. Therefore, for colleagues who taught decades before the term "SEL" was coined in 1994, prioritizing the emotional rather than the academic is a relatively new concept.

2.6.3. Teacher Wellness

A third hurdle, and one that has come to light more during the COVID-19 pandemic, is that of teacher wellness. In B.C., 80% of teachers have reported decreased MH since the beginning of the COVID-19 pandemic (Gadermann et al., 2021). Teachers report poorer well-being as we feel more stressed, find it harder to cope, and have a growing sense of unhappiness (CTF, 2020). This affects our ability to support student wellness; it becomes more difficult to be mindful of and empathize with the struggles of others when we face our own (Mackenzie, 2019; Perez, 2020). Yet, when teachers are well, we are more capable of navigating the challenges of a classroom (Saenz, 2012) because there is a direct correlation between teacher wellness and our ability to support youth well-being (Clarke, 2021). Adam Saenz (2012), a psychologist with extensive experience in schools, articulates the importance of teacher wellness to effectively navigate a classroom:

> In my years of working in school systems, I have observed that when a teacher is [mentally] well—not just free of obvious symptoms, but truly functioning at optimal capacity—variables like student behavior, parental

involvement, teaching strategies, and test scores, while certainly relevant, will not ultimately control the quality or effectiveness of the professional experience. Those realities won't disappear, of course, but a healthy teacher can navigate them, confident that the goal of his or her vocation— impacting students—still is well within reach. (p. 21)

If we are not well, we do not have the capacity of patience and empathy with students. We hear of self-care practices; I observe these offered in workshops, in staff room dialogues, and at Professional Development days. We know our health is important, yet clearly teachers are struggling.

While I did not plan that my research would determine ways to build teacher mental health, I believe my results are beneficial not only to our students. As we embark upon this journey of discovery, I challenge us to consider this work as a means to our own wellness. I suggest that Noddings' concept of reciprocity (2013) should be considered throughout these pages:

What the cared-for gives to the relation either in direct response to the one-caring or in personal delight or in happy growth before her eyes is genuine reciprocity. It contributes to the maintenance of the relation and serves to prevent the caring from turning back on the one-caring in the form of anguish and concern for self (Noddings, 2013, p. 70).

As I present how to best support student wellness, I offer a reciprocal means of care. The student-desires I present in this thesis may be our desires, too; by giving them, we may receive. I will expand upon this at the end of Chapter 7, as I align my conclusions with how we can maintain our own wellness in our ways of SUC.

2.7. The Gaps to Fill: Listening, Understanding, Responding

While finding time, buying into prioritizing student wellness, and managing our own MH make the process of supporting students a challenge, it is possible to provide environments that students need. I suggest, as I outline these ways in Chapters 6 and 7, that there are three "gaps" in our system where students' needs are not being met; I propose that we must listen more and differently, understand what our students truly need, and find feasible and tangible ways in which to respond.

The first gap I address is that we must authentically listen to students. I have already explained how our listening can be inauthentic yet is a powerful transformative tool for both student and teacher. In my listening as a researcher, I tried to suspend

judgement and not plan my own responses. Given that my intent was to learn, and to be open with that learning, I sought listening that could transform my practice to do better for my students. I wished for altruism in this pursuit, that these findings are not for my personal gain but to meet the whole student. Throughout this process, I sought to create a practice of care, which I detail in Chapter 6 when I describe participants' reactions to this study.

The second gap I wish to fill is to truly learn the hopes and desires of my participants. Education offers a plethora of methods to support student wellness, but according to this study's participants, what we are doing is not working. Many participants voiced that teachers were more focussed on academics and checklists rather than wellness. Therefore, I hope to understand their experiences and perspectives that I may not have considered as I try to support. Understanding improves responses and allows us to contemplate whether we are doing what we hope to do with MH and SEL support. The findings of this study are integral to the results and conclusions of Chapters 6 and 7.

The third gap is to explore how we may better respond to students when our time is limited. In Chapter 7, I offer how we may feasibly support students while existing within the very busy teacher-life I discussed above.

2.8. Research Questions and Purpose

To better explore authentic listening, learning about the desires of my participants, and ascertaining how to respond in an appropriate manner, I posed three foundational questions:

1. What do Beauvais students perceive to be the characteristics of teachers and classrooms that promote MH and well-being?
2. Can Beauvais youth identify classroom activities/practices/behaviour that help students feel good about themselves and build their self-esteem?
3. What qualities of an education system do Beauvais youth find most supportive in both acute units and alternate/mainstream schools?

These became the springboard to my qualitative and quantitative survey development. For example, finding classroom activities/practices/behaviours that allow students to feel good about themselves elicited the questions, "What were the best

activities or practices at school that made you feel good about yourself?" about past schools, and "Tell a story from the Beauvais classroom where you felt good about yourself."

As this study evolved, I saw that the three points above would culminate into my core question:

- *What did students need from teachers as their mental health declined and substance use increased?*

Ultimately, responses give insight into a broader understanding of:

- *What do students need from teachers to support wellness?*

My discussion in Chapter 6 answers both these questions: when we know how to support students' mental health and substance use, we effectively support overall wellness.

This research process and data analysis followed the principles of grounded theory (discussed in Chapter 4). Study questions were answered using student surveys that pertained to school experiences, including what school supports could maintain or improve student MH. This thesis sought to discover and relay the nature of student experiences with the greater goal of contemplating the classroom spaces we create and our awareness as educators.

And, while contravening a culture where our listening skills have deteriorated (Goleman, 2015), I felt that these "lessons from Beauvais," spoken through narratives of my students, could perhaps be applied to others. I argue that *Lessons from Beauvais*, embedded in the thoughts and experiences of my participants, is applicable not only in my classroom, but in other alternative or mainstream spaces. When I consider my former FI students from the past twenty years, I see that my behaviour should be no different towards a youth with severe MH/substance use challenges than to one of a *seemingly* healthy background. There is a commonality amongst all students in that they want to be valued, seen, and heard. They want to feel they matter enough for teachers to pause their agenda so as to interact and reflect with the students before them. The challenge, however, is to have tangible implementation of these lessons in classrooms where the teacher-student ratio throughout a full high school day is nearly 25 times greater than mine.

2.9. Conclusion

In this chapter I introduced the rationale of this thesis and goals of my research. I articulated the challenges of listening, MH and SUDs, as well as the past and current state of student wellness. I identified how schools are responding to MH while offering how teachers are impeded in trying to support students. I explained the gaps in this process as I identified this study's primary questions and purpose.

In Chapter 3, I explain the key factors of a Beauvais youth's concurrent disorder, arguing that trauma, anxiety, depression, and substance use (TADS) are the most prevalent. I outline basic neuroscience to explain what occurs within the brains of our students that creates the outcomes of TADS. In Chapter 4, I detail the methodology of this study, and provide results in Chapter 5. In Chapter 6, I discuss this study's results, and offer limitations and areas for further study in Chapter 7.

Chapter 3.   Literature Review: TADS and School Response

In Chapter 2, I introduced the purpose of this thesis. I emphasized "listening" as a main component to this work and presented main concepts of mental health (MH) and substance use disorders (SUDs). I also described the state of current MH in school settings. I suggested hurdles and gaps in how we can best support students.

The goal of this section is to provide an understanding of trauma, anxiety, depression, and substance use (TADS) and to make us, as educators, aware of what some students endure. In this chapter, I explain the choice of literature references for this review. I then argue why teachers should have a basic grasp of neuroscience and why such knowledge allows us to better understand our learners. I introduce the role and function of each brain part associated with TADS that are relevant for teachers. Next, I provide an explanation of the nature, effects, neuroscience, and behavioural outcomes of TADS. I conclude this chapter with an explanation of how schools and other institutions are supporting wellness.

3.1. Introduction

I must first justify the nonconventional nature of this review, as it positions participants as experts we can learn from. Throughout this thesis I suggest that we must listen to our students, but how much do we truly believe in the value of their words? In a conventional literature review, it is the adult experts who create the "literature." While researching for this section, I found that descriptions of TADS were written by counsellors, psychologists, and psychiatrists who explain symptoms and behaviour based on their own observations and scientific research. I found only a few sources that provide an explanation of lived experiences. However, I possessed many such accounts from my research: my participants' poignant descriptions of their own encounters with TADS.

Therefore, I have made an ethical decision to position my participants as "experts" of TADS in my ongoing commitment to alleviate rather than perpetuate misunderstanding. I want to expand this literature review to include what van Manen (2016) describes as "the empirical realm of everyday lived experience" (p. ix) and place

the researched as agents having "expert knowledge about themselves and their conditions" (Smith, 2021, p. 286). I have taken care, as seen at the core of this thesis, to not alienate my participants—who some readers may see as underprivileged (Smith, 2021)—as I value their wealth of intimate TADS knowledge. I choose to honour and credit this study's participants rather than place them in a subaltern position of diminished value. I argue that, given their lived experiences, they can teach us perhaps better than any TADS researcher.

Below, I offer the situated knowledge of participants' narratives as the means of knowledge transformation (Dohn et al., 2020). Such transformation occurs when we receive these stories, educating ourselves in ways Joanne Archibald (2008) describes as "the heart, mind, body, and spirit" (p. x). I want to borrow from practices that value *research as ceremony* (Wilson, 2008), entering spaces with participants whose stories engage me in a respectful relationship of reciprocity (Archibald, 2008). One could argue that the following participant narratives are better suited in Chapters 6 and 7, given they are outcomes of my research. However, my purpose in relaying participants' TADS experiences is better actualized if I present narratives here, as this data provides a richer view of the very participants foundational to this research.

This literature review contains, then, two bodies of knowledge; I offer published and peer-reviewed research accompanied by participant narratives. The structure in each TADS section begins with a quote from a published author that offers a glimpse into the topic. Next, I present the current literature of TADS, and then provide insight from my "expert" participants of Beauvais. Each section offers a chart that presents TADS neuroscience and the behavioural outcomes. Following each chart, I summarize the TADS behaviour that teachers may observe in a classroom.

3.2. Naomi Osaka

To illustrate why a Philosophy of Education thesis presents neuroscience, I offer an incident that ignited a global firestorm in the sporting world in 2021 (Strauss, 2021). As I wrote this section in June 2021, Naomi Osaka, the world's second-best female tennis player, refused to take part in the French Open's post-match news conferences (Clarke, 2021). She cited conference trepidation, social anxiety, and bouts of depression as reasons to safeguard her MH (Goel, 2021). I found an earlier ESPN video from the 2018 US Open Trophy ceremony showing Osaka in tears, as she apologized for her

victory. She was booed for having beaten Serena Williams (ESPN, 2018). It is no wonder that Osaka refused the 2021 media conference. Yet, she was fined $15,000 for stepping away from her media obligations (Clarke, 2021). While her sponsors supported her decision and applauded her courage (Gregory, 2021), she was nonetheless reprimanded by French Open officials, who threatened further consequences and potential disqualification if she continued her media boycott (Walsh, 2021).

There are parallels between Osaka's situation and the challenges facing Beauvais youth. All struggle with the impact of MH, unseen by the human eye. Had Osaka dislocated her shoulder or broken a leg during the match, French Open officials would arguably not have taken a punitive approach to her defiance of contractual obligations. In fact, I argue the term "defiance" would be considered an outrageously inappropriate term for physical injury. I fail to find an occasion where a severely injured tennis player is interviewed after a match. Society understands physical ailments. We grasp the immense pain of dislocation or the incapacitating nature of a femoral fracture.

Yet, society does not equate internal MH ailments with the severity of physical pain. Osaka made 60 million dollars in the twelve months before the 2021 French Open debacle, and had accolades showered upon her by tennis fans, peers, and the business world (sponsorship generated 55 million dollars [Knight, 2021]). Despite her success, French Open officials did not recognize her MH challenges as debilitating, nor grasp that anxiety and depression affect brain function. If tennis superstar and multimillionaire Naomi Osaka is misunderstood by the tennis world, what hope do students with similar challenges have to be understood in a classroom?

If I were a Physical Education teacher with a student lagging behind others in a soccer game, I could respond in several ways. I could interpret that this child is simply lazy, and therefore give firm direction to pick up the pace and put in more effort. If I felt this student didn't sleep well the night before and was genuinely fatigued, I would have more empathy and allow them more lag time on the soccer field. If I was given a doctor's note that the youth's leg was broken, I would not begin to entertain the notion that they would engage in soccer; I would immediately sit them on the bench. If their leg broke during a game, I would send them to the hospital.

Naomi Osaka, while nearly a decade older than my average participant at the time of this study (Strauss, 2021), demonstrates that neurological challenges—which for Osaka were anxiety and depression—have an enormous impact on outward behaviour.
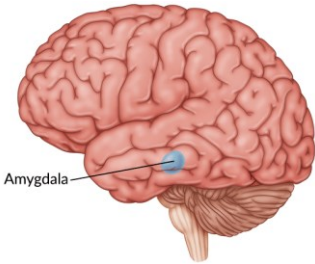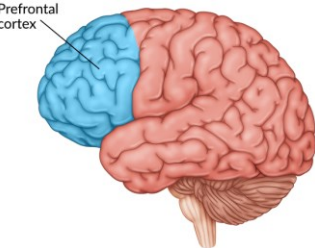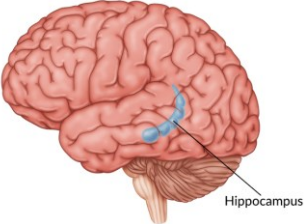
In *The Man Who Mistook His Wife for a Hat*, neurologist Oliver Sacks (1990) solidifies, through patient stories, how specific brain malfunction affects behaviour. "The patient's essential being is very relevant in the higher reaches of neurology" (p. viii), he wrote. Osaka's experience echoes this, as she illustrates the importance of understanding the unseen so that we may effectively engage with the people around us. For our students' well-being, we must approach their MH challenges as a *health issue* (Swartz, 1998, p. 10); therefore, we must learn what we can about its effects on neural circuitry.

Therefore, to better understand unseen teenage neural functioning, I describe the physiological effects of TADS on the adolescent brain, and subsequent impact on behaviour. Neural changes are most prevalent in adolescent years, apart from the first three years of life (Coleman, 2021); therefore, insight into these swiftly developing adolescent minds is a powerful tool of student support. Knowing how the brain works during adolescence gives insight into how youth mature and makes us better teachers as we may better facilitate emotional development in our students (Coleman, 2021). This aligns with a foundational concept of this thesis, discussed in Chapter 7: when we know better, we respond better.

3.3. A Neuro-Introduction: The Brain and Its Healthy Function

Before I detail TADS and respective neuroscience, I introduce the parts of the brain impacted by each. It is important to understand these parts as they relate to behaviour and/or learning in the classroom, and to know how they function at optimal levels. This provides the necessary foundation for subsequent discussion about how these parts are hindered by TADS. In this section, I provide images, roles, and positive outcomes when these brain parts function as they should.

Table 3.1:   Parts of the brain, with description of roles

Amygdala	
	• oversees emotions, sensations, and reward-seeking (Coleman, 2021) • works with HPA axis to sense stress (Tottenham & Galván, 2016) • "smoke detector" (van der Kolk, 2014 p. 60), alerting us if external stimuli a threat (fear acquisition) • sensitive to anxiety (Guyer et al., 2008) image: **https://www.flintrehab.com/damage-to-the-amygdala**
Prefrontal Cortex (PFC)	
	• controls reasoning, thinking, problem-solving, other cognitive functions (Coleman, 2021) • vulnerable to adversity (Luby et al., 2017; Silberg, 2013) • sensitive to experience (Nelson, 2008) and anxiety (Guyer et al., 2008) image: **https://www.flintrehab.com/prefrontal-cortex-damage**
Hippocampus	
	• development is hindered by stress (Belleau et al. 2019; Teicher et al., 2003) • plays important role in learning and memory (Anand et al., 2012; Eichenbaum et al., 1992; Karestan et al., 2010; Kutlu et al., 2016; Scoville & Milner, 1957) • processes information (Brodal, 2010) • plays a role in more complex cognitive processes and working memory (Yonelinas, 2013) • acts as a switchboard between perception and memory (Treder et al., 2021) • assists visual organization; scene perception, imagery (Turk-Browne, 2019) • behaviour regulation (Brodal, 2010; Toyoda et al., 2011) image: **https://www.flintrehab.com/hippocampus-brain-injury**
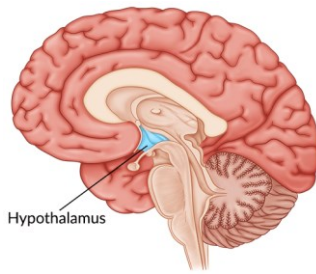
Hypothalamus	
	• works as part of the HPA axis to send stress signals (Hinds & Sanchez, 2022) • regulates secretion of glucocorticoids (Erkut et al., 1998), acts as command centre of glucocorticoid secretion (Karestan et al., 2010) image: **https://www.flintrehab.com/hypothalamus-brain-injury**
Neural Connectivity (prefrontal cortex to limbic system)	
	• generally, not fully developed until 25 years old (Arain et al., 2013; Jadhav & Boutrel, 2019; Sylwester, R., 2014) • a healthy connection between the thinking region of the brain (PFC) and the emotional/feeling control centre (limbic system) makes brains more skilled and efficient (Coleman, 2021) image: **https://moodsurfing.com/prefrontal-cortex-and-limbic-system**
Hypothalamic-Pituitary-Adrenal axis (HPA axis)	
	• communication system; helps manage our stress-response (Felton et al., 2016; Jankord & Herman, 2008; Smith & Vale, 2006) • reactive to a stressful situation, allows one to respond swiftly and appropriately to the stressful events that often occur in school settings (Stephens & Wand, 2012, such as testing (Hinds & Sanchez, 2022) • regulates stress response, releasing cortisol at regulated levels that are appropriate for the situation (Russell & Lightman, 2019) • allows cortisol levels to rise and recover efficiently after a stressful event (Stephens & Wand, 2012) image: **https://www.psypost.org/2021/09/study-suggests-that-prefrontal-cortex-damage-can-have-a-paradoxical-effect-on-rationality-61827**
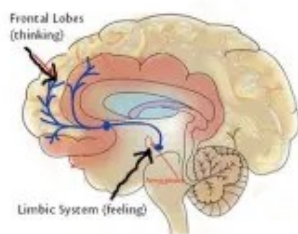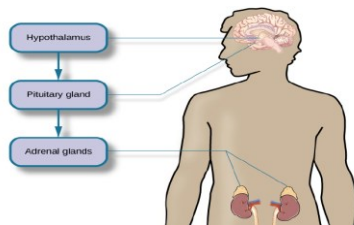
3.3.1. Cortisol

While cortisol is not a brain part, it plays a vital role in our stress response (Talbott & Kraemer, 2007). This primary stress hormone (Cowen, 2010; Smeeth et al., 2023) is the type of glucocorticoid in humans secreted by the HPA axis (Smith & Vale, 2006):

- intended for healthy stress response (Cowen, 2010; Cowen, 2002)

- released into the bloodstream with stress (O'Connor et al., 2000)

- stress elevates cortisol levels (De Bellis & Zisk, 2014) that may stay elevated for lengthy periods (Smith et al., 2009)

- when at optimal function, cortisol is released at levels that are appropriate for the circumstances (van Leeuwen et al., 2011)

- prepares the body to respond to threat, allows for either direct combat to threat (fight) or to run away (flight) (Coleman, 2021)

- cortisol levels are correlated to stress levels, and determine how a body will respond to stress (Dienes, 2013)

- assist emotions and behaviours (Lerner et al., 2007; Roelofs et al., 2005)

- raises heart rate to elevate blood flow, speeds breathing to bring more oxygen to the body, redirects blood to muscles, decreases digestion so that we can hold onto fat and sugar to allow for more energy (Coleman, 2021)

- raises blood sugar by creating glucose in the liver (Thau et al., 2021)

For lay people, cortisol is known as the "stress hormone" (Cowen, 2010; Cowen, 2002), as its levels are correlated to stress and determine how a body will respond to stress (Dienes, 2013). This is due to the phenomenon that when we encounter stress, cortisol is released into the bloodstream, regulated by the HPA axis detailed below (O'Connor et al. 2000). It raises our heart rate to elevate blood flow, speeds our breathing to bring more oxygen to the body, redirects blood to muscles, and decreases digestion so that we can hold onto fat and sugar to allow for more energy (Coleman, 2021). One book (Miller, 2023) calls cortisol "the hormone master," claiming it boosts a person's health, helps weight loss, fertility, menopause, increases life expectancy, and can decrease stress. Cortisol prepares the body to respond to threat and situates us to either directly combat the threat (fight) or run away (flight) (Coleman, 2021).

As a teacher, understanding cortisol changed my perspective on student behaviour. Too much or too little cortisol has detrimental impacts, affecting physical health, mental wellness, and neural function (Talbott & Kraemer, 2007). Excessive cortisol hinders learning, makes it more difficult to manage emotions (Coleman, 2021), and elicits heightened activation (Maté, 2022). Decreased levels of cortisol are debilitating, causing difficulty to self-regulate, respond appropriately, or stay calm in moments of stress (Maté, 2022). As evidenced below, cortisol plays a primary role in TADS behaviour. Bessel van der Kolk (2014) describes cortisol and how it is damaged from trauma:

> Ideally our stress hormone system should provide a lightning-fast response to threat, but then quickly return us to equilibrium. In PTSD patients, however, the stress hormone system fails at this balancing act. Fight/flight/freeze signals continue after the danger is over, and… do not return to normal. Instead, the continued secretion of stress hormones is expressed as agitation and panic and, in the long term, wreaks havoc with their health. (p. 30)

3.4. Trauma

> Traumatic events of the earliest years of infancy and childhood are not lost but, like a child's footprints in wet cement, are often preserved lifelong. Time does not heal the wounds that occur in those earliest years; time conceals them. They are not lost; they are embodied. Only in recent decades has the magnitude of the problem of developmentally damaged humans begun to be recognized and understood. (Lanius et al., 2010, p. Xiii)

3.4.1. Definition and Prevalence of Trauma

Trauma is defined as "the experience of, and response to, an overwhelmingly negative event or series of events, including violence" (Public Health Agency of Canada, 2018). Gabor Maté (2022) writes that "trauma is not what happens *to* you but what happens *inside* you" (p. 20). Trauma can be either witnessed or experienced (Centers for Disease Control and Prevention [CDC], 2019a). Trauma is a "longitudinal process which develops over time and follows a course" (Şar, 2008, p. 3), meaning that unresolved trauma is not a one-off event but develops after repeated incidence. This was recognized when Sigmund Freud, while studying hysteria in psychiatric patients, found that psychological responses did not evolve from one single experience but from a

series of early events that contributed to patients' breakdowns (Figley et al., 2017).

Gabor Maté (2022) eloquently describes the issues of unresolved trauma:

> Raw wound or scar, unresolved trauma is a constriction of the self, both physical and psychological. It constrains our inborn capacities and generates an enduring distortion of our view of the world and of other people. Trauma, until we work it through, keeps us stuck in the past, robbing us of the present moment's riches, limiting who we can be. (p. 21)

And while unresolved trauma is at the core of one's present-day challenges (Maté, 2022), the occurrence of trauma throughout society is a sad reminder that the traumatized have much to reconcile (I discuss healing from trauma in Chapter 6). The most recent *Canadian Incidence Study of Reported Child Abuse and Neglect* (CIS) in 2019 concluded there are 48.22 maltreatment investigations per 1000 children across Canada (Fallon et al., 2022); investigations pertained to substantiated maltreatment, exposure to intimate partner maltreatment, physical and emotional harm. The CIS is the only Canadian group that collects data on child maltreatment, and this data speaks only for what was investigated. In 2020, American child protective services agencies reported that 8.4 victims in 1,000 were abused or neglected, with 77.2% of perpetrators being a parent of the victim (U.S. Department of Health and Human Services, 2022). Yet childhood abuse is grossly underreported: 93% of people who endured childhood trauma do not notify police or child protective services (Statistics Canada, 2021). As of 2018, thirty-two percent of Canadian adults reported having experienced abuse as a child (Public Health Agency of Canada, 2018), which again suggests that reported abuse (as evidenced in investigations) is nowhere near the actual number of abuse cases. According to the CDC (2019b), 61% of adults had one type of early childhood trauma, and an additional nearly 16% encountered four or more. (I detail the ten types of trauma in the next section.) This data simultaneously suggests that, statistically, over three quarters of our students endure adverse childhood experiences yet do not tell trusted adults. Therefore, fundamental knowledge of how to provide trauma informed care in our classrooms, which I discuss in Chapter 6, is critical.

3.4.2. Adverse Childhood Experiences (ACEs)

When referring to trauma, the CDC (2021) references the Adverse Childhood Experiences (ACEs) assessment. As educators, when we understand the concept of ACEs, we have a better grasp of the depth and breadth of trauma's impact even years after traumatic events. The notion that early childhood trauma can indicate future adult

challenges was first discovered during an obesity study, after participants revealed that they had overeaten to protect themselves from sexual abuse (Felitti, 2019). Based on these findings, the first ACEs study emerged that ascertained seven categories of adverse experiences: physical, psychological, and sexual abuse, domestic substance abuse, criminal behaviour and mental illness, and violence against the mother (Felitti, 2019; Felitti et al., 1998). Subsequent studies added the categories of physical and emotional neglect and parental separation or divorce (Murphy et al., 2014). Currently, ACEs are determined by a self-reported questionnaire that asks about events occurring between birth to 17 years of age, with each category scoring one point to a maximum of ten trauma types (Centers for Disease Control, 2020; Felitti et al., 1998; Felitti, 2019). In their initial ACEs study findings, researchers were surprised that categories of trauma were not isolated; a single type of trauma was most often accompanied by at least one other (Felitti et al., 1998). For example, children raised in a home with adult addictions had also experienced neglect or abuse. This compounds the positive correlation between higher trauma scores and behavioural and health problems in adults (Felitti et al., 1998).

The ACEs questionnaire is a well-known screening tool in the medical system (Dube, 2018) that indicates a patient's risk of negative health outcomes. Beauvais conducts ACEs surveys at a youth's discharge. Since 1998 there is continued research that supports Felitti's initial findings of an exponential increase of heightened negative adult health outcomes with higher ACEs score (Anda et al., 2006; Dube et al., 2003; Wu et al., 2010; Zarse et al., 2019). For example, higher ACEs indicate that an adult patient may have poorer health, such as increased rates of obesity, skeletal fractures, diabetes, cancer, heart disease, stroke, hepatitis, chronic bronchitis and emphysema (Felitti et al., 1998; Lanius et al., 2010). These correlations indicate that the physical effects of early trauma are "strong and cumulative" (Felitti et al., 1998, p. 251). Early trauma also accounts for at least five out of ten of the leading causes of death (CDC, 2019b).

ACEs are particularly relevant to this research given the association between trauma and co-occurring MH and SUDs (Rosenkranz et al., 2012; Rytilä-Manninen et al., 2014). The severity of substance use is determined particularly by emotional abuse and neglect (Rosenkranz et al., 2012). Higher ACEs suggest that a patient has a greater chance of smoking (Anda et al., 1999), using hard drugs (Felitti et al., 1998; Lanius et al., 2010) and alcohol (Anda et al., 2002). People with higher ACEs scores also have

higher probability of anxiety (Kim et al., 2021; H. Y. Lee et al., 2020), depression (Chapman et al, 2004; Felitti et al., 1998; Lanius et al., 2010; Milaney et al., 2018), suicide risk (Dube et al., 2001; Felitti et al., 1998; Lanius et al., 2010; Merrick et al., 2017), and homelessness (Milaney et al., 2018). The potential negative long-term effects of ACEs justify public health concerns regarding childhood trauma and explain why Canada lists healthy childhood development as a primary determinant of health (Tonmyr et al., 2019).

3.4.3. My First Encounter

My first encounter with the impact of trauma was while volunteering at an orphanage in Dnipropetrovsk, Ukraine during the summer of 1998. Staff who were underpaid and understaffed could not possibly keep up with the physical and emotional needs of the children. Here, I connected with Charlie, a young boy who could not speak or walk. He could not properly feed himself and cried out for attention, constantly thrusting his arms up to be held by any caring adult. I was told that, since birth, he had spent hours alone in his crib, enduring the adverse effects of neglect. Judging by size and mental capacity, I had guessed he was five years old. Charlie was 14. This disparity between developmental age and actual age made it evident that the lack of affection, love, and attention so desperately needed had stunted his physical, social, and psychological growth. Charlie's outward presentation allowed me to better understand how trauma affects my Beauvais students inwardly.

3.4.4. Beauvais Dialogues of Trauma

Daily, I witness first-hand the effects of trauma. The damage inflicted by trauma is extensive (van der Kolk, 2014; Maté, 2022) and, of all MH challenges, is the most difficult to overcome because it impacts every area of life (Harris, 2021). Students' classroom dialogues about their MH challenges bear witness to trauma's impact, as conversations always turn towards their adverse experiences that were either the springboard to their disorders or continue to hinder healing.

Many of my students with unresolved trauma or high ACEs scores state they are unable to trust others, as they walk through life bound to their past. Some are unable to sit in the same seat for more than ten minutes. Others give up easily, and readily

abandon an assignment if it becomes too challenging. Their constant impulsivity is accompanied by outlandish reactions to small triggers. Some youth can be easily angered, others flit around the classroom, not recalling what they were working on or their chosen activity for the morning. Many appear to be rude and complacent. One youth with particularly high childhood trauma said to me, "I know I act like a bitch but it's how I cope."

Participant's Story

One study participant provided insight about what it is like to live with trauma in the classroom after having been raped by an older male in her home:

> It's exhausting. … All I think about is the past and how it affects me today. I feel like I'm stuck in the past, what if that happens again? It's hard to go through the school day not knowing what's going to happen. I am always on guard. When I walk into school, I am flooded with anxiety. You don't know what other people are thinking of you, what other teachers are thinking about you. You want to please all your teachers, but it's hard when they are harsh on you, and they don't understand what you are going through. I feel that they think I should be trying my best, that I should be this far along, but they don't know what I'm going through. They don't know my home life or understand my family problems. When I am trying to learn, all I'm thinking about is what's going to happen when I get home? I'm thinking of what happened the day before or the weekend. Or if it's a Friday, I'm thinking about how I don't want to stay home the next couple of days.

Mistreated youth continue to live under the weight of what has been done to them physically, emotionally, or sexually. In *The Body Keeps the Score*, Bessel van der Kolk (2014) describes behaviour in traumatized youth at an outpatient centre:

> [They] do not necessarily remember their traumas... or at least are not preoccupied with specific memories of their abuse, but they continue to behave as if they were still in danger. They go from one extreme to the other; they have trouble staying on task, and they continually lash out against themselves and others. To some degree their problems do overlap with those of combat soldiers, but they are also very different in that their childhood trauma has prevented them from developing some of the mental capacities that adult soldiers possessed before their traumas occurred. (p. 144)

3.4.5. The Neuroscience of Trauma

In section 3.3., I presented the healthy function of brain parts affected by TADS to lay the groundwork for better understanding of the neurological hindrance of TADS. The following neuroscience sections describe how TADS affect social interaction,

emotional regulation, and various aspects of learning. These concepts could fill a textbook, given the complexities of the brain; I have chosen to present what most relates to a student's behaviour in the classroom.

The following indicates how trauma affects the adolescent brain. Table 3.2 lists the brain parts affected by trauma (first column) and how trauma damages each part at a physiological level (second column). In the third column, I describe trauma's negative impact on behaviour as it correlates with each part.

Table 3.2:   **Neurological Effects of Trauma on Adolescent Learners**

Brain Part	Negative Effects of Trauma	Behavioural Responses
Cortisol	• glucocorticoid secretion is dysregulated (Carpenter et al., 2007; Tischler et al, 2006), some studies found raised cortisol levels (Coleman, 2021; Tischler et al., 2006)	• loss of memory (Carrión & Wong, 2012; Hakamata et al., 2021; Tischler et al., 2006), suppressed or altered memories (Carrión & Wong, 2012) • hindered learning and emotional regulation (Coleman, 2021) • consistent cortisol dysregulation leads to decreases cognitive, metabolic, and immune function (Russell & Lightman, 2019) • high levels: youth on edge, overreacts to minor incidents, anxious, irritable (Gerson, 2018) • low levels: youth shut down, not reacting to real threats (Gerson, 2018)
HPA Axis	• hinders HPA axis communication with hippocampus (Dahmen et al., 2018) • causes functional changes of HPA axis, abnormal development of HPA axis in children (Frodl & O'Keane, 2013; Kaess et al., 2018) • glucocorticoid (cortisol) dysregulation: the earlier the trauma and more frequent, the lower the glucocorticoid secretion (Kuhlman et al., 2015)	• glucocorticoid (cortisol) abnormalities due to HPA axis function can lead to depression (Frodl & O'Keane, 2013) • slower recovery from acute stress (Kuhlman et al., 2015)

Amygdala	• volumetric changes (Carrión et al., 2001; Mehta et al., 2009; Roth et al., 2018; Woon & Hedges, 2008) • inhibits the amygdala's neural circuits and function (Bremner, 2005; Shin et al., 2006; Thomason et al., 2015)	• fight or flight: "freeze" when required to respond swiftly and efficiently: "flee" by removing self from the situation when faced with stress (Arnsten et al., 2012; Safir, 2017) • emotional dysregulation, inappropriate behaviour (Mehta et al., 2009)
Prefrontal Cortex (PFC)	• volumetric changes (De Bellis, 2001; Edmiston et al., 2011; Hanson et al., 2012; Heyn, 2019)	• attention difficulties, easily distracted (Carrión & Wong, 2012) • executive functioning, organization (Hanson et al., 2012) • complex thinking processes bypass the PFC, thereby impeding the brain's ability to recall, take in and organize information, perceive, evaluate, or contemplate (Elsey et al., 2015) • intrusive thoughts or nightmares (Carrión & Wong, 2012)
Hippocampus	• neglect, emotional, and physical abuse cause hippocampal damage (Aghamohammadi-Sereshki et al., 2021) • hindered neural circuits (Malhi et al., 2019) • function (McLaughlin et al., 2014) • associated with volumetric changes (Aghamohammadi-Sereshki et al., 2021; Carrión et al., 2001; Carrión et al., 2010; Frodl & O'Keane, 2013; Tupler et al., 2006)	• hyper-glucocorticoid activity can reduce memory formation and learning (Goosens & Sapolsky, 2007) • volumetric changes can have negative repercussions on memory performance (Tischler et al., 2006) • difficulty remembering habitual events or information, facts, events, memory processing, imagining new experiences (Cooper et al., 2011; Vargha-Khaedem et al., 1997)
Hypothalamus	• communication breakdown from hypothalamus dysregulates glucocorticoid secretion (Frodl & O'Keane, 2013)	• dysregulated glucocorticoid secretion: body goes into maladaptive fight, flight, or freeze (Karestan et al., 2010; Russell & Lightman, 2019), inappropriate response to circumstances
Neural Connectivity	• decreased communication between amygdala, PFC, and other parts of the brain; amygdala hyperactivity and PFC hypoactivity (Dong, 2012)	• learning and memorization (compromised communication between the amygdala and the PFC) (Dong, 2012)

	● disrupts connections in undeveloped brains that are not yet functioning to full capacity (Barr, 2018)	● poor emotional regulation (Dong, 2012) such as outbursts ● plays out as act of defiance (irritable or aggressive); often seen being disciplined in the school's office (Safir, 2017)

Trauma impacts the brain regions associated with emotional regulation and cognitive processing (Lutz et al., 2017; van der Kolk, 2014), affecting neural structure and function (Bremner, 2005; Frodl & O'Keane, 2013). Trauma causes psychosocial and cognitive impairments (De Bellis et al., 2000; Mueller et al., 2010) as it forces students into basic survival mode (Courtois, 2009)

Educators see the impact of trauma in a student's stress response and inability to self-regulate. Students who can self-regulate have a healthy stress response system that relies on the HPA axis, amygdala (that senses stress), hypothalamus (that sends stress signals), and hippocampus (Felten et al., 2016; Jankord & Herman, 2008; Smith & Vale, 2006). The HPA axis, our communication system that helps us respond better to stress (Felton et al., 2016; Jankord & Herman, 2008; Smith & Vale, 2006), releases cortisol in appropriate quantities at appropriate times (van Leeuwen et al., 2011). It allows cortisol levels to rise and recover efficiently after a stressful event (Stephens & Wand, 2012), which affects emotions and behaviours (Lerner et al., 2007; Roelofs et al, 2005). A healthy HPA axis is reactive to an actual (rather than perceived) stressful situation, allowing students to respond swiftly and appropriately to the stressful events that often occur in school settings (Stephens & Wand, 2012). Such regulated behaviour is not seen in youth with trauma; elevated cortisol levels are problematic as they create higher stress levels and hinder a person's ability to respond to stressful circumstances in a calm manner (Dienes, 2013).

3.4.6. Trauma Behaviour in the Classroom

As teachers, we witness trauma's neurological outcomes through our students' classroom performance and learning. Trauma creates psychosocial and cognitive impairments (De Bellis et al., 2000; Mueller et al., 2010), essentially positioning students into basic survival mode (Courtois, 2009). Trauma's effects on the PFC make it difficult for students to pay attention as they become easily distracted (Carrion & Wong, 2012).

Executive functioning becomes a challenge (Hanson et al., 2012) as students struggle to work in an organized and systematic manner. Trauma causes complex thinking processes to bypass the PFC, thereby impeding the brain's ability to recall, take in and organize information, perceive, evaluate, or contemplate (Courtois, 2009). As well, it is more difficult to learn and memorize due to the compromised communication between the amygdala and the PFC (Dong, 2012). Trauma also impacts memory due to changes in the hippocampus' volume, structure, and glucocorticoid secretion (Tischler et al., 2006). These changes, accompanied by higher cortisol levels, mean that past events are not properly processed and therefore become misrepresented, or "skewed" in the mind. Memories can be suppressed; therefore, memory retrieval may be challenging, and past events may be forgotten altogether (Carrión & Wong, 2012). Children with a damaged or a poorly activated hippocampus may have difficulty remembering habitual events or information, facts, events, memory processing and imagining new experiences (Cooper et al., 2011; Vargha-Khaedem et al., 1997). The physiological changes to the amygdala also make appropriate behaviour and emotional regulation a challenge (Mehta et al., 2009). It is easy to misread trauma behaviour as acts of defiance, which is why youth with trauma are often seen being disciplined in the school's office (Safir, 2017). When trauma causes physiological changes within the amygdala, students may "freeze" when they need to immediately respond (Arnsten et al., 2012), or they may "flee"—as in literally remove themselves from the situation—when faced with stress (Arnsten et al., 2012; Safir, 2017).

3.4.7. Responding to Trauma in a Classroom

In a blog post, psychologist Sam Himelstein (2016) encapsulates what my traumatized students describe as their classroom experiences and how teachers can best respond. Albeit lengthy, the power of his words warrants this space:

> Trauma adaptation also happens in interactions between students and teachers, with teachers unintentionally triggering students' trauma. Sometimes a youth will be not that engaged in class, or sometimes will be very disruptive [the manifestation of the trauma behaviourally]. In turn, teacher will try to manage the classroom by telling the youth to be quiet. It oftentimes comes across negatively with a harsh tone and in front of the rest of the class. They give multiple directives and wonder why the youth isn't complying. One time a youth told me a teacher simply "talking at" him in class set him off. He couldn't even listen to the actual words coming out of the teacher's mouth. All he was aware of was the anger consuming him. His amygdala [in tandem with the hippocampus] was setting of his alarm

system given that he'd been emotionally and physically abused as a child. His trauma manifests behaviourally by an aggressive outburst, cusses out the teacher, and storms out of the classroom. The youth then gets labeled as a "trouble-maker" when in fact his trauma was triggered by an unskillful approach to classroom management.

Trauma manifests in many ways in the classroom, therapy room, and other youth work settings. What's most important is that professionals have an understanding of how trauma affects the brain and how sometimes youths' behaviours really are a result of triggered trauma and not simply a "decision" to defy you as the adult. With deeper understanding and integration with present-moment practice, teachers, therapists, and other youth workers can be compassionate and use their understanding as a mechanism to build relationships, safety, and trust with the traumatized youth. The key is for us adults to not function from a place of ego, needing to be right, or authoritative assertion, but rather a compassionate, understanding, and relationship-based perspective. Such a relating style illustrates a trauma-informed approach.

This citation directly relates to the voices of this study's participants. Several youth lamented teachers who responded poorly to their dysregulated behaviour. Where a student needed support, to receive understanding, and to be cared for, they felt a lack of empathy, and perceived they were not warmly welcomed into the teaching space. I will discuss healthy teacher responses to participants such as these in Chapters 6 and 7.

3.5. Anxiety

Anxiety is… a universal and insoluble feature of modern life. Everyone has it; everyone must deal with it. While the corollary to this is that everyone's anxiety is different, shot through with idiosyncratic concerns and confusions, the experience is unified by its painfully hermetic character. Anxiety causes a person to think, but it is the type of thinking that gives thinking a bad name: solipsistic, self-eviscerating, unremitting, vicious. (Smith, 2012, p. 6)

3.5.1. Definition and the Dangerous Potential of Anxiety

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) suggests that generalized anxiety is characterized by excessive worry that is difficult to control, with symptoms of restlessness, fatigue, lack of concentration, irritability, muscle aches, and sleep disruption (American Psychiatric Association [APA], 2013). Anxiety is the most prevalent of all MH disorders across the globe (Our World in Data, n.d.), and of all age groups (Kessler et al., 2005; Merikangas et al., 2010). Recent research has found that 12% of all children develop some type of anxiety (Essau et al., 2018) and that

5% of youth have *diagnosed* anxiety (Statistics Canada, 2021b). One study (Merikangas et al., 2010) found that 31.9% of adolescents had an anxiety disorder, 12.8% higher than any other mental disorder for this age bracket, appearing as the first MH disorder at the median age of six.

Anxiety is rising in young people. In 2018, the *Journal of Developmental and Behavioural Pediatrics* published a report showing a 19% increase in diagnosed anxiety from 2007-2012 for children years 6-17, with only a 0.2% increase in depression during the same period (Bitsko et al., 2018). Social anxiety is on the rise (Jolly, 2022), yet has the lowest recovery rates of all anxiety types (Bruce et al., 2005); such knowledge is relevant for educators, given that in schools, youth are thrust into busy hallways, large class sizes, and noisy lunch hours.

Anxiety is a complex disorder with onset often occurring in childhood and adolescence (Essau et al., 2018) but impairment spanning a lifetime (Merikangas et al., 2010). When diagnosed in youth, there are significantly increased chances of maintaining anxiety into adulthood (Essau et al., 2018); one study showed that 32% of youth diagnosed with anxiety maintained this disorder throughout their adult lives (Merikangas et al., 2010). If left untreated, the probability of continuity into adulthood is high (Gregory et al., 2007). In short, anxiety is difficult to overcome and has high levels of reoccurrence (Bruce et al., 2005).

Moreover, anxiety is serious due to its tendency to cause, if left untreated, co-occurring MH diagnoses (Krygsman & Vaillancourt, 2022). When one has an anxiety disorder, "the comorbidity of other mental disorders appears to be the rule rather than an exception" (Friborg et al., 2013, p. 143). Merikangas et al. (2010) found that children diagnosed with anxiety (median age 6) developed a behavioural disorder within five years, a mood disorder in a subsequent two, and had a SUD by age 15. A student who demonstrates traits of social anxiety is 20 times more likely to face depression, 16 times more prone to agoraphobia and a social anxiety disorder, and 13 times more likely to acquire a generalized anxiety disorder as an adult (Krygsman & Vaillancourt, 2022). As well, youth anxiety can also lead to increased cannabis use in adults (Krygsman & Vaillancourt, 2022). Given that continuous anxiety leads to depression, self-harm, suicidal ideation, and personality disorders (Friborg et al., 2013; Naragon-Gainey, K., 2010), it is differentiated from all other MH concerns in that it is foundational for a plethora of subsequent diagnoses (Andrews, 2003; Essau et al., 2018).

3.5.2. Beauvais Dialogues of Anxiety

Once, during a Beauvais classroom discussion, one participant announced that he did not battle anxiety. The response from the other five youth, who never live a day without anxiety, was one of shock and dismay as they asked the accompanying awe-filled question, "*What's that like?*" Anxiety is a perpetual state for many of my students; most know no other way of being. Some youth have so much anxiety that, they say, rooms actually "go blurry."

Participant's Story

One participant who had not attended school in 18 months relayed her experience:

> I felt like a leaf in a tide in school. I wasn't intentionally going anywhere or doing anything. I was just swept up. There are so many things in the waves. So I was never able to directly do anything. I could sit in the classroom and not pick up a pencil because I didn't know what to do. When I walk into the building, I immediately become like a little bird looking around. I don't know where to sit, and it can cause a panic attack. I overthink everything. I am holding my breath the entire time…. I know what's wrong with it but I don't know how to change it.

Another youth described how anxiety hinders him from engaging in group projects, as he resists presenting in front of others. He does not raise his hand to respond to an easy question, and although he knows the answer, he remains silent and gives no input to class discussions. Sometimes he can't even consider entering a room with so many people, saying "I just can't get [in] there." Sometimes he needs a "reset" from his last class and takes a ten-minute break; therefore, he arrives late or is frequently absent. Other participants report body-foot jitters, a shaking torso, raised shoulders, an anguished look on their face, a reddening face, or walk and gait changes that become like a "waddle" that can be seen even from afar. They describe breathing variations, speaking in a quieter voice, and efforts to avoid all conversations.

3.5.3. The Neuroscience of Anxiety

The following indicates how anxiety affects the adolescent brain. Table 3.3 lists the brain parts affected by anxiety (first column) and how anxiety damages each part at a physiological level (second column). In the third column, I describe anxiety's negative impact on behaviour as it correlates with each part.

Table 3.3: Neurological Effects of Anxiety on Adolescent Learners

Brain Part	Negative Effects of Anxiety	Behavioural Responses
Amygdala	- volumetric changes (De Bellis et al., 2000; De Bellis et al., 2002; Milham et al., 2005; Mueller et al., 2013; Roth et al., 2018; Strawn et al., 2015) - hypoactivity (Xie et al., 2021) - decrased connection with PFC (Xie et al., 2021) - perceived threat puts amygdala in overdrive to alert the body of the threat that may be real or imagined (Bishop, 2007; Shin & Liberzon, 2010)	- makes students more sensitive to a *perceived* threat, meaning that anxious youth respond to situations as if they were more critical than they actually are (Shin & Liberzon, 2010) - amygdala hijack puts youth in perpetual fight or flight mode (Morelli et al., 2020) - tasks like test-taking are problematic, as they elicit a fear-response from the amygdala (Hughes & Shin, 2014) - uncertain about how to complete assignments, appear tense and nervous, demonstrate habits such as nail biting and/or knuckle-cracking, and have poor grades and classroom performance (Dikel, 2012)
Cortisol	heightened anxious state results in increased cortisol levels (Fowler et al., 2021)	students with severe anxiety wake up with elevated cortisol levels (Greaves-Lord et al., 2007)
Neural Connectivity	- disrupted communication (e.g., between PFC and amygdala) (Shin & Liberzon, 2010; Strawn et al., 2013) - more disruption the greater the anxiety (Roy et al., 2013)	- unable to evaluate and regulate themselves emotionally (Roy et al., 2013) - fear responses become inappropriate to the situation (Etkin et al., 2011; Milad et al., 2007; Quirk et al., 2003; Royer et al., 1999) - reactions are impulsive, overreactive, and immediate

3.5.4. Anxiety Behaviour in the Classroom

The neurological outcomes of anxiety create multiple learning and behavioural problems. Given anxiety's impact on increased cortisol levels, students with severe anxiety wake up in an elevated state (Greaves-Lord et al., 2007); even before they enter a classroom, their brains are malpositioned to learn. Tasks like test-taking are

problematic, as they elicit a fear response from the amygdala, hindering critical thinking, problem conceptualization, and the ability to pay attention (Davis, 1992; Hughes & Shin, 2011). The amygdala loses healthy function due to the negative stimuli of anxiety (Strawn et al., 2015), making it difficult to manage situations that may seem easy for others (Somerville et al., 2004). A sensitive amygdala explains why students who have studied for weeks can forget everything they worked so hard to learn. Students who are anxious may be uncertain about how to complete assignments, appear tense and nervous, demonstrate habits such as nail biting or knuckle-cracking, or have poor grades and classroom performance (Dikel, 2012). As well, anxious students are unable to regulate themselves emotionally (Roy et al, 2013). Given the disconnection between the PFC and the amygdala, fear responses become inappropriate to the situation (Etkin et al, 2011; Milad et al., 2007; Quirk et al., 2003; Royer et al., 1999). Therefore, rather than healthy, justified, and timely responses in moments of stress (or fear), reactions are impulsive, overreactive, and immediate. The neurological disruption creates thought processes that cause misinterpretation of circumstances and events (Lebowitz & Omer, 2013).

3.6. Depression

> [Depression has] got nothing at all to do with life. In the course of life, there is sadness and pain and sorrow, all of which, in their right time and season, are normal - unpleasant, but normal. Depression is in an altogether different zone because it involves a complete absence: absence of affect, absence of feeling, absence of response, absence of interest. The pain you feel in the course of a major clinical depression is an attempt on nature's part (nature, after all, abhors a vacuum) to fill up empty space. But for all intents and purposes, the deeply depressed are just the walking, waking dead. (Wurtzel, 1995, pg. 22)

Sylvia Plath is an example of a bright, educated, successful person whose depression eventually consumed her life. By the age of 18, Plath was a published poet, award-recipient, editor, had a college scholarship, and maintained a 4.0 grade average (About the author, 2002). She had what we now consider to be a recurrent depressive disorder and died by violent suicide at the age of 30 (Cooper, 2003), just two weeks after the publication of her acclaimed novel *The Bell Jar* (Arbor, 2002). She describes an experience with depression when she was twenty:

> I didn't want my picture taken because I was going to cry. I didn't know why I was going to cry, but I knew that if anybody spoke to me or looked at me

too closely the tears would fly out of my eyes and the sobs would fly out of my throat and I'd cry for a week. I could feel the tears brimming and sloshing in me like water in a glass that is unsteady and too full. (Plath, 1966, pp. 105–106)

Wurtzel and Plaths' vivid accounts of depression give insight into the bleak, daily existence of the depressed.

3.6.1. Definition and Prevalence of Depression

Depression affects both mind and body (Friedman & Anderson, 2014). According to the DSM-V, symptoms of depression are sadness, emptiness, and irritability. Depressed students may experience decreased pleasure, weight or sleep changes, fatigue, feelings of worthlessness or guilt, inability to concentrate, and thoughts of death, though five or more symptoms are required for at least two weeks for a diagnosis to be made (APA, 2013). There are eight variations of depression, differentiated between cause, length, and timing (APA, 2013).[3]

Frequency and intensity of trauma are positively correlated to mood disorder occurrences (Darnell et al., 2019; Felitti et al., 1998; Heim & Nemeroff, 2001; Marie et al., 2020; Yirmiya et al., 2018). Apart from trauma, causes of depression are multi-faceted. Genetics have a strong influence on depression (Sullivan et al., 2000); some studies suggest that heritability comprises 40-50% of major depression cases (Kendler et al., 2004; Levinson & Nichols, 2014). As well, one can be more prone to depression due to personality traits such as temperament (APA, 2013) and neuroticism (Kendler et al., 2004; Levinson & Nichols, 2019), which is the view from which one sees and lives in the world. Last, environmental factors can contribute to depression. The World Health Organization (2017) states that depression is compounded by poverty, unemployment, death, relationship breakup, physical illness, and substance-elicited problems.

After anxiety, mood disorders are the most common of youth MH disorders (Statistics Canada, 2020), though both often appear comorbidly (Axelson & Birmaher, 2001). The WHO estimates that in 2015, 322 million people—4.4% of the world's population—struggled with depression (WHO, 2017). By the age of 18, 12% of youth have experienced at least one episode of depression (Merikangas et al., 2010) and

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[3] The DSM-IV combined chapters of "Depressive Disorders" and "Bipolar and Related Disorders" (APA, 1994). The DSM-V now differentiates the characteristics and epidemiology of depression and bipolar disorders in separate chapters.

between 15-24 years of age, 11% have reported themselves as depressed (Statistics Canada, 2017). A sobering reality of this mood disorder is that depression is related to 800,000 annual global suicides, which are the second leading cause of death between years 15-29 (WHO, 2017).

3.6.2. My First Encounter

I have experienced depression just once in my life. It was for a two-week period in 2000 in Amman, Jordan. My husband and I had committed to a two-year term, and the joys of expatriate life quickly subsided as we found ourselves surrounded by a language we did not understand while distanced from family and friends: the reality of living in a very foreign land set in. During these two weeks it became clear that facing chronic depression is insufferable. Depression is debilitating; depression stops us in our tracks and removed remnants of all joyful and abundant living.

3.6.3. Beauvais Dialogues of Depression

The most poignant examples of the debilitating effects of depression are in the stories of youth whose depression has suspended healthy function in all facets of their lives. Some students arrive to Beauvais after months of refusing to leave their homes, preferring to stay in bed all day long if permitted. Yet, many have the primary goal of returning to school, feeling like "a failure" and letting parents down. While not indicated in their behaviour towards academics, most desperately want to graduate with their peer group.

My classroom is a hallway walk from the youths' bedrooms. Attendance requires lifting oneself out of bed to a standing position, perhaps putting on a housecoat, and walking 50 feet to class. (I am happy to receive students in pajamas.) However, severely depressed students find getting dressed and maintaining personal hygiene a monumental feat. Some have left class with the goal of "showering practice," only to declare a shower too much work, and make a beeline back to bed. Others attend my class only a handful of times during their stay, perhaps for 20 minutes total. On occasion, a youth with an extreme depressive disorder attends only thanks to a persistent staff member or a psychiatrist literally pulling the blankets off their bed, appropriately leaving the youth no choice but to arise when they eventually get cold.

I share this to illustrate the debilitating nature of depression. I have had several youth who, when explaining their non-existent school attendance, describe mornings, as we see at Beauvais, where they are so depressed, they can't begin to move. While they do have goals and aspirations, the wall of depression is far greater than their desire to live a full life, obliterating any remaining drive to succeed. They deeply fear the response of educators, who students say they let down, and often do not communicate the true reasons for their absence.

The challenges of Beauvais students to walk down the hall to my classroom in pajamas is enlightening when we consider the intricacies of getting from bedroom to front door to school building to classroom; if youth struggle to attend my class in a locked unit, I cannot imagine the enormity of getting to a school in the outside world. The downward spiral continues as students remain horizontal after waking, fall further behind, fail in school, become further depressed, and continue to feel debilitated by all the above as they remain in bed.

Participant's Story

One Beauvais youth described feeling literally "stuck in bed" when waking up with depression. Another youth explained the darkness of his depression:

> When I get depressed, it feels like a wave of gloom. Everything feels dry and it feels like I need a shock to get out of it like banging my head on a wall or quickly pulling a knife across my thigh. My mind will constantly offer options, all of which are short term fixes like putting a band-aid on a hole in your heart. If I don't resort to drugs, I usually stay in bed all day wanting to die, but I don't think I actually want to die. I think I feel that way because I want change in my life, and my mind offers death as a solution.

3.6.4. The Neuroscience of Depression

The following indicates how depression affects the adolescent brain. Table 3.4 lists the brain parts affected by depression (first column) and how depression damages each part at a physiological level (second column). In the third column, I describe depression's negative impact on behaviour as it correlates with each part.

Table 3.4:   Neurological Effects of Depression on Adolescent Learners

Brain Part	Negative Effects of Depression	Behavioural Responses

General Impact:	● considered a form of a disability (Sander et al., 2015)	● longer periods worsen symptoms (Bos et al., 2018)
Prefrontal Cortex (PFC)	● alters structure and decreases activity (Palazidou et al., 2012) ● volumetric changes (Palazidou, 2012; Pannekoek et al., 2014; Shad et al., 2012; Straub et al., 2019[4]; Vulser et al., 2015) ● longer and more serious bouts cause severe structural damage (Bos et al., 2018) and alteration of brain volume (Yuksel et al., 2018)	● hindered academic success (Sander et al., 2015) ● overall academic struggles (Alloway, 2006; Berg, 2008; Mammarella et al., 2010; Toll et al., 2016) ● decreased spatial memory ability (Vance & Winther, 2021) ● poorer cognitive test results, lowered executive function (Allot et al., 2016; Frodl et al., 2006; Wagner et al, 2015) ● impaired memory (Brodal, 2010; Dikel, 2012). ● difficulty concentrating (Sander et al., 2015) and completing homework (Dikel, 2012) ● may be hyperactive (Sheline et al., 2001; Yang et al., 2010) ● irritability (Sander et al., 2015)
Amygdala	● volumetric changes (MacMillan, 2003; Sacher et al., 2012; Schmaal et al., 2016; Whittle et al., 2014)	● altered behaviour from what is normal (Whittle et al., 2008)
Hippocampus	● dysregulated function (Brodal, 2010) ● volumetric changes (Caetano et al., 2007; Koolschijn et al., 2012; MacMaster et al., 2008; MacMillan et al., 2003; Straub et al., 2019) ● greater severity, recurrence, and length diminishes function (Milne et al., 2012; Sheline et al., 1999); earlier onset further decreases function (Jaworska et al., 2016) ● smaller with co-occurring anxiety (Jaworska, et al., 2016)	● episodic memory is hindered (Zakzanis et al, 1998) ● decreased brain activity (Zhang et al., 2018)

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[4] Straub and his research team (Straub et al., 2019) found increased grey matter in the PFC. Grey matter is a building block of the brain structure. Therefore, an increase or decrease in grey matter means a respective increase or decrease of actual volume. This study hypothesized that the older age of their subjects—up to 27 years—led to higher volumes. They found that younger youth had decreased volumes of grey matter with depression. The teenage development of the brain means structural changes occur differently as we mature.

3.6.5. Depression Behaviour in the Classroom

It is often difficult for educators to identify depressed students, as they struggle to attend school (Merrell, 2013). When they do attend, students have low energy levels and may no longer enjoy fun activities or hobbies as they once did (Dikel, 2012). They may appear sad, have downcast eyes, some may be irritable or unable to have emotions, while others indicate thoughts of low self-esteem through self-deprecating comments (Dikel, 2012).

Youth depression hinders academic success (Sander et al., 2015). The structural damage of depression decreases spatial memory ability (Vance & Winther, 2021), leads to poorer cognitive test results, lowers executive function (Frodl et al., 2006) and impairs memory (Brodal, 2010; Dikel, 2012). Depressed youth may have difficulty concentrating (Sander et al, 2015) and completing homework (Dikel, 2012), though may present as hyperactive (Sheline et al., 2001; Yang et al., 2012) and can be irritable (Sander et al., 2015). Given the above outcomes, depression causes overall academic struggles (Alloway, 2006; Berg, 2008; Mammarella et al., 2010; Toll et al., 2016) and is considered a form of disability (Sander et al., 2015).

3.7. Substance Use

Using drugs or not isn't about willpower or character. Most problematic drug use is related to stress, trauma, genetic disposition, mild or serious mental illness, use at an early age, or some combination of those. Even in their relentless destruction and self-destruction, the addicted aren't bad people. They're gravely ill, afflicted with a chronic, progressive, and often terminal disease. (Sheff, 2013, p. xi)

3.7.1. Explanation and Causes of Substance Use

Research suggests that adolescent drug use has increased since COVID-19 restrictions (Villanti et al., 2022) and is a growing concern (Jones & Durodoye, 2021). Canadian youth have some of the highest cannabis use rates in the world (Adamson, 2013; Fataar & Hammond, 2019), and 25% of youth grades 7 to 12 report drinking to excess (Government of Canada, 2019). The latest *Canadian Alcohol and Drugs Survey*

(Government of Canada, 2021) found that 46% of youth years 15-19 consume alcohol in a twelve-month period. In B.C., of those teenagers who do drink, 61% report binge drinking (McCreary Centre Society, 2019). As well, 22% of Canadians aged 15-19 consumed cannabis, 15% psychoactive pharmaceutical drugs (opioids being the most prevalent), 5% stimulants, 3% sedatives, and 3% used other illegal drugs (crack, cocaine, ecstasy, speed, methamphetamines, hallucinogens, inhalants, heroin, or salvia) (Government of Canada, 2021). Approximately half of high school students who use substances are "poly-users" (Zuckermann et al., 2020), meaning they consume more than one drug at once. Use of multiple drugs creates safety concerns, as seen in Canada's increased numbers of drug-related deaths. For example, B.C. drug toxicity death rates for youth under 19 years old rose 433% between 2012 to 2021 (B.C. Coroners Service, 2022).

While there is little research about youth patterns or causes of substance use (Ali et al., 2022), there are trends. Adolescents who have had more frequent and/or severe traumatic experiences use substances more than their counterparts (Leza et al., 2021). We know that youth who have a MH disorder, such as anxiety or mood, have a stronger likelihood to have a co-occurring SUD (Esmaeelzadeh et al., 2018), though the experience of a MH disorder can be both an outcome or a cause of substance use (Costello, 2007). And youth with a diagnosed MH disorder use more heavily, indulging in poly-use of mind-altering drugs (Williams et al., 2021). Youth report that they use substances to help navigate their MH struggles, (Narendorf et al., 2017; Smith et al., 2022), manage stress, and cope (Chaplin et al., 2018).

3.7.2. Beauvais Dialogues of SUDs

My students with SUDs are self-described masters of appearances. Some know how to regulate the type and quantity of their substance use so they can function in class and hide inebriation from even their close friends. One young teenager, whose school support staff believed she attended sober, had simply learned to use eye drops to reduce the reddish colour of her sclera (white part of the eye). Youth explain that, after so many times of being caught high, they just became smarter in learning how to hide their use. My data indicates that there are certainly intoxicated students in classrooms: 59% of participants indicate they use in the morning or when they first awaken, and 45% state they use before or during school (see Appendix A.3.).

Students also relay that their SUDs led them to engage in illegal or unsafe activities. Some Beauvais youth arrive after circumstances that led to police involvement, such as theft or physical altercations. While there may be impending court dates, many fail to remember what they had done. Others report engaging in risky behaviours while high or have peer groups who seek out physical fights. Many say they behave without fully considering the outcome, and others attempt suicide while intoxicated. Some articulate that their underlying motive in drug-seeking behaviour is a desire for the *arousal* of the next high as they make life-endangering decisions. The common denominator to all of the above outcomes is habitual and chronic substance use.

Participant's Story

My students who endure poor MH can easily articulate the lure of substance use. They say that intoxication "takes it all away." Some cannot fathom attending school sober; they explain that their constant high in class is to help manage social and academic expectations of parents and teachers. (I work with many counsellors and teachers who are unaware that a student is never sober at school.)

One youth explained that substance use is a chemical support to "escape everything." Another student echoed these findings by explaining:

> [Drug use] started with my anxiety and was the easiest way to get myself out of my shell and to push myself out of my comfort zone without even realizing it. I don't have many friends and when I am sitting in a classroom with 30 other kids, my brain goes to the worst— that people are judging me, and I am stupid compared to everyone else. Getting high before [school] gives confidence to go to class and to reduce the anxiety where I am not stressing out about anything. It is a way to manage my brain.

3.7.3. The Neuroscience of Substance Use

The following indicates how substance use affects the adolescent brain. Table 3.5 lists the brain parts affected by substance use (first column) and how substances damage each part physiologically (second column). In the third column, I describe substance use's negative impact on behaviour as it correlates with each part.

Table 3.5:   Neurological Effects of Substance Use on Adolescent Learners

Brain Part	Negative Effects of Substance Use	Behavioural Responses
General Impact	● neurological damage and hindered brain function in the highly critical phase of adolescent brain growth (Dow-Edwards & Silva, 2017) ● neurocognitive impairments (Lubman et al., 2007)	● stunted maturation of youth stress response (all substances) due to a break-down of brain systems (Dow-Edwards & Silva, 2017) ● adolescent cannabis use negatively impacts thinking, anxiety, behaviour, mood, and long-term addictions (Dow-Edwards & Silva, 2017), impairs adolescent cognition (Lisdahl et al., 2014; Pope et al., 2003), executive function (Gorey et al., 2019)
Prefrontal Cortex (PFC)	● volume decrease (alcohol) (De Bellis et al., 2005; Jadhav & Boutrel, 2019; Medina et al., 2008; Squeglia et al., 2014) ● irreversible and/or permanent cognitive and physiological brain damage (chronic inhalants use) (Lubman et al., 2006)	● cognitive impairment, hinders the ability to learn and memorize information (Kutlu & Gould, 2016; Tapert & Schweinsburg, 2005)
	● impeded white matter maturation, essential for the transfer of information (cocaine) (Bartzokis et al., 2002)	● disrupts memory and executive functioning (Bartzokis et al., 2002) ● fetuses exposed in utero (cocaine) have hindered PFC function (amygdala and thalamus) (Rao et al., 2007)
Amygdala	● volume decrease (alcohol) (Phillips et al., 2021)	● linked with relapse (See et al., 2003)
Hippo-campus	● volume decrease (alcohol) (Nagel et al., 2005; Phillips et al., 2021; Squeglia et al., 2009; Tapert & Schweinsburg, 2005)	● cognitive impairment, hinders the ability to learn and memorize information (Kutlu & Gould, 2016; Tapert & Schweinsburg, 2005)

HPA axis and cortisol response	- decreased stress-reactivity (alcohol) (Evans et al., 2012) - earlier alcohol consumption, lower cortisol response (Evans et al., 2012) "blunting" (Allen et al., 2011, p. S55), meaning decreased reactivity, due to alcohol, even days or weeks after consumption	- habitual alcohol use hinders the body's homeostasis and ability to respond appropriately to stressors (Allen et al., 2011) - inconsistent cortisol levels make youth want to seek excitement and stimulation, eliciting dangerous or harmful behaviour (van Leeuwen et al., 2011) - aggression (McBurnett et al., 2000; Schlussman et al., 2002), e.g., positive correlation between higher weapon-possession rates and physical fights with substance use (Dukarm et al., 1996)
	lowered HPA axis reactivity (cannabis) (van Leeuwen et al., 2011)	decreased cortisol stress-reactivity, deteriorates as cannabis consumption increases (van Leeuwen et al., 2011)
	high cortisol stress response level (methamphetamine) (King et al., 2010; Zuloaga et al., 2015)	linked with relapse (Zuloaga et al., 2015)

3.7.4. Substance Use Behaviour in the Classroom

Even when students are sober, the neurological consequences of drugs affect how students present themselves, react, and respond. Substance users may demonstrate changes in behaviour and mannerism (Ali et al., 2011; Fisher & Harrison, 2009; Westreich, 2017), and experience continuous social and interpersonal problems while giving up activities they once enjoyed (Fisher et al., 2017; Fisher & Harrison, 2009). Grades and attendance can decrease (Ali et al., 2011; Fisher & Harrison, 2009). Substance users also become impulsive (Squeglia et al., 2009) and may be dysregulated (Kutlu & Gould, 2016) or engage in risky behaviour (van Leeuwen et al., 2011; Windle et al., 2018). Substance also affects cognitive functioning (Squeglia et al., 2009). For example, heavy alcohol use affects memory performance, attention, spatial skills, and executive functioning (Squeglia et al., 2009; Squeglia et al., 2011). Spatial working memory, verbal encoding skills, verbal processing, and initial verbal learning are weaker with higher alcohol consumption (Squeglia et al., 2009). Various types of

substance use can cause physical appearance changes such as dilated or pinpoint pupils and bloodshot eyes when high (Ali et al., 2011), rapid changes in weight, unusual smells of breath, and decreased personal hygiene (Lener et al., 2013). While some educators may perceive substance use indicators as typical adolescent behaviour (Fisher & Harrison, 2009), identifying substance use entails recognizing symptoms that are *unusual* for the individual student (Rasmussen, 2000).

3.8. School Response to MH and Wellness

Fortunately, the education sector increasingly understands that school practices must support student wellness. In Chapter 2, I referenced an emphasis on social and emotional learning (SEL) and MH within the past two decades. Such growing attention is beneficial for students with potential or diagnosed MH disorders (Dikel, 2014): SEL helps students become aware of and manage emotions, strive for and fulfill healthy goals, demonstrate empathy, learn relational awareness and healthy relationships, and make responsible decisions (Weissberg et al., 2015). SEL interventions are consistently effective in growing these competencies and benefiting wellness (Clarke et al., 2021; Durlak et al., 2011)

Evidence-based practices have driven many organizations and programs to nurture SEL and MH. The Dalai Lama Center for Peace and Education (n.d.) "educate[s] the hearts of children by informing, inspiring and engaging the communities around them" (p. 1). Mind Up (MindUP, n.d.)., a school program initiated in 2003 by Goldie Hawn, offers lesson plans to help alleviate anxiety. Learning how to make our classrooms trauma informed can be supported with guides such as *Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families* (Poole et al., 2021) and those provided by agencies such as The National Child Traumatic Stress Network (n.d.). The Second Step (Committee for Children, 2022) program helps educators and learners engage in SEL practices while Everyday Anxiety Strategies for Educators (EASE) offers resources to help youth consider thoughts, feelings, and behaviours associated with anxiety (Healthy Minds B.C., n.d.). EASE also supports teacher MH literacy and integrates Indigenous learning principles and perspectives of First Peoples (Government of B.C., n.d.a.).

Perhaps the best known SEL agency in education is The Collaborative for Academic, Social, and Emotional Learning (Collaborative for Academic, Social, and

Emotional Learning [CASEL], 2022). A non-profit organization that seeks to make SEL foundational learning from preschool to grade 12, CASEL is considered a leader in this area of education (Oberle et al., 2016). CASEL's framework, presented in a "CASEL wheel" (below) identifies five SEL competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision making (CASEL, 2020). Frequently used in school-based practices, the CASEL framework in Figure 3.1 establishes standards that support accountability and best SEL provision as it guides continued scientific understanding of child development (Frye et al., 2022).

Figure 3.1:   CASEL SEL Framework
Image: **https://casel.org/casel-sel-framework-11-2020/ (CASEL, 2020)**

As well, public institutions and social groups support student MH. The Canadian Mental Health Association (CMHA), founded in 1918 (CMHA, 2022a), provides educators with school tool kits (CMHA, 2022b) and operates Mental Health Week (CMHA, 2022c) to foster awareness. There are federal government websites that guide adults in helping teens manage stressful events (Public Health, n.d.a; Public Health

n.d.b), and provincial institutions such as Kelty Mental Health that provide teaching resources (Kelty Mental Health, n.d.). My own district's wellness resource page links to mobile apps such as MindShift CBT that guides the user through Cognitive Behaviour Therapy for relaxation, mindfulness, and overcoming anxiety (Anxiety Canada, n.d.)., as well as Headspace (Headspace, 2022), that offers mindfulness meditation videos. Social media sites such as Facebook are a platform for focus groups like SEL BC (Facebook, 2022) that link to other resources for further support.

While MH focus in education is an emerging field (Adelman & Taylor, 2010), substance use prevention has been a school focus since the early 1980s. Established in 1983 (D.A.R.E., 2022a), the Drug Abuse Resistance Education (D.A.R.E) program is offered to students from kindergarten to grade 12. Led by a police officer, it is a set of classroom lessons that seeks to provide youth with strategies to resist the peer pressure of substance use and violence (D.A.R.E., 2022b). While it is one of the most well-known drug prevention programs, D.A.R.E. has been criticized for being unsupported by evidence (Gorman & Huber, 2009; Sherman et al., 1998; US Hickok, 2003; Weiss et al., 2008). Since this backlash, there has been a heightened focus to research the effectiveness of drug prevention programs.

PreVenture (n.d.a). is an evidence-based program that my own district piloted at the time of this writing. With the goal of early intervention, it supports MH and delayed substance use by matching students with their personality profile (PreVenture, n.d.b). Participation in just two 90-minute workshops helps teens recognize how their personality affects their lives. This program strives to support self-efficacy (Bandura, 1977) and Cognitive Behaviour Therapy (Dobson & Dozois, 2010) skills to cope with adolescent challenges such as the lure of drug use.

School districts are stepping up to align their spaces with the SEL and MH focus seen in non-profit and public sectors and programs. One district's SEL website led me to new training sessions developed and offered as of 2023. Skills 4 Life—SEL for Parents (borrowed from CASEL's resources for families and caregivers [CASEL, n.d.b]), Trauma Informed Practice, EASE and Second Step are recent training sessions this district offers. Creating an SEL and Mental Health Implementation Team, structuring a new SEL and MH website, and providing presentation and engagement sessions to staff, family, and community members are also a focus. As this district strives to best meet the needs

of all students, it implements SEL frameworks and positive MH strategies that build well-being and development.

Alternative programs that have emerged within the past fifty years aim to place struggling mainstream students into more flexible learning environments (Pennacchia et al., 2019). This study's participants speak of the effectiveness of their alternate educational experiences, while other students identify this arena as a positive system to find support, learn, feel successful, and graduate (Glassett Farrelly & Daniels, 2014). I work with districts that operate an alternate classroom within various high schools—if not an adjoining portable or small off-site building—allowing students a more individualized program that alleviates the deadline and testing expectations of mainstream classes. Other mainstream schools offer what has been described as a "mini" alternate program, where students can go to a classroom (with one teacher and one youth care worker), devoted to MH and wellness, throughout the day. One district offers a high school dedicated solely to alternate needs; the entire student body has programming, structure, self-paced learning, and even a bell schedule that adheres to their diverse learning profiles. A later start time, scheduled academic courses for the afternoon (to enable a higher attendance rate), and a morning break, lunch hour, and extended afternoon ("tea time") are just some examples of changes in this system that meets MH and wellness needs.

While working to support student MH, schools are also trying to find programs that are best suited to and more appropriate for cultural diversity. In particular, schools are making efforts to integrate First Peoples Principles of Learning (First Nations Steering Committee, n.d.) into program delivery. As we seek truth and reconciliation, we see Indigenous wellness practices within classrooms. For example, the Circle of Courage model (Bendtro et al., 2019) integrates Indigenous values of belonging, mastery, independence, and generosity to foster emotional health. The First Nations Health Authority (2022) aligns with such support, offering a *COVID-19 MH and Wellness* webpage that supports Indigenous youth with links to fact sheets and tips.

3.9. Conclusion

In this chapter I described the fundamental neurological changes that occur with TADS, as well as TADSs impact on youth experience and behaviour. I offered a foundational lens to this study's participants, and an understanding of the unseen

emotions and thought patterns in all students who struggle with TADS. I also outlined how schools and organizations are responding to the wellness needs of our youth. In Chapter 4 I outline the methodology of this research, then provide the results of this study in Chapter 5. In Chapter 6, I explain how teachers may respond to student needs. In Chapter 7, I conclude by offering final thoughts as well as limitations and areas for further study.

Chapter 4.   Methodology

In Chapter 3, I introduced the basic concepts and neurology of trauma, anxiety, depression, and substance use (TADS). I explained how schools and other institutions are supporting youth wellness. In this chapter I describe the process of my research inquiry as it relates to my primary study question, "What do students need from teachers to support wellness?" I first explain the grounded theory (GT) approach of this work, establishing how it aligns with my purpose and process. I provide background information to this research; I explain the steps for ethics approval and describe participant selection, recruitment and consent, exclusion criteria, risks, confidentiality, and the time period of this study. I then detail instrumentation and the method of data collection. Next, I present my approach to data analysis and outline the stages of coding. I end this section with a discussion of the challenges in this research process.

4.1. Research and Data Analysis Methodology

4.1.1. Grounded Theory

My study purpose became condensed into one question: *What do students need from teachers to support wellness?* To ascertain this, I needed to learn from Beauvais students what teacher-characteristics promote wellness and help youth feel good about themselves. I also needed to find out how our educational system could be more supportive of youth. I quickly discovered that these questions, based on the research process and data analysis described below, were best supported by GT as a methodology. GT allowed me to construct theory (Charmaz, 2014) while adapting to a multifaceted style of positioning the participants as experts, gathering qualitative and quantitative data, and being open to results. The blueprint of GT allowed me to enhance the credibility of this research through coding (Glaser & Strauss, 1967) and subsequently build theory from this data through a systematic inquiry approach (Charmaz, 2006). I used the framework of GT as a "way of thinking" (Morse et al., 2021, p. 5) and capitalized on its flexibility (Charmaz, 2014) that enabled me to use mixed data sources (Grounded Theory Institute, 2013; Morse et al., 2021). With this strategy, I was able to engage in "an intensive, open-ended, and iterative process that simultaneously involve[d] data collection, coding [data analysis], and memo-writing [theory building]"

(Groat & Wang, 2002, p. 181). I followed the seven steps outlined by Morse et al. (2021) that are "significant strategies that make a grounded *theory* into a *grounded theory*" (p. 5):

1. coding data (words that relay the meaning of data)
2. memoing (as I jotted my thoughts about codes)
3. theoretical sampling (I sought further information through additional interview questions and large sample size, as I used abductive reasoning to build conclusions from my knowledge)
4. constant comparison (between datasets)
5. exploration of negative cases (through participant stories)
6. saturation (through the large sample size)
7. the development of codes into categories (as I have coined "themes" that I ultimately verify and interconnect to form "a fully developed grounded theory" [p. 6])

Below I outline steps of both the data collection and data analysis.

4.1.2. Phenomenology

Under the research framework of GT, I approached participants with the lens of phenomenology to interpret a student's lived experience (Van Manen, 2016). Phenomenology is "a way of seeing people and place" (Seamon, 2000, p. 157) and a means "in which the world comes to be experienced within the various situations that make up our *lifeworld*" (Gallagher, 2022, p. xvi). Throughout the interviewing and data analysis process, I wanted to understand and interpret the experience of participants who were "*already situated* in the world" (Gallagher, 2022, p. xv). As Husserl (2014) observes, "sciences of experience are sciences of 'fact'" (p. 52). I wanted to make "fact" out of students' lived experiences. The worlds of this study's participants are accurate and true to them, as they articulate with confidence the reality of events and feelings; while their perception of an experience may be *inaccurate to others*, for them that experience was real. A good example within this research is in the story of a participant who was asked by a counsellor if she was OK, and the girl lied and said "yes." While this youth, who desperately needed help, felt abandoned by a perceived uncaring adult, most likely that counsellor thought the girl was being honest and wanted to be left alone. While adults may view circumstances differently (I certainly tend to judge some situations more optimistically than do my teenage children), participant interactions with

school staff formed vivid memories whose narratives allowed me "a way of seeing people and place" (Seamon, 2000, p. 157).

To draw out the genuine emotions, perceptions, and narratives of my participants meant abandoning my own forty-nine-year-old-researcher lens. To avoid my own interpretation, I simply listened. I tried to pose questions and have each participant present their own—rather than my analysis of their own—experience. Listening was a critical component to keep my "self" out of this process so I could cultivate data from participant perception of their experiences. I sought authentic listening to gather quality data. Using my personal experience to make inferences and judgements had to wait until I began data analysis, which I explain below.

4.2. Background of this Study

4.2.1. Ethics Approval and Questionnaire Development

Given this study occurred in a district classroom at a medical facility, acquiring ethics approval was extensive and complex. It required the agreement of not only my own university and the governing body of all multijurisdictional studies in this province, but also the medical ethics team for the hospital and coordination within my own school district. Ultimately, this process took two years, along with several stages of questionnaire scrutiny by medical and educational administrators.

4.2.2. Participants

All participants were invited to be a part of this study when they arrived at the Beauvais unit. Their backgrounds were diverse, with varying age and culture, school history and geographic locations, and ranging severity of mental health (MH) disorders and substance use experience. The intention of my data was to capitalize upon the wide array of study participants. Students were not all, for example, of one ethnicity, gender, or from a single school. Participants' diverse backgrounds make this study's findings perhaps more applicable in educational settings beyond the Beauvais classroom.

4.2.3. Ages, Gender, and Origins

This study surveyed twenty-five participants between 14 to 18 years old. The average participant age was 16.36 years. Twenty participants were female at birth and five were male. Thirteen attended an alternate school setting prior to admission, while 12 attended mainstream schools. Fifteen lived in urban areas, four in smaller mountain towns with populations of less than 20,000, five from a coastline area that stretches 180 km, and one from a remote area that requires access by plane or ferry.

4.2.4. Patient Status

Nineteen participants were admitted as "voluntary" patients who felt they would benefit from extensive care. Six participants were admitted as "certified," as they were a risk to themselves or others, necessitating implementation of The Mental Health Act (Government of B.C., 2023). Certified participants were transferred from another hospital unit due to suicide attempts, drug overdoses, threats to harm others or self, or psychoses. While these youth were initially involuntary patients, they ultimately decided to extend their stay after being decertified. All youth in this study were voluntary patients at the time of survey participation. There were 16 concurrent (combined MH and SUDs) participants and nine who were non-concurrent (only MH disorders).

Intake surveys (detailed in section 4.3.1) provide further information about the perceived quality of life, suicidal ideation, and substance use of participants. Where 1 indicates "not at all" and 10 "very much" (see Appendix A.1), youth ranked that they "feel good about [themselves]" at 3.7, "alone in life" at 5.3, and "safe when home" at 6.7 (see Appendix A.1 Collated Responses). When asked about suicidality, 71% responded they wished to be dead and 75% had suicidal thoughts. Participants ranked substance use at an average 5.7, where 5 points indicates "several times a week," 6 points indicates "daily," and 7 points indicates "several times a day" (See Appendix A.3.). On the same point scale, where 3 is "several times a month," and 4 is "weekends only," participants ranked their use of tobacco at 4.2, alcohol at 3.3, and marijuana at 5.0 (Appendix A.3).

4.2.5. Recruitment and Consent

Recruitment occurred at intake meetings. Upon arrival at our unit, it is standard practice for each patient and their guardian(s) to receive an admission package

containing various consent forms and questionnaires. Survey consent forms were included in this package and explained by the case manager. Most often, consent forms were signed immediately. For participants who did not have a guardian present at intake, I contacted that adult (with the youth's consent), who signed forms via email or during a unit visit.

4.2.6. Exclusion Criteria

Students who stayed for less than three weeks of regular programming were excluded from this study. Those not on the unit during Christmas and Spring breaks were also excluded in order to maintain consistency of the Beauvais classroom experiences; school breaks are non-normative times, as other colleagues work these holidays. As well, students in psychosis were excluded, though if a student stabilized early in their admission, they met inclusion criteria. Students were always given the opportunity to decline participation. There was one student who decided not to participate one day prior to the first interview.

4.2.7. Risks

This study was considered minimal risk to participants. I prefaced each interview with the following script:

> Please describe only what you are comfortable sharing and what feels safe. You do not have to share anything that may be triggering by discussing past events. Share only what is appropriate and healthy for you.

4.2.8. Confidentiality

All materials and interviews were anonymized with an assigned numerical identification for each participant. Interviews were recorded on a device that required a passcode. There was no identifying information for participants apart from the signed consent form and a master list of each participant's first name and assigned numerical identification. These were stored in a locked cabinet in a locked office separate from the data. Upon publication of research, data is stored for five years. After five years, paper copies of consent forms and surveys will be shredded, and audio recordings deleted.

4.2.9. Time Frame

Research was conducted between November 2021 to May 2022. Christmas and Spring Breaks occurred over these six months, resulting in two five week study pauses in order to maintain the minimum three-week classroom attendance criteria.

4.3. Instrumentation

4.3.1. Intake Forms

I.   I was granted access to the following forms (Appendix A) that Beauvais patients routinely complete at their intake, within the first few hours of arrival. The unit collects this information for a better indication of the patients' perceived quality of life, suicidality, and substance use. This data helps all staff to recognize the extent of struggles the youth endure, and is a foundation for unit counselling, psychotherapy, and daily discussions.

A. The Youth Quality of Life Instrument (YQOL-SF) measures perceived quality of life, with and without chronic conditions and disabilities, between 12-18 years. This is the short form (SF) with only 16 questions rather than the traditional 41 question survey pertaining to self, relationships, environment, and overall life quality (Ayala et al., 2014).

B. The Columbia Suicide-Severity Rating Scale (C-SSRS) assesses and classifies a person's level of suicidality (Interian et al., 2018).

C. Adolescent Alcohol and Drug Involvement Scale (AADIS) is a screening tool that helps determine a youth's type and level of substance use by conjoining alcohol and drug use (Moberg, 2005).

I collected these completed forms, prepared by the unit's office clerk, who anonymized each by placing the participant number over the name. My intention was to obtain this information if the participants' wellness, suicidality, and substance use could provide insight into data not yet collated. Responses that I deemed relevant to this study are presented below each questionnaire in Appendix A.

II.   At discharge, patients completed the Adverse Childhood Experiences (ACEs) survey (Appendix B) that gives insight into risk of mental illness, addictions, and physical ailments (Zarse et al., 2019). ACEs scores were tallied and noted with the youth's status of concurrent or non-concurrent diagnoses, which I present in Chapter 5.

4.3.2. Survey Questions: A Three-Part Process

Research surveys (Appendix C) were administered in three parts. Before officially launching into my research, I conducted a "test run" with a few eager students who I refer to below as "trial participants." I did not use this data, though I asked for feedback from these youth, which proved to be valuable in the implementation of particularly Part 3.

Part 1: Past School Experiences

Shortly before their discharge date, usually within two days, I interviewed participants about past school experiences. I chose to wait until near the end of their three week stay to build relationships and foster a safe environment in which participants would feel comfortable to honestly divulge. I hypothesized that many youth had negative experiences at school; therefore, I wanted them to trust me if they spoke critically about my profession. These sessions occurred in quiet spaces away from my classroom, and without time constraints. I sought areas with little distraction or potential interruption, and where participants could share openly and as much as they wanted, to foster authentic data. Interviews were conducted specifically at moments when youth were not "missing out" on desirable activities such as ping pong games, art therapy, social time at lunch, or a group walk.

Part 2: Classroom Experiences

Following Part 1, most often one day before discharge, a youth care worker (YCW) conducted a shorter interview pertaining to participants' Beauvais classroom experience. By asking YCWs to conduct interviews about my classroom, I avoided influencing participant responses. This decision was based purely on the fact that my relationships with participants could easily sway responses. In order to maintain my research approach of using interviews (listening) to advance my theory construction (Charmaz, 2014), YCWs were asked that students be encouraged to respond honestly. I provided the same question page for each interview, with notes to guide each YCW's discussion identically if participants needed prompting. I explained the process and prompts to each YCW that conducted the interview. YCWs took youth to the other end of the unit to maintain privacy and participants were assured that I would not listen to their interview until after discharge; in keeping with my research plan, I wanted truthful and

accurate data pertaining to their Beauvais classroom experience. Recorded interviews were transcribed into text after each participant's discharge.

Part 3: Written Questionnaire

One day after the Part 1 interview, participants answered a short (less than 5 minutes) written questionnaire. During my "test run" prior to official data collection, I recognized that students required assistance on Question 1: "Who in your community [home or school] would you talk to if you were struggling with anxiety, depression, substance abuse, etc.? Choose 4 [options were listed below] and number in order [rank] 1 - 2 - 3 - 4."

This question caused evident confusion, as my trial participants stated, "I don't understand." Therefore, as I worked with each participant, I made sure to explain the concept of numerical ranking before they began. I quickly discovered that once I clarified that participants must list, in order, their best four preferred community supports, they responded with ease.

4.4. Data Analysis Process

It is important to explain my process of coding, as it is foundational to how I ascertained codes and categories. In this section, I first explain elements of my inductive and deductive coding. I then describe each step of the coding process, which required a strategic and systematic approach due to the large amount of data I had collected.

4.4.1. An Inductive to Deductive Hybrid Approach

Given that data is both qualitative and quantitative, my methodology required a spectrum of research strategies (Young et al., 2020). Raw data was coded and thematically organized using a hybrid process of inductive and deductive methods. Such an approach is seen, for example, in research by Fereday & Muir-Cochrane (2006) that draws from inductive coding outlined by Boyatzis (1998) and deductive code templating described by Crabtree and Miller (1992). I analyzed the initial coding (Charmaz, 2014) inductively, then used these findings to develop theoretical "categories" (Charmaz, 2014), that I will identify from here on as "themes." At this point of analysis, I ascertained from the most applicable questions (that I present in Chapter 5) that students need

support, understanding, and care (SUC) from teachers. Next, I coded the remaining data deductively, and interpreted narrative meanings so as to determine if or how they supported my primary findings. For example, responses to QUAL 4 "tell a story about when an adult at school helped [them]" were coded under the three themes of SUC to learn about what characteristics made the student feel supported, understood, and cared for (which I differentiate in Chapter 5). In Chapter 5, I present graphs and charts generated by both qualitative and quantitative data that offer trends and patterns of these three themes.

4.4.2. Coding: Key Words

Identifying key words to analyze interview content and determine codes is an effective and useful coding tool (Schamber, 2000). Though sifting through qualitative data is a time-consuming process (Given, 2008), many initial codes were able to be determined from the words provided by participants. Therefore, coding felt natural, perhaps "organic," due to the simple fact that participants' responses *became the codes*. For example, a response such as "[the teacher] was understanding" automatically elicited the code "understanding."

As well, repetition of participant language was useful as it created patterns that further illuminated appropriate codes. I was easily able to align each category of code "with a short name that simultaneously summarizes and accounts for each piece of data" (Charmaz, 2006, p. 43). For example, students often stated "supportive," "supported," or "supporting"; these are patterned key words that produced the code "support."

4.4.3. Coding: Adolescent Lens

During my interviews, I needed to listen and connect. I became aware of Noddings' (2013) engrossment: "I set aside my temptation to analyze and to plan. I do not project; I receive the other into myself, and I see and feel with the other" (p. 28). Later, as I progressed through my coding process, interpretation became vital as some responses did not contain key words that elicited codes. Therefore, I sought to consider the narratives, and what was not directly stated, through an adolescent lens. To accurately code, I had to judge the needs of a participant that were illustrated in the

threads of their narrative. For example, the youth I presented in section 4.1.2 described that moment as her worst time at school:

> S19: "This was around grade ten when I was having lots of panic attacks and I just walked out of class because I couldn't handle it… I was walking in the cafeteria and the school counsellor asked me if I was OK and I was bawling my eyes out in a panic attack and I just said, 'yeah, I'm fine' because I didn't know what else to say… and she just walked away."

This student felt abandoned, alone, and without any support at that moment. As a teacher, I understood that the counsellor would have thought the youth wanted to be left alone, as she had clearly indicated. While I grasped the position of this counsellor, I could not code with my adult interpretation. I embodied myself as much as possible in this participant's experience; when I did, I envisioned desperation, despair, and a deep longing to be understood. After my contemplation, I then coded or ascertained themes according to youth experience. In this case, I coded that she most needed "support" and "understanding."

4.4.4. Coding: My Instinct and Experience for Reliable Results

Examples such as above illustrate why it was vital to accurately interpret participants' meanings for coding. While I felt confident with inductive coding, given the use and repetition of language that became my codes, my deductive process required greater evaluation. I offer that our past experiences and world lens cannot help but influence how we interpret the meaning of a story. In an interview with fellow grounded theorist Dr. Graham Gibbs (2015), Dr. Kathy Charmaz stated:

> I think to assume that people leave aside everything is naive…. What I'm most concerned [about] is that people grapple with their own starting points and standing points… where they are coming from, the views that they have that are shaped by their positions in society… I think a lot of grounded theorists have not entertained how their particular worldview… has influenced what they see. I contend it does. (3:55-4:45)

There are blurred lines when contemplating needs that a participant describes but does not directly state; the analysis of one researcher may not be that of another. My upbringing and school experiences are different from yours; therefore, the interpretation of meaning could elicit hours of debate.

Practices of GT bring reckoning to the fact that I strive to produce accurate qualitative analysis while I am a living, feeling human being. I offer five factors—from those who go before me—that enabled valid results. First, I aligned my coding to

practices of recent grounded theorists who prescribe that I acknowledge multiple realities and find diverse perspectives (Charmaz & Thornberg, 2021). These realities and perspectives are found in the experiences of 25 participants from varied backgrounds. While Charmaz & Thornberg (2021) suggest that "the principle of 'garbage in, garbage out' is very much applicable to grounded theory" (p. 313), I felt the quality of my data collection, as I described above, helped bring reliability to my judgement in deductive coding. As well, the inductive coding process that I conducted first alleviated "garbage." I argue that the initial themes of support, understanding, and care were undeniable, based on participant word choice (that I detail in Chapter 5). My interpretation of *how* subsequent narratives support these findings, found in deductive coding, does not detract from overwhelming conclusions pertaining to what students need. Second, consistent reflexive critical analysis creates quality research (Charmaz & Thornberg, 2021; Treharne & Riggs, 2014). I constantly considered my own responses, and adjusted interpretation according to my evolving insight (Braun & Clarke, 2021). My reflexivity made me cautious to not assign codes based on what I wanted them to be, but rather, on what participants were authentically saying within their stories. Third, alongside reflexivity, transparency is a tenet of quality qualitative research (Treharne & Riggs, 2014). I have made my data as transparent as possible by offering first-hand accounts, allowing my participants to speak to my readers, to illustrate how I coded these messages. Glaser and Strauss (1967) suggest that credibility is enhanced when vivid descriptions of data are provided, for my reader to see and hear participants. This is offered with participant citations throughout Chapters 3, 5, 6, and 7. Fourth, and most poignant in this study, is that Glaser and Strauss (1967) align research credibility with the researcher's confidence in their knowledge of the field. As the data-gatherer and analyzer, I had systematic knowledge of my data. I had nearly three decades of teaching experience, the foundation of healthy, reciprocated student relationships, and three years of Beauvais student dialogue at my research site prior to the start of this study. I also relied on my knowledge as a mother who raised children within the same public arena of these participants. I know this system of education, and I trusted my understanding of the youth before me to accurately interpret my data. I relied on my instinct and was confident in my knowledge of my field.

With the above in place, I developed a five-step analytic process which I now present.

4.4.5. Step 1: Data Infiltration

My first step was to become familiar with my data set (Braun & Clarke, 2006) as I infiltrated my mind with participants' stories. I listened to the interviews again as I transcribed the words, and yet another time to prepare for this chapter after returning from a lengthy summer break. As I listened, a guiding consideration when contemplating the dialogues was always "what did this youth need at that moment?" This allowed me to delve into each section of narrative to arrive at the essence of that participant's heart-need. Once I felt deeply entrenched in this raw data, I analysed my data in the following sequence:

4.4.6. Step 2: Inductive Coding

Given that GT often begins with an inductive process (Morse et al., 2021) and is inductive by nature (Birks & Mills, 2011), my second step was to code the questions that would provide the fundamental answers to my study question. (Note that qualitative questions are prefaced with "QUAL," and quantitative with "QUANT.") My goal was to think inductively, with "a type of reasoning that begins with study of a range of individual cases and extrapolates patterns from them to form a conceptual category (Bryant & Charmaz, 2007, p. 608). QUALs 12 and 10 were my starting point and therefore coded first. From this I determined three themes that would become the core of all subsequent data analysis. I entered these three themes in a language word count of all interviews to check for frequency, then analyzed QUANTs 1, 2, and 3 (presented in graph form). Inductive coding is presented in sections 5.1, 5.2, and 5.3. Further, I identified narratives that would provide insight into participants' perceptions of their needs. These are presented throughout Chapter 5.

On a side note, I was surprised when, after this inductive coding, I had in fact previously found my coding results after the first reading of the transcribed interviews. I discovered that I had jotted down these three same words as concepts of theory that materialized through nearly each interview. Words of "support," "understanding," and "care" were written at the top and sides of the text. These themes luminesced even in my initial immersion into the narratives, thus fostering my confidence: I had found the core of what students need from educators when struggling with MH.

4.4.7. Step 3: Deductive Coding

Using the three themes of SUC ascertained in the inductive process, I coded other data sets deductively, an approach that Gilgun (2019) suggests aligns with GT. These results are found in section 5.4. I did a comparative analysis between previous schools and the Beauvais classroom, as seen in questions QUANTs 4/7, 5/8, AND 6/9. I coded responses from QUAL 4 into the three themes of SUC, and present narratives from QUAL 7 that support students' desire for SUC.

4.4.8. Step 4: Finding Other Lessons

Next, I sought any further relevant information buried within other questions. I ascertained that the theme of "space" occurs in QUALs 14 and 21. I compared the environments between past (mainstream only) schools and the Beauvais classroom, and presented a word list in section 5.5. Further, I found "Refreshing" (QUALs 15, 19, and 20) and "Unexpected" results that I present in section 5.6 and 5.7.

4.4.9. Step 5: Quotations and Rabbit Holes

Remaining questions were divided into two subsequent groups. First, data that would provide further insight of primary findings was labelled as "Quotable" in section 5.8; QUALs 6, 9, 11, 16, and 17 contain narratives that let participants speak, thereby removing my own voice (bias). These quotable responses are offered in Chapters 6 and 7 to help illustrate my discussion.

Last, all remaining questions were titled "Rabbit Holes" (section 5.9). This data is outside the scope of my project as it does not directly support primary findings; while useful for further research, these responses are not reported in Chapter 5. Rather, QUALs 1, 2, 3, 5, 8 and 18 and QUANTs 10 to 13 will be discussed as areas for further research in Chapter 7.

4.5. Challenges in Process: Consistency

The nature of this unit created unique challenges for my research. The first challenge was to guard consistency within interviews, to ensure my data remained reliable and valid (Appleton, 1995; Beatty et al., 2019). To be reliable in consistency (to

generate trustworthy data), I posed each question the same way at the same time. To be valid in consistency (to build confidence in factually sound responses), participants were treated with the same process. The most challenging aspect of consistency was guarding the interview time period of two days before discharge dates. At Beauvais, planned departures are precarious, and I knew from experience that some youth have the propensity to refuse to return to the unit after a weekend pass. To mitigate the potential of an absentee participant, I interviewed youth before they left on a weekend prior to a scheduled Monday or Tuesday discharge date. Youth who met inclusion criteria but chose to leave the unit earlier than their three-week stay were not interviewed. Others stayed longer than three weeks, though the three-week inclusion criteria was adhered to as much as possible. As well, sometimes youth have "a bad day" or experience mood swings; therefore, I was always aware to gently approach youth at appropriate times within the time constraints of their intended discharge date.

A second challenge was to maintain consistency with the YCW interviews of Part 2. Beauvais YCWs are assigned to 12 hour-shifts, with frequent on-call and/or casual replacements. To mitigate the inconsistencies of a rotating staff, I introduced my study and interview questions to each YCW with consistent explanations and prompts (as explained in section 4.3.2). As well, I intentionally "pre-loaded" participants during Part 1 as I clarified all concepts that paralleled Part 2. For example, in Part 1, I asked youth about a time when an adult at school helped them. I was able to explain that their help could be academic, social, or emotional, and illustrated with examples if needed. In Part 2, YCWs asked about a time in the Beauvais classroom where the participant received help. Given that each participant had already contemplated this question pertaining to school, they were better prepared—and all equally so by me—to understand the question and consider their response. I maintained better consistency in Part 2, despite varying YCW staff, by giving all participants the same explanations for same or similar questions in my preceding interview (Part 1).

4.5.1. Sample Size

I knew that my research would gather a very large amount of data. While the sample size aligns with GT recommendations of 20-30 participants (Marshall et al., 2013), I knew I would not be able to use all the data. I chose to extensively collect data to offset my concern (as discussed in Chapter 1) about my personal bias. I wanted to be

open to unanticipated data and allow for an abundance of possible outcomes. As well, I wanted a larger sample size to better capture the experiences of these youth. Given that recruitment came from seven different regions, I felt that more participants would provide a broader indication of student experiences. My plan was to immerse myself with all collected data, and then work through the data that most relevantly answered my study questions.

4.6. Conclusion

In this chapter, I presented the methodology of my research approach and process, explaining how this methodology enabled an accurate discovery of my research results. Ascertaining what students need from teachers to support wellness was fundamental for each step taken between research preparation and data analysis. In Chapter 5, I connect my inquiry of students' needs with this study's research results. I present my findings as a journey of discovery, and in the same order as I described in this chapter. In Chapter 6, I discuss these findings as they relate to supporting student wellness. I conclude in Chapter 7 with my final sentiments about this study, and its limitations and areas for further study.

Chapter 5.   Results

In Chapter 4, I described my three-part survey, as well as elements of coding that include inductive and deductive methods. I explained the step-by-step process I used to answer my study questions. In Chapter 5, I present my results in this same sequence of coding.

5.1. Introduction

This chapter is a novelette. My research generated an enormous amount of information, and sorting through participant responses was a task of proportions that is a story unto itself. Therefore, this chapter relays a journey of discovery. Its narrative aligns with my research process of listening to and receiving participant experiences.

As stated in Chapter 2, my main goal was to ascertain: What did students who struggle with mental health need from educators as their mental health declined and substance use increased? The results presented in this section show that study participants want to be:

1. Supported
2. Understood
3. Cared for

This creates the acronym SUC (aligned with the concept of "SUCcour"). In the first half of this chapter, I explain how I ascertained that students need SUC. However, my results are more comprehensive than just these findings, and require a longer discovery journey. Therefore, in the last half of this chapter I present student needs beyond— though not unrelated to—SUC that were evidenced in subsequent data.

My identification of interview and survey questions requires explanation. I refer to questions as QUAL (qualitative) and QUANT (quantitative) followed by a number. Qualitative questions were those in interviews about past school experiences (Part 1, questions #1-14) and the youth care worker (YCW) interviews about the Beauvais classroom (Part 2, questions #15-20), processes I detailed in Chapter 4. Therefore QUAL 1 is the first question of my interview, while QUAL 15 is the first question of the YCW interview. Quantitative questions are found in Part 3, which is the written survey that students completed independently. At the start of each section in this chapter, I

provide the specific survey questions discussed (QUAL # or QUANT #) for easy reference throughout that section. All surveys are found in Appendix C under *Study Questionnaires*.

As I present my findings, I insert participants' narratives. The *Narratives* sections in this chapter offer the most meaningful responses that helped me learn through each step of my journey. Presenting these quotations allows my participants to speak for themselves, as I continue to refer to their lived experiences. There were 25 participants in this study, which I identify as students (S), numericized as S1, S2… S25.

I relay these findings in the same sequence as the coding process I detailed in Chapter 4. In section 5.2, I present primary findings that I derived from the most relevant qualitative questions (QUALs 12 and 10) and explain how I ascertained that students first and foremost need SUC. In section 5.3, I strengthen my findings of SUC by analyzing the most applicable quantitative results (QUANTs 1, 2, and 3). In section 5.4, I further explore SUC as I search other responses that illustrate where SUC occurs (QUANTs 4/7 [4 and 7], 5/8 [5 and 8], and 6/9 [6 and 9], and QUALs 4 and 7).

After this, my discovery journey shifts to learn about other perspectives towards participants' school experience. In section 5.5, I compare environments between mainstream and Beauvais classrooms. In section 5.6, I offer refreshing findings, as most participants debunked my hypothesis that some did not care to succeed in academic endeavours. In section 5.7 I discuss the unexpected, in section 5.8 I give the quotable, and in section 5.9 I list the questions that contain areas for further study.

5.1.1. Criteria for SUC

This section defines SUC as the foundation for decisions made during the coding process. Criteria for SUC was based on formal definitions, literature, as well as my own lived experience. In Chapter 6, I present SUC in relation to my data as I explore how SUC can be offered, received, how it feels, and the potential of student misperception in the process.

Support

In the *Oxford English Dictionary* (OED) (2023a), "support" is defined as "the action or an act of helping a person or thing to hold firm or not to give way; provision of

assistance or backing" (Definition I.1.a), "the provision or availability of services that enable something to fulfil its function or help to keep it operational" (Definition I.1.f), and "the action of contributing to the success of something" (Definition I.3.b). I assigned "support" as a code when the narrative portrayed that the participant felt helped. These narratives usually depicted behaviour and events of the supporter that fulfilled—socially, emotionally, or academically—a "function" of sorts in that youth's life. For example, support can be seen in helping a student read, being a "listening ear" to better understands circumstances, or being present in a time of crisis. Participant narratives spoke in multifaceted ways of support, such as learning support, home support, and mental health support. Encounters with support contributed to the participants' success in learning, improved wellness, and fostering healthy relationships.

As I sifted through literature, I was struck by how often the concept of support was not defined before it was discussed. I sensed that most authors automatically assume I know what support is; consistently, the term "support" referred to help of any kind. For the classroom context, Katz & Lamoureux (2018) identify support as a process that benefits students, is deliverable, and effective (pp. 76-77). For the intent and purpose of coding, I also drew from Jennings' (2019) description of a support in *The Trauma Sensitive Classroom*, where she suggests that students perceive they are supported when the teacher is sensitive to their needs. I coded narratives as "support" when I found circumstances that encapsulated "teacher's awareness of and responsiveness to students' academic and emotional needs" (p. 55).

Understanding

The OED (2023b) defines "understanding" as "the faculty of comprehending and reasoning" (Definition 1.c) and as "comprehension of something" (Definition 4.a). In *Reclaiming Our Students*, Beach & Neufeld Strijack (2020) argue that to better understand our students, we must ask "what's behind the behavior?" (p. 83). To understand, they suggest, we must recognize that a student has emotional needs to be fulfilled, and we should consider the root of the problem rather than judge what appears at face value.

Narratives coded as "understanding" demonstrated times where the understander had faculty, as in the ability to see or perceive the reality of the situation. This does not mean that the understander knew exactly what was going on, but rather

that they behaved with an inherent grasp of the broader circumstance, with an awareness that there could be various factors contributing to the circumstance. In stories coded as "understanding," suspended judgement allowed the participant to feel acknowledged, having the freedom to interact in truth with the understander.

Care

Care, as defined by the OED, is "to feel concern (great or little), be concerned, trouble oneself, feel interest' (Definition 2.b), and "to take thought for, provide for, look after, take care of" (Definition 3). I coded "care" in narratives that demonstrated the one-caring's concern for the participant. There was effort taken and interest offered to the student.

In *Think Like a Monk*, Shetty (2020) describes care. He writes that "real care means they are thinking about what is best for you…. They care about your well-being… they have your best interests at heart. They believe in you. They would go beyond the call of duty to support you" (p. 226). My lens of care emulates Shetty's: participants' descriptions of people who noticed and asked, believed in them, and made effort to care met criteria for this code. Participants' narratives of care suggested they were "cared-for just as he or she is, as a whole human being with individual needs and interests" (Noddings, 2011, p. 109) as the one-caring was attentive, listened, and "respond[ed] as positively as possible" (p. 109).

5.2. Inductive Analysis: Exploring the Basics from Qualitative Results (QUALs 12 and 10)

The start of my discovery journey required that I directly address the goal of my research: to learn what youth need from teachers to support student wellness. Participant responses to two questions provided key insights:

> QUAL 12: When you were struggling at your previous schools, what did you need from the adults around you?
>
> QUAL 10: Tell me about a time when someone helped with learning or social challenges.

While QUAL 12 mirrored my primary research question, QUAL 10 elicited responses that indicated *how* students had found previous support. For each question, participants used language that indicated their needs. Both QUALs 12 and 10 (the order

I present below) were coded inductively, as I had to first ascertain the main needs of students. Coding lines and assigned themes are in Appendices D.1 and D.2. Only one code is assigned to a participant's response, which was determined by considering the fundamental message of each narrative. For example, S23 responded to QUAL 10 by explaining that what helped her was, "asking for help and having the teacher come to me." This was coded as "support" (see Appendix D.2.) Below, I present my initial coding to each question, and provide narratives that demonstrate participant language used that led to the assigned codes. The following examples of participant responses indicate how I considered the larger scope of the intent of each story.

5.2.1. QUAL 12

Answers in QUAL 12 pertain to the experiences in secondary school; primary and intermediate needs were analyzed only when required to assist with coding (see example below). Figure 5.1 indicates that students primarily want support, then understanding.
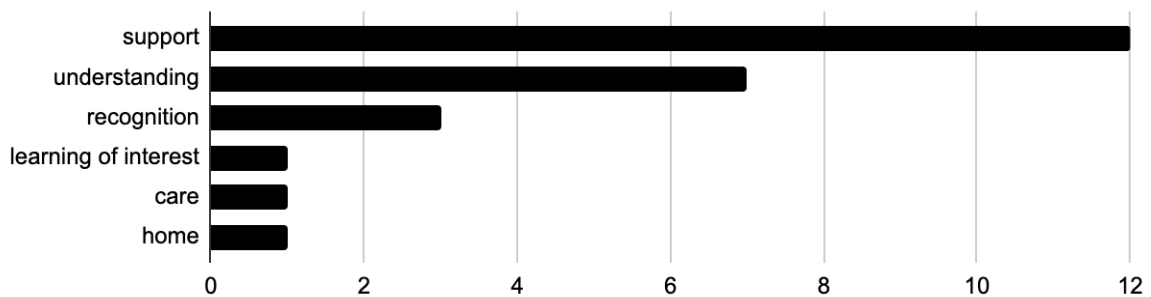
Figure 5.1: **Participants' needs at school when struggling**

Direct use of the word "understand/understanding" occurred nine times when referring to secondary school needs, while "support" was stated eight times. Figure 5.1 was generated by an ongoing tally of assigned codes.

Narratives

Table 5.1 gives examples of participant narratives that indicate they need support and understanding.

Table 5.1:   Narratives of Support and Understanding

S1	"I had a lot going on at home, not everyone would understand… so they expect a lot from you." (coded "understanding")
S2	"I needed them to understand a bit more about mental health." (coded "understanding")
S12	"...help in academics more than mental health [help]." This participant's need for academic help was coded as "support" given that they used the word "help," as in needed assistance, which is support.
S18	"...they would understand if I was having a bad day." (coded "understanding")
S19	"...more…support and understanding. Academics were too fast for me." Here, the participant stated they needed both support and understanding, though only one code was allowed per question. Based on the preceding interview dialogue where this participant stated that in early school years they needed "more one on one time," I assigned support as a code.

5.2.2. QUAL 10

The second question that helps solve my main study goal asks about a time when an adult helped with learning or social challenges. The goal of this question was to have insight into what participants needed; in essence, that is indicated by how they were helped. Along with stories (some which I will share in Chapter 6), participants gave one word to describe the helper. If youth did not provide a single word in the interview, a word was assigned based on the overarching sense of their narrative. For example, S2 explained that she was most helped when she had classroom pull-outs to attend the Learning Assistance Centre. She offered a lengthy story about receiving no other language help as she aged, and how she still struggles with spelling and writing. While she did not provide a word, "learning support" was assigned to what best described the help she received (see Appendix D.2).

As with QUAL 12, participants directly stated "supportive" and "understood/understanding" more than any other response. Each word was given five times. As well, the need for "care" from the adult involved in each narrative was revealed as an evident desire of participants. Figure 5.2 shows how support, understanding, and care are the characteristics of what helped participants with learning or social challenges.
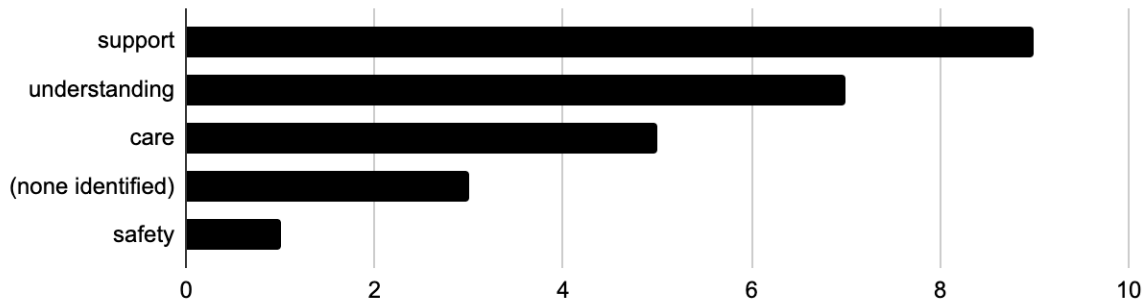
Figure 5.2: How participants were helped with learning or social challenges

Narratives

Again, each narrative was used to categorize participants' language choice. As well, I considered the overarching intent of participant perspective. By this, I mean that I asked myself before coding: "What does this participant feel—by the words used within and nature of their story—was meaningful when they were helped by an adult?" Table 5.2 gives examples of how I assigned SUC codes based on participant intent. Note that I provide the assigned code before the narrative that generated this code.

Table 5.2: Examples of Assigned SUC Codes

S8	Caring	The teacher saw the student was struggling. "He just pulled me out of class for a bit and we went for a walk. That was really sweet of him, he took me to the counselling center for an ice pack and I went outside."
S10	Support	"One teacher at alt school would always stay back and read the questions to me so I could understand what they mean."
S18	Understanding	"[The teacher] just kind of took interest in how I was doing because she noticed I was not attending, that I seemed sad."
S24	Understand	"A lot of teachers don't take the time to understand their students."

Language Word Count

To confirm the validity of my findings, I conducted a word search of both interviews (Past Schools: QUALs 1-14 and Beauvais classroom: QUALs 15-21). Given that I had already determined—by coding QUALs 12 and 10—that SUC was what participants needed, I sought these specifically; I tallied the three root words of SUC stated by participants: "support," "understand," "car" (the latter which could illustrate

"care," "cared," "cares," "caring") in the entire interview transcripts. Table 5.3 lists all the root words that were tallied in the left column, the frequency of these three words in each interview in middle columns, and total count in the right column.

Table 5.3: **Frequency of Root Words for SUC in All Qualitative Responses**

Words tallied	Past Schools (Q1-14)	Beauvais Classroom (Q15-21)	Total
Support / supported / supports / supportive / supporting / unsupportive	43	16	59
Understand / understands / understanding / understood / misunderstanding	70	21	91
Care / cares / cared / caring	25	3	28

5.3. Inductive Analysis: Confirming the Basics from Quantitative Results (QUANTs 1, 2, and 3)

QUANT 1: Who in your community (home or school) would you talk to if you were struggling with anxiety, depression, substance abuse, etc.? Choose 4 and number in order (rank) 1 - 2 - 3 - 4 (21 options provided).

QUANT 2: What made you feel comfortable talking to these people?

QUANT 3: What two words describe your number one choice above?

After I studied my primary qualitative questions (QUALs 12 and 10), I turned to my quantitative data. Responses from QUANTs 1, 2, and 3 aligned with learning more about what students need from teachers. While these questions pertain to any trusted community individual rather than those exclusively within schools, the results nonetheless indicate the characteristics youth encounter when they confide in others. Within these narratives, youth refer to times when they were helped with MH challenges.

5.3.1. QUANT 1

Participants were asked to choose four community members in whom they are most likely to confide when struggling with MH. They ranked these trusted people from

#1-4, with #1 being their person of confidence. A point system was assigned to responses, where their 1st choice was assigned four points, 2nd was assigned three, 3rd assigned two, and 4th assigned one point. Figure 5.3 shows community members in whom participants are most likely to confide.
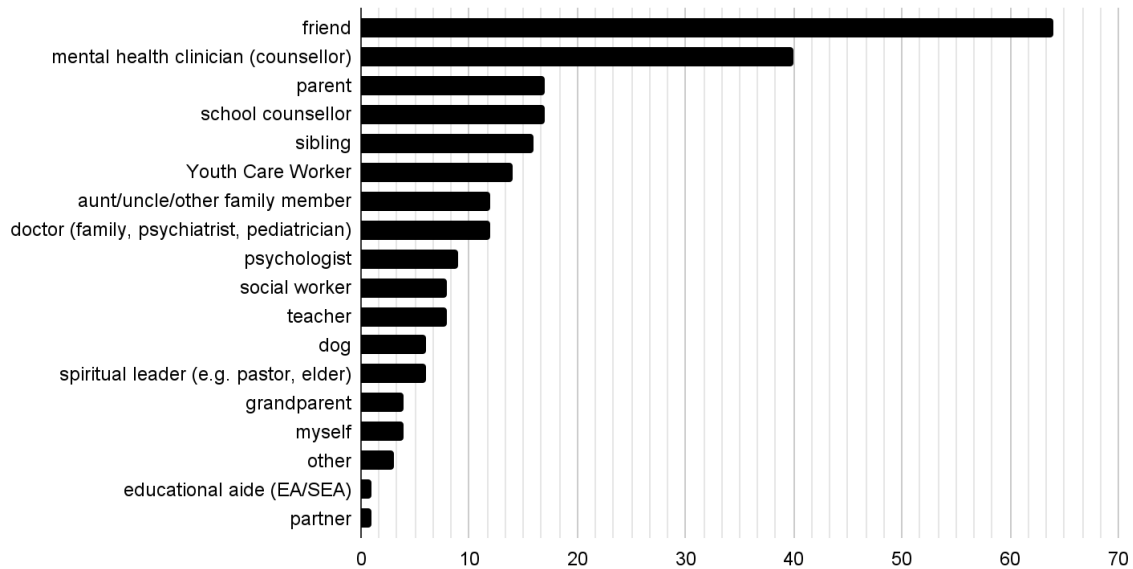
Figure 5.3: **Community member participants are most likely to confide in**

Given these results, friends are the first person a participant turns to when struggling with mental health and substance use. This figure shows that the young people in this study are over three times more likely to turn to a friend than a parent, and six times more likely to turn to a friend than a teacher. What is it about a friend that makes them the overwhelmingly top person of confidence in community? The following responses answer this.

5.3.2. QUANT 2

Participants gave characteristics of what made them feel comfortable with these most trusted community members. Each response was coded deductively under the themes of SUC. If participants provided more than one characteristic, the same number of SUC codes were assigned. For example, if they said the person "cared" and "understood," two codes were assigned of "care" and "understanding." See Appendix D.3 for participant responses and accompanying deduced codes. Figure 5.4 indicates

the support, understanding, or care that participants perceive from their community confidant.
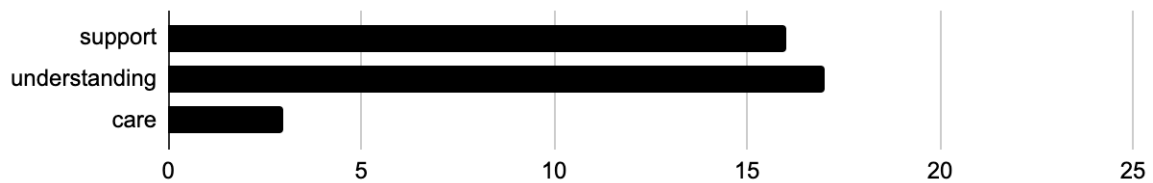
Figure 5.4:   Characteristics of community confidant

It is clear that participants turn to people who they find understanding and supportive. Often in dialogue they explained, "they understood me," or "they didn't judge me." Participants relayed a sense of assurance in knowing they could approach their support person and receive a response that withheld assumptions. I will discuss these responses and how they relate to SUC in Chapter 6.

5.3.3. QUANT 3

Students were asked to provide two words that describe the community person in whom they would most likely confide. Figure 5.5 indicates characteristics of trusted people in participants' community; words that were given at least twice in all responses are listed below.
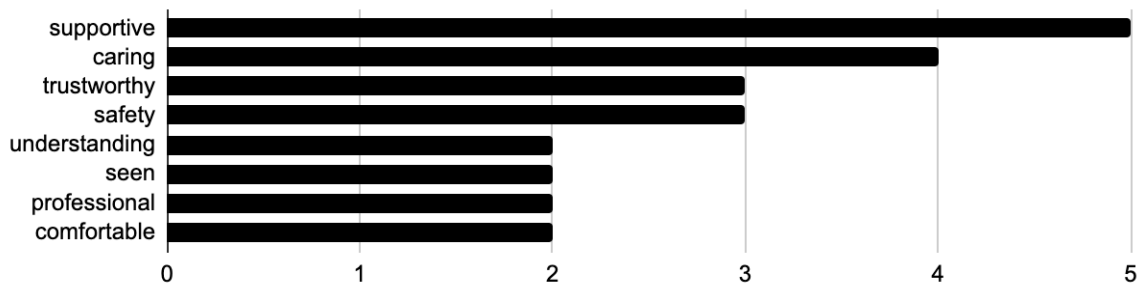
Figure 5.5:   Words to describe community confidant

While in QUANT 2 support and understanding emerge as the most important characteristics of a community confidant, QUANT 3 highlights the importance of care. In community, participants identified care as the second highest quality of trusted people. As I reread stories, I noticed that any time a participant told a positive story of feeling

supported and understood, it involved a caring act from the trusted individual. When they did not feel supported (not receiving social, emotional, or academic help) or understood (misperception of their circumstance or judgement), there was an evident perception by the youth that they were not cared for. In Chapter 6 I will present narratives from this section that demonstrate participants' desire for SUC. As well, I will explore SUC as a deep-seated desire of youth and as the means to best serve our students.

5.4. Deductive Analysis: When We See Support, Understanding, and Care (QUANTs 4/7, 5/8, and 6/9, QUALs 4 and 7)

Having identified SUC as the primary needs of students with mental health struggles, I wanted to learn more about the nature of SUC. I wanted to know how and where SUC occurs. I first compared different educational spaces by asking the following quantitative questions on the written survey (Part 3).

5.4.1. QUANTs 4/7, 5/8, and 6/9

Answer the following questions on a scale of 1-10:

1 – none, 5 – somewhat, 10 – always

QUANT 4: How much did your previous school support your mental
    health? (anxiety, depression, etc.)

QUANT 7: How much did the Beauvais classroom support your mental
    health? (anxiety, depression, etc.)

QUANT 5: How much did your previous school try to get you the help you
    needed with substance abuse challenges?

QUANT 8: How much did the Beauvais classroom help you work through
    substance use challenges?

QUANT 6: How much did you feel cared for by
    teachers/counsellors/administrators at your previous school?

QUANT 9: How much did the Beauvais classroom have you feel cared for
    by the teacher?

The intention of questions QUANTs 4/7, 5/8, and 6/9 was to understand the differences between student experience in previous schools and in the Beauvais classroom. As I continued to sift through evidence of SUC themes, I used graphs to compare QUANTs 4/7, 5/8, AND 6/9, whose questions are indicated below in each

figure. Figure 5.6 to Figure 5.8 show the comparison between mainstream schools and the Beauvais classroom (BC) in terms of mental health support (Figure 5.6), substance use support (Figure 5.7), and perceptions of care (Figure 5.8).
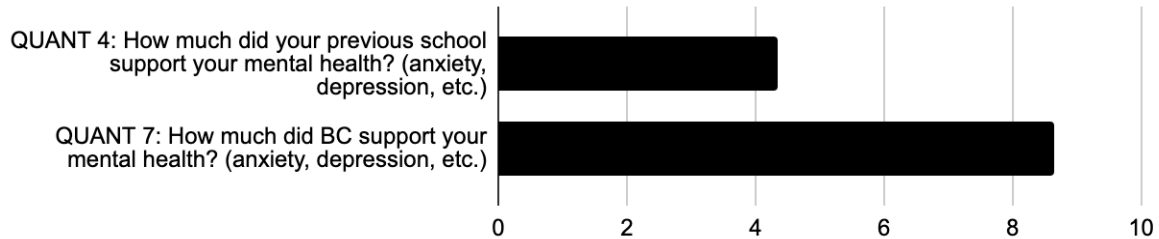
Figure 5.6: Previous school versus Beauvais classroom mental health support
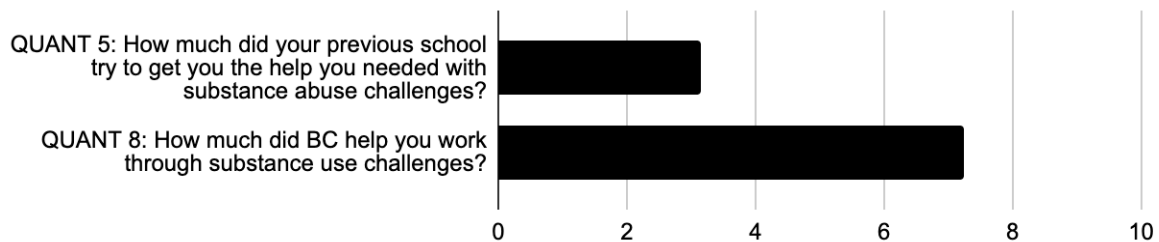
Figure 5.7: Previous school versus Beauvais classroom substance use support
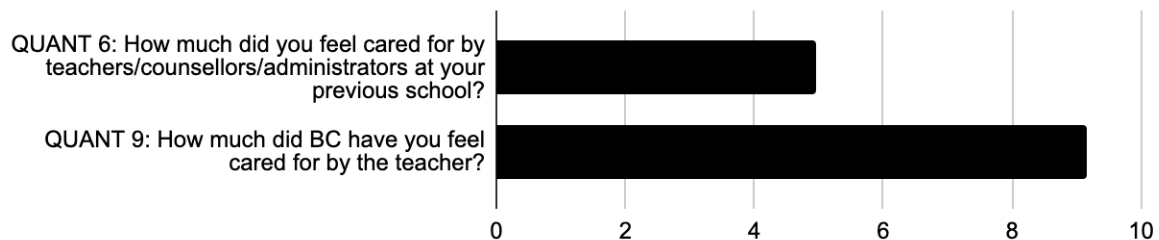
Figure 5.8: Care felt at previous school versus Beauvais classroom

5.4.2. QUALs 4 and 7

> QUAL 4: Tell a story about if or when an adult at school helped you.
>
> QUAL 7: Tell me a story of the worst time that you had at school.

To learn more about when and where we see SUC, I considered stories at school. I wanted to explore when a participant was helped, as well as factors of the worst time at school. By comparing the better stories (receiving help) to the worst, I hoped to delve into how SUC is seen—or not seen—in school experiences. I first coded

QUAL 4 and 7 deductively under the themes of SUC and found that all responses naturally aligned with one or more of these themes. I then studied the narratives, which I present below.

QUAL 4

In QUAL 4, multiple codes were assigned per participant, dependent on the themes offered. For example, if a participant spoke about being understood and cared for, "understanding" and "care" were assigned as the codes for this one participant. Figure 5.9 shows the characteristics participants experienced when they received help at school.
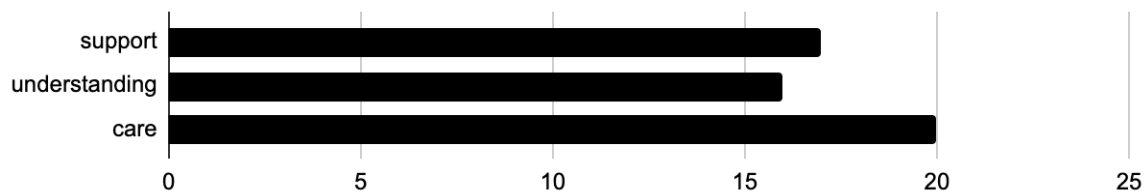
Figure 5.9:   Characteristics when participants received help at school

Narratives

Table 5.4 gives examples of narratives that support SUC themes of QUAL 4.

Table 5.4:   Narratives that Support Themes of SUC (QUAL 4)

Support	S1	"[The Indigenous Support Worker] was just there for me."
	S13	"[The principal] tried his hardest to make me feel comfortable. He would… make sure I was OK. He was there for me."
Understanding	S5	"[The teacher] was the first who really understood…It was refreshing seeing someone who wouldn't leave me behind. He kept trying until I understood and didn't give up on me. He still hasn't given up on me."
	S18	"[The Special Education Assistants] (SEAs) understood we were just kids."
Care	S11	"[The teacher] was caring and understanding and patient. He never had judgment towards me, he never raised his voice towards me."
	S17	"When I was having a bad day [the counsellor] just let me talk."

	S18	"[The SEAs] actually cared to help you, they weren't bothered to help you."
	S24	"[The teacher] always squatted down to talk to you so you're at the same level."
	S25	"[The teacher] asked how I was after I missed a few classes. Only one asked. Most didn't ask when I was gone a few days."

QUAL 7

I then coded QUAL 7 in the same manner as QUAL 4, though I now looked for when SUC was *not* seen. For example, if a participant's worst story at school told about not receiving any help when they needed it, this was coded as "support." Figure 5.10 shows SUC that was lacking in the participant's worst time at school. As with the coding for QUAL 4, the narratives were deductively coded into SUC themes.
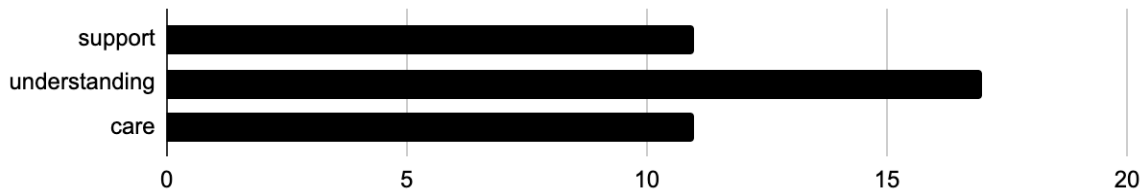
Figure 5.10:   Characteristics lacking in participant's worst time at school

I also wanted to find out who within the school community caused the participant's worst time at school. To ascertain the individuals involved in negative school experiences gives insight into who affects youth in educational institutions. Figure 5.11 indicates that teachers have played the biggest role in negative school experiences of students who struggle with mental health. I will discuss the power of a teacher in Chapter 7. Figure 5.11 presents how often specific school individuals are associated with participants' worst school experience.
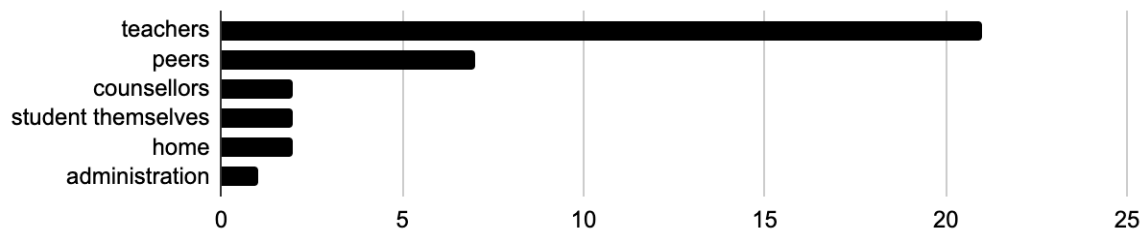
Figure 5.11:   Person who caused the worst school experience

Narratives

After I identified the primary person involved with a participant's worst time at school, I delved into how SUC appeared in these same narratives. Responses to QUAL 7 spoke of times where participants did not receive SUC. Table 5.5 details how the *absence* of SUC contributed to several participants' worst school experience.

Table 5.5:   Narratives that Demonstrate Absence of SUC (QUAL 7)

Support	S5 and S6 are examples of participants who felt that a lack of support led to their worst school experience. S5 identified times of being bullied by peers yet no one responded to evident cruel behaviour of others:
	"A girl pulled a chair out from under me, and I hit my hair really hard. Another girl said that I was 'born in a deli and that is why she is oh so smelly.' I was ten and no one did anything."
	S6 echos this sense of lack of support, as he felt alone dealing with his depression:
	"[One day] I was feeling really, really down and I just didn't know what to do with myself and there wasn't any support from anyone or anywhere. So, I had to deal with it on my own and it wasn't good. I tried to take my own life at school. It happened twice."
Understanding	S7 and S13 suggest it was teachers who did not understand their mental health disorders that caused their worst time at school. S7 explained,
	"I had an awful teacher who didn't understand anxiety, didn't understand when I went into fight or flight mode."
	S13 described her teacher as:
	"… very strict… That was the year after I got diagnosed with Generalized Anxiety Disorder and was still trying to figure it out and get the help I needed. At that time, I would have a lot more panic attacks, and her way to cope with my panic attacks was to send me outside and she kept yelling at me. She would punish me for panic attacks."
	S16 described nonchalance from teachers, in an apparent misunderstanding of the pain she was managing at home:
	"One time I was having a really shitty time at home… I went to a different room, and I started breaking down and was really destructive with my words and I was being an asshole. No one saw that I was hurting. They shrugged it off and thought I was being melodramatic."
Care	Participants attributed their worst school experience to feeling uncared for. Three different elements of care emerge in these stories: care in physical space, care in recognizing a student is struggling, and care in our words. For S2, the physical space of her school suggested she did not feel cared for:
	"In Spain, when I was little, I went to a school, and it was basically like a jail. Like, the walls were all gray, there was a fence - you had to call, and they'd let you into the school… There's no socializing, no nothing, it was just books, books, books."

	S3 attributes their worst school experience to a lack of adult care as they faced evident struggles. They explained:
	"I turned in a [late] shitty project... The day before Christmas [vacation] in Maui my mom woke me up at 8:00 am, as [the teachers] had emailed that I hadn't turned it in. They were angry. Something was obviously wrong, and no one cared."
	For S9, her worst time was correlated to teacher treatment, particularly in words that can never be unspoken. Her story occurred ten years prior, as she recalled vividly:
	"My PE teacher called me useless in grade 7 or grade 6. I hurt myself a while ago falling off my longboard and I was in uber pain for a long time because I messed up my knees. I... didn't want to be involved in that [in PE], I couldn't do something, and all I remember is him saying, 'It's OK, [name], you're not that useless.'"

5.5. Lessons of Space: QUALs 14 and 21

> QUAL 14: Give 3 words to describe the space (atmosphere, feeling) of your previous schools.
>
> QUAL 21: Give 3 words to describe the space (atmosphere, feeling) in the Beauvais classroom.

At this point of data analysis, I confidently ascertained through primary findings (5.2) that participants wanted SUC. I then considered participants' experiences with their trusted community member, showing through further inductive coding (5.3) that participants valued the SUC this member provided. Next, I deduced, through a comparison of mainstream schools and the Beauvais classroom, experiences and prevalence of SUC (5.4).

In my next step, I further compared the space of mainstream schools (QUAL 14) and the Beauvais classroom (QUAL 21) by asking three words to describe each. My intention was to understand how students feel emotionally and physically about each environment, so that I could later analyze these responses with how participants say their wellness was supported—my primary research question—in the data generated from section 5.4. I will discuss my comparison in Chapter 6.

The following word lists speak to the embodied experience of participants in two very different educational arenas. (Refer to section 1.6 for a description of the Beauvais classroom environment.) I find it interesting that these words parallel my own emotions about each space. I still refer to two decades in a French Immersion classroom of 30 as

"chaotic," "non-stop," "frenetic," and "hamster-on-a-wheel." In my Beauvais classroom, it is "calm," "serene," "healing," and "safe." If I feel this as an adult, I suggest that study participants experience the following even more acutely. Table 5.6 shows adjectives that were given at least twice in all responses pertaining to mainstream and Beauvais classroom spaces. The full word list is found in Appendix D.8.

Table 5.6:   Mainstream Versus Beauvais Classroom Spaces Adjectives

Past Schools: Mainstream Spaces		The Beauvais Classroom Space	
Emotional Space	**Physical Space**	**Emotional Space**	**Physical Space**
stressful (x5)	crowded (x2)	calm (8)	calm (8)
stress (x2)		supportive (6)	chill (4)
alone (x2)		chill (4)	comfortable (4)
confusing (x2)		comfortable (4)	fun (3)
misunderstanding (x2)		encouraging (4)	independent (3)
toxic (x2)		nonjudgmental (4)	open (2)
unsupportive (x2)		fun (3)	relaxing (2)
		independent (3)	
		hopeful (2)	
		open (2)	
		relaxing (2)	
		respectful (2)	

I will discuss the perception of space in relation to healing environments in Chapter 6. I will also explore participants' sense of safety when they receive help and encounter teachers who use a gentle tone of voice.

5.6. The Refreshing: A Desire for Success (QUALs 15, 19, and 20)

I continued to sort through interview responses in hopes of enriching the discovery of my research question, "What did students need from educators as their mental health declined and substance use increased?" I had not anticipated what I found

next in QUALs 15, 19, and 20, which offers a glimpse of how teachers can support student wellness:

> QUAL 15: Tell a story from the Beauvais classroom where you felt good about yourself.
>
> QUAL 19: What did the Beauvais classroom do to help or hinder you returning back to your community after Beauvais? Explain.
>
> QUAL 20: How did the Beauvais classroom help or hinder you to be interested in school subjects?

I was aware that some participants reveled in school success at Beauvais, but the extent to which they did, and to how it made them feel good about themselves, was refreshing. I had hypothesized that our caring discussions and my reiteration of students' worthiness gave them the greatest sense of empowerment and personal value. Rather, participants stated it was success in the Beauvais classroom that made them feel good about themselves. (In Chapter 6, I explore the implications and interconnection between students' simultaneous desire for success and SUC.)

5.6.1. Ascertaining the Desire for Success

I turned first to QUAL 15, ascertaining that participants feel good about themselves primarily when they feel successful. I coded all answers provided by all participants, which, as a result, generated the same number of codes as answers. Responses and codes for QUAL 15 are found in Appendix D.6. Figure 5.12 indicates what led to participants feeling good about themselves in the Beauvais classroom.
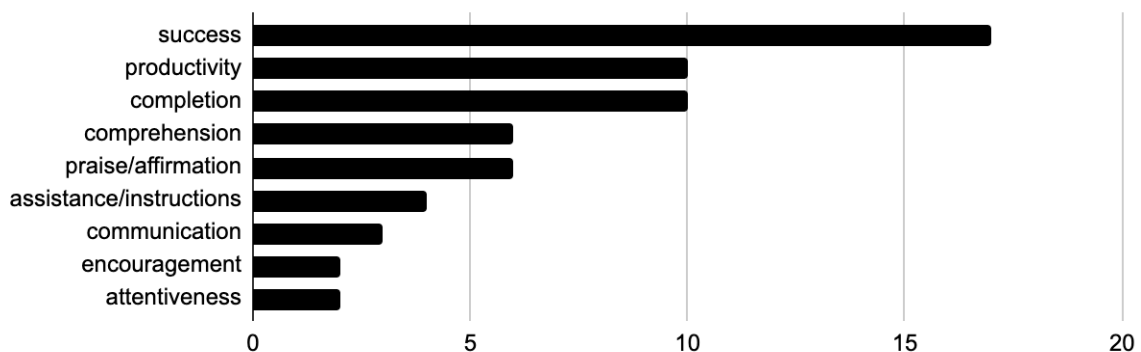
Figure 5.12: **What made participants feel good about themselves in the Beauvais classroom**

5.6.2. Narratives of Understanding, Completion, and Hope

While QUAL 15 data confirmed that students felt good when successful, QUALs 19 and 20 responses shed light onto the roots of that success. When asked about what made participants feel good about themselves, they told stories of understanding a concept, completing an assignment, or feeling hope in their future opportunities. These were the foundations of perceived success. (QUAL 19 also told narratives of times where students felt shame, which I will discuss in Chapter 6.)

The following are success stories of my participants. These are taken from questions QUALs 15, 19 and QUAL 20. While I discuss further the power of success in Chapter 6, this data provides a synopsis of how and why my participants cherish success. I structure this section by presenting the three ways participants find success: understanding, completion, and hope. The following narratives are condensed examples of participants' experience with success. More examples are found in Appendix D.7.

Success Through Understanding

First, students found success when they understood concepts. Most often this understanding was experienced in Math, writing, reading, formatting, and being able to pay attention. QUAL 15 elicited responses that indicated students felt good about themselves in specific subject areas. Success in Math was experienced by S8, "... when I got back into Math and realized how easy it was and I could focus by myself and take breaks when I needed them." Success in languages was experienced by S5, "...when I finally understood how to write an essay and the formatting." The simple process of understanding formatting styles made S14 respond, "...when I was learning APA format and got it, [I] felt really good about it." I was particularly struck by the response of S9, who arrived at Beauvais feeling—based on years of experience—academically incapable and incompetent. I vividly recall our time together that she describes below, as her eyes lit up and her entire demeanor brightened after days of hopelessness:

> I felt good when I started taking my [ADHD] medication, and me and [teacher's name] were sitting in a quieter room, and I started reading and explaining stuff without getting distracted. She said, "Do you realize what you just did?" and she made me feel really good and I had a really good rest of the day [that I was able to read and understand on my own].

Students also felt good when they understood concepts, recognizing in themselves intellectual ability they had previously underrated. In QUAL 19, S9 explained:

[Teacher's name] helped me feel better about me having ADHD and helped me think it was possible to do schoolwork. For a long time, I thought it was stupid and I dreaded school. I know I am capable of doing things because she helped me.

As they became more able, participants understood the concepts better, which generated greater interest in school subjects. In responses to QUAL 20, participants demonstrate that when they understand, they are more interested. S5 stated their course interest grew "… just by having a better understanding of it… I always enjoyed English, but I was hitting a rock bottom where I wasn't understanding much. I needed a new perspective." S19 began to enjoy her work when she understood, explaining that "it helped … [in] Math I guess, because I was able to actually do some of it. It's not actually hard, it's actually fun when I learn how to do it." In all narratives that illustrate participants' perceived success in understanding, I witnessed a growing sense of self-efficacy in that they felt *capable* of tackling concepts they had previously found challenging. Further, when they were able to achieve in the ways listed above, they felt good about themselves.

Success Through Completion

Second, students found success through assignment completion. When responding to QUAL 15, participants told paralleled stories of feeling good when they finished their Math (S4), creative writing (S7), or all required assignments for Beauvais' four credit course (S10). Participants felt successful in completion after months of unproductivity, such as S15, who described feeling good, "when I finished a project that was the first piece of work I had done in probably six months." S23, a youth who had completely disengaged from school for 18 months prior to Beauvais, said finishing assignments made her feel good about herself as it showed what she was capable of. Of any participant, S1 appreciated completion the most, explaining:

When I am feeling really good in [Beauvais classroom] is when I'm working on my schoolwork. I finished my essay. Finishing something in [Beauvais] is the best accomplishment you could have. Last time [a previous admission] I finished a Powerpoint and presented it to everyone—that's when I feel really good.

As well, students found that when they completed work, they developed a better mindset for academic focus. Participant responses to QUAL 19 suggested that the Beauvais classroom helped them most by fostering their readiness to engage in future classes. S19, who had extreme concentration problems, was able to do Math questions independently at Beauvais, which gave her hope to complete Math at her home school.

S8 felt he could begin to be successful after he discovered he got "way more work done going at [his] own pace and getting to take the breaks."

Success Through Hope: Having a Future

Third, students felt successful when they discovered hope for a successful future. When participants first entered Beauvais, they ranked looking "forward to a future" at 5.0 (1 is "not at all", 10 is "very much, see Appendix A.1 Collated Responses). Yet, they articulated increased aspirations during their time in the classroom. The value of "hope" was directly stated by some, for example by S2 (In QUAL 15) who said, "around the second or third day, I felt good because I felt a bit of hope. I was connecting with my teachers at school and see[ing] what to get in order." Participant hope continues for high school graduation; in QUAL 19, S19 and S20 indicated the Beauvais classroom "helped me figure out how to graduate" and "got me on track to graduate." S25 valued "learning more information about post-secondary institutions and programs."

Alongside hope for post-secondary endeavours, participants' success in the Beauvais classroom gave them hope for a meaningful career. Answering QUAL 20, S7 said that interest in subjects "made it more clear [about] post-secondary [options], as I was stressing out about that. I am going to take extra courses later and upgrade. It really encouraged me to want to be a nurse." S20's interest in a particular subject showed her that, "with my future I should take subjects that I like. Throughout my life I have always done what my parents wanted me to do. [Beauvais classroom] made me realize it's my own journey and decision."

5.7. Lessons of the Unexpected (QUAL 13)

I then learned the unexpected. I did not anticipate such grace and understanding from participants who had given so many painful accounts of their schooling experience. At the end of my interview, I asked:

> QUAL 13: What do you think about this statement? Do you agree or disagree? Why?
>
> "As a teacher, if I have not met the social and emotional needs of my students, I have failed."

I had expected all students to adamantly agree with this statement. *Of course*, I felt, we fail as teachers if we do not meet the deeper needs of students. This was my

personal mainstream-teaching-mantra for years. Yet, just over half agreed with me. Table 5.7 illustrates the numbers who agreed and disagreed with this statement, as well as reasons for their response. Responses were coded inductively.

Table 5.7:   Reasons to Agree or Disagree with Statement

Agree: 13		Disagree: 12	
Social and emotional are more important than academic focus	5	Too harsh a judgment, but please try (it goes above and beyond teaching duties)	6
MH is more important than academic focus	5	Teachers are humans	2
Students must be prepared for the world / their future lives	2	Not their job	2
Teachers must be aware	1	Effort is sufficient	1
		Too harsh a judgment	1

In Chapter 6, I discuss youth narratives that indicate the extent of their grace for teachers.

5.8. Lessons From Stories: The Quotable

I read through all remaining questions and determined that I had the information I needed. Yet, there was still value in some questions, as I found reading through QUALs 6, 9, 11, 16, and 17. I found these narratives to be quotable, though they do not directly support my findings. This data will be referenced in Chapters 6 and 7 as it supports my discussion about SUC. These questions are found in Appendix C.

5.9. Lessons for Later: The Rabbit Holes

Last, I found lessons for later. While these questions did not answer my study questions, they offer information that is independently valuable. QUALs 1, 2, 3, 5, 8 and 18 and QUANTs 10-13 offer potential for future research, which I will discuss in Chapter 7. These questions are found in Appendix C.

5.10. Conclusion

In this chapter I presented my research results in the same order of coding during my discovery journey. I suggested that students need SUC from teachers and provided findings from my qualitative and quantitative data as well as participant narratives. These narratives continue in Chapter 6, as I explore the concept of SUC, and discuss the findings presented in this chapter. I dialogue about what participants say they need and how we can respond in classrooms. In Chapter 7 I share final thoughts, as well as implications, limitations, and areas for further study of this research.

Chapter 6.   Discussion

In Chapter 5, I presented this study's results. I recounted the evolution of my personal journey of discovery through data analysis. This chapter expands upon that work as I discuss the lessons from Beauvais. As well, I continue the neuroscience discussion from Chapter 3—how TADS affects the brain and elicits certain behaviours—that provides further insight into how our students function.

6.1. Introduction

My goal in this chapter is to explore what participants want from teachers. I first explain why I relay student findings as their "wants" or "desires," rather than "needs." Next, I discuss participant responses to my research questions and my three main findings of "support," "understanding," and "care" (SUC). I argue eight components of students' "heart-desires": healing, safe spaces, to be looked at, to be pursued, to be listened to, for us to know, to succeed, and for us to try. Then, I offer four *ways of being* in our classrooms that are necessary to create environments that offer SUC as well as meet heart-desires: being aware that we do not know what occurs in our students' minds and lives, tuning in, losing our agenda, and engaging in vulnerability and risk. I end this chapter with a tree image and discussion that conceptualize the relationship between all findings.

6.2. Language

This section addresses my language decisions that stem from the results and discussion of data. Throughout my research process, an internal struggle emerged pertaining to my word choice, as I debated the equilibrium between the use of precise language and words that may elicit derogatory meanings for some; even the acronym "SUC" caused me pause, as *suck* conjures up various phallic and sexual imagery (Fessier, 2017; A. Lee, 2020). Yet, I am motivated by my desire to accurately convey what participants want in our education system. My language debate occurred particularly with my decision to argue that students *want*, rather than *need*, as well as to suggest that students want *to be looked at*, and *to be pursued*.

6.2.1. Need Versus Want

While I began my research with the question "What do students need?", I end by asking "What do students want?" Although there is an overlap between needs and wants, my change of language is intentional. I must justify my shift of language to articulate what students *want*. In this section, I argue why we are to meet student-wants and explain why I have categorized and labeled these as eight participant "heart-desires."

The *Oxford English Dictionary* (OED) (2023d, Definition 2.7) defines *to need* as requiring something "essential or very important [rather than merely desirable]." The meaning of *to want* is derived from an early Scandinavian verb meaning "to be lacking'" (OED, 2023e, Definition I). *To want* was later used in Scottish and northern Irish English as "not having, without; deprived of, lacking, missing" (Definition 1.b) Therefore, needing is founded on what is essential rather than merely desirable, while wanting is *filling a void*. By these definitions, we ascertain that *to need* entails sustenance in life and *to want* refers to something that enhances living. However, Maslow (1943) has rightly added more than only the physiological to his hierarchy of needs. Indeed, students need safety, belonging and love, esteem, knowing and understanding, aesthetics, self-actualization, and transcendence (Maslow, 1943). They also need security and attached relationships for healthy emotional development (Ainsworth et al., 2015; Bowlby, 1998a). Yet to say *need* feels overly optimistic, as participants struggle to find any of their needs actualized in mainstream classrooms. *Wanting* is an active process and comes from the recesses of the heart. For this reason, I preface each chapter with "students want" rather than my initial research phrasing of "students need".

Therefore, to offer students what they want is my plea to teaching colleagues. My suggestions are not written within B.C. Ministry of Education guidelines nor explicitly mandated by our employer. Yet participants desperately *want* what I discuss below; deep-seated desires emerge within the threads of their narratives. They demonstrate that *wants-fulfilled* make life more abundant and can bring joy and a sense of self-efficacy. And, while my participants are theoretically some of the most vulnerable in the province, I argue their desires are consistent with those of every student who enters our classrooms. I suggest that people of all backgrounds and socio-demographics have a yearning for SUC, which becomes a natural outcome of what I offer below.

I have titled the eight student wants as "heart-desires," and use *want* and *desire* interchangeably. *To want* and *to desire*, for the intents and purposes of this work, are aligned. Lake (2014) discusses desires as wants, explaining, "desire is a thought. It's the thought, 'I want…'" (p. 119). The OED (2023f) defines the verb desire (Definition 4) "to long for… to feel the loss of, miss, regret… to be wanting." It also describes the action of desiring as "to ask for, request" (Definition 5). The commonality in the definitions of both *to want* and *to desire* is that someone is missing something and feels deprivation as a result. Whether they want or desire, participants voice requests for what they lack. And they do so with clarity, as "the most powerful desires are those we believe will fulfill our basic human needs to survive and be loved" (Lake, 2014, pp. 144–145). Therefore, the eight desires of this study's participants are what they want, what they have *not* experienced in the realm of education, and what comes from deep within the heart.

6.2.2. To Be Looked at and To Be Pursued

Of the eight participant heart-desires derived from this data, two gave me pause. I struggled to find words that did not conjure up negative emotions and felt that using language "to be looked at" and "to be pursued" could elicit images of objectification, sexualization, and/or a misuse of power. I understood the power of language to be a "vehicle for the expression or exchanging of thoughts, concepts, knowledge, and information as well as the fixing and transmission of experience and knowledge" (Bussman, 2006, p. 627). Therefore, I did not take word choice lightly, and recognized that my language could either effectively communicate meaning or elicit awkward silence. For this reason, there is risk involved when we reclaim language (Sturaro & Fasoli, 2021) from what can be perceived as derogatory.

My language choice evolved into a desire for reclamation. As a woman, I want to recapture what may be interpreted as degrading, as Keefe (2014) argues is seen through language protest for the purpose of women's emancipation. By doing this, I resist what I propose is the "dirtification" of language (when I cannot say what I mean because of previous tarnishing of that word). I write under the assumption that preconception in language can be eliminated when it is used in a gender-fair manner; my language in this thesis supports "the feminization and neutralization strategies [of using] both traditional and new words [to] eliminate the male bias in language comprehension" (Lindqvist et al., 2019, p. 115). Therefore, it is only ethical that I use

language that accurately upholds my participants' truths. Just as Lindqvist et al. (2019) argue that we may remove partiality through gender fair language strategies, I hope to remove androcentrism by assigning "to be looked at" and "to be pursued" to meanings of, respectively, "to be intentional" and "to take initiative." I suggest this shift is reappropriation that Wong (2005) argues as a "call for respect and equality" (p. 785). I will discuss further the rationale and meaning for each as I introduce these heart-desires in sections 6.7 and 6.8.

6.3. Participants Responding to SUC

Before I discuss how we may respond to this study's results, I share participants' emotions during and after the interview process. This discussion is better suited for dialogue rather than for methodology, as it is a testament to the effects of SUC. In this section, I explain how participants encountered SUC throughout this research and how they behaved before, during, and after interviews. As well, I explore their comments about this research project as it relates to the power of SUC.

Participants were eager to tell me and Beauvais youth care workers (YCWs) about their school experiences. Although I had carefully prefaced all my student interviews with a "safety" warning—in that participants only needed to divulge what felt safe—none held back. Rather, I heard stories about painful moments of aloneness, shame, and despair. One participant (S20) described being raped, an event she referred to three times in the conversation. Youth wanted to be heard; therefore, floodgates of past trauma and emotions of perceived mistreatment opened widely. My response always was to empathize, listen, and build their self-worth with the goal of providing SUC, even during my research. (Beauvais patients are under the care of trained mental health [MH] professionals, and any vulnerable disclosure to me was also known by the team.) Interviews that should have taken 15 minutes evolved into 45. Non-talkers became talkers. Often participants asked me if we could interview *now*, and I had to gently remind them we needed to wait for two days before their discharge.

I felt that participants' desire to share was due, in part, to my emphasis on their ability to give insight into how to improve educational experiences. I explained that their words would provide me with a better understanding of students' minds, so I could learn about what they needed from us; their responses would "help me teach teachers." While this could be argued as a risky dialogue simply based on the vulnerability of participants,

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I witnessed outcomes that paralleled those of Dr. Felitti's (2019) ACEs research. Critics suggested that questions about past trauma could cause a patient to become suicidal, but instead, Felitti and his team received multiple messages of thanks. One older woman wrote, "Thank you for asking. I feared I would die, and no one would ever know what had happened" (p. 788). While I did not ask about trauma, I too sensed that, for almost all participants, the conversation process was cathartic. I was not in the position of providing a therapy session, for which I am not trained; I simply wanted to learn about school experiences. And these participants wanted to be listened to. I dare suggest that this process of data collection was able to bring a perhaps miniscule amount of healing. I want to emphasize "miniscule." I am not placing myself in the lofty position of healing students but suggest that asking participants questions and keenly listening to their voices may be a step towards healing.

I also sensed that self-worth was being fostered during these interviews. *I*, the teacher, wanted to learn from *them*, the student. When asked for a story from the Beauvais classroom where he felt good about himself, S21 responded:

> When [teacher was interviewing] and said the questions were hard and stuff, but when she asked them, I didn't really find them too hard to answer…It kind of felt good. And she also said that I gave her answers that she hadn't heard before, so that felt kind of good.

Students were made to feel valued as I acknowledged their past and reiterated their ability to teach *me*. And, throughout the interviews, I engaged in dialogue with participants, rather than simply asking a question which they answered. This was due, in part, to the fact that I did not want a cold, non-interactive interview. As I listened again through the recordings, I noticed a lot of my own "I agree" statements after a story or synopsis; I had unwittingly validated participants' experiences and supported their perceptions and conclusions. For example, at one point I agreed that we teachers become set in our ways as we age and are therefore less open to innovation and change. However, through the course of our conversations, I was careful to not guide results to suit my opinions; my agreement to their stories was after their response was stated and would not affect subsequent answers.

I argue that such affirmation of student experience was of more value than my own intake of information. These participants needed SUC more than I needed my data collection. Being able to engage, empathize, and validate helps provide the supportive environment necessary for healing (Perry & Szalavitz, 2006). As well, they reported

enjoying the process and encouraged other youth to take part, many stating to newcomers, "it's fun." Participants' eagerness before and positive emotions after our interviews are a testament to the simple power of asking and listening. I am the adult; I am to ask *and* listen. I have the power to give or take away a youth's agency to feel heard.

6.4. Main Findings: Support, Understanding, and Care

In this section, I discuss my main research findings of SUC. I explore what literature and participants say about SUC, as it is the framework for this study's results. SUC is the foundation of my participants' eight heart-desires that I present below. I explore "care" more in depth given its fundamental position to helping us be supportive and understanding, and consider the authenticity and identification of care. I end this chapter by offering how we can provide SUC in the chaos (my personal experience) of a mainstream classroom.

As I researched how schools currently support social and emotional learning (SEL) and MH (presented in Chapters 2 and 3), I immediately noted that delivery models entail frameworks and programs. The results of this study give none of that, and could be argued as far too "simplistic": students who struggle with wellness want support, understanding, and care (SUC). While I suggest there is overlap between these three concepts, distinctions can be made, as evidenced in my coding discussed in Chapter 5. Participants' positive experiences attest to educators who wanted to build up their students, held back judgement in difficult circumstances, noticed a student, and then took time to check on their students. This description demonstrates the inextricable link between offering support, being understanding, and giving care; when a student discusses one (such as how they were supported to learn a concept), the other two are present (such as understanding the student has a problem and caring to help). Embedded within each of these stories is the indication that students need us to be supportive in the moment, to understand that student or situation, and to be the person who cares for this struggling youth.

To be supportive and understanding, we must care. I offer that support and understanding are things we *do*. Caring is how we *are*: it is our state of being and is connected to our ability to support (George-Taylor, 2019) and understand (Wilde, 2013).

Caring is what we do when we enter our space and interact (when we support and understand) with our students. Nel Noddings (1994) summarizes the nature of this care:

> When we genuinely care, we want to do our very best to effect worthwhile results for the recipients of our care. This means that caring is more than an attitude, much more than a warm, cuddly feeling. It is an orientation of deep concern that carries us out of ourselves and into the lives, despairs, struggles, and hopes of others. To care is to respond. (p. ix-x)

Although it may seem logical to separate each element of SUC from the others, separation is not possible because they are inherently intertwined. The teachers who responded to my questions about SUC—defining, experiencing, articulating, identifying, feeling—echoed the interconnected nature of SUC. While each teacher had a different response to what SUC is, all suggested that SUC co-occurs in one form or another, rather than one existing distinctly apart from the other. Participant narratives also support the entangled relationship of SUC, through both good and bad experiences, with a certainty that *they want to experience SUC as a collective entity*. While I can use participant narratives and literature to differentiate between SUC, each accompanies the other. For example, participants did not describe a caring teacher who did support, or an understanding adult who did not care.

This data suggests that we must realign our SEL and MH school support. What participants state they need for wellness is not what our initiatives are doing. For example, when asked about specific programs that were effective to make students feel good about themselves (QUAL 6), responses were sparse. One youth mentioned the Drug Abuse Resistance Education (D.A.R.E.) program and two referred to a specific alternate classroom program (discussed in Chapter 3) as helpful. Apart from this, no programs, frameworks, or lessons were mentioned as helpful for wellness. This means that only 12% of participants feel that some of what we are providing in structured MH and SEL delivery is effective. I am not suggesting we end SEL or MH programs, but that we will better support student wellness by providing SUC and meeting heart-desires.

6.4.1. Support

It is evident that youth value getting support from people in whom they confide. Participants listed "support" as a main reason to feel comfortable with a trusted community member (QUANT 2) and used this word most frequently (QUANT 3) when describing their trusted person. S1 described these individuals as being the "biggest

support on my journey," and S22 said, "they all support me in multiple ways." The most poignant of responses, completely contrary to any sense of support, was from S17 who explained, "I've tried to reach out to all of those people before and they didn't help me, so I don't bother anymore." This youth identified no community person to talk to when struggling, providing another option: "myself, [I] deal with it independently." The experience of trying to reach out, finding no one who cares, and eventually abandoning all efforts of help-seeking illustrates a complete lack of emotional, physical, and psychological support.

As youth indicated they valued support from trusted community members, they also demonstrated their desire for support at schools (responding to QUALs 10 and 12). For example, S4 articulates the importance of teacher support by explaining, "someone can't learn if they aren't mentally OK. And they don't feel supported if they don't feel that you are … not putting in some sort of effort to also feel caring [for] their mental well-being." S10 remembered a positive experience of being supported: "When I was telling my teachers about how I was trying to detox, they were really supportive. I had big support from the alternative programs." S11 echoed the appreciation for school support, explaining that "[teachers] just supported [her in] attending and supported [her at] school." She also stated that the Beauvais classroom was helpful due to "copious amounts of support." The desire for support is seen throughout this data, which continuously emerges throughout this chapter as I discuss what students want.

6.4.2. Understanding

As I studied the concept of "understanding" in the threads of participant narratives, I noticed a common theme that students felt understood when they perceived non-judgement. Therefore, the concept that understanding requires non-judgement is integral to my interpretation of data. In their book *Making a Difference with Children and Families*, Prowle and Hodgkins (2020) argue that "part of being non-judgemental is about understanding the impacts of adversity the person we are working with may have faced" (p. 148). They add that we must "put aside personal perspectives and to accept the person's reality without criticism or judgement" (p. 148). If we encounter our students with judgement, we cannot begin to understand their experiences.

Stories that link understanding with non-judgement were provided when participants were asked about when they were helped by an adult at school (QUAL 4). S11 gave this response (cited in Chapter 5):

> [The teacher] had a daughter who also had special needs problems so he understood that I had a lot of issues. He was caring and understanding and patient. He never had judgement towards me, he never raised his voice towards me.

S20 said that her best help came from a YCW:

> I'd say she was almost one of my… first friends at [school]. I think she could really recognize that I was struggling, and she made sure to check in with me and she'd even send me texts, like when I wasn't coming to school, … like "Hey, how are you doing? I haven't seen you in a while." And she was really … attentive, and it didn't just seem I was another one of her … students she was obligated to be a counselor. It kind of felt like she… really cared about me and you could really see that… She has been a really huge support, and when I am overwhelmed, she's always there to talk and there's no judgement. I've had counselors at other schools who were very judgemental, but with her I can be open and know that I am not going to get in trouble for being honest with my struggles.

I found that when participants did not feel judged, they felt understood. For these students, non-judgement equals understanding. I do not suggest that non-judgement means a *lack of judgement*; as teachers we must be keenly aware of our responses and able to make decisions based on our judgement. Rather, I refer to non-judgement as our attitude that makes assumptions, perceives the worst in a situation, and does not consider there may be good reasons for non-desirable student behaviour. One example of this is the judgement students say they feel for incomplete homework. One participant articulated that, due to debilitating depression that kept her in bed all day, she struggled to complete and submit assignments. She had a deep sense that her teachers automatically assumed she was simply lazy, as she was not told otherwise.

For these participants, feeling non-judged plays an significant role in safe relationships. When asked what makes participants feel comfortable talking to their most trusted people in their community (QUANT 2), seven indicated "without judgement" in their response. S11 wrote, "They support me regardless of the situation and without judgement." S18 said that "they would listen without judgement." I find that youth who struggle with MH and substance use disorders (SUDs) seem to *expect* judgement from adults and peers, even if there is indeed no judgement occurring. I sense that some feel like they walk around with a scarlet letter on their foreheads. Therefore, when they have relationships in the space of perceived withheld judgement, they ultimately feel

understood. Unfortunately, participants rated feeling understood by a parent or guardian at 4.3 (1 is "not at all", 10 is "very much," see Appendix A.1 Collated Responses), which means they enter our classrooms coming from homes where they already feel misunderstood. All the more, teachers must provide understanding spaces for our students.

One of my favorite stories from my mainstream teaching days is the time I found a boy throwing a paper airplane at a peer. I had always felt this boy was misunderstood. He was kind and dynamic but had "ants in his pants" and his desire for fun emanated from his pores. I saw his airplane fly from the other end of the hallway. This student readily admitted to being the culprit, and that he had an intentional female target (a fellow student) for his plane. When queried, I held my judgement as he explained his rationale of risking a consequence for his airplane launch. I loved his honesty: "Well, I knew I could get in trouble, but then I pictured the tip of the airplane hitting her right here [he pointed just above his eyes], and it was *way* too good to pass up. I mean, it would just be so good if it hit her right here [pointing again]." Of course. I got it. For a thirteen-year-old boy, it was, without hesitation, worth the risk to target that forehead with a pointed airplane. I understood. While it did not diminish the consequences for this student, my lack of judgement allowed me to understand and to respond better; I can more appropriately manage misbehaviour and follow through with effective and fair consequences when I understand more deeply. That I considered this boy's thought-pattern alleviated a rage-filled tirade about a flying paper airplane in the hallway. And I cared enough about this boy to ask.

Understanding is linked with care, as if we are to understand, we must care. To suspend judgement entails asking questions grounded in care rather than assumption. We cannot judge, as we do not know the elements motivating student behaviour. The roots of struggle for this study's participants may be linked to trauma and histories we know nothing about. The neuroscience I presented in Chapter 3 is intended to reduce our tendency to judge, as it sheds light on the physiology of behaviour. When we approach our students with empathy, we diminish our judgement. (I expand this discussion about non-judgement and understanding later in this chapter.)

6.4.3. Care

The concept of "care" in education has no single definition, and how it is given and received is ambiguous due to personal interpretation (Schoffner & Webb, 2022). Schnoffer & Webb (2022) suggest care is dependent on how we interact with and receive others yet has blurred lines; what one person may perceive as overstepped boundaries another may receive as a "welcome connection and thoughtful interest by another" (p. 3). In Chapter 5, I explained what I consider care to be for coding purposes. This section explores the questions of care as they relate to my data. First, I explain why participants want care, then discuss how we can give it authentically. I suggest how we know when we are cared for or are caring, and I end this section by discussing how to provide care in the chaos of a classroom.

Despite the vast exploration elicited by care, this study's participants indicated with certainty that they want to feel cared for. Unfortunately, this was evidenced not by the caring they received, but by the lack thereof. A consistent theme in participant interviews is their sense that no one cared when they were struggling with MH or substances. While participants did not report a teacher explicitly stating they did not care, youth felt uncared for based on actions—or absence of actions—of the adults around them. The most poignant story is from S8 who described his worst time at school (QUAL 7). He had descended into drug use and subsequent frequent absences from school:

> Man, I got rid of [the worst times at school] from my brain… I was failing everything, and no teacher really helped that much, or checked in why I was failing everything. No one asked anything. [The worst] was the failing and no one picking up on … and never asking in four months why I was failing. Not a single teacher would ask.

I asked whether it was the failing—or that nobody actually asked him—that was the worst part of this experience. He immediately responded, "No one actually asked me." This narrative offers insight into the kinship of SUC. S8 linked a lack of response from his teachers with actions such as "no one helped," or "checked in." I argue he perceived that no one cared to ask (the theme of no one caring emerged throughout the interview). When we care about a student, we show support and understanding by taking action. In turn, when we are supportive—such as helping a failing student to succeed—, and understanding—such as considering there may be a problem or asking to learn more—, students feel cared for.

How We Give Authentic Care

Care must be given authentically, rather than as a cheap imitation of caring behaviour. Wilde (2013), author of *Care in Education: Teaching with Understanding and Compassion*, describes authenticity in education:

> The themes or aspects of "being authentic" [are]... the authenticity of treating others as authentic [in other words, how being authentic may support another person's Being], the authenticity of taking up the responsibility to read, interpret one's circumstances and act accordingly and the authenticity of resisting surface, artificial relationships. In my inquiry I discovered that authenticity is a way of being, rather than a concept, fixed goal or ideal. It is simply a practice that can be lived, experienced and enacted *now*…it involves finding our true nature and living from that. (p. 57)

I wonder if, based on Wilde's description of authenticity as a *way of being*, our deep concern for our students allows us to naturally practice SUC throughout the day, such as: asking questions to support the individual, paying attention to better understand the situation before us, and caring to engage in healthy student relationships. I wonder if authentic care is exposed when support and understanding occur on a regular basis.

I propose that inauthentic care is nominal. Caring only for the sake of care—simply a process of "going through the motions"—entails an emotional disengagement with our subject. Inauthentic care may ask questions but not listen and may respond with what we think is best rather than with what truly benefits the cared-for. Marilee Bresciani (2012), author of *Surrendering to the Call: The Journey to Authenticity* describes being critiqued by her yoga master: "You are inauthentic; you are a concern for looking good. You care more about how your message will be received than you care about the message that you have actually been given to deliver" (p. 17). As teachers, the trap of wanting to look good and maintain teacher appearances can easily ensnare us on a busy day. I *know* I should care, but am I being authentic in the ways that I care?

How We Identify Care

Birkett & Sasaki (2018) suggest, in the simplest of terms, that we know when we are being authentically cared for or caring for others because *it feels good*. This occurs, they argue, because neuroscience shows that our brains are wired to positively respond to prosocial behaviour, such as having empathy, compassion, and self-compassion. We feel it. For example, students feel good, and sense they are cared for, when they see teachers go out of their way to avoid embarrassing them in front of the class (Kottler & Kottler, 2012). I suggest that we intrinsically know when we arrive at care, as it "nurtures

the soul of what we do as teachers" (Wilde, 2013, p. 2). As well, we know we are cared for and are caring when we are in nurturing environments, which I explore below in the discussion about *Spaces We Are Empowered to Create*.

Several participants articulated how they felt care at school. When asked about an incident when they were helped (QUAL 4), several participants spoke of adults who took time with that student, were attentive, or demonstrated a desire for that youth to succeed. S18 said it was the educational assistants who helped most, as "they actually cared to help you, they weren't bothered to help you." S19 told of a time she was suspended and far behind in assignments. Her "socials teacher helped [her] get caught up and gave [her] a good grade."

The participant who experienced the most care at school is Adam. He is the youth I introduced in Chapter 2 who was being severely beaten by his parent at home at the time I taught in the classroom next to his. His story testifies to the power and potential that schools can have in being vessels of care. Here are some excerpts from our discussion as he became tearful when discussing caring teachers:

> I thought my school life should be separated from my personal life because I got scared if I mingled it up it would just get into a big mess… my parents abused me… it was pretty bad, I couldn't attend school. I really wish I could, but I was scared that other people would be judging my lifestyle. I wanted to have a regular life… so deeply inside… I went to school more likely to feel at home, because school felt more at home to me than anything. I used to run away from my house and run to [the school], because it was the only place I knew where to go, and it felt right to be there. [In the middle of the night.] I didn't show anyone I was hurting.
>
> If it wasn't for [teachers] I don't think I would be in the same position I am. Honestly, my teachers felt more like parents than my parents did. I do miss all my teachers… They were there, they helped me. They actually took more care for my education than my parents… I had a great time because my teachers helped me. To be there… just to be there. Having someone there is better than having no one there.

Teachers in Adam's life evidently made him feel cared for. None had any idea what was occurring at home, or that he often came to our school in the evenings as an escape from abuse and a quest for safety. The care that Adam needed was far beyond what we ever could have imagined at the time, yet his story illustrates the importance of caring deeply and without judgement. And, while his teachers did not know the reality of his situation, Adam was cared for by what I referred to in Chapter 4 as Noddings' (2013) engrossment, or an in-depth attention to the cared for. For Adam, teachers were able to be empathetic despite their ignorance of his home life. While they were not in a position

of knowledge, they authentically cared and responded with openness to Adam as the individual before them.

6.4.4. SUC in the Chaos

The SUC I refer to in this thesis is one that allows us to engage in the lives of our students as we respond to their wants. For the remainder of this thesis, I assess the "how." It should be anticipated that students want SUC, but h*ow do we offer this?* Teachers often feel the lure of their "to do" list and can feel easily discouraged that they are not making progress with student intellectual and emotional development (Perez, 2021). How can we, as busy, bustling, diverted, outnumbered teachers adequately bring SUC into classrooms in the chaos of a day? And how can we give SUC in tangible ways that don't add extensive time to our already full classroom schedule? When we find how to do this, I suggest that, as teachers, we benefit too, as we become more active participants in spaces that are meaningful and connected. (In Chapter 7, I discuss this discussion's implications for our own wellness.)

I reiterate the extent of dichotomy between my classroom at Beauvais and a mainstream space. I am the first person to suggest that my program is unattainable elsewhere, as detailed in Chapter 1. Few educational settings receive government funding, the student to teacher ratio (unseen in almost any other alternate education program), the time, and the quiet space that I do. I also reiterate that I enter this research after more than two decades as a French Immersion teacher. In section 5.4, I provided my own descriptive words for mainstream spaces that suggest a stressful and non-stop work life. What I have not yet shared is that I also vividly recall watching the clock all day to be ready for the next bell to help stay on track with my lesson. I remember spending hours poring over the curriculum to ensure I had taught core competencies, offered fair assessments, and accurately "evaluate[d] students' progress toward meeting provincial learning standards" (Government of B.C., 2021). My report cards had to be reflective and precise, yet within the confines of government expectations. I also remember sleepless nights after an angry parent's email or, worse, complaints that went directly to my administrative team rather than to me. Then there were field trips, school presentations, and other extra-curricular pressures such as track and field. I never ate lunch. I worked at a frenetic speed (I always had students in my classroom at lunch) until the 3:00 bell, then spent a few hours catching up while my

young children who also attended my school played outside. I got home exhausted, bracing myself for an imminent report card season that would soon quadruple this frenzy, and did it all over again the next day. My intention with this description is to relay the extent to which I understand the complexities of mainstream classrooms. The space where I conducted this research will never be found in a classroom of the mainstream-school life I just described; however, I argue that it is possible to give students what they need—in any arena— if we transform the "how" rather than the "what" we do.

For the remainder of this discussion, I focus on how we can provide SUC within our classrooms and schools. I do this by returning to my data, reflecting on participant narratives and the results of Chapter 5. Using their words, I offer what students want and suggest how we may respond. As I promised in Chapter 2, I do not provide a framework, curricular plan, or program. Rather, I draw from lessons found in participants' stories, Beauvais classroom experiences, and wisdom from mainstream teachers who were referred to by participants (I had participant permission to contact these teachers). These three sources illustrate how participants' eight specific wants are platforms upon which we could offer SUC as a single entity to students who desperately need it. I now present the eight heart-desires of my participants.

6.5. Heart-Desire #1: Students Want Healing

I introduce the first of participants' eight heart-desires as "healing." Emotional healing precedes all other heart-desires and is the outcome of SUC. In this section, I begin by considering how schools can be healing spaces and explore participant dialogues. I provide data about participants' trauma history (Adverse Childhood Experiences [ACEs]) to support my argument that these students need healing. Next, I define healing, discuss the subjectivity of trauma, then argue for equitable care to all students. I present the science of neuroplasticity (that neural pathways can rewire in healthy environments) and the Polyvagal Theory (PVT) as they relate to healing that can occur in a classroom. I end this section with a discussion about the spaces we are empowered to create.

Students' desire to heal is evident in my data, though this research supports what we already know. The link between trauma and mental and physical illness has been understood by the modern world for 150 years (Ringell, 2012), which has resulted in greater awareness of trauma recovery. While youth who have experienced trauma need

healing (Gerson, 2018; Perry & Szalavitz, 2017, van der Kolk, 2014), students who face mental health challenges also need healing (Koplow, 2002; Latané, 2021). As well, the notion that schools can be places of healing is not new. In *Creating Schools That Heal*, Koplow (2002) argues that educators have the ability to create therapeutic learning environments that are safe havens for students afflicted by violence and stress. In *Schools That Heal*, Latané (2021) suggests that we can design our spaces to support students' MH and well-being. I offer that *schools* can be healing places when we meet the subsequent seven participant heart-desires—that they want safe spaces, to be looked at, pursued, listened to, want us to know, want to succeed, and want us to try—as we actively create environments that make our *classrooms* areas of healing.

Before I define healing, I return to my research findings. In Chapter 5, I offered participants' detailed and painful memories of their worst time at school. Participants' worst incidents at school (QUAL 7) reveal a litany of hurts of ranging intensity and type. While teachers were identified as the top perpetrators of hurts (see Figure 5.11), peers can do extensive damage to each other. For example, words of a grade 8 boy in gym class are ingrained in S5: "I don't know why you're trying so hard. You'll never be more than obese." For S8, who described his rapid descent into a SUD while no teacher asked about his failing grades, his peers wreaked emotional havoc. He told me about being bullied by other youth as he recalled, "showing up to school was really hard because they would come up the back doors and look for me. I'd say that's where a lot of my social anxiety came from." S24 was another participant who described being bullied "every day at school. A group of boys called [her] fat and that [she] had a moustache."

As participants spoke, I was struck by how vividly they recalled their worst time at school. While many paused to consider responses about positive experiences at school (QUALs 1 to 6), they needed no time to remember the negative. Responses were immediate, as if these stories were *etched* in their minds for rapid recall. I present these narratives above as the springboard to my subsequent exploration of healing. Not one participant articulated that they have overcome all they endured; and, while none stated they need healing per se, their language, accounts, and tone of voice during interviews suggest they want recovery.

6.5.1. ACEs Scores and SUDs

Interesting findings emerged after collating my participants' ACEs scores. These results align with the strong correlation, as discussed in Chapter 3, between early childhood trauma and SUDs (Khoury et al., 2010). While the participants' average ACEs score is 4.6, it is only 2.8 for non-concurrent (MH disorders only) students. Concurrent participants have double the ACEs score with an average of 5.6. (As discussed in Chapter 3, scores higher than three lead to exponentially more health and wellness challenges in life). These results suggest that nearly all students who cannot control their quantity and use of substances—indicators of a SUD (American Psychiatric Association [APA], 2013)—have had extensive trauma; therefore, they have a multitude of hurts to reconcile. This aligns with current research that suggests an overwhelming positive correlation between higher ACEs and more severe SUDs (Leza et al., 2021). I am not arguing that we automatically assume that every substance user has a high ACEs score; however, I suggest that it is due diligence to consider students who abuse substances as potential victims of extensive trauma. With this lens, we may respond to such youth with empathy and compassion, which allows SUC to occur. Participants' ACEs scores that align with participants MH status are found in Appendix B.1.

6.5.2. Healing Defined

While healing means different things for different people (Brewster, 2022), it is a lifelong journey that requires trusted allies within systems of support (Polizzi & Shojai, 2022). Healing is a process. Even small amounts of healing create a snowball effect that fosters healing into community, particularly in regions that have experiences of generational trauma (Duran, 2019). Being healed does not mean being "cured" of past pain: "Healing doesn't mean the damage never existed. It means the damage no longer controls your life." (Wolfelt, 2015, p. 14). I have come to wonder if a person can ever be wholly healed; rather, perhaps healing evolves until the day we die.

While being healed means that the damage no longer controls our lives, it also allows us to rise above our past as a victim so that we can enter a place of growth and personal development (Marvel, 2020). Healing means we no longer allow damaging words or acts to dominate self-perception or tear down self-confidence. For some, healing is to have full confidence that we did not deserve the behaviour of an alcoholic

mother or abusive father. For others, it is that we did not warrant ongoing mistreatment by peers on the playground. One youth (S16) told me that healing allows her to feel emotions again, to recognize that past trauma was not her fault, and to take responsibility for her behaviour. For her, healing gives clarity and allows self-reflection so that she may see right from wrong.

Cea Sunrise Person is a formal model, author, and mother who graciously allowed me to talk with her about healing (personal communication, November 11, 2022). Her two autobiographical books *North of Normal* (2014) and *Nearly Normal* (2018) detail her upbringing in the northern Canadian wilderness with a family fraught with MH and SUDs. Cea experienced constant abandonment from her mother, and until the day her mother died, Cea never felt a priority.

I asked Cea what healing means to her. She said that if she were healed, she would become her own first priority; due to her trauma of abandonment, Cea has vowed to always put her children first so as to never inflict on them what was done to her. Yet, this has meant Cea prioritizes others and does not engage in self-care. If she were healed, she would have guilt-free liberty to care of herself, even if it means time away from her children.

As we rise above our past, healing allows us to walk freely and live beyond what was said or done or felt. Healing allows us to function at better capacity, less hindered by a brain that has been hijacked by trauma (van der Kolk, 2014). We live beyond actions that once destroyed our self-lens and skewed the belief in our own competencies. As educators, if we have helped foster even a miniscule amount of this process, we have helped a student's journey of reclamation of their true selves apart from trauma. When teachers meet students' social and emotional needs, I wonder if healing spaces occur organically. We are not mandated to create schools that heal, but this study's findings suggest a strong need for it.

6.5.3. Trauma is Subjective

It is important to recognize that events affect people differently. We must be aware that people may overemphasize their trauma to garner attention or avoid responsibility; our responsibility is to seek to understand individual history and sensitivities. In their book, *What Happened to You*, Bruce Perry and Oprah Winfrey

(2021) discuss how people take in situations according to age and experience. For example, an elementary school child could be deeply traumatized by a fire while the firefighter is mostly unaffected, given that he or she encounters fires daily. Fires that are career choices and habitual events are less traumatic encounters. For a child in elementary school, a fire could be a deeply scarring occasion. This explains why traumatic stress is determined by the event, the experience, and the effects (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

6.5.4. Equitable Care

That different people respond differently to incidences (such as a fire) illustrates why we must not undermine the experiences of our students. Something that may seem minimal to us could be potentially enormous for them. A firefighter might not need to "heal" from fighting a fire any given day, though a child could need much recovery. As teachers who encounter a multitude of individuals in a day, how do we know what we are minimizing if we do not know what has occurred? And while we face the very real possibility that students can overreact to seemingly small issues, we must maintain sensitivity to the experiences of that student. As demonstrated by this study's participants—who come from all walks of life—we cannot assume that students enter our classrooms undamaged by what has happened to them. As discussed in Chapter 3, statistics about youth exposure to trauma are grim.

While we must avoid assumptions, we also cannot underestimate appearances. Some students seem to glide through life without problem or pain and look highly capable of any endeavour. A student from a wealthy family, we assume, would not carry the same burdens of those in "disadvantaged homes." Yet I often encounter such "privileged" students who experience small or habitual trauma. Some are made to feel a lesser priority of career-driven parents who work late into the night. Others walk with the weight that they could never measure up to the success of their families. While some have good attachments at home, others feel alone at school. Most have been mistreated; they were not necessarily physically or sexually abused (though some were), but just *treated poorly*, either by family or peers. Some have previous teachers who unintentionally shamed or embarrassed them in front of peers. Others are simply never spoken to, and feel unseen and unheard while they endure the pain of invisibility. In my mainstream schools, I often observed children wandering aimlessly during lunch, feeling

the painful emotion of isolation, while their classmates played soccer, hopscotch, or sang songs in groups with ensuing laughter.

Regardless of varying depths and breadths of their wounds, the outcomes are the same. Youth with childhood trauma have diminished wellness and self-esteem and higher chances of anxiety and depression into adulthood (Downey & Crummy, 2022). Therefore, we must not discriminate by assuming who is damaged; whether their hurts are big trauma or little trauma (Shojai & Polizzi, 2021), our safest response is to simply offer spaces that heal. If we do, the worst outcome would be that we provide healthy environments to someone who does not need it, though I have yet to encounter a single student who wishes for an unsafe, "unhealing" learning space. We must receive each student as we recognize of our ignorance, offering care that mitigates the fact that *we do not know otherwise*.

6.5.5. The Science of Neuroplasticity

To grasp the immensity of the potential for healing in a nurturing and safe environment, we must understand neuroplasticity. The notion that a changeable, plastic brain can transform to elicit healthier responses and behaviours is a developing concept of only the past hundred years (Doidge, 2007). Neuroplasticity suggests that the brain has the capacity to form new pathways and change its structure "across the lifespan" (Acharya et al., 2012, p. 38) in response to experience (Mateos-Aparicio & Rodriguez-Moreno, 2019)

Psychologist Mark Rosenzweig's work demonstrates the impact of experience. In the 1960's, he conducted a series of experiments, placing young rats (who have highly malleable brains) into contrasting environments (Rosenzweig et al., 1962; Rosenzweig & Bennett, 1996; Krech et al., 1962). The rats in the "enriched" environment flourished. Those in the impoverished conditions deteriorated. After dissecting their brains, Rosenzweig discovered that acetylcholine, a neurotransmitter that assists learning, was higher in the rats in enriched environments. As well, their cerebral cortices were heavier and hippocampi thicker than rats from impoverished spaces, suggesting greater learning efficacy and improvements in problem solving ability (Rosenzweig, 1966; Rosenzweig et al., 1962). Rosenzweig's work has proven that positive stimulation generates physiological changes in the brain, and that rich and stimulating environments foster better learners (Rosenzweig, 1966).

Recent literature and testimonies of those who experience neuroplasticity continue to emerge beyond learning. In *The Brain that Changes Itself*, Doidge (2007) argues, using scientific findings, that the plastic brain can, given optimal circumstances, develop pathways that lead to positive adaptations of various facets of behaviour. Barbara Arrowsmith-Young (2012) describes how she rewired her brain for higher learning in *The Woman Who Changed Her Brain*. Perry & Winfrey (2021) discuss the brain's ability to adapt to healing environments, with Winfrey arguing that neural healing "can build a renewed sense of personal self-worth and ultimately recalibrate our responses to circumstances, situations, and relationships. It is, in other words, the key to reshaping our very lives" (p. 13), as we can better handle life's challenges with healthy and resilient responses.

Modern science's growing knowledge about neurology shows that experiences matter, and have a large impact on not only pathways, but brain function. In Chapter 3, I explained the neuroscience of TADS. We know, for example, that the hippocampus, amygdala, and prefrontal cortex are physiologically affected by trauma, mistreatment, stress, and ACEs (McEwen & Gianaros, 2010). These neuroplastic changes affect emotional regulation, responses to stress, and coping skills (McEwen & Gianaros, 2010), ultimately hindering relationships, perceptions, and well-being. However, research has shown that such damage is not permanent, as brain function that has been impeded from ACEs can be reversed (McEwen & Gianaros, 2010). Given that puberty is a significant time of change, teachers can help youth grow in a positive direction (Coleman, 2021). As we grasp what is occurring on the inside of our students' brains, we become more aware of what we must provide from the outside, in the world around them.

6.5.6. Polyvagal Theory

Alongside neuroplasticity, the PVT supports the concept that environment impacts our neural systems. In 1994, Stephen Porges first introduced the concept of the vagus nerve as a third part of the autonomic (involuntary processes) nervous system (ANS) (Rosenberg, 2017). However, traditionally, the vagus nerve has been studied as one component of the two-part ANS that helps "fight or flight" (sympathetic) or "rest and digest" (parasympathetic) (Porges, 2017). Porges (1995) labelled the vagus nerve as a second part to the parasympathetic system that oversees "social engagement" (Porges,

2001, p. 124) that helps "down-regulate" our defense systems (Porges, 2015, p. 117). This gives better capacity to calm responses of the sympathetic nervous system. Safe environments allow us to more effectively operate from our social engagement system (SES), allowing us to connect with ourselves, others, and the world around us (Dana, 2020). This understanding of PVT demonstrates why living with a sense of safety enables the restructuring of neural pathways that we know as neuroplasticity (Dana, 2020).

The power of PVT is found when we tune into our awareness of how we regulate ourselves emotionally, connect socially, and respond to fear (Dana, 2020). Dr. Deb Dana, who made PVT applicable in therapeutic settings, calls this awareness the "science of connection... the science of feeling safe enough to fall in love with life and take the risks of living" (Norton Mental Health, 2020). In the classroom, being safe, connected, motivated, and engaged not only allows students to connect better, but also to learn better (Wilson, 2023). These spaces matter, as our students' nervous systems receive that environment and respond to its stimuli (fear, safety, danger) without even being aware that they do (Porges, 2009).

For this reason, our classroom settings can allow students to befriend their nervous systems (Dana, 2021) by engaging their SES and subduing sympathetic (fight or flight) responses. When we provide a sense of safety, a student's SES becomes more active, which allows youth greater flexibility in their ability to cope (Dana, 2021). There are specific PVT exercises that help students engage with their nervous systems and become aware of responses that help alleviate challenges created by TADS (Newton, 2022); however, these require targeted attention and classroom time that may be limited. While such practices are useful, my goal in presenting PVT is to emphasize the critical effects of the environments we create. In the next section, I will explain how healthy neuroplasticity and PVT can be supported in our teaching spaces.

6.5.7. Spaces We Are Empowered to Create

Knowledge of neuroplasticity and PVT indicates that our classroom environments have a tremendous impact on wellness. This challenges us to be more aware of the spaces we choose to build. The fact that experiences and environment can strengthen neural pathways and enhance nervous system responses explains, for example, why positive experiences in childhood can help counteract the damage of ACEs and lower

depression risk (Qu et al., 2022). Therefore, transforming our learning arenas into safe spaces can be healing in and of itself. Yet, a recent nationwide American study found that almost 75% of adolescent students had negative associations with school, reporting emotions of fatigue, stress, and boredom (Moeller et al., 2020). While we have the ability to improve student experience, I question how often we give credit to the critical nature of safe arenas. Participants have certainly taken note.

In section 5.4, I compared words used to describe mainstream schools (QUAL 14) and the Beauvais classroom (QUAL 21). The contrast was stark. Participants' top ranked descriptors of the former were "stress/stressful," "alone," "confusing," "misunderstanding," "toxic," "unsupportive," "and crowded." The Beauvais classroom generated words such as "calm," "supportive," "chill," "comfortable," "encouraging," "non-judgemental," "hopeful," "relaxing," and "respectful." Further, in QUANTs 4/7, 5/8, and 6/9, participants ranked the Beauvais classroom as having double the support and care for MH as that in mainstream classes. This comparison between descriptors of each space and their ability to support students makes it painfully clear that students who struggle with wellness have a myriad of negative perceptions towards mainstream classrooms, alongside a sense that there is no support for them in such contexts.

While this negative response to mainstream schools—locations that cannot replicate what is offered in the Beauvais classroom—may seem dismal to some, I see potential. There are glimpses of experiences in mainstream schools where students' heart-desires are met; participants explicitly named teachers who manage to provide SUC in the chaos. Such teachers (who I introduce below), albeit circumscribed by guidelines, criteria, and standards, set their classroom stage. They illustrate what Coleman (2021) suggests is the power to make a difference in teenage lives, and that bringing joy or misery, humour or boredom, affirmation or punishment is a choice we make. Creating healthy environments necessary for healing occurs when we meet the other seven heart-desires of having safe spaces, being looked at, pursued, listened to, for teachers to know, to find success, and for us to try.

6.6. Heart-Desire #2: Students Want Safe Spaces

The second participants' heart-desire is to enter safe spaces. In this section, I use participant narratives and current literature to present the five ways which students

find safety: receiving help, tone and volume of voice, sensing a nurturing environment, having attached relationships, and entering a positive physical space.

The desire for safety runs consistently through my data, which aligns with our understanding that safety has the capacity to be *treatment* for trauma (Banenoch, 2018). We know that safe and predictable environments with caring relationships help students not only learn (Perez, 2021), but also heal from trauma (Nicholson et al., 2019). Dr. Julie Hasson, author of *Seen, Safe, and Stretched in the Classroom* (2022) reiterates the value of safety through her research of what makes teachers memorable. She discovered that safety was a large component of positive school experiences, explaining that "students remember teachers who make them feel safe…" (p. 42). She identifies teachers who endorse safety as those "who take away [student] need for self-protection, who allow them to take the risks necessary for learning and growth" (p. 42). Participants echo Hasson's findings, as they equate feeling safe with the positive experiences of receiving help and encountering a patient tone and volume of voice.

6.6.1. Safety in Receiving Help

Research results presented in section 5.4 revealed a positive correlation between gaining a sense of safety and receiving help in classrooms. S7 had called one elementary school a "warm safe place," directly attributing this to the help that had been provided with schoolwork. Later, she identified high school as "crowded" and "toxic," explaining she needed extra help but that there was "not enough support." S7 listed "safety" as a descriptor of the Beauvais classroom, stating that this space was also "understanding" and "encouraging." She later explained a time in the Beauvais classroom she felt good about herself by suggesting, "...I got help finishing one of my stories for creative writing." This response became even more interesting as she continued to explain why she had felt good:

> The fact that I actually got [the creative writing story] done and that they talked through it, they made examples, they showed me what to do and where to start. It made it more clear [about] post-secondary as I was stressing out about that. I am going to take extra courses later and upgrade. It really encouraged me to want to be a nurse.

In the brief moment that she received help to finish a story, this young lady felt better about herself through the very rapid sequence of:

1. getting help to complete a story

2. gaining clarity about the assignment

3. conceptualizing post-secondary options

4. realizing she could upgrade courses to eventually find a tangible career.

As this process developed, S7 felt safe. Another participant, S11, contrasts these sentiments, indicating she felt unsafe when she did not receive help. She explained, "[Teachers] really made me feel like shit and *I did not feel safe coming to school to those who didn't help.*"

I propose that safety in receiving help occurs because students feel good about themselves, are free to ask questions, and are confident that they are capable. I suggest this is why participants felt such positive emotions when they had assistance. Perhaps for S11 who did not receive help, the lack of safety was associated with a sense of failure, and doom in what she saw herself incapable of achieving in life. Hasson (2021) suggests that safety in the classrooms occurs when a teacher supports the students, and students feel free to acknowledge a need, ask for help, and take risks. She suggests that ultimately, safety means that students can thrive. I wonder if, for some participants, safety in receiving help encompasses not only feeling good within that moment, but also for future implications; many explained that after receiving help, they felt self-efficacy, which subsequently allowed most to envision possible success in life. Reassurance and hope elicit a sense of safety.

My daughter (I have her permission to share this story) easily contrasts the safety in learning spaces. She feels unsafe if she perceives that a teacher easily lashes out at another student, as she fears it could happen to her. Ultimately, this deters her from asking for help or participating in classroom discussions; therefore, she remains quiet and waits to ask questions at home. She identifies safe learning spaces where she can spontaneously receive help in her learning. This does not mean that the teacher is hovering over her waiting to solve a problem but endorses the student's freedom to ask questions. She does not fear looking "stupid," and is confident that the teacher will welcome inquiry at any time.

My daughter's safety was transformed by Mr. A., who has opened his classroom space into an arena of freedom and broad acceptance. He encourages failure, allows any question to be asked, and says that there is no wrong question. He introduces his year by demonstrating that his students will not look stupid in his class, as he has them

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practice asking any question they want. He reminds his students that grades don't measure who you are as a person and supports this through his actions and voice. Mr. A offers a judgement-free zone so that everyone feels safe to contribute their ideas. His was the first safe classroom my daughter experienced in five years of high school.

6.6.2. Safety in Voice

Participants articulated they felt unsafe if a teacher's tone or volume was not pleasant. Further responses that referenced a teacher's voice were always a negative experience, such as when a teacher yelled or sounded irritated. The following narratives pertained to the worst time at school, or when someone tried to help and it did not work.

S10 is a quiet, sweet girl who has a kind heart and is a soft soul. She came to me entrenched in MH and SUDs. For her, tone deeply affected her emotions, MH, and engagement. While she described the Beauvais classroom space as "calm," "supportive," and "peaceful," she stated that mainstream schools elicit "anxiety," "stress," and "sleep deprivation." This explains why her worst time at school had nothing to do with peers, but was about the voice accompanied by anger of one teacher:

> In grade 8 my Science teacher was hard on everyone. She yelled at kids for bringing their backpacks the first day of school, and she got mad at some kids for drinking water.

S23 is a younger adolescent with debilitating anxiety that keeps her away most often from school. For S23, just entering a classroom is a monumental task, and, as of this writing, she has not attended in two years. She speaks of an experience when she finally returned to her grade eight classroom after a lengthy absence due to anxiety:

> [During class] I did something I wasn't supposed to; I went into the opposite block to be with my friends. I was supposed to move, and the teacher saw I wasn't there and started yelling at me in front of the class. This was my first day back, she started yelling, and I wanted to be with my friends, so I just left. I spent a lot of time in the bathroom at school.

S18 tells about a time someone tried to help but it didn't work. She describes her return to school after considerable home trauma: her mother had been hitting her, her father abandoned the family, she had no food, and her dog had been given away by her father:

> I had missed two months of that year. [The teacher said] "What's going on?" in front of everybody, "What do you even do?" His tone of voice sounded irritated, and he said it in front of others. He could have pulled

me aside, but he did it right then and there. I didn't want to say what was really going on in front of the class.

These stories of raised voices and exasperated reactions illustrate the exact opposite of how we must be with our students. We must recognize there is potency in voice (Cazden, 2017). How we say what we say matters, as "sound is one of the ways the autonomic nervous system experiences the world" (Dana, 2020, p. 112). When Porges (2011) described the SES, he detailed the muscles involved with the vagus nerve. Along with eyelids, neck muscles, and the larynx, the middle ear muscles play a part in receiving information to listen and use emotional expression. This suggests that our ANS is highly aware of sound, affected by how our senses receive it; as a result, sound influences our social experiences (Porges, 2011). Voice affects mood, just as music impacts our emotions and can decrease anxiety levels (Herbert, 2013). For example, one study (Aucouturier et al., 2016) showed that when participants listened to digitally altered recordings, they experienced the same emotions as the tones of voices (happy, sad, fearful) in each recording. Our bodies are affected by sounds, vibrations, frequencies, and pitch. These effects are also found in music (Sheppard, 2016): "The slow, melodious, one syllable sounds of the Gregorian chant resonate with our cells… [are indication that] we are designed to resonate with the frequencies around us" (p. 198).

Compounding the critical nature of sound and voice projection within safe spaces is the high sensitivity of certain youth to surrounding environments (Aron, 2002). Some participants articulate that they hear every noise around them. Others are keenly aware of how teachers project their voice, identifying what they see as passive-aggressive behaviour and curtness; this may add to feelings of insecurity, given they never know how a teacher may respond. Highly sensitive students are more negatively impacted than others by a yelling or irritated voice (Aron, 2002).

While PVT explains sensitivities and responses to tone and volume, Mr. A knows intuitively that our nervous systems respond to external stimuli. He ascertained that his voice could elicit elevating or calming behaviours in his students. Aware that his voice impacts his learning atmosphere, he intentionally speaks in ways that foster a sense of safety. His voice sounds kind and gentle rather than angry and aggressive. I was struck by his explanation of his voice adjustment in a classroom. Mr. A drops his volume and slows down. He pauses more often and waits for attention.

Mr. A's management of his emotions exemplifies how we must maintain our own emotional regulation before thirty students. While students can be exasperating and our humanness allows frustrations to emerge, he sees no positive outcome to losing our temper or sounding irritated. Mr. A has learned the art of maintaining patience when he has every right to lose it. He never, ever raises his voice as he doesn't need to. He does not experience student behaviour issues; students respect him too much to be rude or cause problems.

I speak from experience when I contend that, while we may have bad days and face very challenging students, we must learn—in any way that works—to regulate our emotions in our classrooms. PVT explains that when my nervous system elevates, students who are already on high alert (as they may be in a class they don't like with peers who add more stress in a system they do not fit into) are made with "nervous systems [that] tumble down the rungs of the ladder, landing us at the bottom" (Wilson, 2023, p. 50). This creates a ripple effect where no one in the classroom may be regulated, when emotions such as anger, pride, and fear may control the room. Therefore, we must take a breath, learn the practice of staying calm, and not allow our inside voice to become our outside voice. We also must have what Burgess (2012) argues is "the commitment to being 'on'" (p. 66), where during even our bad days we give our best to those before us.

Thanks to Mr. A's regulated nervous system, his students say they have never been more comfortable to engage in group discussions than in his class. He demonstrates that when we create spaces that are friendly to the nervous system, students feel safe and free to communicate, engage, and learn. I suggest that another product of a regulated nervous system is the teacher's own wellness, which I discuss in Chapter 7.

6.6.3. Safety in Nurturing Environments

As I continue my exploration of safe spaces, I find that students want nurturing environments. Nurturing spaces elicit a sense of safety, as do receiving support, being understood, and feeling cared for. This is indicated in the language associated with the Beauvais classroom, as discussed above. We know students are adapting to healthy spaces when they show "appropriate cognitive, behavioural, and/or affective adjustments in the face of uncertainty and novelty" (Martin et al., 2013, p. 728); I saw

participants adjust like this in my Beauvais classrooms as they asked more questions, appeared less anxious, and were able to learn.

Nurturing environments have common attributes. Youth described healthy spaces as ones where they feel calm and safe (Latané, 2021), culturally connected (Katz & Lamoureux, 2018), and valued enough to develop their human potential (Dintersmith, 2018). One youth, who had grown up in a contentious home of fighting and abuse, told me about his recent Christmas in a peaceful, loving home of a family who invited him for the holidays. He described that, for the first time in his life, he was not on edge all day anticipating the next explosive family fight. This time, he encountered a family who cared for each other, and had calm and warm interactions. He knew this was a safe place because he felt it; overcome with a sense of security and warmth, he marveled that this is how some people live, and saw the possibility of continued harmonious home moments. He attributed this rush of positive emotions to endorphins that he normally sought with drugs. He went through the day without anxiety. He felt good about who he was and had hope in his own peaceful future. His story exemplifies how nurturing spaces create a sense of safety that allow us to thrive.

Participants' descriptions of the Beauvais classroom align with what I attempted to create when I began this new teaching position. I explained in Chapter 1 that all my past relationships with students and their families extended beyond even one school year; at Beauvais, I would see youth for a very short three weeks. This struggle of short-term relationships made me consider what would happen if I created moments of connection and helped foster relations. What I did not explain in Chapter 1 is my newfound curiosity of whether these students could forge new neural connections if they entered nurturing environments. I wondered what would happen if I gave experiences of kindness and empathy to youth who had endured much trauma.

Given what we know in neuroscience, my efforts to create nurturing environments have the potential to change my students' brain patterns. Based on neuroplasticity, neural changes should occur, at varying amounts over a range of time. Some argue that changing brain pathways to form a new habit takes 30 to 90 days (Seip & Zbierski, 2019), and one study (Lally et al., 2009) found it took between 18 to 254 days (the average was 66 days); however, recovery from habitual childhood trauma is a process that can span a lifetime (Maté, 2022; Perry & Winfrey, 2021; van der Kolk, 2014). Cea (author of North of Normal, discussed above) continues to overcome what

happened to her decades ago. Therefore, I anticipate that my efforts to offer a nurturing space plays at least a small role in helping students' evolving healthy brain patterns over a lifetime.

Mark Rosenzweig, the researcher who studied neuroplasticity in rats, provided further insight into the impact of nurturing environments. After his initial experiments (described when I explained neuroplasticity), Rosenzweig explored the effects of extreme spaces; he discovered that the greater the dichotomy between enriched and impoverished environments, the greater the benefit or harm done to his subjects (Rosenzweig & Bennett, 1996). Rosenzweig concluded that the ability to learn increases proportionately to "the greater the richness and variety of experience the subject receives" (Rosenzweig, 1966, p. 330).

Since the 1960's, there have been ongoing findings that neuroplasticity is affected by the environments we are in. Studies continue to show that our surroundings alter brain structure and function (McEwen & Gianaros, 2010; Stegemöller, 2014) and that the brain adapts to changing environments (McEwen, 2007). Further, the neuroplasticity of social and emotional development is affected by social influences (Davidson & McEwen, 2012) and relationships (Crocker et al, 2013). Revising thinking patterns, as seen with Cognitive Behavioural Therapy (CBT[5]), enables structural neural changes such as volume and shape (DeRubeis et al., 2008), and neural mechanisms (De Lange et al., 2008). Studies have also shown that even physical movement and the encouragement of creativity alter brain pathways (Tovar-Moll & Lent, 2016). At Beauvais, these effects are evident when students are more regulated, engaged in studies and wanting to focus, ask questions without hindrance, and actually appear calmer.

Rosenzweig demonstrated that enriched environments foster healthy neural circuitry. I am confident that neural rewiring can occur within our classrooms. Whether we ensure that students have the freedom to receive help or are aware of sensory aspects of the classroom such as voice, we know the brain is physiologically enhanced. Classroom spaces can be arenas where students' brains are stretched and shaped (Deak, 2010; Hasson, 2021), where they can form habits to learn self-regulation (Wilson,

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[5] CBT is a model that challenges our thinking patterns. Hypothesizing that our perception of the world around us affects our emotional and behavioural responses, CBT equips the learner to understand their cognition and behaviour (Fenn & Byrne, 2013).

2023), and neuroplasticity can occur socially, emotionally, and intellectually (Wilson & Conyers, 2020). And, while our understanding of neuroplasticity is still in its infancy, we know scientifically enough about brain malleability to be confident that our intentions, responses, and behaviours in the classroom can have a profound and long-lasting effect on student wellness. If we can make classrooms into nurturing environments, schools can become locations of healing (Koplow, 2002; Latané, 2021).

6.6.4. Safety in Attached Relationships

One characteristic of a safe and nurturing environment is the construction and maintenance of healthy relationships between teacher and student. Riley (2010) argues that securely attached relationships in the classroom—not a new concept to the education community—brings security and enhances learning. When we foster SUC relationships with our students, we help alleviate the effects of trauma that make students feel disempowered and disconnected in relationships (Herman, 2015).

It has been seventy years since British psychiatrist and psychoanalyst John Bowlby introduced the concept of "attachment theory" to the world (Bowlby, 2018). Bowlby suggested that bonding between infant and parent deeply impacts social and emotional growth (Bowlby, 1982), and warned of a lifetime of negative consequences if maternal attachment does not occur or later disintegrates (Bowlby, 1988b). His work emphasizes the importance of the positive relational environment of a child (Sroufe & Siegel, 2011). Subsequent research has shown the critical nature of early upbringing; the social and emotional environments in which we are raised deeply impact social and emotional behaviour (Schore, 2015). Such findings support "that the emotional quality of our earliest attachment experience is perhaps the single most important influence on human development" (Sroufe & Siegel, 2011, p. 35).

Children who do not have nurturing care as infants (including emotional neglect and abuse) have insecure attachment behaviours, from childhood into adulthood, with others (Ainsworth & Wittig, 1969; Bowlby, 1973; Main and Solomon, 1986), including family, friends, and even themselves. I suggest that many of my Beauvais students feel unloved and uncared for by their parents and are consequently unattached in those familial relations. Van der Kolk (2014) argues that when caregivers ignore children's needs or resent their existence, those children become wired to expect rejection. This is demonstrated at Beauvais, as some youth anticipate they are unworthy of being

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accepted or appreciated by others on the unit. Others have told me that if their biological creators do not show them love, it is unlikely that a peer would choose to do the same. Perhaps most harmful are the feelings of self-hatred and low self-esteem that occur with emotional abuse and neglect (Engel, 2011); many Beauvais youth openly express their disdain for who they are, and most lack the confidence necessary to tackle daily challenges. Youth with trauma are conditioned to give up when life becomes difficult (van der Kolk, 2014), and abuse can make the victim feel "stuck" in a generational cycle of violence (Alexander, 2014; Probasco, 2018).

The damage of non-attachment ultimately plays out in school, as students' decisions and responses align more with the intense desire to impress their peers than with attachment to adults (Neufeld & Maté, 2013). In *Reclaiming Our Students*, Beach and Neufeld Strijack (2020) suggest that problematic student behaviour in school is a result of disconnect from adult guidance and connection. Youth with poor attachments find it counter-intuitive to perceive themselves worthy of care; yet if we fail to build attachment, we can further perpetuate thought patterns of worthlessness. While teachers cannot prevent detachment behaviour that begins in upbringing, we can help mitigate the insecure attachment behaviours that Bowlby identified by engaging in healthy student relationships (that are shrouded in the SUC practices discussed throughout this thesis). By doing so, we help support both child and family development (Berlin et al., 2008). I want to add that "relationship" does not automatically create a positive exchange between two people. I have many students who have a "relationship" with their parents, yet some exchanges are so toxic that the child makes a painful decision to live elsewhere, such as in a group home. Therefore, I preface the concept of relationship with "attached," "healthy," or "nurturing."

Mrs. L, the teacher of S6 who tried to take his life at school, told me that building relationships is at the core of what she does. She has no "plan," but just is in relationship with her students. She described her daily habit of watching for a student who is struggling or having a bad day. She pulls up a chair during seatwork time and just sits with them, asking how they are and what she can do to help. S6 is confident that Mrs. L is ready, at any time during the class, to answer questions, support a learning process, or simply listen. I told her that for S6 who had attempted suicide, this act of SUC meant more than she could ever have known. Ms. S explained that her goal in the year is to connect with students "so I know something about them." Her quest to know her

students is not to attain power or manipulation over her students, but emerges from her heartfelt understanding that, as Rita Pierson (2014) advocated, "every child deserves a champion" (6:48).

Throughout this research process, I found four positive outcomes of fostering attached relationships with our students. These conclusions are derived equally from participant narratives, their experiences in my Beauvais classroom, literature, as well as reflection upon my own experience in this profession. First, when teachers strive to build relationships while understanding a student's deep desire to be cared for, students trust us (Watson, 2018). When they do, there is more willingness to share appropriate information that ultimately helps us better understand that student. For example, "Hey, how are things?" could offer us a litany of insight. When a student trusts us, they are confident that we will not judge, but will instead support them as they need. Participants who referred to adults with whom they had healthy relationships trusted them, in particular for having an open space to share. For example, S20 spoke of a strong attachment with her YCW; while she found counselors "judgemental," S20 was able to be open and honest with the YCW about her struggles "and know [she is] not going to get in trouble." Such positive outcomes would happen, for example, when we ask about an absence without placing assumptions (ex. they were lazy, slept in, hate my class); the simple non-judgmental comment, "Hey, we missed you yesterday. What's up?" provides SUC, allows us to be attentive to needs, and elevates trust as we prove we care rather than judge. In turn, as a student develops trust, they begin to trust themselves and gain confidence to make their way in the world (Watson, 2018).

A second benefit of cultivating attached relationships is that we can help build student confidence and feelings of worthiness (Sorensen, 2022). When S6 spoke of the care he received from Mrs. L, he noted her ability to focus on each student; they were worth her time. S6 was worth her time. In the SUC she gave to S6, I sensed a glimmer of his own heightened confidence in that class—along with self-worth—simply due to the fact that she saw him and wanted relationship. I wonder, given our knowledge that new experiences can enhance neural pathways, if bonding with students has the potential to begin the neoplastic process of gaining self-esteem; we must not underestimate the "far-reaching and positive effects" of new experiences (Satchwell-Hirst, 2017, p. 52), such as teacher-connection, for all students.

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Third, maintaining attached relationships shows students that we are more than a person at the front of the room called "Mr." or "Mrs." As we build positive relationships, connecting with students lets them see that we are human (Perez, 2021). Participants who were attached with teachers (I find this particularly so in alternate education settings) knew their teacher's first name, were able to tell stories about their personal lives (such as having a child who also had anxiety) and spoke about this teacher as a human. I suggest that attachment makes the teacher more relatable, eliciting perspectives that we are present and accessible, rather than an untouchable and unreachable figure spewing facts at the front of a classroom.

Last, having healthy relationships improves wellness (García-Moya, 2020), decreases stress levels, and enables joy in life (Katz & Lamoureux, 2018) for both students and teachers. I speak personally for this, as the reciprocated healthy relationships with my Beauvais students brings me a sense of calm—as it is a far less stressful environment when we interact harmoniously—and joyful meaning from the fulfillment of my own human connections. (I will discuss the teacher-benefits of my recommendations in Chapter 7.)

Within these four positive outcomes, perhaps it is possible to make securely attached relationships themselves into critical healing spaces. When we offer the authentic SUC that fosters healthy relationships, we give students who have endured familial neglect, loss, and lack of connection an arena to encounter otherwise. Through the process of leaning into our students, we build student-staff attachment that is vital to bring meaning to and enhance the learning environment (Comer, 2008).

6.6.5. Safety in Physical Space

As we create safe spaces, the physicality of our classrooms merits attention. Dana (2018) argues that as humans, our nervous system responds to what we see and hear, taking in "cues of safety and danger" (p. 112). So, while nothing per se may be independently healing (such as lighting, plants), Porges and Dana's work that I referenced earlier suggests that the habitual experience of entering what one perceives to be a safe place can be a vessel for healing. Humans create a story within their surroundings that aligns with the autonomic experience; therefore, simply because they are walking, breathing beings whose physiology is made to constantly react to stimuli, students respond to the spaces we create. As soon as they enter our classrooms,

students immediately register feelings of safety or unease (Dana, 2018). In this section, I discuss how we can enhance our physical space through lighting, furniture arrangement, nature, plants, and land acknowledgment.

I began this thesis with a vow to not add to the workload of teachers. This section is perhaps somewhat contradictory to that promise, as changing the physicality of our classrooms may require effort. Yet, to not discuss physical space would be irresponsible, given the effect of physicality on the environments we create. As I bring awareness to our physical space, the following is a "pick and choose" offering for my readers. As we consider what we may be willing to change, I argue that the small amount of time it takes to implement the following ideas has long-lasting impacts.

While some elements are out of our control, awareness of how physical space affects our students allows us to adjust our setting. For example, while we cannot regulate decisions made about classroom light installations, we can recognize lighting's impact on youth. Recent research has considered the amount of blue light in interior LED luminaires, which has increased over the last several decades. Its composition, as in how much or little blue light is within an LED bulb—while unregulated for educational standards—can hinder the mood of adolescents (Moyano et al., 2020). It is because of this that Mr. A keeps his lights off during the day; he has ample lighting from his large windows and recognizes that students respond negatively to the artificial light. S23 often spoke of the lighting at her home school, indicating there were few rooms where she could focus and engage in her work due to the type of light bulbs. Research in Delhi, India (Singh et al., 2020) echoes this impact of lighting, finding that bright and direct light can make students uncomfortable and decrease concentration and performance. Class atmosphere can be inviting or cold not only with lighting, but also furniture arrangement. How we map out our chairs, tables, carpets, and perhaps couches can foster connections or separate (such as rows or groups), sending signals to students about what is expected, such as exploration, group discussion, or a presentation (Danielson, 2007).

While physical space can deeply impact students inside buildings, it is also affected outside. We know that connecting with nature and engaging in outdoor learning influences MH and behaviour, even changing teachers' perceptions of their students (Latané, 2021). Building relationships with the environment fosters young people's self-efficacy, improves MH (Fang et al, 2021), and supports children's cognitive growth and

social-emotional development (Ardoin & Bowers, 2020; Cooper, 2015). Ecological literacy—learned through time spent outdoors and exploring nature—and appreciating natural landscapes helps students' optimism and purpose (Latané, 2021). For S2 (discussed in Chapter 5) who described her school in Spain "like a jail… gray, [with] a fence," time in nature would have perhaps mitigated her drab prison-like environment. If we have the opportunity, some activities can be held outside; for example, I used to take my class into a nearby forest to write creatively. However, not all mainstream teachers have the privilege of a nearby greenspace. We can, though, bring the outdoors in. Plants in classrooms have shown to positively influence student behaviour, social connectedness, and peer engagement (Pitts, 2018).

I am intrigued by the contrast of adjective quantity for physical spaces (QUALs 14 and 21). In Table 5.6 (presented in section 5.5), only seven words were provided to describe physical spaces of mainstream classrooms. However, when asked about the Beauvais classroom, participants gave over five times more physical descriptors. As well, words pertaining to mainstream classes were negative, such as "crowded," "cold," "prison," and "undesirable." The most frequent descriptors of the Beauvais classroom were "calm," "chill," "comfortable," "fun," "independent," "open," and "relaxing." I propose that when the physical environment is positive, students take note. When they perceive a negative physical environment, I wonder if they block it out of their minds or transfer their perspective to a negative emotional space; participants gave the longest list of adjectives for mainstream emotional spaces, almost all which were negative. See the full list of adjectives in Appendix D.7.

I am also intrigued by participants' lack of emphasis on what I had worked hard to create (described in Chapter 1). When describing my classroom, they did not state, "Suzanne bought nice plants," or, "There is a well-stocked diverse bookshelf," or, "I like the Nespresso." Rather, they gave descriptors linked with emotion, such as "calm" and "chill." While physical spaces matter, I believe that participants place far more value on emotional space. Physical space is what students experience around them, whereas emotional space is how they are made to feel within.

6.7. Heart-Desire #3: Students Want to be Looked At

The third participants' heart-desire is to be looked at. I begin this section by justifying my use of language, arguing why "to look" is the accurate term to relay

participant desires. I share narratives of empowering times when students were "looked at," and explain why bodies can tell us stories when we look for clues.

While "to be seen" is the language most often used when referencing what students want from teachers (for example Childers, 2017; Hassan, 2021; C. Lee et al., 2020; Winkelaar, 2016), I propose that "to be looked at" is best suited to describe participants' heart-desires. "To look" requires intentionality. We cannot quickly glance "to see," but instead we engage with a focussed, paused, and purposeful vision. I do not mean "looking" as only discerning people and things (Winkelaar, 2016), but rather as an active approach to be able to understand and evaluate what is before us.

I offer a sunset as an analogy, as I often plan holidays where we are located facing west. When the sun is setting and I want to embrace the moment, I don't "see" the sunset. Rather, I sit on a beach or hill and *look* at every detail of the emerging colours— for looking is a mindful process that requires being purposeful, motivated, and astute (Kabat-Zinn, 2017). I pay attention to the changes of pink that occur, the reflections that emerge on clouds, and darkening colours to the east. As well, I listen; I become keenly aware of the sound of crashing waves, conversations of others who are around me, and various birds still chirping before nightfall.

As I intentionally look at sunsets, in my classroom, I must look at students to better ascertain what they are feeling or experiencing. For example, I look to find anxiety, as students can have varying anxiety levels on different days. The way they walk down the hall to my classroom, facial expressions, knee movements, biting lips, and eye glances are all factors I actively "look" for. One student recently told me that eyes (dilated, wide, furrowed) are the best indicator of how an adolescent is feeling.

Looking allows us to find hints of the story occurring behind a student facade. In this, we eventually "see," and behold, as Winkelaar (2016) suggests, to find wisdom and be enlightened to the broader picture before us. Therefore, "looking" becomes the prerequisite for the term "to be seen" that we hear so often in education. Perhaps looking allows for the "deep seeing" (p. 79) that Wilde (2013) suggests "offers the most profound appreciation and the fullest understanding" (p. 81).

Participant experiences pertaining to the desire to be "looked at" indicated two opposing spectrums of being looked at and not looked at. I will first detail the events and outcomes of the stories of students who were not looked at, then describe what occurred

for those who were. Teachers who were not looking caused harm for some participants. S17 explained why teachers have failed if they don't meet students' social and emotional needs (QUAL 13): "...[teachers] weren't paying enough attention to them, and… they haven't opened their eyes [to] their kids' needs." As well, S15 speaks of the consequences when they were not looked at (responding to what they needed from teachers in high school):

> I was really badly bullied, and I just stuck it up. I became really smart, and like the teachers, what they could have done for me was just look, like see the situation, because a lot of the time I would fight back sometimes, and then I'd get blamed for it… they actually need to look at the kids and see what is going on in the class.
> And, like, get to know your students, don't just teach them… Like if you can't see - 'cause some kids are really secretive, but sometimes you can just see little things that are happening, and you can intervene.

Other participants gave characteristics of what transpired when they were looked at. For example, one offered that her teacher physically positioned himself to appropriately engage. S24 said that the teacher who most helped her, "always squat[ted] down to talk to you so you're at the same level." This educator literally got to the students' level and, evidently, was able to better connect and truly look at the student. Further, S3 reiterates how a teacher looking at him had a substantial positive impact at the age of 13:

> [She was a] wonderful art teacher. I was the only person in her class who paid attention and did anything. She was kind and had a lot of stories. She fostered my creativity and as it became more obvious when I wouldn't turn in work, I would hide it from her. She would pull me aside and say, "I am worried about you. Are you OK?" I wish I could have told her [my struggles], but I was not in the mindset to open up to anybody. She was the only person to notice I was struggling. Not even my mom noticed. I wanted to hide it but was screaming for help. At the time, I had yellow teeth, was underweight, and smelled like cigarettes. Nobody did anything.

One of the most poignant and teacher-transformative discussions I've ever had was with a Beauvais youth who I will call Christina[6]. She calls what is considered as the most drug-laden area of the city her community. When she reverts to heavily using heroin and meth, she makes a beeline to the epicentre of the substance use. She told me that when entrenched in her drugs, she walks aimlessly as a junkie, not even aware

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[6] Christina was a patient at Beauvais on several occasions. Although she did not participate in the research process of this study, consent has been given to tell her story. I shared this work and reconfirmed consent after writing. She chose her pseudonym.

that she has been meandering the streets for several days when she has a perfectly good home to be in. Christina's first childhood memory was finding her mom passed out on the bathroom floor surrounded by tinfoil. At six, Christina understood that tinfoil was from heroin use. Her second childhood memory was driving with her father to find her mother who had simply walked out days before. As they drove through the streets of this community, her main thought was, "This will be my life one day. This is my destiny."

Christina described one particular morning in primary school. Amid a hailstorm, her uncle (she was no longer living with biological parents) took her on the back of his bike to school. Arriving to class with "shitty red hail-welts all over [her] face," she described her teacher, angry yet again due to her tardiness. What emerged from this story was her physical condition upon arrival. She had red marks on her face. There was a hailstorm. She was wet. For Christina, had the teacher simply looked at her—and taken the care to do so—it would have provided a multitude of hints as to why she was late as a young child.

I argue that students feel safer if they know they are being looked at. Participants S17 and S15 tell stories where their social and emotional needs were not met, though they wanted their teachers to be intellectual and emotional protectors, which required looking. The narratives of S24 and S3, who were looked at, described greater connection to and sense of safety with their looking teachers. For Christina, to be looked at by her teacher after arriving through a hailstorm would have provided deep and meaningful SUC.

6.7.1. Bodies that Tell a Story

When we look closely, we receive indications of what is occurring within our students. In Chapter 3, I presented what hides within our student's bodies, detailing neuroscientific occurrences that help us understand behaviour and responses of students who battle TADS. In this section, I discuss what we do see. Bodies tell a story, but they have nothing to say if we are not looking. My best illustration from personal experience was on an occasion with my son on a pathway in a trendy area of our city. As we looked for parking, I observed a young person (unknown to me) who I will call Izzy. I watched her stumble as she walked and commented to my son that she "is not looking good." Izzy was hunched over, torso twisted to one side, and her shorts were soiled with what I guessed was urine. As we returned from our walk, we saw this same

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female sitting on a curb in front of the water. She was shaking, moaning, and eagerly accepted our help when I offered. She told me she needed alcohol, though I guessed her substance withdrawal was far more extensive. I called 911.

Izzy's body told a story. The scab marks across her legs and open sores on her hands and face suggested a crystal meth addiction (Covey, 2007). Her moaning and physical pain hinted at severe drug withdrawal (World Health Organization, 2009). I guided her through breathing to help cope through the pain as I asked that she look into my eyes. I wanted to, in that moment in time, not only check on her level of safety (dilated pupils, light responsiveness), but offer human connection that the world appeared to have not given. I promised to stay with her until the paramedics arrived.

Apart from causes of withdrawal, Izzy's body told other stories. I had asked questions but received few answers; only that she hurt and please get the ambulance immediately. Beyond this, I could not ascertain. Protruding scars across her face and hands showed burns; how were these inflicted and who inflicted them? Purple discoloration in rectangular sections on her thighs suggested a history that I could not figure out but knew to be severe. More, though, is simply the presentation of this transient "junkie" in front of me who said she did not have a home. Where was her family? Were there people to conduct interventions to help get her sober? Did she have financial backing to afford thousands of dollars for a rehabilitation facility? Most relevant, though, was the question, *"Who did this to her*?" This woman's body told me a story of years of substance abuse, and I guessed, based on statistics, that severe childhood trauma led her to a life of homelessness (Liu et al., 2021).

Although Izzy's physical manifestation of her innermost hurt is an extreme example of the visual clues I describe, our students' bodies also have stories to tell. Often, as teachers, we miss the hints that manifest before our eyes. In Chapter 3, I described the behavioural indicators of TADS so that we could better understand the clues of our students. We must consider statements they make, tone and voice given. Mrs. L, the teacher who makes relationships the core of her work, was able to identify what she looks for when she is ascertaining a student's wellness:

> I look for if their affect looks different, if there's a change… if there's somebody who tends to sit upright and all of a sudden [is] hunched over and looking down. I know something is off. I look for facial expressions, or whether they missed a lot of classes.

Ms. S's account of how she observes students is an example of how we can read our students simply by what we see. It is how she knew when S8 needed help. She said it was clear he was struggling, that "he's quiet, but there were more subtle things going on for him. He was not becoming irritable, but he seemed to be uncomfortable." She mentioned that she watched his body language, and she knew he was not one to ask for help. So, she checked in on him often, always connected to the task he was working on. When I asked what inspires her to be constantly aware of this, she responded, "[It was] my own desire for him to be successful."

Mrs. L and Ms. S demonstrate that looking at students is a powerful tool for awareness. Looking allows us to find outward signs that indicate inward emotions. Both teachers also show that the foundation of their awareness was care; observing youth is not an extra "task" to add to their day, but a way of being within their teaching environments. Looking gives hints of the stories of our students, so that we can become more aware to respond better, create safe spaces, and provide the SUC they need. A starting point to looking at students is to move (sitting, squatting) to their eye level, to pause our actions (such as typing) to authentically look, and to be aware of body clues; frown or laugh lines, widening or rolling eyes, hunched or raised shoulders, rigid or fluid gait, a whisper or loud speech, clear or bruised or cut arms, and clean or dirty clothing are some examples that indicate joy, sadness, fear, anxiety, assurance or frustration. Looking at our students is most feasible during seatwork time or one on one discussion; however, finding a student in a sea of thirty is possible if we put "looking" on our radar throughout the day.

6.8. Heart-Desire #4: Students Want to Be Pursued

The fourth participants' heart-desire is to be pursued. In this section, I first clarify "to pursue," as I justify a questionable language choice that relays participant desires. I share narratives that illustrate the power of a teacher's pursuit of students and argue against having "student-led" MH programs. I discuss how, in our pursuit, we must combat what data indicates is participants' sense of shame in classrooms, and argue we must overcompensate for shame with empathy.

In this section, I propose that students want to be approached, checked-in on, and have SUC needs met. My use of "to pursue" means "to study, investigate; to direct one's attention to [a topic, subject, etc.]" (OEB, 2023g, Definition 6.b); teachers who

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"pursue" their students take the initiative to offer authentic SUC. In terms of what it is we pursue, I offer that, ultimately, we pursue the social, emotional, and academic wellness of our students. Participant narratives show they feel hesitant and sometimes uncomfortable to find SUC on their own accord (such as asking for help when anxious, explaining they are depressed, voicing suicidal tendencies, etc). We see this with S19 whose counsellor walked away after the youth said she was "OK" during an evident panic attack; she in fact wanted to be pursued—in need of SUC—but did not articulate her deep desire to receive it.

"To pursue" is precarious behaviour, as our pursuit can be misaligned with an adolescent's desires at any given moment. We do not want to be perceived as "pushy." If we are told a student is "OK," we don't want to exacerbate the situation or take our SUC too far when a student wants aloneness and has the right to be invisible. Yet, I am confident that, when in doubt, we must err on the side of pursuit. My stance is based on numerous conversations with participants who explain they are often afraid, timid, or don't feel worthy to receive help. As humans, we long to feel cared for (Hanson, 2016); youth want to know they matter to us. Students want continuous, active support—even if they say they are doing fine—and to feel valued enough that we make the effort to ask questions. Pursuing our students entails risk, as we initiate relationships with some who may trust no one.

The desire to be pursued is best illustrated in QUALs 4 and 10. These questions pertained to a time when an adult helped at school. Between these two questions, only one participant articulated that he, rather than the teacher, took initiative to receive help. S6 explained (QUAL 4):

> One day I was having a really bad down day and I just couldn't get it out of my head. One teacher let me go and take a walk and that was really helpful. [They knew because] I went up and told them I wasn't doing well and asked if I could go for a walk. They were super understanding.

Apart from S6 who self-advocated to go for a walk, the remaining 24 participants described active, intentional adults who initiated support, understood the situation, and cared in their response. Participants' stories contain multiple examples of times a school staff member endeavoured to help, particularly elicited in QUAL 4. For example, S8 said, "Ms. S has helped me quite a bit, she has been so great with me. She gives me time to finish a project and would say it's mostly in-class, and she'd come over to help." S10 spoke of a humanities teacher who recognized she was skipping school and falling

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behind. She explained, "My humanities teacher actually put an effort out and called me when class was in session and told me I was academically capable of school." S12 spoke of a teacher who "visibly saw [she] was struggling and he decided to come to [her] desk and walk through the assignments and help [her]." All these teachers acted during class time to approach these students and assist. S16 noted her teacher's awareness and response to a low mood as she explained, "I was becoming depressed, and my teacher brought me aside and told me that it's not a big deal…. and it actually helped me." S15 told of a social worker who approached her as she was "having a mental breakdown and was sobbing and couldn't control [herself]. The woman spoke to her through the episode and "actually understood the situation." S23 had a very simple answer for what is helpful for learning (QUAL 10): "…asking for help and having the teacher come to me." S18 told of being actively pursued by her high school counsellor who noted the student was struggling, and "pulled [her] in and talked to [her]."

Each narrative entails SUC that preceded pursuit. SUC is echoed in Hasson's (2021) *Safe, Seen, and Stretched* stories of memorable teachers who made a difference in students' lives. Her descriptions of the teachers who impacted students show they support well-being, understand by identifying a problem, and respond in a caring way. Hasson relays the experience of one student who arrived at school in freezing temperatures. Recalling the story years later, this now-adult said:

> Somewhere along the ride, I started to cry. I finally made it to my classroom, shivering, with tears running down my cheeks. Miss Davis bent down, and without saying a word, she held my hands in hers and rubbed them until they were warm. Miss Davis was always doing things like that. She would notice when something was wrong and try to make it better. (p. 43)

In this story, Miss Davis knew what her student wanted and responded accordingly. Her decision to engage or withhold—as she ascertained a student's emotional needs—must have been empowered by attached relationships. When we know our students, we judge with better accuracy what is best at that moment. While Miss Davis had a full class of students, her connection with each individual guided her behaviour. All teachers presented in this thesis demonstrate that even in large classrooms where we see 120 students a day, it is possible to make connections with our students and assess their authentic desires. Finding time during classes when we can check in on our students allows pursuit to occur. S6, the participant who attempted

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suicide at school, suggested that check-ins are important. I asked how this would look in a classroom:

> My socials teacher [Ms. S who I discussed above] who I love basically checks in with everyone just walking around the class. How does she check in? She walks around to each and every student, asks, "Hey, how is your day going? Do you need help with anything? If you need help later, come up and see me later."

This student explained that the class felt free to ask for academic help when needed. He also articulated his own comfort level in speaking to Ms. S about his challenges. Her daily connection with each student was the groundwork to give students freedom to find SUC as she established an unequivocal understanding that she was eager to be present. As well, she created an atmosphere of comfort; therefore, if students did not want to be "pursued" in a moment, freedom was well-established in her classroom that they could "pass" on an ensuing discussion.

The student heart-desire to be pursued lends itself to the argument that school wellness programs should not be "student-led." I refer to the separate classrooms and programs that some schools offer to support MH, detailed in Chapter 3. If we operate MH programs under the premise that students will come to us when they need, we faultily expect those with debilitating anxiety, depression, self-hatred, and low self-worth to quickly overcome what hinders them to seek help. This parallels the outrageous concept of "swimmer-led lifeguarding." Imagine a lifeguard (knowing indicators of crisis) standing on a pool deck waiting for a drowning victim to notify them to assist. The notion that students in crisis are expected to seek adults—rather than us, as teachers positioned in schools to be providers of SUC, pursuing their wellness and creating safe spaces—contradicts not only common sense, but the data of this study. While I am a strong proponent of teaching self-advocacy skills, students who face MH struggles are in crisis and even basic, daily tasks can be a struggle (Barnes & Wills, 2019).

As we combat student-hesitation with our active pursuit of their wellness, we may make mistakes and very well enter situations where a student truly wants to be left alone. Youth come from a wide array of backgrounds and experiences and are neurologically diverse (Hanson & Mendius, 2009); there are times when they want help, times they do not, and times where their being seen and heard requires our looking and listening beyond what is evident. I propose that our best strategy is to be guided by our attached relationships as we know our students, and to err on the side of pursuit rather than what may be perceived as complacency.

6.8.1. Combatting A Sense of Shame

I found my participants' desire to be pursued inextricably linked with their tendency to feel shame. They showed me that shame terminates all student-initiative by inhibiting their ability to seek help. In Atlas of the Heart, Brené Brown's (2021) definition of shame describes the experiences of Beauvais students. Brown tells us:

- Shame is flunking out of school. Twice.

- Shame is hearing my parents fight through the walls and wondering if I'm the only one who feels this afraid.

> Shame is the fear of disconnection—it's the fear that something we've done or failed to do, an ideal that we've not lived up to, or a goal that we've not accomplished makes us unworthy of connection. I'm unlovable. I don't belong…. Shame is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love, belonging, and connection. (p. 137)

It is this shame that keeps students from getting what they need in schools. While my data did not contain the wording "shame," I find these themes throughout various participant narratives. Understanding that students experience shame helps us better meet them where they are at. I receive youth who explain they never ask questions due to fear of looking stupid, insecurity of taking up someone's time, or not wanting to be noticed. Some students have been honest that this is due to poor self-esteem, and they simply do not feel worthy of being what they perceive as a "nuisance." In my interviews, I often heard, "I didn't want to bother [the teacher/counsellor]." I have had, on several occasions, students *practice* calling out, "Hey Suzanne, I need help!" They repeat it if only for the exposure therapy (Craske et al., 2014) that habitualizes positive behaviour.

S18 hinted at shame in her frequent school absences during a lengthy and detailed story. Her main theme was one of mortification at her inability to leave the house in the mornings due to depression and anxiety. Teachers did not know what was behind her struggles, though she was never at school to ask. She described being in a constant state of shame at her behaviour, which ultimately caused more absences, less assignment completion, and a continuous downward spiral of guilt.

S2 was a kind and energetic girl who battled anxiety and depression. I remember her terror at the thought of reaching out to her teachers while at Beauvais. She articulated hesitation due to her own shame of having missed a lot of school due to her

MH challenges, and shame in her several missing assignments. She assumed that, as a result, teachers were upset with her. In part, she did not have the confidence to consider they would be anything but disgusted by her "poor" behaviour. When asked how the Beauvais classroom helped or hindered her returning to school (QUAL 19), S2 responded:

> I [had been] really scared communicating with my teachers; some didn't even know my face. I knew they weren't going to be mean, but think I was the kid that never showed up. [Teacher's name] helped me realize that teachers won't be thinking that. At the end of the day they like kids wanting to turn their lives around and be successful; it helps open up to teachers more.

Her story is an example of a student who needs to have shame alleviated. S2 needed my reassurance that her school would respect her desire to rectify her attendance issue. Once I convinced her that "teachers love a comeback," she confidently asked them for missing work and felt secure as she returned to her classes.

6.8.2. Need for Empathy and Overcompensation

We pursue student wellness when our responses overcompensate for student shame. Overcompensation requires a concerted effort that shows empathy that Brown (2021) argues is the "antidote to shame" (p. 138). Brown suggests that because shame is a social emotion, it takes other people to help heal that shame:

> Empathy is an other-focussed emotion. It draws our attention outward, toward the other person's experience. When we are truly practicing empathy, our attention is fully focussed on the other person and trying to understand their experience. We only have thoughts of self in order to draw on how our experience can help us understand what the other person is going through. (p. 142)

If we are aware that students feel shame, we are responsive. This entails approaching youth, as we learn from Mrs. L and Ms. S, to ask if they need help, and to gently seek them out when they appear to be struggling. S6, the youth who tried to take his life twice at school, stated there was "no support from anyone or anywhere" (at the time, Ms. S did not teach him). He felt no self-confidence or value in life as he descended into substance use. Though he explained that he had nowhere to get help, this school had a counsellor on payroll. There were teachers all over the building. I know his administrators thanks to my Beauvais work, and they are well-attuned to MH and wellness. Yet, when he was in crisis, S6 did not knock on doors to articulate his needs; he could have barged in and loudly declared that he was suicidal but did not. Given that

not one single teacher asked how he was doing, and he remained silent, we must conclude that it is the students—not the teachers—who need to be sought out.

For youth who have growing absences and decreasing grades, there is always cause for concern. When a student returns from a two-week absence, we must not greet them by "slamming" a pile of unfinished assignments on the desk, as described by one participant. We must not berate a young person by asking where they were. We must respond inquisitively with SUC. I am not suggesting that we begin a diagnosis (I discuss counsellors' roles and the referral process in Chapter 7), but rather that we appropriately inquire about wellness. As well, being aware of what can occur neurologically with TADS, as presented in Chapter 3, helps us become inquisitive and empathetic. We understand students better when we know the brain can be hijacked by the body (Sheppard, 2016), such as when social anxiety causes the amygdala to malfunction, rendering the anxious debilitated. This is not a time-consuming endeavour but requires our awareness and attention.

6.9. Heart-Desire #5: Students Want to be Listened to

The fifth participants' heart-desire is to be listened to. In this section, I differentiate between hearing and listening, and share participant narratives that express their desire to be listened to. I argue that asking students, "What's up?" provides SUC and fosters safe communication and better learning.

I could say students want to be "heard," but listening requires more active initiation and participation. We see this same intentional approach when we "look at" rather than "see," and "pursue" rather than wait for student initiative. The act of listening shows students they matter. Kate Murphy (2019), while researching for her book *You're Not Listening*, found it "extraordinary" (p. 18) how many people felt they were a burden when asking family or friends to listen to them. Listening requires work, where hearing occurs whether or not we are paying attention; Briscoe (2015) argues that though we may hear, we may not make the effort to listen. Listening, he suggests, allows us to learn about hidden cues and discover underlying facets of conversation. We must listen with our head and heart, sometimes with attention to body language. When we listen, we learn.

Participant narratives clearly indicate they want to be listened to. S1 told of a time when someone tried to help but it did not work. After having explained that "the actual counsellors of the school, they don't…know how to connect with a child," she analyzed that they were missing connections with students. She explained that she tried to talk to them "about problems and then they just kind of [said], 'Ok, what are we going to do to fix this?' but you just need someone to listen and to have support." I was struck by S1's correlation between listening and support. For S4, the best teacher she had was "kind, helpful, and younger so she listened to [her students]. She wanted to learn as she was a new teacher." S4 connected her teacher's desire to learn with listening; I suggest that S4 sensed her teacher's authenticity as a young listening learner and felt SUC as a result. Last, for both S11 and S18, listening was what they needed most in their struggles: "I needed them to listen to me" and "that teachers would listen to what I was saying and to believe me."

An interesting event occurred during the course of these interviews that illustrates how SUC is embedded in listening. While discussing a specific learning struggle (QUAL 8), one youth (S13) responded she had attention difficulties. She said, "I tend to get into my head and start overthinking. That's why my anxiety seems to appear. I zone out and just can't focus." I had never heard this from her, and she was describing classic symptoms of Attention Deficit Hyperactivity Disorder (ADHD), Inattention Subtype (APA, 2013). This had not been mentioned to her psychiatrist, which was vital information to assist both her learning and MH. As a result, we were able to notify her psychiatrist about these symptoms to consider ADHD as a contributing factor of her anxiety.

These narratives provide several lessons about why participants value being listened to. First, we listen to provide support. S1 demonstrates this with the counsellor who immediately diverted to a problem-solving dialogue, while this student merely wanted a listening adult that she equated with support. Second, when we listen, we learn. I learned that S13 had indicators of ADHD, which provided new information about this student. S4 articulated that her young, new teacher was listening with the purpose of learning about who her students were. Listening allows us to consider the student before us, because "when we learn to listen, we create the ability to reflect and not simply react" (Dana, 2021, p. 29). Third, students want to be listened to so that they are understood. S11 and S18, who just wanted to be listened to, had ACEs scores of 5 and 7

respectively. These scores indicate that both endured extensive childhood trauma (Felitti et al., 1998) and challenging home situations. The school did not know of their trauma, though each participant just wanted someone to listen. During our interviews, I sensed these youth wanted listening to occur so that they could be supported and understood.

6.9.1. What's Up?

Ultimately, the act of being listened to brings about the SUC that students need. I suggest that when I listened to S13's indicators of ADHD, she felt: support, in that she was getting help she needed for a potential diagnosis; understood, in that her challenges were analyzed and action was taken; and cared for, in that someone was attentive to her needs and cared to elaborate on the discussion. What, though, may teachers say or do to connect with students so that they can be listened to?

Rob Greene, clinical psychologist and author of several books that focus on helping "students whose difficulties meeting social, emotional, or behavioural expectations are expressed through severe behaviour" (Greene, 2016, p. 14), suggests asking "What's up?" He discusses the power of these three short words in *Lost and Found: Helping Behaviourally Challenging Students*. I had not, until reading the work of Rob Greene, considered the immense impact of this phrase that is just two syllables when strung as a contraction.

"What's up?" is the question Dr. Greene uses when dealing with students in crisis. He presents this as the best response from teachers when faced by challenging behaviour, disengagement, poor academic performance, or explosive responses (Greene, 2016). The relevance of this question takes a situation to the core matter and sends a profound message to the recipient. These words, that can only authentically be asked when coupled with SUC, let the child know that the one asking this question *cares*. They demonstrate that I am engaged enough to ask and am responsive enough to see there may be an unseen cause for the behaviour. And, asking "What's up?" gives us freedom to do as S12 suggested: "Even if a teacher can't see how the student is, they can always ask him if they are acting or being different." In regard to my argument that students want to be pursued, asking "What's up?" is a casual, non-threatening way to test the waters of a student's desire to be helped. It is an open-ended question that allows youth to divulge only what they choose, thereby eliciting or ending subsequent conversation.

Nathan, a boy I taught several years ago, often had tantrums that cleared his classroom. He exploded at students who tried to help him and was left in turmoil on a daily basis as he routinely fractured relationships with peers. Teachers did not know how to handle his behaviour. My background understanding of him (I was privy to family insight) served to enhance my relational approach: I continuously asked, "What's up?," always in the midst of his own crisis when I saw metaphorical smoke coming out of his ears. When working with Nathan, I did not react. I asked, I listened, then we discussed. Over the course of our time together, Nathan had a safe space where the explosions eventually ended, and he was able to healthily engage with his peers. He needed a teacher to pause and consider the larger picture of his circumstances, rather than roll their eyes in a gesture of *here we go again*. "What's up?" led to a plethora of deeper discussions and insight about his responses, which then allowed him to reflect and ultimately change his behaviour. (I have his permission to share his story, and proudly add that he is flourishing as an independent adult in meaningful relationships and has a career about which he is passionate.)

Students do not blaze into class declaring that they are having a rough day, feel lonely, or had a fight with a parent. When we grasp that we do not know the realities of their lives, and are ignorant of the struggles of others, our eyes are open to the fact that we must become aware; we then watch their body language, listen to their words, and ask questions. To truly engage relationally with our students, rather than getting angry when we do not like behaviour, we must respond by asking "What's up?" Beauvais students indicate that this question has meaning and purpose; posing it allows us to support their experiences (one colleague told me that *when we ask questions, students know they will be supported*), understand (non-judgementally) that they are doing the best they know how in the moment, and shows we care.

6.10. Heart-Desire #6: Students Want Us to Know

The sixth participants' heart-desire is "to know." I do not suggest that we are to be omnipotent or omnipresent, but that we seek to find out what we appropriately can about our students. Participants suggested that knowledge built their self-worth and made them feel better understood by teachers. In this section, I argue that students want to know themselves. Next, I argue that knowing our students makes them feel special and allows us to understand what students endure. I then make the case for MH training

(in teacher training programs or professional development days). I end with dialogue about components of knowing our students: to understand the facade of presentation, that silence can be due to their poor self-worth, and to become aware of how unsuccessful students present themselves.

6.10.1. Students Want to Know Themselves

Students want to know themselves. One participant articulated the deep desire to know herself by being able to identify her emotions. S24 explained a best practice that made her interested in class (QUAL 5):

> In grade 5, I only had one teacher who did this. Every morning [at school] we had a mindfulness practice or a creative thing. She'd grab materials from outside and we made things out of the objects, leaves, clay, branches, based on how we felt. We started off our day knowing who we were.

This same youth suggested that she found immense value in being aware of herself. She described the best activities or practices at school that made her feel good (QUAL 6):

> It is the same story - knowing every morning how you are feeling and… who you are in the moment made me feel mature and grown… [it] makes you feel good. I imagine kids as a blank piece of paper when they come to the world; you start coloring and people draw things on your paper—it's negative or positive. The kids start to become who they are around them, but that paper still belongs to them. This reminds me of a blank piece of paper that is new every day.

This participant unknowingly referred to "emotional granularity… [which is] about accurately reading your internal emotional states" (Barrett, 2017, p. 3). Improving emotional granularity entails understanding the importance of emotional awareness. Marc Brackett (2019), author of *Permission to Feel*, argues that "all emotions are an important source of information about what's going on inside us" (p. 23), and that our emotional states are linked with learning, decision making, relationships, health, and creativity. The higher our emotional granularity, the more we can identify and label how we feel. School strategies with even young children, such as using the wide variations of a *How Am I Feeling Today?* poster (faacial illustrations are presented on a chart) help develop emotional granularity. If we have time, walking students through mindfulness exercises or engaging in conversations about how they are feeling at any given moment intentionally cultivates a student's insight and self-regulation (Wilson-Mendenhall & Dunne, 2021). Emotional granularity can be transformative, as knowing our emotions

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helps us be emotionally aware enough to guide our actions (Brown, 2010). As teachers, such as that of S24, when we help students reflect upon their own emotions and mood, we are empowering them to know themselves better (Wilson, 2023).

6.10.2.   Knowing Makes Students Feel Special

Students feel special when they feel known. Two narratives speak of participants' responses to having a teacher know them. S24 describes feeling important (QUAL 10) as she found meaning in her tutor's knowledge of her. "It was my tutor [who] had been my tutor for a long time…. He said, 'I'd like to continue being your tutor because I know you so well.' This made me feel that 'I am someone.' All the learning I've done and all the help he's given me meant something." S6, who has been presented several times in this chapter, also felt he mattered when he was known by his teacher. He is the one whose teacher did daily check-ins on all her students. He summarized being known by teachers: "I think it's more important to know what's going on with your students than push them in directions that may make their MH and other situations worse for them." He recommended daily check-ins as a tangible way for teachers to get to know their students. By doing so, teachers send non-verbal messages that each student is valued.

6.10.3.   Knowing Allows Us to Understand What Students Endure

Participant responses suggest they want us to know what they are going through, particularly in the realm of MH. S11 (QUAL 8) identified her struggles when I asked about learning struggles. However, she did not speak about learning but about being misunderstood:

> When people in my school didn't know how to deal with my mental health issues. I said I was depressed and wanted to die, so they said, "take her to the hospital." They gave me the boot because I was too much. It was worse than classes like Math.

S11 felt that educators' ignorance of realities such as depression and suicidal ideation gave them no insight into her pain. While she did not require them to have experiential knowledge of these MH disorders, she wished they had basic understanding. She felt that had they been aware of some concepts of these disorders, they could have given her better SUC. Rather, she felt rejected by adults unwilling to take on her challenges.

On the contrary, S6 did have a time when he was helped with challenges (QUAL 10) with his "teacher who understood." When I asked what was helpful, he said that she "understood mental health struggles." When I interviewed S6, I sensed his relief to have a teacher who grasped MH disorders and was knowledgeable in some areas in which he struggled. He demonstrated that he was immediately at ease knowing that his teacher knew, that she "got it," and that he would enter her classroom space assured that, in her knowledge, he would receive SUC.

6.10.4.   Participants Want Teacher Mental Health Training

S6 is not the only student who wants teachers to have an "understanding of mental health." Many participants articulated, at some point in their interviews, hopes that teachers receive MH training. S13 stated that schools could improve if "teachers… learn more about mental health so that they can have an understanding of it to support the students." S16 said there should be a greater "focus… on mental health." S19 suggested that districts offer "courses on mental health and ways to make students feel more confident and not alone." S20 said, "teachers should go through a mental health training course. Whether they are counsellors, … anyone who works in the system should go through the mental health training." S25 wanted "lots of support about mental health and substance use disorders." Throughout these recommendations, participants felt that if teachers understood MH better, they would understand students better. They spoke often of perceptions that teachers had "no idea" of student struggles, nor understood TADS; a greater understanding of MH would help mitigate misinterpretation of student behaviour.

I propose that MH training becomes prioritized in schedules already allotted for teacher improvement. It is optimal that teacher training programs offer instruction about wellness, MH disorders, and substance use. I argue that shifting to focus *less* on curriculum development and assessment practices, so that new teachers can learn about MH, equips us to better support students. Certified teachers can opt to participate in MH workshops on professional development days or decide, as a staff, to bring in MH training. If we are unable to do this, we must—at the least—be aware that MH challenges exist. Asking "What's up?" as I described above, is a way to learn. Or, simply providing SUC helps make up for what we may not know. Such awareness could perhaps offset S21's experience, who said that it was finally when he became a patient

at Beauvais that teachers began to support: "[It is] because I am here and not at school… they know it's serious." Participant narratives consistently indicate they feel better supported when we have a grasp on MH concepts.

6.10.5.   Understanding the Facade of Student Presentation

We must understand that students present themselves differently than how they actually are. Many have "perfected the art of flying under the radar" (Voeller, 2004, p. 808). Ms. D, the art teacher who was the only one who noticed that S3 was struggling, told me, "I have some kids who are really good at faking it." While no participant actually said they put on a facade for teachers, multiple conversations during interviews and within the Beauvais classroom suggest that students work hard to put on a presentation of their "better selves." When I say "presentation," I mean how students come across and what they choose to portray to the outer world. We all do this. Social media has conditioned us to brand ourselves, to present what we want to see, by only giving up what we want to share (Reynolds, 2013). Students like Adam and Maddy desperately wanted to appear collected, while cognizant of their efforts to hide their home lives. Common denominators were that they stayed quiet, followed the rules, and were "teacher's pets." They were not standing on desks throwing spitballs. They learned the skill of flying under the radar.

Of all the students who are "good at faking it," I suggest those that society deems as beautiful do it best. In one of the top twenty viewed TED Talks (TED, n.d.), *Looks Aren't Everything, Believe me, I'm a Model*, Cameron Russel (2013) stated, "image is powerful, but also, image is superficial" (Russel, 2013, 1:22). I have had several discussions with beautiful students who have suffered immensely with TADS yet receive little acknowledgement of their struggles. Given the blessing of physical beauty bestowed upon them, people assume they are just as put together on the inside.

Cea Sunrise Person's striking beauty helped her to masquerade at school. Through her tenacity and will, by age 15 Cea embarked upon a ten-year international modelling career. She spoke of the ease to hide behind the facade of good looks, as it resembles being well "put together" (C. S. Person, personal communication, November 11, 2022). Cea explained that at school, she worked extremely hard to present as "normal"; her home was such a calamity that she wanted school to be the location where she could be the status quo and blend in with everyone else. So, between her good

looks and ability to fly under the radar, her teachers and peers did not have any indication of her trauma at home.

When we understand that students present a façade, we should no longer be fooled. We must avoid taking appearances at face-value. Students who are quiet and meek require our inquisitiveness and concern just as much as the student who gets in fights at lunch. Those who won the genetics lottery cannot be considered without personal struggles; by recognizing that all students face challenges, we undo the myth that beautiful people naturally thrive. In Chapter 7 I discuss the process of referral; we are not equipped to know MH diagnoses, but we can give a student's name to the school counsellor for appropriate inquiry and follow up.

6.10.6. Lack of Self-Worth Can Mean Silence

While some students conceal poor self-worth with gusto and bravado, others are quiet. I suggest that we immediately notice the former yet pay little attention to the latter. Youth who remain silent do not voice what they need, they do not ask for help, and they do not want to bother others. Bowlby et al. (1989) suggests that children who perceive themselves as unworthy of care have an avoidant attachment style and downplay or dismiss their emotions. It is on this group I now focus, as I encounter far more students who quietly downplay than overtly express their problems.

Many youth describe staying quiet when they desperately needed help. Often, when I delve further into why they "suffer in silence," the student concludes they don't love themselves enough. As I explained in Chapter 3 about neuroscience, we know that experiences affect the brain. The hidden recesses of our students' neural pathways give insight that their bodies can respond in ways such as silence to cope. They do not feel worthy to reach out, to ask for help, or to have an adult take time out of their precious schedule for them. One youth voiced that her sister got all the focus from parents. As she grew up, she did not feel deserving of attention from any adult, given that not even her own parents offered their time and energy. She perceived herself as "not good enough" and undeserving of the love that Brown (2020) explains is just as she was.

6.10.7.   Awareness of an Unsuccessful Student's Presentation

Here, I describe how participants who are academically unsuccessful present themselves at school. It is important to understand that appearances do not align with the research findings that these youth—whether they admit it or not—desire to achieve intellectually. Many Beauvais students describe not attending school and being disinterested in most subjects. Others describe consistently being high in class. These students explain they show up late, sometimes due to anxiety or depression, do not submit assignments (some have felt so far behind they just give up), and some have the propensity to swear at adults. Given the accounts they give of school behaviour, I can only imagine the negative portrait my participants project to teachers.

To understand why students present themselves as disengaged and uninterested, we must grasp their opinions of the educational institution. Every Beauvais student that "hates school" claims this is because they have not achieved in one or more areas of education. Reasons for perceived failure are inability to learn concepts (particularly Math), navigating friendships, staying attentive, doing group work, giving oral presentations, or managing hallway crowds.

I, too, understand the experience of hating something when I do not succeed. I realized this when I took my daughter skiing for the sole purpose of spending quality time together. When I ski on a green run, I enjoy it. However, when I am on a more difficult course, or the weather is poor, or conditions are dismal, my knees coincidentally start hurting and I want to go home. I abhor skiing when I am not performing well, and I may say a bad word or two. When I successfully breeze down a green run, emulating Lindsay Vonn, I am in my glory.

I propose that my emotional response ("I hate this") to poor skiing skills ("I am not good at this") is a humanity in all of us. We enjoy things when we are successful at those things. Success can bring increased self-confidence, greater ambition, hopes to do more, and a desire for that success on a larger scale (Larson, 2011). If I, a middle-aged mother, experience a range of disinterest to disdain on a ski hill, I wonder how much more often students have negative responses in a system that has not come easy for them. When I asked her to describe school, S23 immediately responded, "I hate it, I hate it, I hate it," as if she could not reiterate enough the depth of her emotions. Later, when I asked how we could make schools better, she continued, "I hate school. There is

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nothing to do to make it better." Sentiments such as this towards school make it understandable that such students behave as if they have no desire to be in our presence. Yet, this study's data suggests a strong intrinsic desire to flourish.

6.11. Heart-Desire #7: Students Want to Succeed

The seventh participants' heart-desire is to succeed. In this section, I expand upon what I called in Chapter 5 "refreshing," as I was pleasantly surprised by how meaningful "success" was to participants. I explain what I mean by "success," and share participant narratives that value success. I discuss how being unsuccessful impacts students and end this section with recommendations of how we can respond when we know that students want to succeed.

In *Lost at School*, Dr. Ross Greene (2014) argues that "kids do well if they can" (p. 10). He proposes that kids want to do well but may not have the skill set to do so. This data replicates Greene's argument, indicating that participants feel empowered when they achieve. Youth were encouraged when they mastered a concept, completed work, were able to focus, and found hope in successfully attending either high school or post-secondary schools. Not one participant mentioned a letter grade in relation to success. Rather, success was in accomplishment. Coded responses from QUAL 15, asking for a story in the Beauvais classroom when participants felt good about themselves, give overwhelming indication that they desire success. This occurs when they understand concepts, complete assignments, and find hope in their educational future, as evidenced also in responses to QUALs 19 and 20. Narratives that I presented in Chapter 5 suggest that when students do grasp and demonstrate concepts, they have a heightened sense of self-efficacy; they feel good—thrive, actually—in this success, and they continue to revel in the experience.

When students do not succeed, their self-esteem suffers. S5 described a learning struggle she had in school (QUAL 8):

> Math, because I am not your typical easy learner. Some things I pick up well, but Math is not my thing. I started to get left behind in grade 4... I felt so worthless that I was any less important because I couldn't understand it. Were these people better than me because they could get the work done? I needed the extra help, and no one was willing to give it to me.

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There were others who told stories about increasing truancy and failing grades that positively correlated to poorer self-esteem. These participants did not perceive themselves capable of measuring up to what they felt a "good" student should be.

I had always guessed that students lose confidence when they do not succeed. However, I underestimated the extent to which assignment completion and concept attainment foster self-worth. Participants who had not found school success entered Beauvais with a sense of hopelessness and futility towards school. In QUAL 19, seventeen youth told stories that suggested they have renewed esteem in their education and their future. They attributed the success in the Beauvais classroom to feeling that graduation or a future career is in the realm of possibility. Most recognized the connection between school and creating a meaningful life; ultimately, these students want to graduate and find a career, and feel better about themselves by considering all this a possibility.

What we learn from this is the importance of not taking students at face-value. When we recognize that there may be an orchestrated presentation, as an attempt to hide their challenges, we can look past initial appearance. When we see beyond the facade, we recognize that if a student appears disinterested or makes no effort, it may in fact be due to frustration and anger rather than them not wanting to learn. I have found that students *do* want to learn; however, if they have had several attempts to grasp ideas and fail, they not only abhor the subject, but shift negative emotions towards everything "school." Our knowledge of youths' desire to succeed should drive us to be patient with their learning. We must sincerely check for understanding and make efforts to re-explain questions when needed.

As we foster student success, we continue to provide SUC. I suggest that students' desire to succeed is linked with their desires to be supported (as we teach concepts and help learning), understood (as we grasp their frustration or tap into other ways to teach a concept in ways they will connect with), and cared for (as we invest in our students throughout their learning process).

6.12. Heart-Desire #8: Students Want Us to Try

The eighth participants' heart-desire is that we, the adults, try. My goal of this section is to provide evidence that suggests participants want us, their teachers, to

simply try. The concept of effort came out in responses to QUAL 13, which, as I expressed in Chapter 5, surprised me. Twelve youth disagreed with the statement, "As a teacher, if I have not met the social and emotional needs of my students, I have failed." Of these, half felt that "failure" was too harsh a judgement, as SEL is a practice that is beyond what we are mandated to do. Yet these six participants asked that, at the very least, teachers try. S10 said, "If you tried, I don't think you failed. If you didn't try to do anything to help, I think you failed." S13 articulated that, "It's a lot to put on somebody, but at the same time I think you should put [in] the effort to learn the social and emotional needs of each person… the minimal, like the most important things."

And if we get it wrong, students have grace. I found an element of grace in several responses to QUAL 13. I expected participants to have higher expectations of teachers, yet many argued that we are not perfect. There was an understanding of human fallibility. Certainly, youth felt that when we meet social and emotional needs, we go beyond our duty as a teacher. S1 said, "I wouldn't say you have failed, but it is above and beyond when you meet a student's social and emotional needs." S7 also felt that to say we "failed is too harsh, but teachers do need to look at how they are putting themselves out there… and what they're doing." S16 suggested that meeting social and emotional needs is not "a teacher's job… [but] if they actually care and want to help, they should." Grace rings through these responses. As our students are not perfect, neither are we. The notion that learning how to meet students' social and emotional needs is a lifelong learning process is explicitly found in S9's response:

> I disagree… because [teachers] are human beings. If I am not always nice and don't always get my assignments in, did I fail as a student? No. You can become a better person and learn. Just because you are an adult doesn't mean you get it all.

6.13. Considerations for Giving SUC and Meeting Heart-Desires

As I continue to emphasize not what we *do* but how we *are*, I end my assertions by describing how to condition our *states of being* within our classrooms. The following is a culmination of my research as I pull together the essence of how we can meet our students where they want us to be. I have emphasized that youth hope to be supported, understood, and cared for and argued eight heart-desires of my participants: to find healing and safe spaces, to be looked at, pursued, and listened to, for us to know, for

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students to succeed, and for us to try. This section is the cornerstone of how we must *be* in our classrooms, as I offer four *ways of being* that are foundational to fulfilling student-desires. Understanding the power of awareness, being "tuned in," losing our agenda, and embracing our own vulnerability and risk help create spaces that meet the SUC- and heart-desires of our students.

6.13.1.   The Power of Being Aware that We Are Unaware

To offer SUC and begin to fulfill students' eight heart-desires, we must be aware that we are unaware. In this section, I argue we must be aware that we do not know two key components of our students' lives. First, we do not know what is occurring neurologically, as I presented in Chapter 3 (neurology) and above (neuroplasticity). Second, we do not know what occurs in the lives and families of our students. If we approach our students acknowledging our ignorance on both fronts, we can offer SUC more effectively.

Neuroscience has made us aware of the healthy changes that can occur in neural pathways. My goal in explaining neuroplasticity was to identify why the spaces we create and the ways we treat our students matter intensely; we know that fostering healthy spaces has a physiological effect on our students' brains, impacting them in positive ways we cannot see. Understanding neuroplasticity provides a tool that allows us to recognize how we can help our students heal. Dr. Bruce Perry, author of *What Happened to You*, asserts that "...the more science-literate our population becomes...the better off we're going to be. We will be better parents, we'll be better teachers…" (SXSW EDU, 2021, 16:58). As educators, we will be better when we implement our growing knowledge of neuroplasticity into our spaces. This awareness allows us to offer our students healthy environments that we know have long-term effects. We must transfer our knowledge of neuroplasticity into our classroom environments (Cramer et al., 2011). Above, I described spaces for healing, as elicited in our tone and volume of voice, securely attached relationships, and the physical environments students enter. When we implement these *ways of being* in our nurturing environments, we take on the responsibility of using the knowledge of neuroplasticity to help heal wounds.

The second empowerment of knowing our unawareness is that we become more considerate of our students' personal lives. When we build relationships, we get hints of what may be occurring, which allows us to respond better. A few years ago, I spoke to a

youth who explained that she was often in trouble for just "upping and leaving class." She could not manage to stay in her seat given her high social anxiety, so she habitually walked out in the middle of a lesson. She articulated that this behaviour caused "big trouble" with the teacher, who was often angry with this girl's abrupt departure. Trouble, that is, until the teacher was made aware of her MH struggles. After the counselor explained the situation, the teacher's responses immediately changed; there was no longer reprimand, but empathy and a willingness to help however possible. The teacher's change in attitude was liberating, as the student no longer feared her teacher's response when her social anxiety rose; rather, she knew she could communicate freely with the teacher (both verbally and non-verbally) to receive support in the moment, have an understanding, non-judgemental response, and to encounter the caring adult she needed.

The point is that awareness of students' experiences helps us better provide SUC. Yet, how often do we know about these experiences or of the wellness of our students? This uncertainty means that we must become even more astute in *knowing that we do not know*. We ask more of "What's up?" to elicit deeper communication with the student. The awareness that we are unaware allows us to react in ways that make us the SUCcour. Because we most often do not know, our behaviour must align with our ignorance about adolescents' emotions.

Becoming Aware

While we are unaware of many student experiences, there are three ways to grow our understanding. We can become more aware when we battle our own MH, have loved ones who struggle with wellness, and have the desire to gain awareness. First, when we endure our own MH challenges, there is an organic experiential understanding of what students endure. One common denominator of the teachers I spoke with for this thesis is that they endured personal difficulties that cultivated awareness. Participants themselves noticed this awareness that was cultivated from a teacher's experience. S11 said:

> [The teacher] had a daughter who also had special needs' problems, so he understood that I had a lot of issues. He was caring and understanding and patient. He never had judgment towards me, he never raised his voice towards me.

Teachers' own circumstances led them to become conscious of the MH struggles of others and, consequently, to give the benefit of the doubt to their students. Ms. D still

battles anxiety and depression and was not academically successful throughout high school. "I failed Grade 10 Social Studies twice," she told me, "and now I teach it." Mrs. L who said that having her own daughter "changed [her] practice, [and that] to look at the centre of the human being is far more important than [the student] sitting any day in [her] Socials Studies class." It raised her awareness of the love of a parent, as "somebody felt that way [about their child] the same way I felt about my daughter when she was born." Mrs. L was hospitalized for postpartum depression. She certainly understands MH challenges. She knew from very personal experience that she **"**always did the best [she] could in the moment." This made Mrs. L not only empathetic, but also aware that her "students are doing the best they can in whatever moment they are in." She has a personal connection to her teaching mantra that "we all have different journeys."

Second, we become aware when our loved ones struggle with wellness. Ms. S grew into awareness thanks to parenting. As a mother of a son who needs extra MH support, she was enlightened by recognizing that her son desperately wants patience and understanding:

> One hundred percent, what has completely changed my teaching practice is dealing with my own son's anxiety. Learning to help him has completely changed the way I deal with kids in my class with anxiety. I have more intimate knowledge; I know what it looks like for my [students] going home.

She explained that her son works "so hard to hold it together all day," then falls apart at home. He helped develop his mother's ability to remain calm, and gave her understanding of the importance of—for some students—avoiding excessive amounts of pressure. Ms. S credited her son's lessons to the connection she has with S8, as she understands what S8 needs. She concluded, "I don't think it changed my own practice, but made me more aware of how I go about it. [I am aware] of even the slightest reactions."

Admittedly, motherhood and my own childrens' challenges have been an asset. Despite hectic days in a classroom, I became an avid researcher into certain MH disorders; I knew that to help my children, I had no choice but to become attuned to specific behaviours and thought patterns. I poured over MH literature and strategies, because I knew that if I understood, I could better navigate what they needed for wellness. Now, I connect better with the plight of my Beauvais students because I walked through—as an immersed participant—my childrens' struggles.

Third, we can pursue awareness by *wanting to become aware*. Above, I discussed that participants want us to learn about MH, which can occur in workshops or professional development days. Understanding indicators of TADS helps us become aware of what students are experiencing. If we can pursue MH knowledge when opportunities arise, we are positioned to better receive those who struggle.

The journey I detail in this work started with a willingness to discover who my students were. Mr. A, who has not had personal MH experiences, had the desire to become acutely aware—through observation—that he did not know what was occurring inwardly in his students. I argue that we do not need to have experiences to become aware; though experience helps, it is our willingness to learn our subjects that brings knowing. We can make ourselves a student of our students; to learn from them, to ask questions, to watch for non-verbal cues, and to become a "studier" of the hidden adolescent psyche. In Chapter 3, I defined, described, provided narratives and neuroscience findings, and detailed behaviour of TADS with the purpose of making my readers aware. And the stories of the awareness-seeking teachers I present in Chapters 6 and 7 have a commonality in the fact that *they try*.

Awareness Changes Our Behaviour

I started Chapter 3 describing Naomi Osaka's experience with French Open officials. I wonder if, had they been aware of the debilitating effects of MH, they would have responded with more empathy. When we are aware, our reactions change. When we know that we do not know, we do better. We respond better. We behave better.

I regularly hear students lament that their teachers have "no idea" what is occurring in their lives, either socially, familially, or mentally. Teachers would not consider that certain students with heightened anxiety feel they have walked through the battle trenches of a sea of hallway crowds just to get to class. They needed a toilet stall break, which is why they are late. Nor would teachers consider that while some look attentive during class lessons, they are in fact contemplating ways to harm themselves. Nor that they are secretly drawing ways in which to end their lives. Such stories from my Beauvais participants illustrate why, when we consider that we do not know, we begin to have more empathy and we are better able to reflect before we react. We acknowledge there could be more to the story. We hold back our judgment and have the capacity to contemplate the roots of their behaviour.

Adam, the youth I introduced in Chapter 2, recently told me subsequent thoughts about his school journey. I met with him (with prior consent) to ensure consent for this thesis. He told me, "People make up a story of who they are, and they believe that story." Throughout high school, he felt unmotivated, lost, and confused. He explained he created a story about himself that he bought into. "[The story] is being personified by that person…. The world looking in believes that story," concluded Adam. The question is, how much do we believe the story created by our students? When we are aware of the story our students create, or at least we know they have created a story, we can become better providers of SUC. Perhaps we can help change the story.

6.13.2. Tuned In

A second way to enable SUC and help fulfill student heart-desires is to be "tuned in." My use of this term means becoming attuned—to the best of our abilities—to all that is occurring within our learners' social, emotional, and psychological spheres. Being tuned-in is essentially having what Brené Brown (2021) calls "top level observation powers" (p. xvii). She relates this to her understanding of human nature, allowing intuition to grow when we try to understand and observe. Brown (2020) defines intuition as "not a single way of knowing—it's our ability to hold space for uncertainty and our unwillingness to trust the many ways we've developed knowledge and insight, including instinct, experience, faith, and reason" (p. 116). We are intuitive when we ask, "What's up?" because the very recognition that such a question needs to be asked requires tuning in to our students.

One student's story illustrates the impact of *not tuning in*. This teacher—who the student perceived as kind and caring—worked diligently to create lesson plans. She had tenacity and enthusiasm for grammar, reading, and the pedagogy of Math. She quickly spotted problematic grammatical conjugations and computational errors. However, she was described as out of touch with the psyche of her students. Her mindset and understanding of an adolescent were incongruous with the emotional needs of her students, as detailed in the narrative of a youth I spoke with years later.

The former student described the time spent with this teacher as a period wrought with the student's anxiety that later evolved into panic attacks and mood disorders. The teacher's only apparent focus was on this girl's intellectual ability. As a result, the student's MH needs were not only left unmet, but unintentionally and

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innocently exacerbated. This girl explained that she had simply needed her teacher to tune in to what was occurring at an emotional and social, not academic, level.

A second illustration of the damage we do to students when we are not tuned in comes from the many participant stories that speak of misjudged responses from school adults. We see this most in responses to QUAL 7, where participants described their worst time at school. The examples I outlined in Chapter 5 are due to an adult's lack of attunement to the situation. To be unattuned is to say to a *visibly* overweight girl, "you're not that useless" (S9), or not ask about failing grades due to *hidden* (that we may not know about) substance use (S8). An attuned adult is more likely to ask questions than respond with anger when a student doesn't hand in a project before the Christmas break (S3). Being tuned in engages rather than walks away from a student experiencing a panic attack (S19).

I cringe at some of my past encounters where I responded unpleasantly and was not thoughtful nor insightful about the cause of my students' behaviours. As a younger teacher, I did not even consider that I was unaware; I was only frustrated and impatient. And, when I was not tuned in to my apparent "challenging" students, my ignorance hindered their success. I did not see the depth and impact of turmoil and challenges that some faced, yet those students needed me to be connected. I never stopped and asked how they were doing or paused to find out about their feelings and experiences. I never asked the "why." In fact, I never actually considered that there was a "why." My participants' stories, and these lessons I now learn later in my career, bear witness to the fact that when we are tuned in, we provide better SUC.

Asking Questions

To be tuned in, we must ask questions. As I reiterate the importance of asking "What's up?" I argue that asking questions is a powerful tool to help ascertain between appearances and truth. It is extremely difficult to know what someone is thinking or feeling without keen observation and conversation. Earlier in this chapter, I described the facade of human presentation and stated that students do a very excellent job hiding their emotions. Brené Brown (2021) explains that she does not believe we are able to recognize emotions in other people. She states this because:

1. Too many emotions and experiences present the exact same way. There's no way to know through observation if your tears come from

grief, despair, hopelessness, or resentment, just to name a few. Absolutely no way.

2. While research shows that there are some universal facial expressions for a small number of emotions, how we express what we're feeling and experiencing can be as unique as we are (p. 264).

Given the difficulty of reading someone's emotions, Brown questions how we may know others' emotions. She responds that, "we ask them" (p. 264).

We cannot assume a student's state of mind by simply looking at them. S6, the youth who had two suicide attempts at school, presents as a happy, laid-back teenager. He does not misbehave, is respectful to everyone, and is truly kind and considerate. I wonder if these character traits are a hindrance for his efforts to find support; on a day he tried to take his life, no one asked him, "What's up?" I wonder if, had any passing adult inquired, "Hey, how are you doing?" he would have immediately found the SUC he needed. I do not suggest we inappropriately probe, "Are you acting this way because you are suicidal?" but only that we ask, "What's up?" Posing questions is a vaccine for my unawareness; I am confident that I would have better tuned in to past students had I been reflective enough to inquire. At the very least, it would have helped build securely attached relationships. Asking "What's up?" is a behavioural starting point for teachers to begin the habit of asking questions, becoming attuned, and *listening and watching attentively to the answer*.

Though students may not directly tell us the causes of their behaviour, they give hints of underlying motives. While we may be unable to interpret how a student is feeling, as Brené Brown argues, we can observe body language (as we engage in dialogue) to help our understanding of the student's emotion. This occurred with a young student I will call Amy. While she had been engaged and eager on prior assignments, I watched her body language and tone of voice become dark as she grew angry with an assignment pertaining to Alcoholics Anonymous (AA). Questions about a higher power evoked near-rage. I could tell she didn't want to talk as she jotted "Idk" (I don't know) as an answer to what should have been a full paragraph. We agreed she would move on to a lighter learning activity and tackle the responses on Monday. I observed her physical responses, but sensed she did not want to be pushed; though we engaged in dialogue, I did not prod and left some questions for later. I did not know the root of her fury; however, I understood that its origins were deep below her apparent mood.

My guess was that, on Monday, this student and I would discuss events pertaining to her upbringing and family. She and I had the relationship to be able to discuss the "why" of her anger. After the weekend, she did share, and her story completely enlightened me to her disdain towards the assignment that day prior. Being attuned means that, upon her initial refusal to engage with the assignment, I understood there were layers of emotion causing her behaviour. I did not need to know why she needed empathy and gentleness during her angry refusal to engage, but I knew something was internally amiss. Being tuned in requires asking questions. Tuning in also entails an awareness of verbal and non-verbal responses, facial expressions, body language, and tone of voice. Though I may not be able to read precise emotions, such a high level of attentiveness allows me to see hints of turmoil.

Tuning in requires humility, where I must acknowledge *that I do not know what I do not know*. Earlier in this chapter I argued what I did not know as a new teacher: that awareness of neuroscience (what occurs in the mind that we do not see) and personal lives (what happens behind closed doors) helps us gain understanding amid ignorance. My misunderstanding of students nearly three decades ago makes me wonder if, were I more contemplative, I would have asked far more questions to become aware. Would I have responded in ways my students needed had I not taken misbehaviour at face value, and rather considered there may be a hidden cause of the problem? I had no idea that I did not know.

6.13.3.   Losing Our Agenda

Third, to offer SUC and fulfill students' eight heart-desires, we must lose our agendas. I do not take credit for this term. It was said to me by Christina, the youth I presented above. Raised in a home of absent and substance-using parents, she has an ACEs score of a solid ten. If ACEs tallies could go higher, Christina would be twenty. She was removed from her home by the Ministry of Child and Family Development as a young girl and was sent to live with another family member.

Of any Beauvais youth, Christina articulated best what she needed from teachers as she progressed through school. As we discussed her late arrival to class during a hailstorm on her uncle's, I asked what she needed at that moment from her teacher. Christiana responded, "*I needed her to lose her agenda*." After she clarified (I did not immediately understand), I recognized the brilliance of Christina's analysis. Her phrase

is a testament to the revolutionary act of setting aside our teacher-tasks, and schedules. Christina explained that she needed teachers to let go of their goal to start the class on time, to have kids properly seated by the time the bell rang in the quest for stellar behaviour management, and to teach government-sanctioned X, Y, and Z of the curriculum so that assessment could subsequently occur. As mentioned, she needed teachers to *look at her*, to perhaps question why she was always late. Why was she arriving with welts on her face? Who in the world rides to school on a bicycle during a hailstorm anyway? What events and circumstances preceded this?

To lose our agenda requires a willingness to pause our academic teaching and consider the larger picture of the students before us. Christina, who by 8 years old had every possible category of trauma inflicted upon her (Centres for Disease Control and Prevention, 2021), simply needed teachers to consider *her* as more important than their *agenda*. Psychologist Ross Greene (2016) summarizes the issue of appropriately navigating student behaviour, "One of the reasons the problems of behaviourally challenging students often remain unsolved is that we haven't focused on identifying those problems; we've instead been focused on the by-product [behaviours] of those problems" (p. 25). Therefore, pausing to consider the roots of behaviour, and caring enough to do so is the start of giving students what they actually need, *rather than what we think they need*, in the classroom.

All this is possible in mainstream spaces. Each teacher I spoke with loses their agenda daily by prioritizing social and emotional wellness over academic goals. When a student returns after an absence, Mrs. L takes the time to say, "Welcome back, good to see you." If they are having a bad day or are late, she greets them with, "Hey I am happy to see you. How can I help you get started today? What do you need from me?" She reminded me that there is always another way to meet learning outcomes.

Mr. A also makes losing his agenda fundamental to his practice. He welcomes late students, saying, "Hey, welcome. Come on in. How is your day?" He told me of a time he met a former student in a bar. Mr. A described a now strapping, muscular young man (hinting at someone now appearing "put together") who had always been a troubled adolescent. In that bar, he approached Mr. A, tears in his eyes, articulating the enormous impact of this teacher; the student felt consistently cared for and supported by Mr. A in the fact that his wellness superseded curriculum and classroom management.

To lose our agenda, we (again) must be willing to ask, "What's up?" This question requires us to forfeit what we consider "teacherly," as the classroom focal point shifts from academics to wellness; losing our agenda is a paradigm shift from teaching for content to teaching for student wholeness. It requires that we allow our current matters, in that moment, to stop. "What's up?" sends an unspoken message of "I see you; I care enough to ask about what is going on in your world." Losing our agenda acknowledges that academics and learning the curriculum can wait, as the outcome of pausing our day to check in on students supersedes anything else one may suggest as critical in education. "What's up?" *is* losing our agenda; the question is not cerebral, but intuitive, as it entails observing, feeling, and sensing the student before us.

6.13.4.　　Vulnerability and Risk

Fourth, to offer SUC and meet students' eight heart-desires, we must be willing to be vulnerable and take risks. This means forfeiting our tendency to tightly manage our class and keep all behaviour in order. We engage as vulnerable and risk-taking teachers when we lose our agenda, as we relinquish the pressure to meet academic pressures from parents, colleagues, and administrators. We must be willing to set aside the mandates we learned during teacher's college (which I discuss in *Areas for Further Study*) so that we can take the time to stop to see the students before us. I propose that loosening what we have traditionally felt as necessary in education (curriculum content, assessment practices) is risky, as teachers feel the push to adhere to government requirements (Chan, 2010).

Gert Biesta (2013) summarizes this risk well by aligning what we do as educators with what we must do as human beings:

> The risk is there because, as W. B. Yeats has put it, education is not about filling a bucket but about lighting a fire. The risk is there because education is not an interaction between robots but an encounter between human beings. The risk is there because students are not to be seen as objects to be molded and disciplined, but as subjects of action and responsibility. (p. 1)

In my own practice at Beauvais, I wish for such risk. I *must* take that risk, as my time is indeed not "an interaction between robots," but a deep, connected encounter with the feeling, sensing, and, I propose, hurting human souls before me.

Paulo Freire demonstrates what happens when we harness risk and vulnerability. Antonia Darder (2011) writes of her friendship with Freire, describing a time that illustrates risk, yet provided powerful outcomes for his students' learning. Darder recalls meeting Freire in 1987, just six months after his wife Elza had died. Freire was presenting at a conference, but at one point was so overcome with grief that he had to stop speaking to weep. Freire's emotional exposure entailed a willingness to be human in front of his learners. Darder recounts:

> For a moment, all of us present were enveloped by his grief and probably experienced one of the greatest pedagogical lessons of our life. I don't believe anyone left the conference hall that day as they had arrived. Through the courageous vulnerability of his humanity - with all its complexities and contradictions - Freire illuminated our understanding of not only what it means to be a critical educator, but what it means to live a critical life. (p. 181)

By taking this risk that is so inherently intertwined with the human interaction that inevitably occurs with teaching, Freire imparted wisdom to his listeners. His vulnerable being, and willingness to present as such, augmented his pedagogical process. While this may not entail tears in front of our classes, similar outcomes can occur when any teacher is willing to risk and be vulnerable within human encounter. And "to do the work that matters, we cannot begin from a place of complacency or despair, but from a place of courage, confidence, and hope" (Perez, 2021 p. 221).

6.14. The SUC Tree: Tying It All Together
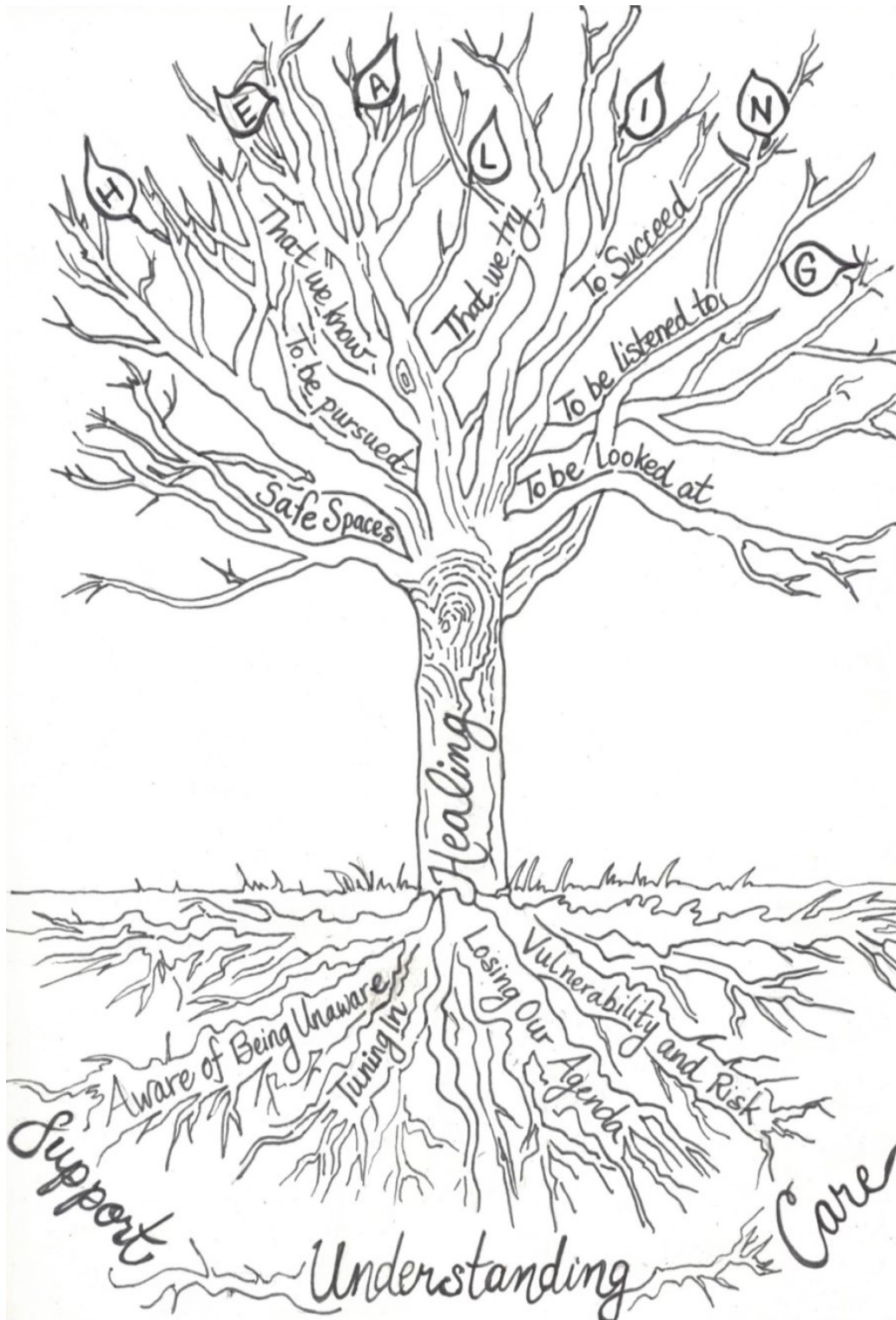
Figure 6.1:   The SUC tree

In this section, I summarize the three main elements of my results discussion. First, I explain the rationale for where they are placed on Figure 6.1. I discuss the interconnections within each set, then those between one part (such as SUC) to another (such as heart-desires). I end by emphasizing the significance of the interconnected nature of my findings.

The three components of this discussion, in order from bottom to top of their placement on the tree, are:

1. Support, understanding, and care: as foundational needs that build student wellness
2. Four ways of being: as our states of being in classroom spaces, and the *how* of offering SUC and meeting heart-desires
3. Eight participant heart-desires: as what participants want, and how SUC occurs

I chose the image of a tree to provide a visual conceptualization of my findings. I placed support, understanding, and care in the ground beneath the tree. Soil is foundational; if absent, the entire tree will fall and be rendered ineffective. As SUC develops, it nourishes the entire structure above. Next, the four ways of being are metaphorical roots. They are embedded in the soil of SUC and are the prerequisite to the heart-desires we give to students. For example, I can't appropriately "pursue" a student's wellness if I am not tuned in to what is occurring to them and within them, or perhaps to recognize that they want to be pursued rather than left alone. The eight heart-desires exist because of the strength of the roots and soil. Healing is seen on the tree trunk, as it is the gateway to and from the other seven heart-desires. By this I mean that healing is what is given and received when we create safe spaces, pursue, know, try, foster success, listen to and look at our students. "Healing" is written in the leaves above, as it continues to grow from heart-desires. The other seven heart-desires are intentionally ordered in random positions on the branches. This is due to participant diversity and subjectivity; for one student, teacher efforts may be crucial for wellness, while for another, entering safe spaces is more valued.

There are significant interconnections within the three components of SUC, ways of being, and heart-desires. Below the tree structure, support - understanding - care are completely and utterly intertwined. In Section 6.4, I explained the connections and collaborative nature between SUC. For example, how could one truly understand a student, yet not care to do so? Or how could one have a deep desire to support a

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student but not care? When we genuinely want to promote student wellness, behaviours that are supportive, understanding, and caring become embodied within us. As I move from the soil to the tree roots, ways of being are intertwined. For example, being aware of my unawareness can help me lose my agenda; if I know there may be hidden secrets or emotions behind my students' facade, I am more ready and willing to lose what confines my practice, such as start times, curriculum pace, assessment. As I continue upwards to the branches, I encounter eight heart desires that are equally interconnected amongst themselves. When I listen to a student, I must, in fact, look at that student, as I know that body language is a cue for what is occurring in a student. Combining listening and looking gives powerful messages about the state of that student.

While there are connections within each echelon of this tree, there are also vertical relations amongst the three different levels. For example, if I consider a tree's foundation, I see that SUC is critical to losing our agenda. I must understand—and not judge—the students before me so that I can understand why I must lose my agenda. Or, if I have a deep desire to support students, I will behave in supportive ways that help foster their heart-desire to succeed. When I consider my ways of being, I find that my willingness for vulnerability and risk is a factor in knowing my students, or knowing about MH challenges; I must place myself in a position of vulnerability to acknowledge that I do not know, but want to learn; I must take risk to ask questions that—while posing them may be uncomfortable—build my knowledge.

The dialogue above attests to the symbiosis of my findings. SUC, four ways of being, and eight heart-desires have constant interaction, and I do not believe that one can occur independently from the others. To be cultivated and to grow, these behaviours need to occur in tandem, and perhaps rely on each other's existence to flourish. When interconnections occur between all aspects of the SUC tree, spaces are created that are what my participants say they need. By integrating all research findings throughout this tree metaphor, we support student wellness.

6.15. Conclusion

In this chapter, I listed what my study participants want from teachers. I first explained my shift to the term what students "want," rather than my original study question "need," and explained the positive participant response to this study. I suggested that students want SUC and argued that offering this is feasible in chaotic

mainstream classrooms. I then discussed the desire for student healing, safe spaces, to be looked at, pursued, and listened to. I argued the power of "knowing," and that students want to succeed and that teachers try. I offered four pillars of SUC, where we meet student needs through our state of being within the classroom. I focussed on how we are rather than what we do so we can better SUC: being aware that we are unaware, tuning in, losing our agenda, and engaging in vulnerability and risk. I ended this chapter with an image of a tree, that ties together the three main concepts of research findings and explained the collaborative nature of each.

In Chapter 7 I describe my final emotions to this research and address skeptics' concerns about the feasibility of my recommendations. I end this work with limitations and areas for further study.

Chapter 7.   Conclusion

In Chapter 6, I presented my main findings that students want to be supported, understood, and cared for (SUC). I listed participants' eight "heart-desires." I argued that the fundamental desire for healing is met when we fulfill the other seven wants (used interchangeably with "desires") to have safe spaces, to be looked at, pursued, listened to, to find success, and for teachers to know and try. I ended the chapter by presenting four "ways of being," and explained the relations between all discussion concepts.

7.1. Introduction

After I share my final emotions about my data, I confront six concerns voiced to me by colleagues, such as our scope of practice as educators or that youth need to learn "grit." Then, I discuss implications and recommendations for the provision of student-wants. I discuss limitations and areas for further study and conclude this thesis by giving my participants the final word.

7.2. My Final Emotions

I realized, as I listened a third time to the recordings, how deeply I cherish these interviews. My emotional response to each is one of warmth and gratitude. I was entrusted with honest and raw stories that spoke of pain and, occasionally, joy. I am privileged to be the confidant-recipient of the emotions of these twenty-five souls. Throughout this process, I recognized my personal responsibility as receiver as I sought to impart these lessons with accuracy and truth. The wealth of information I have been given is far more than what can be conveyed in these pages, given the depth and breadth within these stories. Brené Brown, author of *Atlas of the Heart*, blogged about the honour bestowed upon us as story-recipients:

> Like empathy, story stewardship is not walking in someone else's shoes, it's being curious and building narrative trust as they tell you about the experience of being in their own shoes. It's about believing people when they tell you what an experience meant to them. The far enemy of narrative trust is fueling narrative distrust and diminishing the humanity of others and ourselves. Why ourselves? Because when we are reckless with people's stories, we diminish our own humanity. (Brown, 2021, December 5)

Our response to the beings in our classrooms, whether with the *privilege to receive* or *recklessness to diminish,* is a decision that every teacher must make. As teachers we are entrusted to build the minds and hearts of our students (Perez, 2021); yet, we are imperfect, we lose patience, and we get frustrated. I offer that when we focus not as much on what we *do*, but how we *are*, we can lean into more relationships and connections that reconcile the mistakes we may make. I discussed in Chapter 2 that the educational system is where youth interact most with others apart from home; we are the guiders of learning, and creators of the environments that affect how our students behave, respond, and take in the world around them. Intrinsic to this is how youth perceive themselves, and we have the ability to build up or break down the worth that undergirds their sense of self. When we provide a multitude of instances to build up our students, we offer spaces of healing.

7.3. Meeting the Skeptics

In this section, I confront concerns—voiced by colleagues I have encountered throughout this research process—about this thesis' content. I address potential problems as a precursor to my argument that the recommendations I make in Chapters 6 and 7 are manageable in any classroom. There are six concerns to address: first, teachers are not counsellors or psychologists and should not be placed in such a position; second, teachers should have Social and Emotional Learning (SEL) or mental health (MH) certifications (such as trauma-informed-practice) to properly support wellness; third, teachers could potentially "cross the line" as we foster student relationships; fourth, students should learn "grit," and perhaps if we are too accommodating they will not become resilient; fifth, we may lose our academic standards if we adapt the curriculum too much and too often to support MH; sixth, and a hurdle I presented in Chapter 2, teachers simply do not have the time to adequately SUC.

7.3.1. We Are Not Counsellors or Psychologists

I have been told that I am not a counsellor or psychologist. Without the certification of a MH practitioner, one could argue that my work extends beyond my scope of practice. However, I have never suggested that teachers conduct hourly

counselling sessions with our students. Rather, I advocate that we notice, have empathy, connect, and build healthy and functional relationships. I urge us to do non-credentialed listening; we listen all the time. I am a proponent of connected relationships that are the very foundation of our humanity. I argue that when we offer SUC, we are not engaging in a realm that requires certification, but rather in human interactions that foster functional and healthy relationships. I have suggested we ask, "What's up?" rather than embark on a psychoanalytical dialogue. If we hold back our care because we are not certified MH practitioners, we enter dangerous territory of avoiding SUC practices altogether.

The protective barrier that avoids crossing boundaries is that of a referral to someone who *is* a certified MH practitioner within our schools. In Canadian systems, the school counsellor is the first line of contact for a teacher seeking MH support for a student. One Beauvais youth described an interaction with a dance teacher who observed her struggles; the teacher immediately saw there were problems that required extra support and advocated with the counsellor that the student attend a special MH classroom. This teacher did not provide MH counselling; however, through her SUC, she was the conduit through which this student received access to other services. Dikel (2014) argues that the work of referring is how we can allow schools to remain in the business of education rather than in the business of MH. Referrals to a school counsellor for issues that are beyond our scope of practice (Dikel, 2014) are the process by which we can remain appropriately and safely grounded in our training. In B.C., school counsellors may connect students and families with such agencies as the Ministry of Child and Family Development (MCFD), Youth Emergency Response Team (YERT), Foundry, Early Psychosis Intervention (EPI), or Child and Youth Mental Health (CYMH). However, to refer to a school counsellor, we must be attuned to recognize such students, knowing that when we do, we have done our due diligence as teachers.

7.3.2. The Need for Certification

Some colleagues have told me that we need certifications for the work that I am suggesting. I was once advised at Beauvais that I am not certified in "trauma-informed practice" (Education and Counselling Psychology, and Special Education, 2022), and therefore should have limited dialogue in certain discussions with students. While I concur that we must be very cautious if a student discusses past trauma—and we have

a legal obligation to report child abuse in B.C. (Government of B.C., n.d.b.)—I do not agree that we need to be certified to engage with students. And, if we are privy to information that goes beyond our scope of practice, we refer.

When I asked Mr. A, the teacher who changed his tone of voice for his busy classroom setting, if he had undertaken any trauma-informed workshops, he asked, "What's that?" My question was elicited by the safe space he provides for his students that is the very thing my participants say they need. Mr. A, who innately understands that his tone of voice affects student behaviour, told me that he adjusted through keen observation. He is not trained in using optimal tone of voice and stated that he has not taken SEL workshops; his practice suggests he has not needed to. He simply watches his students, reflects upon his experiences, and learns by considering his own behaviour and that of colleagues.

In a world where certification is available for a multitude of educational methods, I propose that we do not need certification to make students feel safe and attached. To date, not one student has challenged credentials in my process of fostering a relationship. I am concerned that, in order to simply listen, one suggests we must become counsellors or be certified in specific techniques; listening is then perceived as dangerous.

7.3.3. Crossing the Line

I have heard valid apprehensions of the potential for crossing the line in teacher-student relationships. This is perhaps the most critical concern I address, as we know that teachers can and have entered inappropriate relationships with students (Mack, 1999). As well, movements such as *Black Lives Matter* (Edwards & Harris, 2016) and *Me Too* (Hillstrom, 2018) perhaps cause pause; I wonder if, with such movements, people who have held historical power hesitate to engage in relationship with those who are not, traditionally, on the same "power plane." I sense dysregulated expectations in our culture: we are mandated to access the humanity of our students, but not too much; be relational but not get too close; listen but do not hear too much. How we balance care depends on our lens of navigating what we may feel as "unsafe" in our current political climate, which I now explore.

The Mess of Care

Care is messy. There is precariousness in care, as we are in a constant dance between the very fine line of building securely attached relationships and becoming "unprofessional." An example of this is the relationship that S5 had with the teacher she said had assisted her most. She explained, "[He] has been a really big impact on my life and I don't know what I would do without him. He's like the dad I never had. [He] is that person for me and I can't thank him enough." This student put her teacher on the pedestal of hero, in that he appropriately filled the supportive, encouraging role she needed as a developing teenager. The teacher performed what Van Manen (2013) calls "the caring responsibility of pedagogy" (p. 13), where he stepped into her life to become, as her teacher, a father figure. He was willing to do this and took the time in his classroom to SUC. Yet, some may feel uncomfortable being called "like the dad I never had"; this muddied teacher/father-figure role can be threatening.

I believe that SUC with integrity has the power to be the barrier to inappropriate boundary-crossing, as our engagement remains healthily aligned. The *Oxford English Dictionary* (2023h, Definition 3.b) defines integrity as, "soundness of moral principle; the character of uncorrupted virtue, especially in relation to truth and fair dealing; uprightness, honesty, sincerity." Integrity occurs when we approach our students with intentions that are true, as in we enter the space with an authentic desire to offer our students a teacher who supports what they go through, tries to be understanding as we listen, and cares enough to ask. I suggest that we care with integrity when we, as the one-caring, give engrossment care, approaching the cared-for without agenda, ulterior motives, or selfish ambition. We care simply and purely.

The educational system trusts us to spend hours a day with young people, but to do so meaningfully and effectively ours must be a system of SUC. This caring space allows us to meet the true needs of students as we offset the uncomfortable relationality territory for some. And, as we provide SUC, we stay vigilant and refer to MH experts when a students' poor MH is beyond our scope of practice.

7.3.4. Students Should Learn Grit

As I explained this research to a colleague, he asked, "What about students needing to learn 'grit'?'" He argued the potential to "go too easy" on them, describing

colleagues who constantly state, "students these days are getting too soft." In my colleague's question, I sensed his attitude of grit is similar to that discussed by Angela Duckworth (2016). In *Grit*, Duckworth describes her response to having won a prestigious award. While she never considered herself a genius, she envisioned telling her father:

> I'm going to grow up to love my work as much as you do. I won't just have a job; I'll have a calling. I'll challenge myself every day. When I get knocked down, I'll get back up. I may not be the smartest person in the room, but I'll strive to be the grittiest. (p. xi)

We could interchange Duckworth's notion of grit with "resilience," which Brokenleg (2012) describes as "being able to get up again when life knocks us down" (p. 12).

When I compare my study's participants to Duckworth's, I see a contrast of upbringing and family background. First, most of this study's participants do not have connected, involved fathers. Many can't begin to think about work when they face severe anxiety, depression, or sobriety. They can't get "knocked down," as Duckworth planned for, as they are not in a high enough position to get knocked down from. Simply based on the criteria for Beauvais admission, these participants are positioned as "low" as one can be—for this age group in this province—in terms of MH struggles.

I wonder if grit has a "spectrum." If it were to be placed somewhere along Maslow's hierarchy of needs, being resilient and navigating difficulties would certainly be a lesser need than anything that supports safety, belonging and love, esteem, knowing and understanding, aesthetic, self-actualization, and transcendence (Maslow, 1943). I question whether adaptability cannot occur without at least some actualization of this preceding list. Beauvais students demonstrate that a readiness to find resilience is correlated to their experiences and ability to engage with the world.

I argue that, for youth who endure trauma and are working through severe anxiety, mood disorders, or suicidal ideation, growing resilience towards an academic life is an appropriate focus once they develop empowerment over their social and emotional battles. Brokenleg (2012) argues that cultural trauma can be transformed into resilience with a sense of belonging, mastery, independence, and generosity. I encounter Beauvais patients who have none of these four—yet. Students with unresolved trauma and MH challenges are on the spectrum of grit, as they are slowly emerging from the dust, becoming equipped to have the hope of rising above their past.

7.3.5. Loss of Standards: Shifting Priorities

Another apprehension I encounter in mainstream schools is that we may lose our academic standards when we offer MH adaptations. By "standards" I mean upholding a certain level of academic expectations, such as criteria for essay structure or acquisition of a specified level of Math. I have not once encountered this concern in schools whose primary focus is that their students are fed and arrive safely to class. However, in my personal experience—which may not ring true for all readers—teachers in schools with wealthy, highly educated parents who want high "academic standards" for their children are more reluctant to implement curricular adaptations within classrooms. Some colleagues who run MH programs at these types of schools are concerned that other teachers view their classroom as an unnecessary, last-resort entity that takes away from academic learning. I understand this mentality: as a former French Immersion teacher, I was all about "standards." I am still its strong proponent, and I resist "watering down" standards throughout society; for example, I want science-based chemotherapy procedures, car brake manufacturing, and airplane maintenance. I am concerned for our world if we lose standards.

However, in order to even begin to consider standards, wellness is vital. As participant narratives illustrate, *students cannot meet academic expectations if they are struggling emotionally; therefore, by prioritizing social and emotional wellness, we give students freedom to learn.* Mrs. L, who taught the boy who had two suicide attempts at school, works under the premise that academia is secondary to student wellness. More importantly, however, she explained that she is:

> not agonizing over every assignment. The kid is well and sitting in your room. There is something else they can do besides the worksheet from Monday. There's always another way, like a project he can look at over time. [S6] didn't need to stress about the daily things; he was meeting the same outcomes.

Mrs. L has flexibility and simply shifts processes for her struggling students to show learning outcomes. She understands that *educational* standards can look different for different people. Such an approach is even more meaningful considering that some participants of this study have had suicide attempts and continue to engage in suicidal ideation. Mrs L. does not need to know details about a student's MH challenges, or even that they may contemplate suicide; what she does know, and maintains, is that her

students can succeed in a variety of ways provided they are noticed and given the opportunity to flourish.

7.3.6. Time and Buy In

In Chapter 2 I listed teachers' lack of time and "buy in" as hurdles to give SUC. (I also suggested our own wellness may prevent SUC, though I address this below in *Areas for Further Study.*) I reiterate that I am not prescribing training, workshops, and frameworks for teachers who I see as overworked and overwhelmed. I am arguing for how *to be*. Noddings (2013) articulates how we can build relationships with our students when we face time constraints:

> I do not need to establish a deep, lasting, time-consuming personal relationship with every student. What I must do is to be totally and nonselectively present to the student—to each student—as he addresses me. The time interval may be brief but the encounter is total. (p. 168)

When we encounter our students, in that we know them and grasp their challenges, we can reflect upon and recognize the need for and impact of authentic SUC. This fosters teachers' "buy in" to their heart-desires. Throughout this thesis I have provided testimonies of students who were either hindered or helped by teachers' behaviours. Participants have voiced a tangible need to feel SUC in classroom spaces; in providing this we can be the agents who empower rather than deflate. I am not saying we do more. I am saying we do things differently, which is where I now turn in this chapter.

7.3.7. Concluding Thought for the Skeptics: The Gift of Failure

To pursue what I suggested in Chapter 6 requires a willingness to be uncomfortable. We are in a people profession; therefore, it is easy to personalize mistakes we make (Will, 2019), and it is hard to always "get it right" when our work is entangled in human interactions with a multitude of personalities. In our endeavour to provide SUC, *we may fail*. However, as teachers, caring for our students—and not wanting to let students down—makes failure our deepest fear (Will, 2019). Further exacerbating the fear of failure is the reality that, although the education system itself is imperfect, it doesn't teach us how to fail nor reflect upon our practice:

> Since we cannot succeed simply by not failing, we should stop spending so much energy trying to avoid failure or engineer it away. Instead, we

should embrace it—smartly. We should encourage people to fail early and often—by making sure that their failures are learning opportunities, not catastrophes. Unfortunately, schools don't teach failure. (McArdle, 2014, p. x)

By the very nature of our institutions that want children to succeed, it is inevitable that we have an aversion to failure.

In *Teach Like a Pirate*, Burgess (2012) argues for risk-taking. He suggests that trying new things and being innovative, though lessons may fall flat, make us better teachers. Yet, failure is a part of such risk-taking. If we approach building relationships with the same willingness to not always succeed, our relations, as our lessons, can be more dynamic and meaningful. I am here, writing this thesis, as a result of my own failure. In Chapter 2, I described being told my language fluency—after over two decades—was insufficient for a high school French Immersion posting. I took a risk to leave elementary school for secondary and it fell flat. Yet, I embrace this risk, and would do that all over again in a heartbeat. It worked out. Failure can be a gift, as it allows us to reflect, grow, and it challenges us to expand in new ways. I wonder if we find liberation when we embrace our own failure and support our personal wellness. We would be kinder to ourselves, approach our teaching arenas with less fear, and more readily move past the times of failure. Perhaps, in turn, this could help alleviate the hurdle I suggested in Chapter 2 that poor personal wellness hinders our ability to provide SUC.

7.4. Conclusion: Implications and Recommendations

When someone cares for us amidst the blizzards of life, we know we are significant. This is not something that can be taught in words but can be communicated to others in how we treat them. Every teacher worth being a teacher knows that her students will forget what she says to them but they will never forget how she made them feel. That is the difference between learning something in the head and learning something in the heart. (Brokenleg, 2012, p. 13)

I wish I could redo my early teaching years. If I knew then what I know now, I would have made more of an effort to understand the students I considered to be "challenging." Rather than fixate on defiance, I would have connected with every good thing they did and built upon that. Instead of feeling disgust over an inability to work or focus, had I known what I do now, I would have delved into the effects of trauma and provided a safe environment where they could be listened to. Rather than reacting with frustration over a student's hour of shoe-art during my grammar lessons, I would have

given them clear paper and colouring tools to create a masterpiece. I would have cared more, taught less, observed, and listened. This is SUC. This meets heart-desires.

In QUAL 7, stories of participants' worst time at school indicate that negative experiences involve teachers three times more than any other individual at school. Witnessing the intricacies of high school friendships, I find it shocking that participants reported that teachers cause more hurt than peers at a ratio of 3:1. My hope for this work is to change that ratio. In Chapter 2, I discussed the magnitude of schools' influences on students' lives, though QUAL 7 data shows perhaps greater potential for teachers to impede student wellness.

We are empowered to be active participants in building up our students socially and emotionally for better MH. The numerous stories I share speak to the transformative power of leaning into our practice of teaching. Foundational to this work is the notion that if we change our *ways of being*, we create spaces that are better equipped to support, understand, and care.

I suggest that we realign our focus when we have the opportunity. A good start is using professional development days to understand more about the social, emotional, and psychological aspects of our students. As well, it is important to learn how to identify and respond to trauma behaviour, become aware of anxiety, depression, and substance use, and recognize home neglect or abuse. However, far greater than this are the lessons of Beauvais participants.

To summarize how we can offer SUC in our classrooms, I return to Chapter 6's eight participant heart-desires:

1. Healing, as we are empowered to create classrooms that heal (in the subsequent 7 ways),

2. safe spaces, as we offer help, are aware of our voice's tone and volume, create nurturing environments, build attached relationships, and arrange our physical space,

3. they are looked at, as we "look" at the student before us, allowing us to better understand, which allows us to "see" that student,

4. they are pursued, as we check in on them, recognize they may feel shame and, as a result, we offer empathy,

5. they are listened to, as we ask, "What's up?",

6. that we know, as we help students know themselves, try to learn about MH struggles, and seek to know them,

7. that they succeed, as we support student success by answering questions and sitting one on one if possible as we engage in their learning process,

8. that we try, as we make our best effort to consistently provide SUC.

Heart-desires are actualized when we embody the four overarching *ways of being*: being aware, tuning in, losing our agenda, and taking risks. Ultimately, student wellness is supported when we meet SUC needs and *are* as I suggest we must *be*.

We must recognize that curriculum and assessment alone will not make our students into free, whole, and independent adults. Students do not find healing through a class that starts on time or adheres to due dates; students heal when they enter safe, caring and nurturing environments that show them they are worthy of not only living, but of also perhaps even thriving. *SUC is provided not by doing more, but by doing differently.* All this is requisite to a necessary paradigm shift of the lens through which we view our space.

7.5. Limitations

I identify four key limitations in this study. First, the containment of geography limited this study. Beauvais is within a regional health authority that is mostly urban. Other health authorities could offer broader perspectives of different regions, such as those in more rural or remote areas.

Second, while participants came from a wide array of socio-demographic backgrounds, I did not survey the type of youth I described from my first year at Beauvais. Due to the intake committee's adherence to early exit plans, no homeless youth nor any involved in youth justice (incarceration) were included in this survey. Valuable insight and experience of those without homes or who encounter legal issues would provide a broader perspective of educational experience.

Third, there are limitations with research conducted at an in-patient unit. Participants' lives are, for a three-week period, not what they are used to, with non-habitual routines and expectations. I interviewed solely at this unit, where participants were in what could be considered the "bubble" of Beauvais. They were fed, medicated, given attention, and engaged in daily group meetings, family counselling, and psychoanalytic sessions. Sometimes students felt significantly more optimistic about

their lives under extensive, multidisciplinary staff care. Others felt more pessimistic about life, given their challenges were critical enough to warrant a three-week inpatient stay in a medical unit.

Last, interviews occurred three weeks after intake. There was no follow up after discharge. I question if participants would still give the same answers 6, 12, or 18 months afterwards. While I do believe their past experiences do not change over time, I question what youth would say when further down the path of recovery. Unfortunately, I have heard of some participants imprisoned or who returned into the deep trenches of addiction; would they say now what they said then?

7.6. Areas For Further Study

Areas for further study are twofold. In this section, I first expand upon what I suggested in Chapter 5; I explained that some questions were "rabbit holes," and while useful information, responses did not help solve my study questions. The second part of this section is a continuation of my own contemplation throughout this thesis process.

7.6.1. Extensions from Data

The first area for further study is based on interview responses I have not discussed, given they did not directly solve my main study question. Learning about the best part of school and studying the specific subject areas that cause the greatest challenges would provide valuable feedback to specific realms of school.

The Best Part of School

Understanding the aspects of school where students thrive is valuable information. Even more valuable, however, is considering who thrives where; if we understand this, we could know what personality types, or perhaps those with specific types of family history such as abuse, would succeed best in school.

Math Anxiety

Given my surprise at the consistency of participants' math angst, data from QUAL 8 (greatest learning struggle) warrants further attention. Eighty percent of participants identified Math as their main learning issue. All Beauvais students who are

challenged to learn Math concepts also express varying degrees of anxiety towards the subject. Research about how to decrease Math anxiety, build confidence, connect with various Math learning styles would better support students through this most challenging subject. Further, given that participants listed Math as the greatest anxiety-inducing subject, I wonder whether the Math teacher experiences anxiety. Further study of the correlation between both student and teacher anxiety towards Math, as well as how we can delineate this, would be an asset to not only students' perception and self-efficacy towards Math, but also help support those who teach Math.

7.6.2. Teacher Wellness

The second area for further study is the critical affair of teacher wellness. In this section, I explore the correlation between my findings and teacher MH, though this is a domain that merits attention beyond what I relay here. In Chapter 2, I gave data that suggests teachers are in a poor state of MH; in 2021 80% of teachers reported decreased MH since the beginning of the COVID-19 pandemic (Gadermann et al., 2021). I began this thesis before COVID-19 became a global pandemic and end it shortly after the World Health Organization (2023) declared COVID-19 no longer a public health emergency. I did not think teacher wellness could worsen after 2021, but it has. In a recent membership survey, the B.C. Teachers' Federation (2023) reported that 64.1% of teachers describe a higher workload and 65.5% have greater stress levels compared to a year ago. Of those indicating they may leave teaching within the next two years, 53.4 % cited inadequate working conditions and 52% stated personal MH concerns.

Something needs to change if only for the fact that when we are mentally healthy and self-aware, we are better equipped to provide SUC. Entering our classroom spaces as emotionally stable and fulfilled individuals allows healthier responses to students, such as responding to misbehaviour with patience rather than anger. To suggest we have the capacity to be the one-caring (Noddings, 2013) when we are not psychologically well denies who we are as humans (Saenz, 2012). Body psychotherapist Nick Totton (2003) argues that we must be self-aware to be able to be in relationship with others. Totton (2003) summarizes personal wellness in that we "need an equally deep connection with [our] own embodied life... we need to be in contact with ourselves in order to be in contact with others" (Totten, 2003, p. 79). Such awareness of ourselves is a key component to achieving a healthy life (Pipas, 2018). Our self-connection is

critical to be able to better support our students. While we are not body psychotherapists, we do interact with students: we listen, we respond, we engage. We need to be connected with ourselves not only for personal wellness, but also to have greater capacity to offer SUC. Practices such as mindfulness, physical activity, and finding meaningful relationships are ways to foster well-being (Lawson et al., 2022). We are not fully present to meet students' MH needs when we are barely managing our own wellness (Perez, 2021). Yet I have just listed more "work" to find our own wellness. One colleague told me, "There's not a staff meeting that goes by where I don't hear about what I am supposed to do for my MH. Seek counselling, meditate, exercise…. It's adding yet again to the list of one more thing I am supposed to do." I wonder, then, if our own wellness can be found in the spaces we create, whereby the very thing I am suggesting we do for student wellness does, in fact, the same for us.

I propose that our personal wellness improves when we make SUC the foundation to our classroom arenas. I wonder if, when we focus more on our states of being (how we are) rather than what we do (curriculum and assessment), we cultivate our "inner landscape" (Palmer, 2017, p. 5) of not only intellectual and emotional, but also of the spiritual realm of our practice. Could we enter a paradigm shift where our role as provider of SUC fulfills our fundamental human need for connection? (Ainsworth, 2015; Bowlby, 1998a). We recognize Noddings' (2013) concept of reciprocity— that I suggested in Chapter 2 my reader considers through these pages—as we receive when positioned as the one-caring. Buber's (1970) relational reciprocity that is experienced in *I-Thou* relationships offers more to consider about the personal meaning that is found when we authentically engage with our students. Rather than the *I-It* relationship characterized by one person as subject and the other as object, the mutuality of *I-Thou* is critical. It is one of authentic relation where there is presentness within our interaction. I am acted upon by the other being. "Relation is reciprocity. My You acts on me as I act on it. Our students teach us, our works form us" (p. 66). *Perhaps mutuality is key for teacher wellness.* I consider the seemingly small but effective practices of Mr. A, who keeps a low tone of voice and maintains his own regulated nervous system. He deeply cares for his students and works tirelessly to create safe spaces, yet he is a recipient too. Could our stress levels decrease when we build securely attached relationships and create nurturing environments not only for students, but for us as well? Such reciprocity completes the cycle of care. I, the one-caring, in my acts of SUC and efforts to fulfill heart-desires, can become the cared-for by the meaning that I find. As Wilde (2013)

suggests that caring nurtures our soul, my soul is nurtured when I operate within the classroom arena of SUC.

I next propose that when we make our classrooms into spaces that meet the eight student heart-desires, our own heart-desires are met in reciprocity. Eckleberry-Hunt et al. (2017) argue that physician burnout is, in part, remedied by the pursuit of self-care and wellness. The doctor needs healing too and must prescribe to herself what is given to patients. In the same way, teachers must prescribe to self what is given to others. When I consider participants' eight heart-desires, I realize that I want these for myself. I wonder if, when we seek healing, enter safe spaces, are looked at, pursued, listened to, known, succeed, and try, we build our wellness in reciprocated relationships. If we look and listen, will students look and listen back? Certainly, we find meaning when we embody empathy and authentic listening (Rakel, 2018). With such a paradigm shift in our classrooms, perhaps we could lose the agendas for our own selves and alleviate the stress of our "to do" list.

In my search for books about teacher wellness, I discovered many task lists for how to achieve personal health. While all are valid points, I found little current literature about how we may foster our own wellness when we are in a caring relationship with our students. The reciprocated cycle of care that supports teacher wellness, when met with SUC and offering heart-desires, is one that merits further study. As well, exploration of ourselves—what motivates our behaviour, what we internalize and why we respond the way we do—is an area for further consideration. To explore the outcomes on our own health when we create SUC spaces would provide insight into how we alleviate the undeniable problem of teacher stress and job dissatisfaction.

Seeking Joy in Our Care

I wonder, too, if finding joy in our teaching environments is a primary antidote for poor MH. There is much to be learned about the outcome of joy in our profession. One colleague explained:

> COVID wiped out a lot of teachers. It was the connection [that was lost]: the building of relationships, having that trust with other human beings, that they see you as a role model, and that you are someone who is going to be there with them. Just playing with [my students] brought joy. It's not all about learning academics but learning how to care for each other and watching out for each other. There's something magical about shared jokes and experiences. COVID ended field trips, playing

games, sitting at a desk. We became distant. So, when there is distance, you remove joy. Joy is inherent in the connection that COVID took away.

This colleague offered that just as connection brings joy, when there is joy, teaching is no longer "a job."

Finding joy in our profession could give us better capacity to offer SUC and meet heart-desires. Katz & Lamoureux (2018) argue that meaning and purpose bring joy and suggest that joy can be found when we pay attention to and honour our interests and needs, focus on gratitude, and do service (p. 179). However, not all teachers find joy in teaching, nor in watching students succeed. I do not suggest that a teacher who detests teaching cannot care. However, I am confident that when we do have joy in our work, it is easier to care. Willingness to repeat the same Math concept for a fourth time, sitting in front of each student to check in about how they are doing that day, or stopping to listen to a youth who has just called us an expletive are easier practices when we have joy in our classrooms. I wonder if, when we have joy, care comes more easily. When I have joy, I have greater capacity to give of my time and energy to better serve students.

I propose that exploring the enhancement of joy for the purpose of teacher wellness and discovering how joy allows us to care more deeply require further investigation. Perhaps we do not need to focus so much on "mental health" and "wellness" when we instead pursue joy. My colleague added, "Wellness is being pushed as teachers are being overtaxed, so now it's on the teacher to address your own wellness. Maybe it isn't wellness. Maybe wellness is finding your joy." As Noddings (2013) describes our response to the personal delight or happy growth in the cared-for, delving into how such interactions bring joy merits study.

Teacher Training

The findings of this thesis should be a component of teacher training courses. Occasionally, my home school sends student teachers to Beauvais where I talk about SUC, the power of being aware, tuning in, losing our agenda, and being vulnerable. I have yet to encounter a student teacher who has discussed such concepts in their training. Nor do they learn about neuroscience, neuroplasticity, TADS, and overall MH. I propose an analysis of a shift in our training programs. We do not need to abolish, but can focus less on, curriculum development and assessment practices. We can build discussion on student and teacher wellness. Such training would foster an educational

environment that meets youth where they are at and gives them what they say they need.

7.7. Giving Participants the Last Word

I agree with the statement in QUAL 13: "As a teacher, if I have not met the social and emotional needs of my students, I have failed." I believe that participant narratives support the notion that if we focus on only academics, we miss the component of teaching that fosters wellness. However, participants are gentler and more empathetic than I when suggesting that teachers who do not need social and emotional needs fail. Therefore, it is more appropriate to end this thesis with not mine, but their concluding thoughts in our interview:

> S4: "Learning is not just about academically what you are thinking. Someone can't learn if they aren't mentally OK and they [won't] feel supported if they don't feel that you are … putting in some sort of effort to also feel caring [about] their mental well-being."
>
> S17: [If a teacher has not met social and emotional needs] "it means they weren't paying enough attention to [students] and that they haven't opened their eyes to their kids' needs."
>
> S18: "If we are using our brain to try to function in school to do the work but [the] emotional and social part that is failing, and [at the same time] our PFC isn't fully developed, shouldn't you take into account that if the student isn't doing the work, [that] they have other thoughts on their mind? …teachers are overworked and they have it rough and are underpaid. I get that they'd be stressed in a big classroom with just one of them and thirty kids they have to manage, and of course you're not going to see all these things… but you need to try."
>
> S21: "If you're providing your students with all of the academic requirements but you're forcing them into situations they don't understand… the majority of people won't be able to understand or focus or thrive in your classroom … I am sure there is, as a teacher, a list of things—a list of boxes—you want to tick off. There's social, emotional, academic, and physical., If you're only ticking off academic, you're only a quarter of the way; it's like getting 25% on a quiz."
>
> S24: "Life is a learning process. Maybe [teachers] haven't gotten to the same level as their students, but as long as they want to keep seeking that understanding, no one has really failed."

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Appendix A. Beauvais Intake Questionnaires and Collated Responses

A.1. The Youth Quality of Life Instrument (YQOL-SF)

Questionnaire

Following are some statements that you might make about yourself. Please circle the one number on each scale that best describes how closely the statement applies to you IN GENERAL. There are no right or wrong answers; we are only interested in how you feel about your life.

1. **I am able to do most things as well as I want** *(please circle one number)*

| NOT AT ALL | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | VERY MUCH |

2. **I feel good about myself** *(please circle one number)*

| NOT AT ALL | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | VERY MUCH |

3. **I feel I am important to others** *(please circle one number)*

| NOT AT ALL | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | VERY MUCH |

4. **I am pleased with how I look** *(please circle one number)*

| NOT AT ALL | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | VERY MUCH |

5. **I feel understood by my parents or guardians** *(please circle one number)*

| NOT AT ALL | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | VERY MUCH |

6. **I feel I am getting along with my parents or guardians** *(please circle one number)*

| NOT AT ALL | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | VERY MUCH |

7. **I feel alone in my life** *(please circle one number)*

| NOT AT ALL | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | VERY MUCH |

8. **I am happy with the friends I have** *(please circle one number)*

| NOT AT ALL | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | VERY MUCH |

9. **I feel I can take part in the same activities as others my age** *(please circle one number)*

| NOT AT ALL | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | VERY MUCH |

10. **People my age treat me with respect** *(please circle one number)*

| NOT AT ALL | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | VERY MUCH |

11. **I feel my life is full of interesting things to do** *(please circle one number)*

NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH

12. **I look forward to the future** *(please circle one number)*

NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH

13. **I feel safe when I am at home** *(please circle one number)*

NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH

14. **I feel I am getting a good education** *(please circle one number)*

NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH

15. **I am satisfied with the way my life is now** *(please circle one number)*

NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH

Collated Responses Relevant to Research

Participant	2. I feel good about myself.	5. I feel understood by my parents or guardians.	7. I feel alone in my life.	12. I look forward to the future.	13. I feel safe when I'm at home.
S1	3	4	10	5	8
S2	2	2	4	1	3
S3	2	6	8	3	6
S4	4	1	4	6	5
S5	(no answer)	(no answer)	(no answer)	(no answer)	(no answer)
S6	3	10	9	4	7
S7	0	4	8	2	3
S8	8	10	3	8	10
S9	(no answer)	(no answer)	(no answer)	(no answer)	(no answer)
S10	3	5	6	3	7
S11	9	3	6	10	7
S12	6	2	0	6	10
S13	1	4	1	1	8

S14	0	4	0	0	8
S15	1	5	7	1	9
S16	8	6	2	9	10
S17	2	0	10	4	5
S18	4	3	0	5	10
S19	5	6	7	8	10
S20	2	3	6	9	4
S21	2	0	9	0	0
S22	1	2	9	6	4
S23	2	3	5	7	4
S24	10	10	0	10	10
S25	6	5	7	8	7
Average	**3.7**	**4.3**	**5.3**	**5.0**	**6.7**

A.2. The Columbia Suicide-Severity Rating Scale (C-SSRS)

Questionnaire

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month
Ask questions that are bolded and <u>underlined</u>.	YES
Ask Questions 1 and 2	
1. Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?***	
2. Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "*I've thought about killing myself*" without general thoughts of ways to kill oneself/associated methods, intent, or plan. ***Have you actually had any thoughts of killing yourself?***	
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.	

3. Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*" ***Have you been thinking about how you might kill yourself?***	
4. Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such</u> <u>thoughts</u>, as opposed to "*I have the thoughts but I definitely will not do anything about them*." ***Have you had these thoughts and had some intention of acting on them?***	
5. Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself?***	
6. Do you intend to carry out this plan?	
7. Intensity of Ideation 1-5 with being the least severe and 5 being the most severe	
8. Description of Ideation 1. Overdose. 2. Suffocation 3. Hanging 4. Jumping 5. Cutting 6. Other _____	
9. Frequency How many times have you had these thoughts? 1. Only One time 2. A few times 3. A lot 4. All the time 5. Don't know/Not Applicable	
10. Suicide Behavior Question: ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	
11. If YES, ask: How long ago did you do any of these? Over a year ago? Between three months and a year ago? Within the last three months?	

Collated Responses Relevant to Research

Participant	1. Wish to be dead	2. Suicidal Thoughts
S1	yes	yes

S2	yes	yes
S3	yes	yes
S4	yes	yes
S5	(no answer)	(no answer)
S6	yes	yes
S7	yes	yes
S8	no	no
S9	yes	yes
S10	yes	yes
S11	no	no
S12	no	yes
S13	yes	yes
S14	yes	yes
S15	yes	yes
S16	yes	no
S17	no	no
S18	no	yes
S19	yes	no
S20	yes	yes
S21	yes	yes
S22	yes	yes
S23	no	yes
S24	no	no
S25	yes	yes
Average %	**17/24 = 71% yes**	**18/24 = 75% yes**

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A.3. Adolescent Alcohol and Drug Involvement Scale (AADIS)

Questionnaire

A. DRUG USE HISTORY

For each drug I name, please tell me if you have ever tried it. Then, if you have tried it, tell me how often you typically use it [before you were taken into custody or enter treatment]. Consider only drugs taken without prescription from your doctor; for alcohol, don't count just a few sips from someone else's drink.

	Never Used	Tried But Quit	Several Times a Year	Several Times a Month	Week-Ends Only	Several Times a Week	Daily	Several Times a Day
Smoking Tobacco (Cigarettes, cigars)	0	1	2	3	4	5	6	7
Alcohol (Beer, Wine, Liquor)	0	1	2	3	4	5	6	7
Marijuana or Hashish (Weed, grass)	0	1	2	3	4	5	6	7
LSD, MDA, Mushrooms Peyote, other hallucinogens (ACID, shrooms)	0	1	2	3	4	5	6	7
Amphetamines (Speed, Ritalin, Ectasy, Crystal)	0	1	2	3	4	5	6	7
Powder Cocaine (Coke, Blow)	0	1	2	3	4	5	6	7
Rock Cocaine (Crack, rock, freebase)	0	1	2	3	4	5	6	7
Barbiturates, (Quaaludes, downers, ludes, blues)	0	1	2	3	4	5	6	7
PCP (angel dust)	0	1	2	3	4	5	6	7

Heroin, other opiates (smack, horse, opium, morphine)	0	1	2	3	4	5	6	7
Inhalants (Glue, gasoline, spray cans, whiteout, rush, etc.)	0	1	2	3	4	5	6	7
Valium, Prozac, other tranquilizers (without Rx)	0	1	2	3	4	5	6	7
OTHER DRUG_____	0	1	2	3	4	5	6	7

B. AADIS

These questions refer to your use of alcohol and other drugs (like marijuana/weed or cocaine/rock). Please answer regarding the time you were living in the community before you were taken into custody or entered treatment. Please tell me which of the answers best describe your use of alcohol and/or other drug(s). Even if none of the answers seem exactly right, please pick the ones that come closest to being true. If a question doesn't apply to you, tell me and we will leave it blank.

1. How often do [did] you use alcohol or other drugs (such as weed or rock) [before you were taken into custody/entered treatment]?

   0. never

   2. once or twice a year

   3. once or twice a month

   4. every weekend

   5. several times a week

   6. every day

   7. several times a day

2. When did you last use alcohol or drugs? [Before you entered treatment or were taken into custody]

0. never used alcohol or drugs

2. not for over a year

3. between 6 months and 1 year [before]

4. several weeks ago [before]

5. last week [the week before]

6. yesterday [the day before]

7. today [the same day I was taken into custody]

3. I usually start to drink or use drugs because: (TELL ME ALL THAT ARE TRUE OF YOU)

    1. I like the feeling

    2. to be like my friends

    3. I am bored; or just to have fun

    4. I feel stressed, nervous, tense, full of worries or problems

    5. I feel sad, lonely, sorry for myself ("kickin' it")

4. What do you drink, when you drink alcohol? (CIRCLE ALL MENTIONS)

    1. wine

    2. beer

    3. mixed drinks

    4. hard liquor (vodka, whisky, etc.)

    5. a substitute for alcohol

5. How do you get your alcohol or drugs? (CIRCLE ALL THAT YOU DO)

    1. supervised by parents or relatives

    2. from brothers or sisters

    3. from home without parents' knowledge

4. get from friends

5. buy my own (on the street or with false ID)

6. When did you first use drugs or take your first drink? (CIRCLE ONE)

    0. never

    2. after age 15

    3. at ages 14 or 15

    4. at ages 12 or 13

    4. at ages 10 or 11

    5. before age 10

7. What time of day do you use alcohol or drugs? (CIRCLE ALL THAT APPLY TO YOU)

    1. at night

    2. afternoons/after school

    3. before or during school or work

    4. in the morning or when I first awaken

    5. I often get up during my sleep to use alcohol or drugs

8. Why did you take your first drink or first use drugs? (CIRCLE ALL THAT APPLY)

    1. curiosity

    2. parents or relatives offered

    3. friends encouraged me; to have fun

    4. to get away from my problems

    5. to get high or drunk

9. When you drink alcohol, how much do you usually drink?

    1. 1 drink

    2. 2 drinks

    3. 3-4 drinks

    4. 5-9 drinks

    5. 10 or more drinks

10. Whom do you drink or use drugs with? (CIRCLE ALL THAT ARE TRUE OF YOU)

    1. parents or adult relatives

    2. with brothers or sisters

    3. with friends or relatives own age

    4. with older friends

    5. alone

11. What effects have you had from drinking or drugs? (CIRCLE ALL THAT APPLY TO YOU)

    1. loose, easy feeling

    2. got moderately high

    3. got drunk or wasted

    4. became ill

    5. passed out or overdosed

    6. used a lot and next day didn't remember what happened

12. What effects has using alcohol or drugs had on your life? (CIRCLE ALL THAT APPLY)

    0. none

2. has interfered with talking to someone

3. has prevented me from having a good time

4. has interfered with my school work

5. have lost friends because of use

6. has gotten me into trouble at home

7. was in a fight or destroyed property

8. has resulted in an accident, an injury, arrest, or being punished at school for using alcohol or drugs

13. How do you feel about your use of alcohol or drugs? (CIRCLE ALL THAT APPLY)

    0. no problem at all

    1. I can control it and set limits on myself

    3. I can control myself, but my friends easily influence me

    4. I often feel bad about my use

    5. I need help to control myself

    6. I have had professional help to control my drinking or drug use.

14. How do others see you in relation to your alcohol or drug use? (CIRCLE ALL THAT APPLY)

    0. can't say or normal for my age

    2. when I use I tend to neglect my family or friends

    3. my family or friends advise me to control or cut down on my use

    4. my family or friends tell me to get help for my alcohol or drug use

    5. my family or friends have already gone for help about my use

Studies on Alcohol 40: 291-300, 1979) and Moberg and Hahn's "Adolescent Drug Involvement Scale" (Journal of Adolescent Chemical Dependency, 2: 75-88, 1991)

Collated Responses Relevant to Research

Participant	Smoking Tobacco	Alcohol	Marijuana or hashish	1. How often do/did you use?	7. What time of day do you use?				
					1	2	3	4	5
S1	7	6	5	7	x			x	x
S2	1	3	7	7	x	x	x	x	x
S3	7	1	5	5	x	x		x	
S4	2	5	5.5	5.5	x	x	x	x	
S5	(no answer)	(no answer)	(no answer)	(no answer)	(no answer)				
S6	1	4	(no answer)	6	x	x			
S7	4.5	2	6	6	x			x	
S8	7	7	7	7		x		x	x
S9	3	5	2	5	x	x	x		
S10	7	6	7	7	x	x	x	x	
S11	4	3	5	(no answer)	x	x			
S12	4	2	6	(no answer)	x				
S13	0	2	0	2	x				
S14	7	6	7	7	x	x	x	x	x
S15	1	2	7	7	x	x	x	x	
S16	7	2	6.5	7	x	x	x		
S17	1	2	1	7	(no answer)				
S18	6	3	6	7	x	x	x	x	x

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S19	7	1	7	7	x	x		x	
S20	7	4	6	6	x	x			
S21	2	2	2	2	x				
S22	7	7	7	7	x	x	x	x	
S23	(no answer)	(no answer)	(no answer)	(no answer)	(no answer)				
S24	0	0	0	0					
S25	5	2	5	5	x	x	x	x	x
Average	**4.2**	**3.3**	**5.0**	**5.7**	**91%**	**73%**	**45%**	**59%**	**27%**

Appendix B. Adverse Childhood Experience (ACE)

Questionnaire

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often …

    Swear at you, insult you, put you down, or humiliate you?

    or

    Act in a way that made you afraid that you might be physically hurt?

    Yes   No   If yes enter 1 _____

2. Did a parent or other adult in the household often …

    Push, grab, slap, or throw something at you?

    or

    Ever hit you so hard that you had marks or were injured?

    Yes   No   If yes enter 1 _____

3. Did an adult or person at least 5 years older than you ever …

    Touch or fondle you or have you touch their body in a sexual way?

    or

    Try to or actually have oral, anal, or vaginal sex with you?

    Yes   No   If yes enter 1 _____

4. Did you often feel that …

    No one in your family loved you or thought you were important or special?

    or

    Your family didn't look out for each other, feel close to each other, or support each other?

    Yes   No   If yes enter 1 _____

5. Did you often feel that …

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes   No   If yes enter 1 _____

6. Were your parents ever separated or divorced?

Yes   No   If yes enter 1 _____

7. Was your mother or stepmother:

Often pushed, grabbed, slapped, or had something thrown at her?

or

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes   No   If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes   No   If yes enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

Yes   No   If yes enter 1 _____

10. Did a household member go to prison?

Yes   No   If yes enter 1 _____

Now add up your "Yes" answers: _____   This is your ACE Score.

Participants' ACEs scores

This chart shows the ACEs score for each student. The students with grey bars have only mental health disorders. Students with black bars have concurrent disorders.
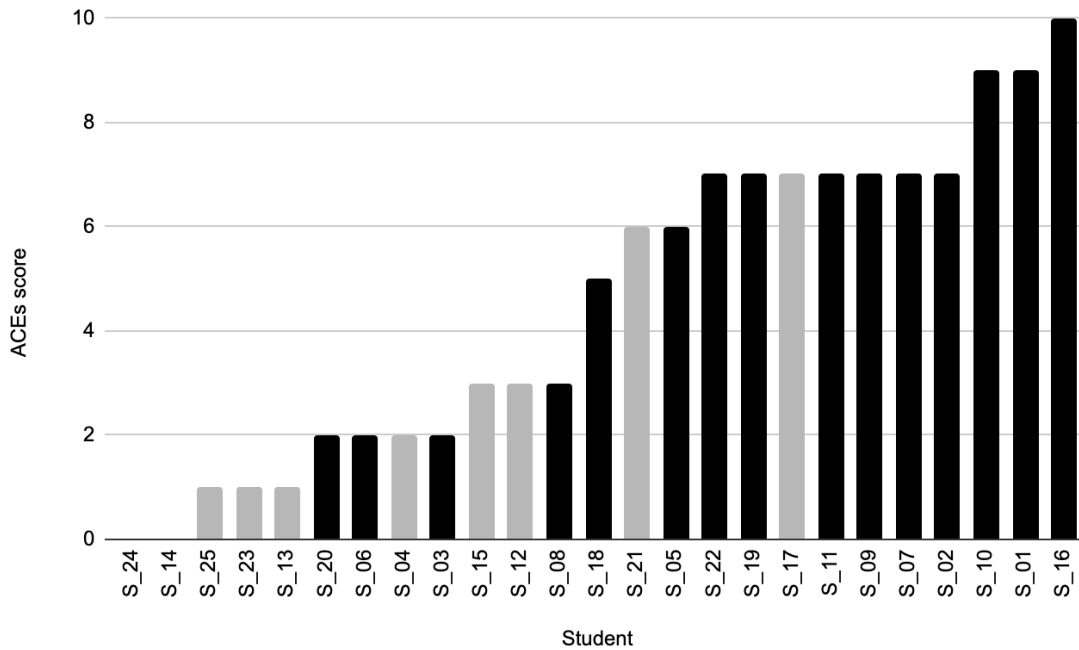
Students with only mental health disorders.

Students with concurrent disorders (mental health and substance abuse).

Appendix C. Study Questionnaires

Qualitative Questions (Oral Survey)

Part 1: Past School Experiences

● Answers can be from any time between kindergarten to present

Youth number: _____ Ethnicity/Culture: _____

Please describe only what you are comfortable sharing and what feels safe. You do not have to share anything you feel may be triggering (by discussing past events). Share what is appropriate and healthy for you.

The Good

1. Can you tell me about the best part of school? (Tell a story if you prefer).

2. Was there any easier area of learning for you? If so, which? Describe.

3. Was there an easier side of social life at school? If so, what was that? Describe.

4. Tell a story about if or when an adult at school helped you.

5. What were the best activities or practices at school that made you interested in any class you were in?

6. What were the best activities or practices at school that made you feel good about yourself?

The Tough

7. Tell me a story of the worst time that you had at school.

8. Tell me about one specific learning struggle you had at school.

9. Describe any social struggles you have dealt with at prior schools.

10. Tell me about a time when someone helped with learning or social challenges.

11. Tell me about a time when someone tried to help you but it didn't work.

12. When you were struggling at your previous schools, what did you need from the adults around you?

   - primary

   - intermediate

   - secondary

13. What do you think about this statement? Do you agree or disagree? Why?

   "As a teacher, if I have not met the social and emotional needs of my students, I have failed".

14. Give 3 words to describe the space (atmosphere, feeling) of your previous schools.

Part 2: Beauvais Classroom Experiences

Please describe only what you are comfortable sharing and what feels safe. You do not have to share anything you feel may be triggering by discussing past events. If you feel it would be healthy for you, we want to hear whatever you have to say.

15. Tell a story from the Beauvais classroom where you felt good about yourself.

16. What is your best story at the Beauvais classroom where someone helped you with something that was difficult? Describe the incident.

17. What is a story from the Beauvais classroom where someone tried to help but it didn't work?

18. If any, what are some strategies you learned at the Beauvais classroom that you may use on a daily basis after discharge?

19. What did the Beauvais classroom do to help or hinder you returning back to your community after Beauvais? Explain.

20. How did the Beauvais classroom help or hinder you to be interested in school subjects?

21. Give 3 words to describe the space (atmosphere, feeling) in the the Beauvais classroom classroom.

Part 3: Written Questionnaire (Quantitative)

1. Who in your community (home or school) would you talk to if you were struggling with anxiety, depression, substance abuse, etc.? Choose 4 and number in order (rank) 1 - 2 - 3 - 4:

   ___ parent   ___ school counsellor

   ___ sibling   ___ principal

   ___ aunt/uncle   ___ vice principal

   ___ grandparent   ___ teacher's aide (EA/SEA)

   ___ friend   ___ doctor (family, pediatrician)

   ___ coach   ___ nurse practitioner

   ___ social worker   ___ mental health clinician
                                           (counsellor)

   ___ Youth Care Worke

   ___ indigenous elder   ___ psychiatrist

   ___ spiritual leader (ie. pastor)   ___ psychologist

   ___ teacher   ___ Other: _____

2. What made you feel comfortable talking to these people?

3. What two words describe your number one choice above?

Answer the following questions on a scale of 1-10:

1 – none, 5 – somewhat, 10 – always

4. How much did your previous school support your mental health? (anxiety, depression, etc.)

5. How much did your previous school try to get you the help you needed with substance abuse challenges?

6. How much did you feel cared for by teachers/counsellors/administrators at your previous school?

Consider your time in the Beauvais classroom. Score 1 (none) to 10 (always) for each:

How much did the Beauvais classroom…

7. …support your mental health? (anxiety, depression, etc.)

8. …help you work through substance use challenges?

9. …have you feel cared for by the teacher?

10. …help build your self-worth?

11. …engage your mind (that you were interested/learning)?

12. …motivate you to complete schooling or find a post-secondary institution?

13. ...inspire you to find a career after high school?

Appendix D. Results

D.1. Lessons of Needs: Inducing the Basics (QUAL 12)

When you were struggling at your previous schools, what did you need from the adults around you? (Secondary Schools)

Student #	Code	Theme
S1	understanding	understanding
S2	to understand	understanding
S3	to notice	recognition
S4	direction	support
S5	caring	care
S6	understanding	understanding
S7	extra help	support
S8	understanding	understanding
S9	emotional support	support
S10	recognize (good) I have done	recognition
S11	to understand	understanding
S12	academic help	support
S13	support	support
S14	support	support
S15	support	support
S16	a better home life	home
S17	attention	recognition
S18	understand	understanding
S19	support	support

S20	support	support
S21	generated interest	learning of interest
S22	help	support
S23	directions (to learn)	support??
S24	encouragement	support
S25	understanding	understanding

D.2. Lessons of Needs: Inducing the Basics (QUAL 10)

Tell me about a time when an adult helped with learning or social challenges. *Give one word to describe this person.* (If youth did not provide a single, specific word, a word was assigned based on the broader sense of their narrative).

Student #	Code	Theme
S1	Advocacy (received from adult)	support
S2	learning support	support
S3	none needed	N/A
S4	Choices (program)	support
S5	safety	safety
S6	understood MH	understanding
S7	enduring	caring
S8	caring	caring
S9	none needed	N/A
S10	supportive	support
S11	supportive	support
S12	supportive	support
S13	supportive	support

S14	amazing	caring
S15	experienced	understanding
S16	supportive	support
S17	none needed	N/A
S18	understanding	understanding
S19	understanding	understanding
S20	acknowledgement	caring??
S21	insightful	understanding
S22	understanding	understanding
S23	there to help	support
S24	understand	understanding
S25	caring	caring

D.3. Lessons of Needs: Deductive Analysis (QUANT 2)

What made you feel comfortable talking to people (who helped you). Deductive coding is based on the three emerged themes of "support", "understanding", and "care".

Student #	Words that describe what made participants comfortable talking to their most trusted people:	Deduced theme: support, understanding, care
S1	• calm	• care
S2	• support	• support
S3	• easy to talk to • non judgmental	• support • understanding
S4	• experienced • ability to connect, sit down, and listen	• understanding • care • support

S5	• I have a close relationship and feel comfortable talking to them	• support
S6	• I know them and they know a lot about me	• understanding
S7	• I've tried to reach out … and (it) didn't help me so I don't bother anymore	• support (didn't have it)
S8	• worked with others or are close to me	• understanding
S9	• cared	• care
S10	• confidential • trusted friends	• support • understanding
S11	• no judgment • relate • give me insight	• understanding
S12	• no judgment • listen • offer advice • let me rant	• understanding • support
S13	• safe • accepted • heard • they can relate/resonate	• support • understanding
S14	• safe • confidentiality • educated advice/help	• support • understanding
S15	• security • lack of judgment	• support • understanding
S16	• bond built • less easy to get in trouble	• understanding • support
S17	• understanding	• understanding
S18	• support me	• support
S19	• reassured my feelings as valid	• understanding

S20	• support • without judgment	• support • understanding
S21	• understood	• understanding
S22	• supportive • helpful	• support
S23	• weren't trying to change me • listen without judgment	• understanding
S24	• won't judge • or tell other people	• understanding • support
S25	• trustworthy	• support

D.4. Secondary Data: Where We See Support, Understanding, and Care (QUAL 4)

Tell a story about when an adult at school helped you. What do participants identify as themes to help?

Student #	What did help when an adult stepped in:	Deduced theme: support, understanding, care
S1	indigenous connection	understanding, support
S2	counsellor understood	understanding
S3	teacher kindness, concern	care
S4	teacher kind, helpful, listened	care, support, understanding
S5	teacher understood / never gave up on me	understanding, care
S6	teacher understood: I went up and asked to go for a walk	understanding
S7	EA encouraged me	care, support
S8	teacher approached me to help	care, understanding, support
S9	teacher helped me pass	support, care

S10	teacher was nice, put an effort out - told me I was capable	care, support, understanding
S11	teacher understood, cared, no judgment	understanding, care
S12	teacher help, saw confusion and approached me	understanding, care, support
S13	principal was there for me, effort	support, care, understanding
S14	teacher was kind, helpful	care, support
S15	YCW understood	understanding
S16	teacher made effort, gave assurance	care, support
S17	counsellor spent time, "let me talk"	care, understanding, support
S18	SEA understood, cared to help, made effort	understanding, care
S19	teacher made effort	care, support
S20	YCW made effort, cared, no judgement	care, support, understanding
S21	teacher helped	care, support
S22	teacher supported me, gave assurance	care, support
S23	none given	none
S24	teacher guidance, got at the same level as me	support
S25	teacher cared and was concerned	care, understanding

D.5. Secondary Data: The Worst Time at School (QUAL 7)

Tell me a story of the worst time that you had at school.

Student #	What factors are indicated with the worst time at school:	Person involved and induced themes	Deduced themes: support, understanding, care
S1	Beginning years	Student: Early years	support

	intimidation home: external factors inattention	home: external factors Student: inattention Teacher: lack of awareness	understanding
S2	School a jail no help	Confinement Teachers: lack of assistance	support
S3	Hiding MH problems incomplete work nobody cared	Stigma of MH Teachers: lack of concern Teacher: lack of awareness	care
S4	Teacher called people out	Teacher: lack of awareness Teacher: lack of protection	understanding care
S5	Peer was unkind bullied no one did anything	Teacher: lack of protection Teacher: lack of care Teacher: lack of awareness Teacher lack of support	support care
S6	Feeling low, no support from anyone suicide attempt, no support	Teacher/counsellor: lack of support (time, care, effort) teacher/counsellor: lack of awareness	support
S7	Teacher didn't understand anxiety didn't understand	Teacher: lack of understanding	understanding
S8	Bullied by peers failing (due to drug use), no one asked "Worse (than failing was) no one picking up on it. No one asked me for four months"	Teachers: lack of protection teachers: lack of concern teacher: lack of awareness	care understanding support
S9	Teacher called useless	Teacher: language used (power of words in an instant)	care
S10	Teacher hard on students yelled teacher refused entry	Teacher: lack of empathetic behaviour teacher: words/voice	care support
S11	Peers accused of dealing drugs in trouble at school	Peers: accusations Teacher/peers: assumptions placed on students (become self-fulfilled prophecy)	understanding

S12	Proud of studying, failed test	Student: lack of achievement	support understanding
S13	Strict teacher teacher yelled at student punished for panic attacks	Teacher: lack of empathetic behaviour Teacher: words/voice teacher: lack of understanding	care understanding
S14	Farted in talent show	Peer: embarrassment	understanding
S15	Peers accused of theft bullying	Peers: accusation Peers: unkind treatment teacher: lack of protection	care understanding
S16	Difficult home experience no one helped	Home: external factors teachers: lack of help teacher: lack of awareness	support understanding
S17	Foul mood (woke up like that) treated poorly	Teachers/peers: lack of understanding teacher: lack of awareness	understanding
S18	Bowel movement in front of peers embarrassment sent away, hosed off	Teacher: lack of protection teacher: lack of understanding	support care
S19	Panic attacks counsellor walked away	Counsellor: time, attention, care, concern Counsellor: lack of understanding counsellor: lack of awareness (counsellor's reaction can be interpreted many ways)	support understanding
S20	Toxic friend group raped feelings of her fault with admin	Peers: toxic / negative influence Peers: traumatic event Administration: lack of understanding	understanding support
S21	Acting in front of class	Teacher: lack of protection Teacher: lack of understanding teacher: lack of awareness	understanding
S22	Beat up by peers racial slurs	Peers: mistreatment teacher: lack of protection teacher: lack of awareness	care
S23	Misbehaviour teacher started yelling	Teacher: words, voice	understanding care

Student #	Code (directly cited from participants)	Theme
S24	Bullied at school called fat teacher didn't understand teacher perceived youth as lazy	Peers: mistreatment teachers: lack of protection teachers: lack of understanding	understanding
S25	Presentation anxiety (in front of peers)	Teacher: lack of protection Teacher: lack of understanding teacher: lack of awareness	understanding

D.6. Secondary Data: When You Felt Good in Beauvais Classroom (QUAL 15)

Q15: Tell a story from the Beauvais classroom when you felt good about yourself.

Student #	Code (directly cited from participants)	Theme
S1	When I'm working I finished something	productivity completion success
S2	I felt a bit of hope I was connecting with my teachers	hope communication
S3	Teacher said, "your art is good"	praise/affirmation
S4	I finished all my Math	productivity completion success
S5	I finally understood	comprehension success
S6	(we) had a really good talk…	communication encouragement
S7	I got help finishing (a story) I actually got it done	productivity completion success
S8	I got into Math I realized how easy it is	productivity success

	I could focus	attentiveness
S9	I started reading and explaining without getting distracted (teacher) said, "do you realize what you just did?" She made me feel really good	attentiveness productivity praise/affirmation success
S10	I finished all assignments They (said) how well I did	productivity completion success
S11	(teacher) commented on my makeup that I had worked on	praise/affirmation
S12	(teacher) helped me and directed me	assistance/instructions
S13	(teachers) make everyone feel good about themselves Encouraging and supportive	praise/affirmation
S14	I… got it	comprehension success
S15	I finished a project that was the first piece of work I had done in probably six months	productivity completion success
S16	I… learned some strengths about myself	encouragement affirmation
S17	(teacher) helped me with geometry I understood	assistance comprehension success
S18	I got the Math and I did it	productivity comprehension completion success
S19	I actually did the questions myself	independence productivity completion success
S20	I (got an essay) done	productivity completion success

S21	(questions teacher) said were hard They weren't that hard (answers teacher said) she hadn't heard before	comprehension success praise/affirmation
S22	(teachers) explained what the sentence meant	assistance comprehension success
S23	I (had been) losing it in school and was behind (teacher) printed and outlined Math sheets I did something that day	assistance completion success
S24	I.. wrote a letter to my school I wasn't sure if I was capable I did it	self-advocacy completion success
S25	(teacher and I discussed) contents of book interesting	communication interaction

D.7. More Narratives from QUALs 15, 19, and 20

Success Through Understanding

QUAL 15

> S17: "... when [teacher] helped me with geometry. It made me feel that I understood the work."
>
> S22: "My English isn't the best, so I can't understand some ways that words are put together… After being explained what the sentence meant was helpful."

QUAL 20

> S14: "I wasn't really interested, but once I kind of understood it I was able to go with it. I just wasn't able to understand it until they helped. It helped me get my roll back on."

Success Through Completion

QUAL 15

> S20: "I had this one essay that I had been meaning to complete since [the] first term that ended in January. It was a big mark, I just hadn't been doing it… After I was done it was good."

S23: She explained she felt good when she finished Math, as she had been "losing it in school and was behind. [She] walked away thinking, 'I did something that day.' It was probably my highlight."

QUAL 19

S15: "I haven't done school in a very long time, and this was a chance to do schoolwork in an environment that helped. It was calmer, so now I know where to start when I go back to school."

Success Through Hope: Having a Future

QUAL 19

S5: "[The Beauvais classroom] just gave me a lot more hope and a lot more faith. It made me feel so accomplished to get these things done that would normally take me a lot longer."

S14: "[The Beauvais classroom helped take a lot of stress off my workload, and it was just a good environment to have school in. It made me more hopeful about my school."

QUAL 20

S18: "[My interest in subjects] helped me with what I liked and didn't like. I feel I don't have a favorite, but it helped me realize that I want to get school in general, and work on it. When post-secondary comes around, I will know what I want to study."

S21: "[The Beauvais classroom] made me more interested in psychology. I didn't know I was interested in it before I started the [Beauvais course] assignments."

D.8. Secondary Data: Mainstream vs Beauvais Classroom Spaces Adjectives. (QUALS 14 and 21)

Past Schools: Mainstream Spaces		The Beauvais Classroom Space	
Emotional Space	**Physical Space**	**Emotional Space**	**Physical Space**
stressful (x5)	crowded (x2)	calm (x8)	calm (x8)
stress (x5)	cold	supportive (x6)	chill (x4)
alone (x2)	prison	chill (x4)	comfortable (x4)
confusing (x2)	uniforms	comfortable (x4)	fun (x3)
misunderstanding (x2)	exhaustion	encouraging (x4)	independent (x3)
toxic (x2)	indigenous connection	nonjudgmental (x4)	open (x2)
unsupportive (x2)	restrictive	fun (x3)	relaxing (x2)
anxiety	shit	independent (x3)	bright

apathetic awkward bad memories belittling biases cold deprivation development difficult discouraging dread eventful exhaustion favouritism frustrating fun growth hierarchical hopeless hopelessness humour impatience impatient indigenous connection intelligence interaction knowledge lonely morals overwhelming path of life petty regretful restrictive restricting sad shamed shit uncaring undesirable unnecessary	undesirable

hopeful (x3) open (x2) relaxing (x2) respectful (x2) accepting caring communication considerate good places to learn help/helpful humble kind listening nice patient safety stable support understanding unique welcoming	cozy cute easy-going environment going at everyone's pace good environment light lively peaceful quirky safety serene spacious unique welcoming