IMPLEMENTING TRAUMA-INFORMED PEDAGOGIES FOR SCHOOL CHANGE

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Shifting Schools from Reactive to Proactive

BY

HELEN STOKES
University of Melbourne, Australia

AND

TOM BRUNZELL
University of Melbourne and
Berry Street Victoria, Australia

United Kingdom – North America – Japan – India
Malaysia – China

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This book is dedicated to Dr Malcolm J. Turnbull
(1952–2018)
who started this research journey with us.

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CONTENTS

LIST OF FIGURES

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ABOUT THE AUTHORS

Helen Stokes (Ph.D.) is a Professor of Education at the University of Melbourne, Faculty of Education. Her research interests include trauma-informed instructional practices and relational pedagogies with a focus on how schools lead their implementation in low socio-economic communities.

Tom Brunzell (Ph.D.) is the Director of Education at Berry Street Victoria and an Honorary Fellow at the University of Melbourne, Faculty of Education. In his research, he investigates trauma-informed and wellbeing pedagogies as schools work towards educational equity in their communities.

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ABOUT THE SERIES EDITORS

Helen Stokes (Ph.D.) is a Professor in Education in the Faculty of Education at the University of Melbourne. Her experiences in education research have led to a long-term interest in how to engage vulnerable young people in education through curriculum programmes that assist them with self-regulation and engagement with learning.

Lyra L'strange (Ph.D.) is a Senior Lecturer in the School of Early Childhood and Inclusive Education at the Queensland University of Technology. Her research and teaching in trauma-aware education contributes to redefining support systems for children and adolescents living with the outcomes of complex trauma.

Meegan Brown (Ph.D.) is a Lecturer in the School of Early Childhood and Inclusive Education at the Queensland University of Technology. Her research in building trauma-informed teachers is critical in a world of growing mental health concerns and challenging student behaviours to enhance the capacity of teachers.

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FOREWORD TO THE SERIES

Trauma-informed Education: Contextualising the practice.

The area of trauma-informed education is a recently emerging field to support children and young people through their educational journey. As educational settings contend with the impacts of social inequity, many students identify as trauma-affected with significant unmet learning and social-emotional needs. It is therefore necessary that improvements in learning and teaching encompass the impacts of chronic stress experienced by students. To this end, trauma-informed education draws on the interdisciplinary fields of neurobiology, therapeutics, wellbeing, and social justice (Stokes et al., 2023). Trauma-informed education has grown out of the need for new responses at all levels of education to effectively provide education for trauma-affected students.

Trauma-informed practice crosses many fields of education. The series will provide an understanding of the breadth of the area and the practice of trauma-informed education across different contexts. It will include international perspectives of trauma-informed practice in the educational sector while highlighting the breadth of the newly emerging practice in this area as well as understanding how different contexts embed trauma-informed practice. Perspectives from leaders, in-service teachers, and initial teacher education in all levels of the education sector will be included in the series from early childhood through to higher education as well as alternative settings.

The first book in the series, *Implementing Trauma-informed Pedagogies for School Change: Shifting Schools from Reactive to Proactive*, provides a review of trauma-informed education more broadly before focussing on trauma-informed positive education (TIPE). To provide an understanding of how TIPE is embedded in schools and its impact, there are case studies of a primary and a secondary school who have implemented TIPE pedagogical change in their schools over the last four years.

The second book will focus on trauma-informed educational leadership to understand how leaders enact trauma-informed leadership practices as they engage with bringing change to teaching practices in the schools as well as improved academic and social-emotional learning for the students.

Further books in the series will include trauma-informed culturally responsive pedagogies as well as the perspectives of teacher educators who work in trauma-informed and culturally responsive ways in Indigenous communities. In other books, there will be a focus on neuroscience and how that informs trauma-informed practice in early childhood settings as well as what it means to enact trauma aware practice in higher education settings and foster emotional wellbeing. Bringing together the education sector will be a book on policy and practice in trauma-informed education. Across the series will be a breadth of perspectives on trauma-informed education that will be of interest to policy makers, academics, researchers, educational practitioners (from early childhood to higher education), and students (particularly in initial teacher education).

Helen Stokes
Lyra L'strange
Meegan Brown

FOREWORD

The area of trauma-informed positive education (TIPE) is a recently emerging field in educational studies. Schools serving communities that are contending with educational inequity have many students identified as trauma-affected with significant unmet learning and social-emotional needs. This trend has only been exacerbated during COVID-19 with socio-economic inequalities being further entrenched in communities experiencing disadvantage. TIPE has grown out of the need for new responses at all levels of education to effectively provide education for trauma-affected students.

This book tells the journey of two schools (Garron Secondary College and Wiyal Primary School) as they move from being trauma-affected to trauma-informed. They are both situated in a suburb that has high levels of financial and social disadvantage, and low levels of educational achievement. Over the preceding years, both schools experienced difficulty with their delivery of learning and in achieving both learning and wellbeing outcomes for their students. These case studies provide an example of how implementing TIPE pedagogical practices can bring about school change. It is a story of professional learning undertaken to engage teachers and their support staff in TIPE practices. Coupled with this is a committed leadership and staff working together to implement TIPE strategies and practices. In the first four years of this journey, the focus has been on improving student wellbeing and collective teacher efficacy, while assisting students to be ready to learn.

TIPE was originally developed in close collaboration between the authors and Professor Lea Waters at the University of Melbourne Graduate School of Education and provides the conceptual underpinning of the Berry Street Education Model (Brunzell, Norrish, et al., 2015), which has been implemented in schools across Australia and internationally. This book deepens the evidence and evaluation supporting TIPE, which has evolved over the last decade through mixed-method and quasi-experimental research designs and direct work implementing TIPE within hundreds of Australian schools and beyond (Stokes & Brunzell, 2019; Stokes, Kern, et al, 2019; Stokes & Turnbull, 2016; Stokes, Turnbull, et al., 2019).

This is the first longitudinal research in TIPE that engages the voices of leaders, teachers, educational support staff, students, and their parents. It is also the first research to link the professional learning and ongoing implementation of TIPE pedagogical practices to improved student perceptions of school and collective teacher efficacy over a four-year period.

We hope the case studies of TIPE pedagogical practice will be of interest to school practitioners and system leaders, as many school systems struggle with students who are disengaged from school and are not yet ready to learn.

Helen Stokes and Tom Brunzell

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We would like to thank the Jacobson Family Foundation for their support of this longitudinal research and their understanding that change in schools takes time. With thanks we acknowledge the ongoing support from Berry Street Victoria, the Brotherhood of St Laurence and the Smith Family who work with the schools in this process of renewal.

Thank you to the schools involved, who have welcomed us into their communities, given their time, and undertaken this research journey with us. Your commitment to wanting to make a difference for your students and their families has been an inspiration to us to write your stories.

Thank you to Penny Johnson for taking the time to review and edit the book.

Individually we gratefully acknowledge the support we receive on an ongoing basis in our lives from family and friends and through work from colleagues at Berry Street and the University of Melbourne.

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ACKNOWLEDGEMENT OF COUNTRY

We would like to acknowledge the Traditional Custodians of the lands where we live, work, and learn, the waters we reside by, the Bunurong/Boon Wurrung and Wurundjeri peoples of the Kulin Nation, and pay our respects to their Elders past, present, and emerging. It is a privilege to stand on their lands and it's our collective responsibility to care, protect, and nurture country.

We acknowledge the rich and diverse living cultures of all Aboriginal and Torres Strait Islander communities. We acknowledge their strength and resilience, and commit to empowering young Aboriginal and Torres Strait Islander people to become strong cultural leaders in their community.

Written by Noongar and Torres Strait Islander students at Garron Secondary College

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1

INTRODUCTION TO TRAUMA-INFORMED EDUCATION

THE NEED FOR TRAUMA-INFORMED EDUCATION

Trauma-informed education is an evolving paradigm based on over 20 years of evidence and practice application. It is a direct, practice response to enable teachers, allied professionals, school leaders, researchers, and educational policy makers the opportunity to understand the impacts of trauma within school classrooms and to proactively take steps to support students' own engagement with learning (Berger, 2019; Howard et al., 2022). At the centre of this paradigm are advances in understandings about trauma impacts on neurobiology, child developmental capacities required for learning, systemic implementation perspectives, and values towards equity. It also builds on and extends legacies of social emotional learning (SEL; see e.g. Collaborative for Academic, Social, and Emotional Learning, 2020; Durlak et al., 2011), psycho-education (see e.g. Ma et al., 2020), and therapeutically informed and school-based engagement supports (see e.g. Martins et al., 2022).

Trauma-informed education has emerged as a comprehensive response within education systems predicated on a growing evidence base (Fondren et al., 2020; Howard, 2019; Maynard et al., 2019; National Child Traumatic Stress Network, 2017a). While pre-service teacher qualification programmes have begun to integrate trauma-informed insights, visionary school leaders are ensuring that their staff groups learn, enact, and embed trauma-informed strategies to support their students each day. Further, there are now examples of state and national governments attending to the complex unmet needs within their constituencies by forging authorising environments for the ongoing development of trauma-informed education and access to it by community schools.

Before COVID-19, trauma-informed education was often positioned to support students contending with family histories of trauma from abuse and/or neglect. It also recognised the long-lasting conditions of intergenerational trauma and systemic factors such as the devastating impacts of educational inequity, racism, and structural inequality (Brunzell & Norrish, 2021). In Australia, the priority focus has been on supporting intergenerational trauma experiences by Aboriginal and First Nations communities (see e.g. Miller & Berger, 2020). Research continues to track students made more vulnerable due to COVID-19 health concerns and other COVID-19-related issues, such as associated family instability and violence, inadequate education provision of online and distance learning, and lack of access to technology. However, there is now even greater priority placed on the development and practice application of trauma-informed education for all students (Berger & Reupert, 2020).

At the time of this publication, COVID-19 is still present across the world. Berger et al. (2021) reviewed research on the continuing implications of COVID-19 to suggest that students with pre-existing mental health concerns and prior history of mental illness reported higher distress and anxiety, depression, and loneliness. Hammerstein et al. (2021) have shown ongoing negative effects of COVID-19 on academic learning and achievement metrics, in addition to greater academic struggle with up to 11 months of learning delays (Dorn et al., 2020).

Together with the ongoing concerns of COVID-19 are other factors that are increasingly destabilising school communities, such as the increased reporting of family violence around the world (see e.g. Drotning et al., 2023; Leigh et al., 2023) and concerns about economic instability and its detrimental impacts on mental health (Hong et al., 2021). Trauma-informed education offers promising practice pathways not only for students requiring direct intervention within their schools, but also for *all* students in order to fortify their own strategies towards resilience in an unpredictable world.

BUILDING TEACHERS' OWN CAPABILITIES

Trauma-informed education also centres on teachers and allied education staff, such as school-based mental health professionals, wellbeing and pastoral staff, and education support and intervention staff. Up to 25% of teachers are currently burning out of the profession due to their inability to manage disruptive behaviour successfully (Antoniou et al., 2013). As a support for these teachers, trauma-informed education includes strategies for teacher practice (Brunzell, Norrish, et al., 2015, Brunzell et al., 2016a) and teacher

wellbeing (Brunzell et al., 2021). The paradigm also enhances systems around supporting teachers to increase their capabilities to support positive behaviour and to maintain an orderly learning environment (Stokes, 2022).

Trauma-informed education acknowledges that teachers are not therapists; they are not therapeutic professionals like clinicians, psychologists, or social workers. Qualified therapeutic professionals often have specific clinical training to support children, young people, and their family systems when experiencing trauma. Trauma is often referred to as either 'type one trauma' (i.e. when someone experiences a one-time adversity such as illness, harm, natural disaster, or conflict, which is often accompanied by community-based supports and does not carry shame or guilt for the person experiencing this adversity) or 'type two trauma' (i.e. when someone experiences ongoing abuse, neglect, violence, or disruption as a victim of someone known to the family system, often occurring as repeated events over time). Specific to children experiencing type two trauma, the evidence suggests that these experiences carry a great deal of shame, guilt, and rupture, and can have significant, ongoing, and unresolved impacts on the growing child. In this case, the child can benefit from targeted clinical and therapeutic supports from qualified professionals (Shonkoff et al., 2012).

While acknowledging that teachers have different professional roles from therapeutic professionals, teachers still require strategies for their ever-evolving responsibilities to manage wellbeing concerns that present themselves within the classroom and at school. Teachers know they are on the front lines and the first to notice changes in student behaviour and maladaptive strategies that students may use to attempt to address social or family struggles made manifest in the classroom. Many more teachers are now reporting that they must simultaneously meet students' needs for learning, alongside school engagement and wellbeing (Brunzell et al., 2018). Trauma-informed education provides comprehensive and proactive confirmation that, yes indeed, a teacher must be aware that in order to teach effectively, they must be ready and able to provide strategies that unify student wellbeing with student learning each day.

As non-therapeutically trained professionals, teachers benefit when they are therapeutically informed. That is, teachers benefit when they have supports to understand how ongoing toxic stress and stress overload can impact detrimentally a child's growing brain, body, and the interconnected capacities for emotional and physical self-regulation required to learn within the classroom (Costa, 2017). Teachers benefit when they understand the therapeutic aims for safety, healthy relationships, and repair, when there have been ruptures in the classroom and greater school community. These

therapeutic aims have evolved over time to become the evidence and practices of trauma-informed education.

It is not the teacher's professional role to provide clinical supports to families or to individuals, nor is it their role to diagnose trauma or mental health concerns. For non-clinical professionals, it is helpful to consider that experiencing trauma occurs when the world no longer feels good or safe (Downey, 2012). Specific to children, when a child does not feel that their home, their classroom, or their community is safe, they may be redirecting precious physiological resources, which could be used for learning, for survival. Restated, the inability to successfully manage daily stressors can lead to toxic stress overload for the growing brain and body, and so the child is unable to meet developmental milestones in their own healthy growth (Cook et al., 2017).

When teachers are assisted to learn about the impacts of toxic stress and stress overload, they can easily identify students who would benefit from strategies to 'soothe' the sympathetic stress response by proactively identifying when a student is enacting fight, flight, or freeze behaviours as a result of conscious or unconscious triggers to their own stress response systems (Brunzell & Norrish, 2021). A common misperception of trauma-informed education is that students who immediately jump to escalated or disengaged responses should be left alone until their thinking, or cognition, reverts to the regulatory control of their actions. Trauma-informed education, however, urges proactive and pre-emptive strategies for teachers to notice and intervene with regulatory and relational strategies. Such strategies are designed to help the student perceive a new reality that the classroom is indeed a place of support, where every student feels safe to make mistakes, receive feedback, learn collaboratively, and restore relationships when they have been temporarily ruptured at school.

FOUNDATIONS OF TRAUMA-INFORMED EDUCATION

Childhood trauma studies often use a cluster of measures to gain insight into trauma experienced by individuals and families, and intergenerationally within communities. Priority importance has been placed on understanding the impacts of adverse childhood experiences (ACEs; Anda et al., 2005; Wolpow et al., 2009) and the increasing frequency of ACEs within many countries. Other measures include rates of school refusal (Walters, 2023), mental health outcomes (Mission Australia, 2023), and the pressing need to better understand the experiences and challenges of students living in out-of-home care provision (Townsend et al., 2023). While it is never useful to assume that a student is traumatised if struggling in one of the aforementioned cohorts, it is

helpful for educators to hypothesise that disruptive or disengaging behaviour is present when the student does not feel safe within their own body nor in the classroom or school community.

When supporting students each day, trauma-informed education has helped teachers view what may be clinical concerns requiring ongoing therapeutic care outside the classroom as a set of needs the student is attempting to meet within the classroom. As an important contribution to a student's success, teachers can do their part to help the child meet these needs for learning in healthy ways. According to foundational theorising by Maslow (1970) and its associated scholarship lineage (see e.g. Rojas et al., 2023), a child must first be able to meet their physical needs for safety and physical regulation within the body itself, before the child can successfully attend to their emotional needs for emotional regulation and healthy emotional expression. Eventually, the child can then successfully meet their cognitive needs required for learning. If teachers are supported to create safe, predictable classrooms in which physical, emotional, and cognitive needs are met, teachers have found greater success to assist their students to meet higher order needs for belonging, connection, and culture within the daily life of school (Brunzell & Norrish, 2021).

All students are attempting to meet their needs for physical safety, emotional regulation, focussed thinking, and belonging within community and within culture. All students inherently have strengths that can be specifically nurtured by their teachers. Sometimes it is clear when they successfully do so. This occurs when students can regulate themselves by waiting patiently for the teacher's attention or when the student can solve a numeracy problem on their own. However, it is also obvious when students attempt to meet their own needs in maladaptive ways when learning. Instead of waiting for the teachers, they may interrupt their peers; instead of proactively addressing a 'speed bump' when learning, they may quickly escalate and self-exit the classroom. While maladaptive, these behaviours may still be meeting a need for predictability – from the student's own perspective.

Trauma-informed education helps teachers reframe these behaviours from a physical perspective. For example, instead of a teacher thinking to themselves, 'This child is so impatient and needs to learn how to wait their turn …', a trauma-informed teacher can instead consider, 'This child has a need to move their body when escalated'. Similarly, trauma-informed education helps teachers to also reframe behaviours from a values perspective. Instead of a teacher thinking, 'This child must always be the centre of attention …' a trauma-informed teacher considers, 'This child values autonomy and fairness and is getting attention the only way they can … and how can I help them meet this need in healthy ways?'

While there are risks for trauma-informed education to become a novelty in the teacher practice literature, the evidence underpinning its development cannot be ignored. In a service-rationing environment, teachers, allied staff, and school leaders are attempting to manage daily concerns without adequate time, staffing, funding, or resources to do so. Trauma-informed education offers a singular narrative towards practice improvement that encompasses the concerns of educators, while also acknowledging the limited time and focus they have for their own practice advancement and professional development. In summary, trauma-informed education offers viable evidence for teachers to understand the causes of behaviour and the negative impacts of those behaviours within classrooms and schools, and proposes individual and system-wide responses underpinned by values of equity, compassion, and care.

ONGOING ITERATION AND DEFINITION OF TRAUMA-INFORMED EDUCATION

The terms used to describe trauma-informed work in education and in the allied mental health and social service sectors remain overlapping and inconsistently used across the world. Harris (2021) suggests that one can be trauma-*informed* when drawing on relevant fields of evolutionary sciences, attachment, and associated developmental theories. Trauma-*awareness* can then occur when workers are attuned to the possible role of trauma in their work, and trauma-*sensitive* can helpfully alert to the risks of working with individuals and systems impacted by trauma's impacts.

The terms are adjusted slightly, however, within the Missouri Model (Missouri Department of Elementary and Secondary Education, 2019), a useful, comprehensive practice guide arising from the United States. Trauma-*awareness* is when school's staff can learn the impacts of student trauma through whole-school training activities and the like; trauma-*sensitive* occurs when staff use therapeutically informed language and consider behaviour through a trauma lens; trauma-*responsive* refers to when there are observable changes to student and staff interactions for strategies that support regulation and wellbeing; and trauma-*informed* refers to following steps to ensure that school policies and systems to support student behaviour and management enact trauma-informed principles and values. The Missouri Model helpfully positions schools along this continuum for their own reflective practice and goal setting.

Even when comparing two well-respected practice approaches such as from Harris (2021) and the Missouri Model (2019), it is clear that while the

labelled priorities align and overlap, there is still potential confusion within ubiquitously applied terms. In order to progress the field, while not getting mired in the nomenclature, this book refers to trauma-informed education as an umbrella term that transcends and includes the prior developmental steps towards understanding and implementation. As such, these terms are often culturally dependent and differently employed in various countries at different times, depending on the orientation of policy makers, practice leaders, and researchers.

While it is probably not a priority for most schools to determine definitively if they are either trauma-*aware* or trauma-*sensitive*, it can be quite important for schools to focus their implementation efforts on progression and the useful criteria noted in each progression step towards supporting their students through shifts in whole-school practice. Brunzell and Norrish (2021) contend that underpinning this work are the foundational values of trauma-informed education, and these values cannot be separated from school improvement efforts towards equity, inclusion, and multicultural validation of the unique cultural context of each school community.

The ongoing project of trauma-informed education acknowledges there is much work to be developed and disseminated. Still required are trauma-informed disability and inclusion practices for neurodiverse students (Rajaraman et al., 2023); culturally responsive pedagogies that specifically recognise the impacts of intergenerational trauma and the importance to maintain an emancipatory mindset through education (Gay, 2018); and priority attention given to vulnerable student cohorts (e.g. LGBTQIA+ young people; Williams et al., 2021), who identify their own schools as the location of ongoing trauma, re-traumatisation and adversity.

IMPLEMENTATION LAYERS OF TRAUMA-INFORMED EDUCATION INTERVENTION

As the field has developed and the evidence base for trauma-informed education expands, it is beneficial to continuously track new insights for practitioners and researchers. Trauma-informed education can be considered as a comprehensive umbrella covering many associated topics. Each of these topics is usefully employed within trauma-informed education and not tightly restricted when acknowledging priorities of (1) SEL and psycho-education along with (2) multitiered systems of intervention (Berger, 2019).

SEL provides valuable indications for what a teacher, who is not qualified as a mental health professional, can teach to all students (Durlak et al., 2022).

Often this includes, and is not limited to, identifying with accuracy felt-emotions and associated thoughts, proactive steps to regulate one's emotions, and strategies to bolster, repair, and restore relational connections between peers and other healthy adult–student relationships inside and outside school. SEL can be taught by teachers as a universal intervention for all students, along with special adaptation for smaller groups (i.e. pastoral care groups or intervention groups to increase social emotional skills). Teachers, however, must be cautious when providing SEL to groups of students with clinical concerns, and often it is advised for a qualified mental health professional to lead such groups.

The multi-tiered framework of intervention support (Berger, 2019; Fondren et al., 2020) helps educators understand priorities for student intervention when providing both academic and behavioural supports. In the language of a multi-tiered framework, there are three tiers of students in most schools. Tier 1 refers to approximately 80% of students who will benefit from universally provided intervention supports. Often, these supports come in the form of SEL and psycho-education, delivered by teachers to non-clinical student populations. Many trauma-informed education programmes fall into this general tier 1 category and with good reason, as many more students are self-reporting concerns with stress and the inability to manage daily stressors.

Tier 2 refers to the approximately 15% of students who benefit from short-term, smaller-group intervention from a qualified education support or therapeutic specialist in the school. Often, trauma-informed education programmes recommend that the success of tier 2 intervention is significantly enhanced by a firm implementation of tier 1, universally across the school.

Tier 3 refers to the approximately 5% of students who require significant wrap-around supports from their schools due to the presentation of complex unmet needs either at school or at home. Tier 3 intervention requires the guidance of clinically trained professionals in close coordination with school leadership teams and teaching staff. There are a number of trauma-informed education programmes that require delivery to tier 3 cohorts from trained mental health professionals.

All three tiers are opportunities for schools to enact, so these categories will be referred to within this book. Even so, caution must be given to labelling students or placing students in categories when providing proactive support. It can certainly be helpful to designate a student within tier 3, which indicates to a school staff that this student requires ongoing monitoring, assessment, targeted intervention, and possible funding. Educators, however, must be alert to when a label *becomes* the student and may prejudice staff to perpetuate unhelpful, assumptive patterns of student management.