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Roadblocks and Enablers for Teacher Engagement in Professional Development Opportunities Aimed at Supporting Trauma-Informed Classroom Pedagogical Practice

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ABSTRACT

This paper is based on a research approach that aims to explore and explain the roadblocks and enablers for mainstream classroom teachers engaging in professional development and training focused on trauma informed pedagogical practices. Teachers seeking resources that promote discrete behavioural and cognitive skills in the social emotional developmental domain can easily access advocacy, policy articles and resource materials that are in the form of guides, toolkits, and programs. Notwithstanding this, a second focus area is the relational approach whereby the main tenet is children's social, emotional, and cognitive development is dependent on the relational context in which they spend their time. It is an area that emphasises the interpersonal skills of adults rather than focusing on the knowledge and behavioural skills of the child. A considerable body of research exists that supports the relational approach of trauma informed practice to mitigate the effects of risk factors in the lives of children with developmental trauma. The aim of this paper is to assess and discuss the methodology, rationale, and results for this research through examining the qualitative research process undertaken with a group of mainstream primary school teachers. This paper will examine the outcomes of the teacher interviews that highlight the roadblocks and enablers for teachers engaging in education and training to enhance their skills and knowledge on being trauma informed in their teaching practices. These results have significant implications for future framework development in school settings.

INTRODUCTION

Exposure to childhood trauma experiences is increasingly referred to in the literature as an epidemic (Blaustein, 2013). During 2018-19 the Australian Institute of Health and Welfare (AIHW, 2021) reported that 174700 Australian children received child protection services that consisted of either an investigation, a care and protection order or were placed in out of home care due to child abuse and neglect. This report also highlighted that Aboriginal and Torres Strait Islander (ATSI) children were eight times more likely to receive child protective services than their non-indigenous counterparts (AIHW, 2021). It is worth noting that such figures may not accurately represent the number of children at risk, as many concerns go unreported to authorities for a variety of reasons. Thus, estimates of exposure to other Adverse Childhood Experiences (ACEs) in Australian children are likely to be higher (Moore et al., 2015). The pervasiveness of childhood trauma and the impacts of toxic stress have continued to be appreciated and this knowledge is now beginning to be applied to a range of sectors in our communities (e.g., Felitti et al., 1998). Consequently the urgency for educational bodies including schools to provide trauma-informed practice and services has continued to rise

(SAMHSA, 2014). Evidence demonstrating outcomes for children when engaged in social-emotional interventions and specialised, bespoke behavioural supports has resulted in reduction of traumatic stress reactions (Rolfesnes & Idsoe, 2011) Teachers are increasingly expected to assume pedagogical responsibility for student proficiency in the social-emotional developmental domain (Reeves & Le Mare, 2017). Whilst teachers are being expected to absorb the responsibility of student's acquisition of social-emotional knowledge and skills, minimal focus has been given to the teacher's preparedness to be knowledgeable and competent in this area (Jennings and Greenberg, 2009; Waajid, Garner and Owen, 2013; Alisic, 2012).

Reeves and Le Mare (2017) identified two key areas of discourse and practice in social-emotional learning, including competence promotion and relational adjustments. Competence promotion consists of learning materials, resources for interventions, programs and toolkits, which are growing and becoming more plentiful and easily available to engage children who have complex trauma behaviours. These resources consist of a wide array of programs, and address various aspects of social competence. Attention to impacts of childhood trauma and the need for schools as systems of service delivery to be cognizant of trauma informed care has led to the emerging discourse of trauma specific interventions. These interventions consist of specific teaching programs, school orientation, approach to trauma informed care, trauma related professional development and in servicing of staff (Thomas et al., 2019). Despite the intentions of these programs and approaches, isolated interventions are challenging to consistently implement (Cole, Eisner, Gregory, & Ristuccia, 2013; Domitrovich et al., 2010; Flay et al., 2005). Teachers are tentative to implement mental health based programs within the classroom context, particularly when there lacks a school wide consistent approach that is supported by leadership. (Cole et al., 2013; Evans, Stephan, & Sugai, 2014).

Indications of long-term negative outcomes across an individual's lifespan associated with adverse childhood experiences have a long history (Felitti et al., 1998; Anda et al., 2006). Research demonstrates early adversity during childhood has significant and sustained impacts on a child's brain development (Menschner & Maul, 2016). In order to adequately communicate the interconnectedness and coexistence of maltreatment experiences in childhood, Australian researchers, Higgins and McCabe (1998) conducted a systematic review of existing studies (p.3). Their study explored more than one type of child maltreatment with the discovery of the following; (1) a significant proportion of adults had endured more than one type of maltreatment; and (2) significant adversity followed and impacted on those who had endured more than one type of maltreatment. (Higgins & McCabe, 2001). Connections between multiple adverse childhood experiences (ACEs) and poor physical and social outcomes across the lifespan, further research was subsequently conducted. An estimated 72% of Australian children have been exposed to at least one ACE, this rate being much higher in lower socio-economic populations (Zubrick et al., 2005). With these children attending state school education, teachers are at

the forefront of managing challenging behaviours daily. Throughout the past decade cross-disciplinary focus on complex childhood trauma has evolved and is being considered from a range of perspectives including trauma frameworks, neuroscience, child development and attachment models and this has encouraged school systems to come to the fore and participate in intervention practices (Thomas et al., 2019). The literature review of practice frameworks being adopted by classroom teachers in mainstream schools is minimal and the number of teachers choosing to engage in trauma focused professional development is also limited. (Collier et al., 2020; Thomas et al., 2019.) An absence of empirical evidence to support successful implementation of trauma informed practice frameworks in mainstream schools exists. Furthermore, it is unknown if teaching and leadership staff within schools have confidence in, value or are informed of practices to support children with complex social and emotional needs (Chafouleas et al., 2018). The rapid incline in demand for trauma sensitive schools (Overstreet & Chafouleas, 2016) begs the question of why there is such limited empirical work on effectiveness or occurrence of trauma informed frameworks being implemented and if teachers are engaging in training and professional development of trauma informed classroom practice.

Alisic (2012) conducted a study of teacher perspectives on supporting children who have been exposed to trauma. Interestingly, many of the responses to this earlier study were similar to the identification of barriers and enablers to engaging in training and professional development of trauma informed practice that interviewees discussed in the narratives of this study. The main themes identified in the 2012 study by Alisic included role definition and capacity to sustain responding to differing children's needs, identifying a need for further professional knowledge, and know-how and emotional burden of working with children exposed to trauma experiences (Alisic, 2012).

WHY DO WE NEED RESEARCH IN THIS AREA?

Diamond (2010) confirms that the bio-psycho-social needs of need children is required to be the focus for schools before academic achievement and engagement in learning can be embraced. Craig (2008), however, draws reference to teachers feeling overwhelmed and under-skilled to cope with the complex needs of students who have experienced trauma. There is growing concern amongst practitioners and academics that school suspensions and exclusions from school result in a downward spiral in children's trajectories moving towards the justice system, contact with law enforcement agencies and disengagement from school and education (Mittleman, 2018). Children who have experienced trauma present with greater risk of serious behavioural escalations and more than doubles the child's risk of arrest (Bomber, 2020). Literature related to the school to prison pipeline phenomena discusses the disproportionate effect that suspensions and school exclusions have on children who are already enduring considerable adversity (McGrew, 2016). In a study that combined data collected over fifteen years from the Fragile Families and Child Well-being study it was found that nearly one in five suspended children, by the age of fifteen years, had already acquired an

arrest record and were disengaged from schooling communities (Mittleman, 2018). Contemporary school behaviour management policies contribute to a process of cumulative disadvantage. (Bomber, 2020). It was proposed by Sampson and Laub (1997) in their life course theory of crime that school suspensions and exclusions initiate this cumulative disadvantage, creating a snowball effect and as childhood leads into adolescence and then adulthood, the capacity for individuals to break with the past diminishes, and future decision making is slanted towards ongoing criminality.

Vulnerable children often struggle with resilience and acquiring skills to assist them negotiate adversity. Craig (2008) highlights that the adoption of resilience can be enhanced when teachers consider modifying pedagogical practices to support differences in children when they learn according to their regulatory state, use of positive feedback loops, supporting relational practice with students and ensure trauma integrated practices are embraced across the school community. This is further supported by Nicholson et al., (2019) and Panlilio (2019) stating the use of trauma focused skills to strengthen relational connections between the teacher and the student can support healing and give the brain an opportunity to develop in more typically developmental ways. Jennings (2018) discusses the relevance of consistent staff tuition and mentoring in understanding and recognition of student stress and responses to adverse experiences. Overstreet and Chafouleas (2016) state that collaborative practice between mental health professionals and school leaders significantly supports classroom teaching practices and positive outcomes for children affected by trauma. Alisic et al., (2012) highlight the impact on teachers who are requested to follow treatment plans for students and to implement trauma informed pedagogical practices without supportive mentoring and coaching practices to assist them in this work, the fear by teachers being they are uncertain they may not be causing further harm. Opportunities for supervision, feedback loops and mentoring coupled with a coaching element may support teacher's to feel more confident and enabled to manage the complexities associated with teaching children with a trauma background. The relational adjustments approach as highlighted by Le Mare (2011) does not lend itself to standardised instructional scripts or scope and sequencing curricula, rather it requires teachers to have the skills to attune to children and their needs. Supporting teachers to have the skills to create positive relationships with children who have experienced trauma is a critical element when adopting a trauma-informed approach. Wellbeing requirements of teachers and support staff coupled with providing opportunities for collaborative support with colleagues and external care agencies is another key essential element of a trauma informed care approach.

The attrition rate of teachers in the first five years following graduation is as high as forty percent in Australia and as high as fifty percent in the United Kingdom (Ewing & Manuel, 2005; Milburn, 2011). In Australia, and overseas the attrition rate is as high as fifty percent in lower socio-economic areas affected by poverty (Hong, 2010; Ingersoll, 2001). Buchanan et al., (2013) conducted an empirical investigation among teachers leaving the profession and the following categories of reasons

for leaving the teaching profession were identified: lack of classroom support, burnout, low student engagement and challenging student behaviours in class and across the school context, poor communication from leadership teams, lack of teaching resources and high workloads. Children who have experienced one or more ACEs are enrolled in Australian state school classrooms, and teacher attrition rationales cite classroom management of students with challenging and dangerous behaviours. Roadblocks and enablers continue to exist for teachers to access professional development opportunities to learn trauma informed classroom practices in order to cope and prevent burnout and a departure from the profession.

PHILOSOPHY AND THE APPROACH TO THIS STUDY

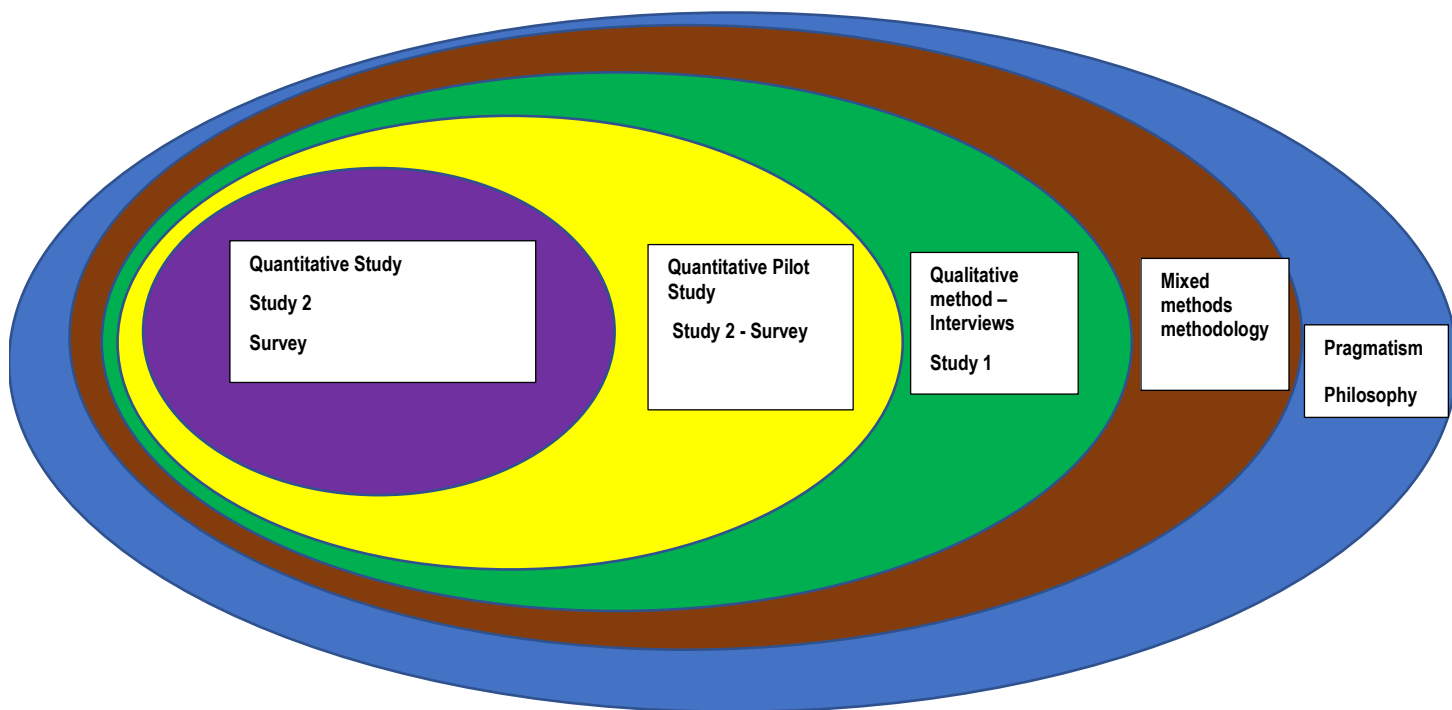
This research project is a mixed method approach and consists of three independent studies. Firstly, a qualitative approach, secondly a pilot quantitative study and thirdly a larger quantitative study. The purpose of this paper is to discuss the outcomes of Study one, the qualitative study.

The research philosophy that is been utilised for the research of this complex issue is pragmatism. This perspective assumes an orientation towards solving practical problems in the real world and asks the researcher in this instance, to consider the possibilities of roadblocks and enablers that may be present for classroom teachers to engage in learning about trauma-informed classroom practice. This in turn determines the trajectory for children with trauma histories to recover, heal, learn and contribute to the probability of school success and influences life outcomes. Pragmatism is described by Goldkuhl (2004) as having an interest in not only for "*what is*", but also for "*what might be*". Pragmatism can be understood as a philosophy that fully acknowledges a mutual permeation of knowledge and action to change what exists. The researcher's ontological stance is reflective of this approach to determining if roadblocks and enablers exist for teachers to partake in professional development, to enhance their pedagogical practice to cater for children who have experienced developmental trauma. A pragmatic paradigm reflects the researcher's beliefs and practices to use what works (refer to Figure 1) and these actions appear as significant and fundamental to the methods. This ontology is evident in the use of a mixed methods pragmatist approach, which does not either imply or anticipate research questions but rather recognises human actions as a fundamental way of allowing the social world to become meaningful. In this research project teacher choices regarding engagement in trauma informed classroom practice learning opportunities will allow for meaning to be derived, and understood, as to what may influence teacher engagement in learning opportunities.

The mixed methods paradigm also argues the importance of obtaining interview and survey data, to inform the researcher of barriers and enablers and possible future actions that may improve and increase teacher engagement in training and professional development opportunities, aimed at trauma informed practice occurring in the classroom. This paper is focused on study one of this mixed methods research project, the qualitative study, consisting of teacher interviews.

Figure 1

The framework for exploring roadblocks or barriers to mainstream teachers engaging in professional development in trauma informed classroom pedagogy



METHODOLOGY - STUDY ONE

An exploratory sequential mixed methods (ESMM) approach begins with qualitative research (Study 1) (Creswell, 2018). In this research project, an inductive, or ‘bottom-up’, qualitative method (Frith & Gleeson, 2004) is recommended to be used to develop a comprehensive understanding of emerging themes and patterns. In this instance, the perceptions of mainstream teachers culminate and form the patterns and themes to be later used in Study two and Study three. Qualitative research methods are discussed by Crowe et al., (2015) as being oriented towards making meaning so knowledge and insight into complex areas can be better understood and assist in contextualising subjective experiences (Fossey et al., 2002). Thematic analysis facilitates the capturing of meaning from the data. This method has the capacity to segment, organise and compartmentalise qualitative data to allow a narrative to illustrate commonalities, differences and understandings of participant’s personal experiences, feelings, views, and attitudes (Denzin and Lincoln, 2003). Vaismoradi et al., (2013) discuss the importance of the research question needing to reflect the values and principles of qualitative research ensuring an emphasis on the participant’s subjective experience and capturing the meaning. This is reflected in this project whereby mainstream classroom teacher’s views and understandings of roadblocks and enablers to engaging in professional development opportunities are captured and analysed. This question provides participants with the opportunities to discuss the roadblocks and enablers that exist for them. Once the

participants had the opportunity to discuss their perception and understanding of the questions through a semi-structured interview process, the thematic analysis framework for conceptualising relationships to determine common themes and patterns along with differences has been applied (Crowe et al., 2015).

METHOD

PARTICIPANTS

Participants were purposively sampled to maximise the diversity in perspectives. Diversity was sought in regard to gender, levels of teaching experience, school backgrounds (included religious, community and non-religious schooling types) and school community neighbourhoods (urban, rural). Teachers were contacted via the school principals, and they received correspondence explaining the purpose of the study and an informed consent process followed by phone discussions to answer any questions related to the study. The interview questions focused on roadblocks and enablers that are evident and influence teacher’s engagement in the learning process. All four school principals invited staff to participate and all teachers who demonstrated interest in the study consented. Fifteen teachers from the four schools participated. The mean age of the participants was 37 years, with the age range from 24 years to 60 years. Six participants were male teachers and the number of years teaching ranged from two years to thirty-three years. All fifteen teachers had interacted and were currently

supporting children in their classrooms who have experienced trauma through abuse and/or neglect.

INTERVIEWS

Semi-structured interviews were used in this study, allowing the researcher to follow a set outline of topics with questions and prompts in each section (Alston & Bowles, 2012). Informed consent for participation in the interview was obtained from each participant and interviews occurred via an intermediary platform such as Zoom or Microsoft teams (MST), or phone calls. Each interview was audio recorded and then transcribed for analysis. In order to elicit rich, focused and meaningful data the interview refinement framework (Castillo-Montoya, 2016) was utilised as a guide to develop the interview schedule ensuring the questions in the schedule were topic specific and aligned with the research questions and facilitated the construction of an inquiry-based conversation to develop a

narrative. The topics in the interview schedule (refer to Table 1) related to teaching experience, experiences with traumatised students and their understanding of childhood trauma, understanding and knowledge of trauma informed pedagogy, willingness to implement trauma informed practice in the classroom, willingness to engage in professional development and training of trauma informed practice, and best mode of delivery of professional development. Interview schedules were reviewed by research officers within the Department of Queensland Education. The interview schedule was piloted with five mainstream classroom teachers prior to the interviews for the study commencing. There were no required changes to the interview questions following the piloting of the schedule. The average interview duration was 64 mins, ranging from 55 mins to 80 minutes.

Table 1
Topic Guide for semi-structured interviews with mainstream classroom teachers

Type	Question
General	
D	What has been your teaching journey so far?
D	What have been your teaching career highlights?
D	What have been your career challenges?
D	What is your age now?
D	What grade level are you teaching now?
Experience	
I	What is your specific area of teaching interest?
I	What is your experience with regards to children and Trauma?
F	Can you provide an example? What did you do? How did you feel? How did the child respond? How did other children in the class react?
I	What stops or prevents you from helping those hardest to reach children?
I	What would make it easier for you as a teacher?
I	What is your understanding of developmental trauma?
I	How do you feel about those children in your class who make teaching challenging?
I	How do you feel about those children's parents?
School Protocols	
I	Does your school have a protocol with regards to trauma?
F	What does it look like? What do you think about it? What are the effects when using it with the child/class/parents/staff?
I	Have you guided families to seek mental health or family support?
F	Did the families take up the option of additional support? Did it help the child/Family?
Needs	
I	Do you feel teachers are supported to learn about trauma informed pedagogical practices?
I	Would you be willing to implement trauma informed pedagogical practices in your classroom?
I	What would need to be different for you to embrace a trauma informed approach?
F	What would you need from your leadership team to implement trauma informed practices in your classroom?
F	What type of scenario would make you feel uncomfortable? What type of support would you need in those situations? Why do you think you may have a sense of feeling uncomfortable?
I	What would be the best way for you to learn about how to use trauma informed practices?
I	To what extent would you require more information than you have now?
F	What prevents you from obtaining this information now?
Colleagues	
I	How do you exchange information with colleagues regarding children and trauma?
F	How often does this occur? How does this exchange take place? Is it beneficial? Why?
I	How do you and your colleagues support each other?
F	What are your thoughts about this support? Would it be helpful if it occurred differently?

Note: Each interview included the first four questions regarding demographics (D). Interviewer completed the gender of participant. Each subsequent topic follow-up questions were asked was discussed mostly with open ended introductory (I) questions and the narrative developed. Depending on the participant's response the follow-up questions (F).

ANALYSIS

Each of the fifteen interviews were transcribed verbatim, with the participant's names being substituted with functional codes. The transcriptions were then returned to the relative participant

requesting if the manuscript was an accurate reflection of the interview responses. All manuscripts were returned indicating accuracy. A data matrix evolved with examples of statements made by the participants that was representative of a common

element or theme. A pattern of responses from the interviews became evident. This facilitated the researcher to begin identifying patterns and describing themes that then progressed into first order, second order and third order themes. Once the emerging patterns became clearer the researcher coded the interview transcripts into themes and sub-themes, the analysis of the qualitative data occurred through a process consistent with thematic analysis.

Inductive analysis of the data set using a thematic analysis method allowed for themes to be identified. Inductive analysis was selected (as opposed to a theoretical or deductive approach) to ensure the form of thematic analysis was data-driven and that the coding of the data occurred without attempts to fit it into a pre-existing coding frame or the researcher’s pre-conceptions (Braun & Clarke, 2006). This was overseen by the co-authors separate to the interviewer, as an auditing process to ensure any biases in the interpretation and analysis of themes and patterns were analysed objectively and interviewer’s biases managed. The six-step process proposed by Braun & Clarke (2006) was utilised to establish the themes that evolved from the interviews. The six phases of analysis were used as guidelines with elements of flexibility and was used as a recursive process rather than a linear process whereby movement between the

phases occurred (Ely et al., 1990). The six-step process commenced with:

- (i) Familiarisation with the data ensuring an immersion in the data through the interview process to appreciate the depth and breadth of content searching for meanings, patterns, and concepts prior to commencing coding,
- (ii) Transcribing of verbal data whereby the data gathered through the fifteen interviews was transcribed into written form. Lapadat & Lindsay (1999) believe this phase is an interpretive phase where despite being time consuming and often viewed as mechanical, it is a key phase of data analysis whereby meaning is created. It was during this phase that the emerging patterns began to become apparent.
- (iii) Generating initial codes from the data whereby the codes identified a feature of the data, allowing for data to be organised into meaningful groups that formed the basis of repeated patterns. Coding occurred through tagging and naming sections of text with the use of colours within each data item
- (iv) Searching for themes through sorting codes into potential themes, analysing codes and considering how codes combine to form over-arching themes and sub-themes (Braun & Clarke, 2006)
- (v) Reviewing, defining, and naming themes through development of a thematic data map (Figure 2) and a detailed analysis of each individual theme and sub theme (Table 2).

Figure 2
Thematic Map

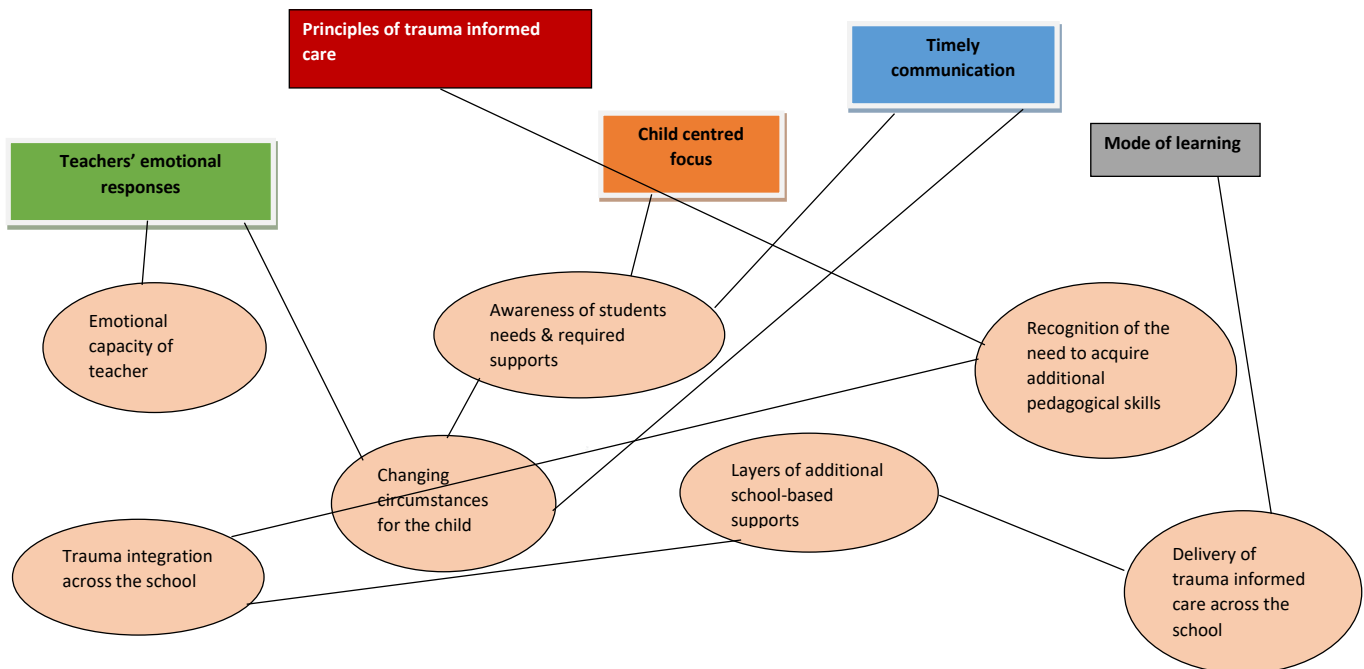


Table 2
Theme Analysis

Theme: Child Centred Focus	Theme: Mode of learning specialised skills	Theme: Timely communication related to child	Theme: A teacher's emotional response linked to outcomes for children	Theme: Principles of Trauma Informed Care integrated into school culture
<p>S/T: Unaware of child's needs</p> <ul style="list-style-type: none"> ~ Not advised by leadership of the child's needs ~ Unaware of the child's needs ~ Unaware of impact of trauma or adversity on child ~ Impact of trauma on the child ~ Child's history and impacts on learning ~ Not informed about trauma circumstances ~ Teachers often last to know about changing circumstances of child 	<p>S/T: Recognition of the need to acquire additional pedagogical skills</p> <ul style="list-style-type: none"> ~ understanding impact of trauma on learning/social emotional /cognitive development. ~ Belief that children have choices in responses ~ Unclear about child developmental domains and impacts from trauma and adversity ~ don't understand trauma continuum ~ Minimal understanding of types of trauma or harm ~ Unaware that training would assist teachers <p>S/T: Layer of additional school-based support system</p> <ul style="list-style-type: none"> ~ PD is not enough ~ Supported application of skills over time ~ Teaching staff overwhelmed with job requirements. ~ Skill development requires: Coaching and mentoring, case consultation with support staff who understand pedagogy, classroom operations and dealing with overwhelmed professionals ~ Possible Communities of Practice 	<p>S/T: Changing circumstances for the child not communicated to teacher.</p> <ul style="list-style-type: none"> ~ Incident awareness ~ Changes in family dynamics, changing residences, visitation, medication diagnosis, care and orders not communicated to teacher. ~ Historical trauma not communicated to teacher ~ Teacher Avoidance of Issues ~ Poor attendance at case reviews & planning meetings by stakeholders ~ Mimimal/ absence of support for FBA assessments and reviews by Regional Ed staff ~ Importance of being informed of changes. ~ Absence of Collaboration ~ Teacher confidence ~ Teacher competence 	<p>S/T: Emotional capacity to cope with trauma-based behaviours</p> <ul style="list-style-type: none"> Understanding own emotional responses to challenging behaviours ~ Vicarious trauma leads to high attrition rates and burnout ~ Teachers are compassionate and want to help children but unaware of how to. ~ Suspension of children allows to teach better behaved children ~ Student disengagement is a worrying response 	<p>S/T: Application of trauma informed care and practice</p> <ul style="list-style-type: none"> ~ Holistic responses to a child ~ Not causing further harm through managing behaviours ~ Concept of Cumulative harm is not recognised ~ Inappropriate responses by teachers can cause additional harm ~ Teachers unaware of skill required to manage trauma-based behaviours ~ Teacher confidence ~ Teacher competence <p>S/T: Trauma Integration needs to be the focus</p> <ul style="list-style-type: none"> ~ Leadership is integral to trauma responsive approach ~ Whole of school response ~ A school culture is impactful for staff and students Trauma informed approach needs to integrated into the PBL across the school community ~ Teacher confidence to manage children facing adversity ~ Children with trauma behaviours are a low priority for leadership ~ Allied Health professionals to support the implementation of new practices Support staff that are part of the school culture ~ Focus is curriculum not wellbeing

RESULTS

All fifteen teachers interviewed spoke of having current and former students in their classrooms who have experienced childhood trauma. These traumatic experiences consisted of exposure to domestic violence, parents with significant mental health concerns, care neglect, supervisory neglect and medical neglect, parents incarcerated, and other types of maltreatment and polyvictimisations that are consistent with homelessness, experiences of war, knife and gun violence, community violence, removal into care and multiple placement breakdowns and forced placement and community changes. The teachers all discussed their narrative related to struggles they have with challenging behaviours in the classroom and for many of the more experienced teachers, the intensity and frequency of challenging behaviours has escalated in the past five years. The teachers all felt the students have a choice in their behavioural responses and that suspension and expulsion is the only option within the current education system in Queensland when the school rules are breached. Participant four (P4) stated:

"Schools are not set up to deal with these kids who consistently flaunt with the rules that keeps others safe, they need time away through suspension, it's the only way.."

Another participant (P6) in their interview discussed:

"This child brought a toy gun into school and I thought it was a real gun, it was very scary and thankfully the child was expelled, I then left teaching for a long period, I was so traumatised."

All fifteen teachers showed high levels of compassion for children who have a trauma background and all the teachers interviewed felt they were unable to help as they don't have the skills or the time to know how best to manage these children and their needs in the classroom. One teacher (P3) stated:

"These kids are a forgotten population, they are disregarded because they are too hard and teachers are so overwhelmed with the job of teaching and managing all of the other things that we need to tick off, it almost becomes a relief when they are suspended, just to have a moment to breathe".

All the teachers interviewed commented on the increasing demand on teachers to accommodate for the social and emotional needs of students. All fifteen teachers described the time and effort expended on such support and this took away from teaching the academic curriculum.

"My colleagues and I feel like we should have studied to become pseudo-psychologists who occasionally teach the curriculum, many of the students have such complex needs and we can't get the parents on board, so we are left to deal with big emotions and big problems and most teachers just don't have the skills to deal with that".(P9)

The most prominent themes in the participant's narratives reflected a lack of competence and confidence in dealing with children with trauma and secondly, with how the current education system needs to be adapted to cope with the training requirements of teachers to learn the skills and acquire the knowledge to deal effectively with children with exposure to

potentially traumatic circumstances. The core themes described in greater detail below relate to:

- (i) Child centred focus and conflicting demands
- (ii) Timely professional development related to a child
- (iii) A teacher's emotional response to childhood trauma
- (iv) Principles of Trauma Informed Care integrated into school culture
- (v) Mode of learning specialised skills

CHILD CENTRED FOCUS AND CONFLICTING DEMANDS

A large proportion of the interviewees struggled with the conflicting notion that the teaching role is quickly becoming much larger and more demanding with not only needing to deliver curriculum but needing to have a significant focus on social-emotional skill development. Whilst all the interviewees expressed compassion for the child's circumstances, they felt they were ill-equipped with the skills and knowledge to manage the mental health concerns of many of the students they teach. A large proportion of the interviewees spoke of feeling a significant lack of confidence, awareness, and competence in meeting the individual needs of children who have suffered maltreatment and other adversities. A sub-theme that emerged across several core themes, including the child centred focus and conflicting demands core theme was **awareness of a child's needs and required supports**. A common narrative throughout the interviews was teachers were not informed by their leadership team of the child's needs and they were unsure as to what supports the child requires, they were not included in case meetings, were often not advised by external agencies when a significant event happened for the child such as a removal into statutory care or a placement breakdown with foster or kinship carers. Teachers discussed that whilst they don't need specific details of the past trauma, an understanding as events unfold and past adversities assist with managing the child in an environment such as a classroom and being confident to seek out professional skill development to meet the child's needs. One teacher stated:

"It's really tough when a child in my class has been exposed to a significant incident such as a drug raid, a violent domestic incident that involved emergency services, removal from the family home into care, a parent incarcerated to name a few, and as the child's teacher I am not informed, so when the kid kicks off I feel annoyed and frustrated at him and am ill-equipped to respond with any specialised skills, there is just no context around the behaviour and I am unaware that the behaviour is occurring because of trauma. This lack of awareness is a real barrier to knowing I need to engage in targeted professional learning" (P12).

Many of the interviewees discussed their preference for a child centred response and focus, however, fail to see how that is possible with current workloads, extra curricula demands by the leadership team, and pressure to have students achieve academic outcomes. A significant number of interviewees were clear that their preference is to be responsive to a child's specific needs and engage in development of their own understanding and practice. It is apparent from the interviews

that resources and requirements of teachers in mainstream schools are not adequately suited to the social-emotional needs of students. This may be particularly the case for students with mental health and trauma-related concerns. A teacher expressed in their interview the following:

“I work really hard to ensure I have good lessons planned, and that the majority of the children in my class are exposed to the required content from the curriculum, I don’t physically have the time or the energy to be child focused with specific students and to go off and learn about how I can help them, there is nowhere near enough resource staff, those key staff who know about trauma and mental health, it’s just not doable for teachers in the current school system to be child focused on one child, what happens to the rest of the kids if I do focus on just the one kid” (P13).

TIMELY PROFESSIONAL DEVELOPMENT RELATED TO A CHILD WITH TRAUMA

Interviewees discussed how at times any communication related to the child’s current circumstances, needs, history or information pertaining to what strategies work or don’t work is inaccessible. The interviewees discussed the lack of awareness that teachers have in general around understanding how trauma impacts a child and mostly have minimal awareness of if a child’s behaviour is due to past or current trauma. Sub-themes of this core theme includes the *awareness of student’s circumstances and awareness of student’s changing needs*. In the context of this study, interviewees discussed how if they were made aware of the child’s circumstances they feel at a loss as to what to do to support the child in the classroom and the school context in general. Teachers discussed how sending the children out of the room to the office or the neighbouring teacher’s classroom as a punishment for poor behaviour choices during the lesson is the only response, they feel they have available to them. There was thirteen of the fifteen interviewees who overwhelmingly stated they are mostly unaware of the children’s circumstances and don’t feel a sense of compassion or empathy for the child, rather annoyance and frustration at the child’s behaviour. The lack of communication hinders teachers recognising the cause of the challenging behaviour and the child’s struggles with regulation; therefore, the teacher is often unaware they need to learn additional skills and strategies to support a child in their classroom. These sub-themes related to this overall core theme are a common thread throughout the narratives in this study and is a significant barrier to teachers engaging in trauma informed professional development. This theme is illustrated in the following comment from a teacher:

“Unbeknown to me this boy had experienced abuse from an uncle, was removed and placed with his grandmother where the uncle then visited and further abused him and then the boy was placed into a foster care placement, all in the one month and I didn’t find out till seven months later when I ran into the grandmother in a shopping centre, no-one told the school or me and when I reflect on that time his behaviour became very difficult from that point onwards. It would have been good to know, although I

have no idea what I would have done differently for him and as it is I didn’t know that I even needed to go and learn about how to help him.” (P7)

TEACHER’S EMOTIONAL RESPONSES TO CHILDHOOD TRAUMA LINKED TO CHOICES ABOUT PROFESSIONAL DEVELOPMENT

Throughout the interviews an over-riding core theme was how teachers feel about the issue of children being abused and neglected. Interviewees discussed feeling emotional and fearful about how they would respond if a child disclosed abuse to them. Interviewees discussed how they manage challenging behaviours is to believe its due to a neurological disorder such as autism, ADHD or intellectual or learning delay rather than considering the behaviour could be due to experiences of abuse or neglect. Seven interviewees spoke of how children in their classroom had diagnosed conditions and had never considered that these diagnoses could be related to trauma experiences.

A sub-theme of this core theme is the *teacher’s emotional capacity to cope with training and professional development that is linked to childhood abuse and neglect*. Interviewees related the reason for not engaging in professional development is that they often don’t know the children in their classrooms have experienced trauma and secondly, interviewees discussed how they are overwhelmed with getting through the volume of work they are given and don’t believe they have the emotional resilience to cope with the content this training topic would potentially raise. One teacher stated:

“It’s enough trying to cope with the behaviours and having pressure to get the students to a certain academic standard, I know I wouldn’t have the energy, time or headspace to start learning or attending classes or training on childhood trauma, it is just too much to ask of teachers.”(P5)

Interviewees were cognizant of the complexity of the child protection system and feel it significantly lets children and families down. Some interviewees discussed how emotional they have felt in the past when they have reported concerns to the child protection authorities and believed there is no action or response. Interviewees discussed how they feel their responsibility has ceased once they have made the report. Interviewees feel that the emotional toll that occurs when a decision is made to report to child protection services is significant and it would be helpful if a collaborative partnership was to exist where teachers were included in the outcomes for the child rather than simply no response or communication being forthcoming. Interviewees discussed an enabler to understanding the child protection sector and the impacts of trauma on children would be the appointment of a designated role in each school to assist in managing the relationships with the child protection authorities and to be available to assist the teachers with pedagogical practice to support the child whom they have reported to the Department of Child Protection. Teachers discussed the inconsistent approach across and within schools where sometimes child protection matters are managed in part by the Head of Special Education, the Guidance Officer, the Deputy Principal or Principal so that accessing additional help and support for the child in the classroom is not attainable.

“Anything to do with kids that need to be reported to child protection sits with a number of senior staff and its kind of an add on to their current roles, its never a focus with the one person having key relationships with child protection staff, there is no opportunity to develop collaborative partnerships with the Department of Child Safety and so teachers don’t really know who to talk to about learning skills to help the student with problems as no one makes it a priority.”(P7)

PRINCIPLES OF TRAUMA INFORMED CARE INTEGRATED INTO SCHOOL CULTURE

The impact of trauma on children is diverse depending on factors such as who perpetrated the trauma, the type of trauma, frequency, severity and duration of the trauma experience and the protective and risk factors that may exist in a child’s life. These elements are important to consider when understanding why a child is reacting and responding to perceived threats in the school context. The interviewees were largely unaware and did not have a knowledge base regarding these key elements. Nine of the fifteen teachers interviewed discussed the desire to know more about childhood trauma so they had a basic understanding of the possible presentations they have encountered with students both historically and currently in their classrooms who have suffered abuse or neglect. Some of the impacts they were able to be described included sensory issues, heightened states of arousal or withdrawn presentations. Developmental delay and learning problems, frequent fatigue and poor health, inattention, poor peer and adult relationships, speech and language difficulties and violence and aggression were also mentioned.

A common theme throughout the interviews was the recognition that teachers needed additional training and development to manage this array of problems that students in their classrooms were presenting with. This presents as a sub-theme of this core theme which is described as **recognition of the need to acquire additional pedagogical skills**. Twelve of the fifteen interviewees discussed a narrative that suggests teachers are unwilling to access additional education outside of their day-to-day role and believe it would be more beneficial if on-the-job training and support were offered. The interviewees discussed enablers that may assist teachers developing the required skill set and include a number of suggestions that would enable timely access and an integrated service response to students and to support teachers’ professional development. Such suggestions included:

- A school-based hub or centre where inter-disciplinary Allied health professionals such as Speech Pathologists and Occupational Therapists could support students with delays in development along with supporting classroom-based strategies to assist students;
- Social workers to be present in the hub to assist with children who were unwashed, dirty and have an odour that alienates them from peers and who are often still in the same clothes as previous days, along with being hungry and tired so the child could be supported with

shower facilities, food and able to rest if required. The social workers could also be available to manage child protection matters and improve school relationships with the child protection authorities and external agencies along with liaising with parents and caregivers;

- Psychologists present in the hub or centre to assist students with mental health concerns and support parents and carers who are reluctant to engage with therapies outside of the school context.
- An educator to assist teaching staff with trauma informed practice interventions in the classrooms and in the playground, during transition time and before and after school.

Several interviewees raised the concern of teachers being perceived as an important agent of change and the need to be responsive to the changing landscape of the community, despite the current workload and the strategic direction of the Education Department and the individual school often not reflecting the same strategic focus.

“There is a school and Departmental focus in Queensland on STEM, literacy and robotics, not on trauma or mental health so we work hard to achieve the outcomes based on the strategic directions given, there is not much more room to be focusing on anything else, we need more resources and help to be able to support these poor kids who have been abused and neglected.”(P2)

A narrative that was consistent throughout the interviews was the interviewees didn’t recognise there exists strategies, practice approaches and frameworks that could assist and support them to manage children in their classrooms who demonstrated trauma-based behaviours. The sub-theme of recognising the need to acquire different skills, learn new knowledge and develop new beliefs and values related to childhood trauma was consistent throughout the interviews. The narrative from the interviews has resulted from assumptions based on the behaviourist views learnt in pre-service training that the behaviour/consequence approach is their only option for managing the behaviours of traumatised children. A response from an interviewee that portrayed this view was:

“Teachers hear about these fluffy approaches that allows naughty kids to get away with abhorrent behaviours and frankly I don’t have time for the fluff and when I’m in the throes of day-to-day teaching and managing bad behaviours I don’t have any inclination to change what I do, it’s the student who needs to change what they are doing, make a different choice or there is a significant consequence. I have no idea what these alternatives strategies are and why should I, I have done the training to be a teacher, I’ve got the certificate. My approach is treating the kids like my customers, if they don’t like the service I’m providing, then is up to them to go elsewhere.” (P6)

MODE OF LEARNING SPECIALISED SKILLS

A common thread throughout the interviews was discussions regarding what would serve as enablers for teachers to learning skills to support students in their classrooms who have experienced adverse experiences. A consistent response was based around the sub-themes of learning the skills whilst applying the trauma informed strategies, frameworks, and approaches. This sub-theme of **integration of trauma-informed care and practice training** was clearly communicated with interviewees overwhelmingly discussing the mode of learning needing to be on-the-job. A number of possible methods for how schools could structure this learning were offered in the interviews and consisted of schools having a number of discipline specific experts place based in the school settings that constituted an additional layer of support to teachers. This second sub-theme, **layer of additional school-based support** was consistently suggested by the interviewees. A summary of the specific strategies suggested by the interviewees for enabling the additional layer of school-based support consisted of:

- In-class teacher mentoring and coaching and frequent constructive feedback (P10, P15, P7, P8)
- Frequent and ongoing whole of school professional development sessions that are scaffolded to support learning and trauma integration across all staff and faculties (P5, P7, P15, P9, P12).
- Regular peer based consultative sessions in school time whereby specific cases are analysed and practice suggestions are brainstormed and applied, this needs to be led by a trauma/education expert, so all levels of leadership and teaching staff receive the same information (P6, P7, P12, P14, P3, P8)
- Regular peer support sessions whereby the risk associated with the student's behaviour is shared in an effort to reduce the isolation for teachers. Interviewees discussed teacher stress and burn-out and why attribution rates are often due to teachers feeling they are left to deal with the student alone with minimal support as it is seen the student "belongs" to a particular teacher due to being in that teacher's classroom for that year (P15, P13, P11, P9, P8, P3, P1).
- Community of practice whereby cross pollination of skills are shared with teachers from other schools in the district to share the expert advice, therapeutic activities and strategies and common special days and events such as staff development, guest speakers and Integrated Allied health support recommendations and training (P2, P4, P7, P12, P13, P15.)

The sub-theme of **trauma integration across the school setting** was a consistent narrative across all fifteen interviews. The concept of a trauma integrated approach as discussed by the interviewees consisted of safety for all staff, students and parents as a school community and practices such as recovery and healing from trauma for the students could occur, where client agency and collaboration was common practice and empowerment, strength and resilience by students, staff and parents are core element within the school culture.

Interviewees discussed the importance of any approach to their professional learning and enhancement of skill development being driven from leadership, both departmentally as a strategic pillar and from the school leadership team. Much of the narratives surrounding this sub-theme discussed individual teachers feeling frustration and a sense of defeat when they consider additional development and learning. Interviewees discussed the distress felt when supporting students with a trauma history in a different way to the traditional behaviour/consequence approach, only for the child to then be suspended for a misdemeanour when on break time or in a specialist lesson with a different teacher. One teacher commented:

"It's useless thinking that any change in approach can be achieved by a handful of teachers without the support from the top, it doesn't work, teachers don't even try anymore, and they don't want to spend their time learning new approaches because the leadership team have other agendas and things on their minds".
(P15)

DISCUSSION

This study uncovers a largely understudied topic related to the barriers and enablers for mainstream classroom primary school teacher's engagement in professional development of trauma informed classroom pedagogical practices. The Australian Institute of Health and Welfare (AIHW) (2021) recently released figures whereby 174,700 children nationally received child protection services in 2019-2020. The report discusses 3% of all children aged 0-17 years are supported by child protection service systems (AIHW, 2021). An additional 40,200 children nationally aged 0-17 years were involved with Intensive Family Support services where the families were at risk of entering or re-entering the child protection system (AIHW, 2021). Of these 40,200 children, 36% were children aged under five years (AIHW, 2021). All of these children have been exposed to significant trauma experiences to qualify for a tertiary or pre-tertiary child protection intervention or assessment. These children are those that attend educational facilities and are engaging with mainstream classroom teachers. It has been acknowledged throughout the literature that teachers offer an important opportunity to aid in a child's recovery and healing from their exposure to adversity and trauma (Rolfesnes and Idsoe, 2011; Bryce, 2018; Bomber, 2020; Golding et al., 2021). In this current study the need for further professional knowledge and know-how and the barriers and enablers for this to occur have been explored in a qualitative design with semi-structured interviews. Despite some of the mainstream classroom teachers who were interviewed using some skills that are trauma informed, the main finding was the teachers believed there are many barriers to why they are not able to engage with professional development and training in trauma informed pedagogy. There are five core themes that are related to both barriers and enablers of teachers accessing professional development of trauma informed practice are qualify as either teacher attitudes and behaviours or system constraints. The five core themes consist of child centred approach and conflicting demands, timely professional development related

to a child with trauma, teachers' emotional responses linked to choices regarding professional development, principles of trauma informed care being integrated into school culture and the mode of learning specialised skills. These core themes highlight that barrier for engaging in development of trauma informed practice are perceived by teachers as existing at the broader departmental and school level, not only at the individual teacher level. Teachers discussed the perceived constraints as universal across the education sector whereby overwhelmed teachers are navigating their way through the increasing curriculum demands, high workloads, large class sizes and a multitude of extra-curricula tasks and duties. The narratives in the interviews discuss the magnitude of challenging student behaviours and often the teacher is unaware that trauma is the cause and are left to try and manage the behaviour of the student on their own.

The discussions in the interviews related to teachers believing the leadership within the Department and at the school level needed to embrace a trauma informed culture across the school for any professional development in trauma informed practice to occur and then for those skills to be implemented. Another significant barrier that was raised in the narratives was the emotional burden and toll of learning about the impacts of childhood trauma and other adverse experiences. The interviewees discussed the balance involved in being resilient when learning about childhood trauma and harm to children and caring about the well-being of the child. A number of interviewees discussed feeling triggered by hearing about childhood adversity and preferred to not know when a child has experienced harm or what the impacts of harm to the child can be. Discussions related to not being able to support a child due to not having the skills or knowledge or other professionals available to them to ask advice or to seek support from. Some interviewees spoke of not being able to separate the demands of the teaching role when returning to their personal lives following their day at work. They feel the demands of the teaching role are significant and when needing to support the mental health of a child added to the toll of the role exponentially.

Several teachers who participated in the study spoke of the need for more training and support in providing psychosocial support to students. Teachers in this study discussed the perceived enablers that would support engagement in professional learning about childhood trauma and trauma informed pedagogy. A main theme was a focus on development of key skills, understanding frameworks of practice and the application of theories such as attachment and trauma theory needing to be a whole of school approach. This involved enabling teachers to be relieved from class to engage in consultations regarding children, acquisition of knowledge, development of plans, support, and assistance with classroom-based strategies by key allied health and expert trauma consultants that are place based in the school setting. The interviewees who suggested these enabling factors suggested a centre or hub based on the school grounds were the key resource staff could be well-integrated into the school culture and be aware of the specific needs of each child who presents with trauma-based behaviours. Another suggestion for enabling

teachers to engage in development and training of trauma-based expertise is a classroom-based mentoring, coaching and feedback loops whereby the expert trauma educator along with allied health professionals attend the classroom, model strategies, and provide supportive and constructive feedback to teachers on an ongoing basis. Techniques, strategies, and skills learnt through consultative processes outside of the classroom can be applied with the help and support of a trauma educator until the confidence and competence of the teacher is achieved. Due to previous quantitative studies demonstrating that teacher attitudes toward implementing psycho-social tasks being mediated by their feelings of confident and competence (Kos, Richdale and Hay, 2006), it makes sense that teachers be supported in the classroom by expert discipline specific practitioners until the teacher is able to develop a sense of certainty in their own capacity to apply the frameworks and implement the strategies. A number of interviewees discussed the community of practice approach whereby a number of schools have staff designated times they come together for shared learnings in areas such as literacy, STEM or other curriculum areas. The interviewees discussed the importance of ensuring these days go ahead as the pastoral care component along with the sharing of resources and key strategies to support their pedagogical practice was beneficial. The interviewees suggested a community of practice approach may be useful for trauma informed pedagogical practice learnings. This approach is well supported in the literature with Goodyear and Casey (2013) discussing the importance of teachers often being caught in the innovation without change mode where new strategies, knowledge and awareness occurs, however, this does not translate into the classroom. Community of practice models address and encourage a reconsideration of traditional pedagogy and supports teachers moving beyond the honeymoon period of implementation.

The suggestions that have been made by the interviewees in this study of their views and perception of enablers for mainstream classroom teachers to engage in professional development and training of trauma informed classroom pedagogy are in line with addressing the research to practice gap that is evident in many disciplines including education (Valentino and Juanico, 2020). Teachers often are made aware of best practice frameworks through one off or a short series of whole of school professional development presentations, however, the transfer of knowledge is often not integrated into their teaching practice in the classroom (Valentino and Juanico, 2020; Goodyear and Casey, 2013; Perry, Walton, and Calder, 1999). The literature discusses how Community of Practice opportunities, mentoring, coaching and on-the-job support by discipline experts assist in teachers valuing opportunities to learn from one another, to set their own professional development agenda, and have time to plan, experiment, and reflect on their teaching practices. The strategies proposed as enablers to support teacher engagement in learning are further supported by Tseng and Kuo (2014) as they discuss the prosocial commitment to improving practice, strengthening ties with colleagues which assists in reducing stress, vicarious trauma and burnout of teachers as self-efficacy reflects a mediating effect on knowledge sharing and pastoral care supports.

This study adds to the literature through the focus of discovery on an under-researched topic of barriers and enablers for mainstream primary school teachers engaging in professional development on trauma-informed classroom pedagogy. However, several limitations should be kept in mind when reviewing the outcomes of this qualitative study. Firstly, the study was inclusive of fifteen teachers from three Queensland based state primary schools in south-western Queensland. One of the schools is a rural based school, whereas the other two are in a more metropolitan region. The results may be indicative of the views and experiences of mainstream primary teachers and it would be valuable to determine if the themes and sub-themes were representative of a larger sample size of mainstream primary school teachers. Secondly, whilst maximum diversity of mainstream primary school teachers was sought, this study relied on teacher's willingness to participate. The views of teachers who may not be interested in childhood trauma and psychosocial supports may be under-represented.

A future recommendation from this study is for replication through a quantitative study to allow identification of views and opinions related to this research topic. The findings of this study do provide an opportunity for a framework to be developed to support teacher learnings and a shared knowledge base along with lessening the gap between research and classroom practice. This may be further facilitated by having a clear protocol and policy for what is expected from teachers with regard to their professional development plan. In addition, the identified themes and sub-themes could provide a basis to be used by school leadership teams and Departmental strategic committees to systematically explore strengths and challenges of teaching staff with tailored advice, modelling, coaching and feedback loops along with opportunities for localised communities of practice to occur.

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Professor Karen Trimmer focus is leadership for community capacity building, through research that impacts on education and social justice policy and governance through professional development and empowerment of leaders in education organisations and communities. She currently works within the Professional Studies program to develop leadership in practice and with Aboriginal and Torres Strait Islander colleagues and postgraduate students.

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