Considering Ways to Operationalise Trauma-Informed Practice for Education Settings

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This discussion paper looks at the emerging practice around trauma-informed care and how education settings are implementing the theory. It reviews the impact of trauma responses on behaviour in education settings and also looks at some of the barriers that prevent the effective implementation of trauma-informed practice. We consider the political and financial landscape of education settings, the impact of current behaviourist practice in settings and the perspectives of teachers in relation to embedding new practice. Finally, we present two distinct ways of operationalising the exciting and inspiring trauma-informed theory and resources that are available. The first is an applied model to sequence how we support and respond to trauma, the Applied Trauma Responsive Classroom Model (ATRCM), and the second is the Resilience Support Programme that has been created for post-16 education to support the overcoming of adversity and trauma.

Keywords: trauma, adversity, resilience, education

Introduction

Trauma

The concept of trauma is certainly an emerging area of research in the social, educational and health community. The discourse around trauma has gained in popularity primarily from the seminal research into Adverse Childhood Experiences [ACEs] which began in the U.S. (Felitti et al., 1998). This research described a number of risk factors associated with traumatic events and incidences and how there was a causative link to longer-term health and emotional wellbeing (Felitti et al., 1998). Since this initial piece of research, ACEs studies have been replicated throughout the world, including in the UK. These replications presented a clear view that trauma is a persistent issue within the UK population: Bellis et al. (2014) found 47 per cent of 18- to 69-year-olds (N=3,885) in England had experienced at least one ACE, and Lewis et al. (2019) found 31.1 per cent of 2,064 young people reported exposure to trauma and adversity in their first eighteen years.

Impact of Trauma

We are aware of the correlational links to long-term health and emotional wellbeing consequences discussed in the ACEs studies (Felitti et al., 1998). However, further researchers have explored how the experience of trauma can present itself within our childhood population. Childhood adversity can manifest in distressed behaviours (Bombèr, 2020) which can impact a child's ability to access their learning environment and engage in the supportive relationships that are required to buffer against adversity (Bombèr, 2020). We understand that trauma which occurs during childhood can impact both physical and neural development, which in turn can impact a range of skills considered essential for successful learning, including executive functioning, regulation, and attachment skills (Bombèr, 2020).

Trauma and Education

There has been increasing consideration, because of the impact trauma can have on behaviours affecting learning, that our education environments need to consider a trauma-informed approach to supporting learners. This has been magnified by the recent Coronavirus (COVID-19) pandemic, which resulted in legislation for extended lockdown procedures, including school closures (Department of Health and Social Care, 2020). Lockdown requirements appear to have further exposed vulnerable children to known risk factors for adversity such as neglect, abuse, serious harm, domestic abuse and parental mental health difficulties (Romanou & Belton, 2020). There was, therefore, an expectation that education settings would consider a "recovery curriculum" on returning to education (Carpenter & Carpenter, 2020) which was based on research into trauma-informed practice. Outside of this particular approach, schools are more often seeking opportunities to embed trauma-informed practice (TIP) within their environments, realising the impact of trauma on learning behaviours and looking for a way to overcome these difficulties.

Trauma-Informed Practice (TIP)

Trauma-informed practice aims to prevent re-traumatisation by seeking to understand and respond to the impact of trauma on people's lives. The approach emphasises physical, psychological and emotional safety for everyone and aims to empower individuals to re-establish control of their lives. It requires a whole organisational approach to reflect on existing practice and consider how we can enhance safety for service users, staff and all others within the organisation.

It is generally agreed that trauma-informed practice should consider the four Rs, which are summarised by Treisman (2021) as follows:

- **Realise** the widespread impact of trauma, stress and adversity and understands potential paths for healing and recovery.

- **Recognise** the signs and symptoms of trauma in staff, clients and all others involved in the system.

- Actively **Resist** re-traumatisation (committed to being trauma-reducing instead of trauma-inducing).

- **Respond** by fully and meaningfully integrating, embedding and infusing knowledge about trauma into policies, procedures, language, culture, practices and settings.

It is recognised that there is a continuum when considering embedding trauma awareness into organisations and that we do not have to meet all the above criteria to begin to work in this way (Lancashire Violence Reduction Network, 2020). Labels that are associated with this continuum are *trauma-aware*, *trauma-sensitive*, *trauma-responsive* and *trauma-informed* (Lancashire Violence Reduction Network, 2020).

Difficulties and Barriers When Considering Trauma-Informed Practice in Education Settings

Political and Financial Landscape

School success continues to be measured on attainment and progress outcomes, with examination results being posted publicly and with Ofsted criteria. As part of Ofsted's focus on curriculum impact, evaluating the pace of pupil progress, pupil outcomes and their preparedness for their next steps are vital considerations — as is the "performance development" of teachers (Bromley, 2021). As this is prioritised by schools that want to make a positive impression on the wider community, it may present a barrier to an investment in TIP. TIP relies on reconsidering systems and cultures, which can be difficult to fit amongst the existing pressures associated with outcome measures discussed. Evans et al. (2015) found that if the implementation of whole-school change was viewed as supplementary to academic initiatives then limited emotional investment from staff was observed. Similarly, Sparling (2021) found that teachers felt that due to academic demands they had to prioritise activities related to academic attainment and struggled to find additional time to plan interventions related to new programs. However, one study found the interest of local headteachers piqued when a school implemented a whole-school ACE-informed approach and then received a highly positive ("Outstanding") Ofsted judgement (Shaw, 2021). Therefore, whilst this shift in consideration may feel an additional burden, there is positive recognition available through wider systems.

School systems have also faced considerable financial pressures in recent years. The Department for Education estimates that cost pressures on mainstream schools exceeded funding increases by £2.2 billion between 2015–16 and 2019–20. Local authorities have also reduced support services for children and young people due to the financial pressures they have experienced (National Audit Office, 2021). The COVID-19 pandemic had a significant impact on the school sector, but its impact on schools' financial health is not yet clear. The most affected are local-authority-maintained secondary schools, which are more likely to be in financial deficit (National Audit Office, 2021). This places schools in a position where investing financially in new approaches is not always viable, which can be a barrier when investing in whole-school trauma-informed approaches. There are many existing packages of support and supervision to embed TIP in schools. However, these come with an associated price tag. Whether education settings are in a position to make this financial investment is unclear.

Reconsidering Behaviourist Approaches

In the UK, education settings still seem to rely on a behaviourist approach to understanding interactions, which focuses on consequences, rule-based and punitive interventions (Bombèr, 2020). This approach focuses on responding to the behaviours being presented in schools, both by rewarding and reinforcing what is perceived as good behaviour and punishing and reducing what is perceived as bad behaviour (Golding et al., 2021). This is not surprising given the OFSTED criteria on which schools are judged, "having clear and effective behaviour and attendance policies with clearly defined consequences" (Ofsted, 2023).

These behaviourist approaches are operationalised by the many behaviour systems which we see in schools and colleges, some of which display children's names in various ways to associate them with the behaviour (i.e., on the rain cloud, on red/yellow, name on the naughty board, etc.). What we know about children who have experienced trauma is that the most ineffective way to support them is through shame. Children who have experienced trauma often have created

views around how adults will behave based on their experiences (*you don't care about me*) and will view behaviour systems and discipline as further evidence that they are not good enough, and they are bad/wrong (Golding et al., 2021). Because traumatised children are hypersensitive to shame (they may have previously been exposed to high levels of shame), even the smallest amounts of shame can be intolerable. Extreme behaviour and psychological damage can be triggered by typical, reward–punishment or behaviourist methods (Elliott, n.d.) as children will experience heightened stress and dysregulation and will present with further behavioural difficulties. Wider than this, for all our children, being publicly labelled as naughty/bad/wrong is highly likely to impact their stress response, and children in heightened states do not learn effectively (Jensen, 2005).

It is at challenging times that pupils need connection most (Golding et al., 2021) and therefore trauma-informed care relies on a shift in perspective away from behaviourist approaches and towards relational support and relational repair. Many education settings have begun to consider this by replacing behaviour policies with relationship policies as recommended by Bombèr (2020).

Teachers' Perspectives

Sparling (2021) conducted a literature review which considered whole-school interventions that targeted social, emotional and mental health, from the school staff perspective. She found the following barriers which were identified by school staff across ten studies:

- *...programs were time-consuming to set up and required a lot of time for discussions and reflection on theory before developing action plans... One participant reflected: "We are teachers and teachers are 'doers' instead of 'thinkers'. So, we want to move into action real quick without too much theory"... This statement suggests a clear urgency to quickly progress to the implementation stage.*

- *...difficulties in understanding how different aspects of theory related to their own practice in terms of addressing needs of the most challenging pupils and concluded that programs were not comprehensive enough and did not provide much-needed strategies to address the most difficult problems.*

- *It was important for teachers to have access to helpful and easy-to-use practical tools and activities they could take away from training. Tools included specific strategies to use in and outside the classroom, activities, case studies illustrating program application within the school context and practical guidelines.*

- *Flexibility to adapt programs to local contexts was considered to be important. However, flexibility also*

became a problem in some schools where, due to the complexity of program theory and competing priorities, a decision was made to adopt only one element of a wider program i.e., student support groups... Attempts to adopt only one intervention created confusion in terms of program aims and desired outcomes. As a result, the program lost its importance and was discontinued.

- *Teachers who viewed their professional role predominantly as educators delivering the curriculum to the pupils were described as less enthusiastic to embrace "social dimensions of their work" as they believed that these were not school problems and therefore should be solved by others i.e., school psychologists or social services.*

It is clear from Sparling's research that there are several barriers that we must consider when thinking about offering support to embed trauma-informed practice in education settings. Due to the various pressures of the school environment, teachers can feel disempowered and without resources to implement ideas they can rely on an expert model of professionals coming in to do the work (Ingemarson et al., 2016). It seems that teachers need to have access to practical, easy-to-use-and-apply resources, to support their approach in the classroom and to build their confidence in working in this way. These resources need to be utilised in their entirety, and for this to occur, all parts of the resource need to be clear, concise and accessible across the educational audiences.

Operationalising Trauma-Informed Practice for Schools

The authors have been working extensively within the field of trauma-informed practice and resilience over the past few years, including through their roles as local authority educational psychologists. In collaboration with education staff and wider LA service colleagues, they have established an enthusiasm for sharing trauma-informed care and resilience with others. During this time, they noticed the barriers discussed above emerging on an anecdotal level from education staff and sought to address this through their own models.

In the next section, we will present two models of delivery around trauma-informed practice and building resilience, which have been created to start to overcome these barriers. The first model is a tool for school staff to use to begin to implement trauma-informed practice, and the second is a programme that aims to enhance resilience in the post-16 education sector.

The ATRCM

The *Applied Trauma Responsive Classroom Model* (ATRCM) is a practical, operational model which supports

classroom staff to sequence their approaches and interventions with students in a trauma-responsive way (Carter, 2023a). It offers a framework to respond to a progressive set of needs, both through the model (see Figure 1) and the additional observation and planning schedule (Carter, 2023b).

The ATRCM has been developed from a combination of research and theory from the fields of child development, attachment, resilience, neuroscience and trauma-informed practice. The model is strongly influenced by the following specific theories:

- Primarily the sequencing of needs draws from Maslow's Hierarchy of Needs (Maslow, 1943): the current model aligns with the belief that we need to start with a foundational need [in the ATCRM's case: safety] and build towards needs that fulfil Maslow's descriptors of self-actualisation.

- Borba's building blocks of self-esteem (Borba, 2012) are widely used in the field of education, notably forming the basis for much of the Emotional Literacy Support Assistant (ELSA) training. In the same way as Maslow, Borba describes the need to move through these building blocks sequentially, which again aligns with the current model.

- Bruce Perry also suggests a sequence of responses that will support a child to learn, think and reflect within his 3 R framework (Perry & Hambrick, 2008). This has again contributed to the stages laid out in the current model, and Perry's 3 Rs run alongside as a reminder of this.

- The Trauma Recovery Model (Skuse & Matthews, 2015) combines similar theories and presents these in a familiar sequential model to meet the needs of children involved with the Youth Justice Service. Working with this model within the youth justice arena has helped to inspire the current model for education settings.

- Trauma-informed literature for children, young people and education has been considered widely. Many texts from Karen Treisman, Louise Bombèr and Kim Golding have had a significant impact on the development of the current applied model.

The aim of developing the ATRCM (see Figure 1) is to offer an operational framework, so that education settings can begin to apply the exciting and inspiring trauma-informed theory and resources that are already available to them. This model and associated observation schedule have been developed and made freely available to enable schools to start building their own trauma-responsive practice. It hopes to overcome the barriers that have been expressed by school staff and the wider education systems.

Building Resilience

Although the link between ACEs and negative health, emotional, social and wellbeing outcomes is well established, there is also evidence that protective factors such as temperament, social resources, intellectual capacity and strong social relationships can mediate the impact of adversity and increase resilience (Blodgett & Dorado, 2016; Substance Abuse and Mental Health Services Administration, 2014). The authors believe that we need to shift our focus away from trauma and towards holding the hope for overcoming trauma and implementing support around operationalising resilience.

### The Resilience Support Programme

The Resilience Support Programme was conceived in 2018 whilst the second author was conducting research into her doctoral thesis (Borrett, 2019). The Programme was developed as a response to colleges seeking support for academically able students who lacked the resilience to continue with their studies. The resilience support programme was designed with the assumption that resilience is an outcome that students can achieve. It utilises evidence that resilience is built up of factors which can be modified. The programme uses psychoeducation to teach strategies that will increase the student's use of these factors. Students are taught the skills for resilience through engaging sessions which include discussions, videos, role-plays, games and quizzes. The programme has its evidence base in research that indicates that the core mechanisms of resilience are connection, positive experiences and emotions, and adaptive skills building (Bekki et al., 2013; Borrett & Rowley, 2020; Jennings et al., 2013; Sood et al., 2011; Steinhardt & Dolbier, 2008).

The programme takes an explicit view of resilience that respects the following principles:

- It rejects the notion that a student is either "resilient" or not. Instead, it views resilience as a collection of protective factors which develop from the systems that surround the young person. Therefore, resilience is modifiable and can be improved by intervention.

- Resilience is tangible and can be both assessed and measured.

- The development of resilience in students nurtures strong, independent learners who are better equipped for the next stage of study.

- It holds a positive perspective on student mental health and wellbeing which appoints a proactive and preventative approach. This approach is embedded in positive thinking, avoids negative descriptions and is empowering for students.

Figure 1

Applied Trauma Responsive Classroom Model (ATRCM)
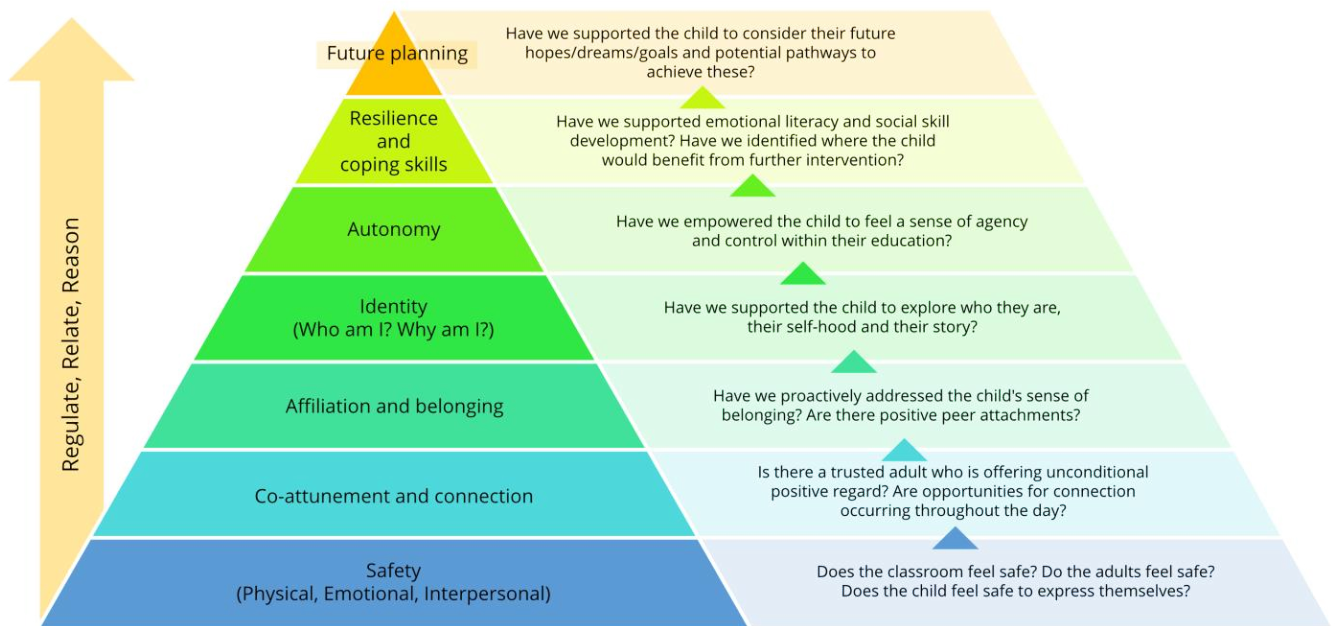
The programme aims to develop student skills so that they can better self-manage, set goals and persist with them, regulate their emotions so that they are able to move on from negative experiences, build helpful connections and have a sense of belonging to their college and use the connections they make to build support networks. So far, the programme has been run at three colleges in the east of England and is now moving into a second stage training teaching assistants to deliver the programme at post-16.

Future Hopes

The authors are keen to continue developing resources and provision for education settings to feel empowered and confident to operationalise the evidence and theory around trauma-informed practice and resilience. We are interested to hear from other education professionals considering new materials or who have created similar models/programmes/resources for support.

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