Creating a trauma- informed culture: Practicality in schools

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Abstract: Traumatic life experiences have an impact on learning, behaviour, and relationships in schools. A trauma-informed culture instilled in schools could significantly reduce the effects of traumatic experiences on learners, however, creating this may present challenges in schools. This article used secondary data from scholarly articles to investigate the practicality of creating a trauma- informed culture in schools. It was found that fostering a trauma-informed culture in educational settings is challenging since there are not enough qualified teachers or resources, and some activities cannot be done during school hours. It is recommended that proper training be provided to the educators and enough resources be availed to enable proper creation of a trauma- informed culture in schools.

Keywords: Trauma, trauma-informed approach, trauma-informed care, trauma- informed culture, traumatic experiences

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INTRODUCTION

A variety of undesirable outcomes, including negative impacts on cognitive functioning, attention, memory, academic performance, and school-related behaviours, have been linked to exposure to various types of traumas (Maynard, Farina, Dell & Kelly, 2019). The learners' academic performance may be impacted by these stressful prior events. The main objectives of education might not be accomplished if this is allowed to continue without appropriate interventions. The effects of childhood trauma can be prevented and mitigated in schools (Avery, Morris, Galvin, Misso, Savaglio & Skouteris, 2021). However, this can only be achieved if schools adopt a trauma-informed culture. Although it is recommended to use trauma- informed approaches, there is a need to establish their effectiveness in schools. This article seeks to establish the practicality of creating a trauma-informed culture in schools. It seeks to answer the following questions:

1. How successful are school-based trauma-informed approaches for learners who have experienced trauma?

2. What are the challenges encountered when promoting and putting trauma-informed care into practice in schools?

Trauma in schools

The American Psychiatric Association (2013, p.271) defined trauma exposure as "actual or threatened death, serious injury, or sexual violence" that is either directly experienced or witnessed; learning that any traumatic experiences have occurred to a loved one; or repeatedly being exposed to details of traumatic events. These traumatic events might include being exposed to various sorts of violence; losing a family member; and experiencing natural catastrophes among many other things. Young people's cognitive abilities and capacity to participate in education are directly impacted by traumatic experiences (Sweetman, 2022). Therefore, I would argue that the impacts of trauma on the learners must be reversed. According to

Sweetman (2022), young individuals who have had traumatic events in the past typically struggle with concentration and may also have relational and behavioural issues; they may experience logistical challenges related to attendance; they may exhibit symptoms of post-traumatic stress disorder (PTSD); all of which add to their load and may cause them to drop out or develop a reputation as a troublemaker or incompetent student. It is crucial to establish strong social bonds within the framework of the classroom since these connections help one's self-esteem grow, which in turn affects academic performance.

According to Morton (2022), a sizable proportion of young adolescents have had or are going through stressful circumstances, which can worsen their academic performance. With this perspective, Chafouelas, Johnson, Overstreet, and Santos (2016) argue that schools represent a natural system in which to help prevent and reduce the negative effects of trauma, and more effectively engage students in the learning process, due to the relatively high rates of youth exposed to traumatic events and the negative impacts of those experiences on academic achievement and life course outcomes. Schools should therefore provide students who have experienced trauma in the past with a place to grow and learn how to live a healthy life. The safe environment and supportive interactions that teachers and the school setting may offer have been regarded as the most crucial components in trauma healing (Treisman, 2018; Murphy & Sacks, 2019). Between teachers and students, there should be a safe environment. Positive, trustworthy relationships facilitate getting treatment and aid in the healing of trauma, according to Sweetman (2022). Therefore, positive relationships are important in facilitating healing in learners who have experienced trauma, and arguably creating a trauma-informed culture in schools is key to achieving this outcome.

Trauma and behaviour

Adverse childhood experiences (ACEs) have caused adolescents to become hyper-vigilant. Morton (2022) defines hyper-vigilance as the state of constantly scanning one's environment for potential threats and can lead to impulsive or disruptive responses to stimuli, which explains why students who have experienced chronic stress, trauma, or both, frequently act in unpredictable ways. These students have trouble expressing their needs, making choices, or comprehending how their actions influence those around them (Dotson, 2019; Morton, 2018). Additionally, according to Cumming, Smith, and O'Brian (2019), the students may lack inhibitory control. These students frequently struggle to respond appropriately to stimuli, including those that could cause a 'fight-or-flight' response, as a result of difficulty in meeting behavioural expectations (Cumming et al., 2019). According to Berardi and Morton (2019), students who have experienced trauma may also have executive functioning issues, making it at best challenging for them to make decisions based on prospective outcomes or repercussions. Trauma can also make it difficult for students to decide how best to approach challenges, and when confronted with a triggering event, their inability to control their emotions might cause them to react in ways that are more akin to a 'fight-or-flight' scenario (Frydman & Mayor, 2017). It is crucial to know that a student's behaviour may be a result of unfulfilled needs or damaging systems. Additionally, according to Cumming et al. (2019), students who engage in harmful coping mechanisms, like denial or avoidance, frequently have greater internalising behaviours for emotional disturbances. These ultimately have an influence on how these students behave. A trauma-informed approach would thus help address the effects of the past traumatic experiences which had an impact on the behavioural challenges faced by the students.

Trauma affects children's social development and emotional control, in addition to their cognitive development, according to Frydman and Mayor (2017). This suggests that trauma may have an impact on a person's various stages of development. Due to the experiences that limit their capacity to connect with others, students who are under threat are more likely to struggle with social interaction (Frydman & Mayor, 2017). It thus illustrates how difficult it may be for children to feel comfortable at school, which increases the possibility that they would act out in reaction to circumstances they find upsetting or stressful (Frydman & Mayor, 2017). Social connection is a crucial component of growth that enables students to perform to their maximum potential in the classroom.

The physiological, safety, love and belonging, and esteem tiers of Maslow's Hierarchy of Needs (Maslow, 1987) place a strong emphasis on the needs that must be met before students can achieve self-actualisation, which is the stage at which individuals strive to be the best versions of themselves. A student may find it challenging to concentrate on self-actualisation if they have experienced traumatic events in the past, or if their prior needs have not been addressed. According to Frieze (2015), if a student is unable to meet their requirements, they may become fixated on the problem, which will cause them distress and make it difficult for them to function effectively in class. Educators may mistake a student's lack of interest or concentration for misbehaviour, punishing them for circumstances beyond their control and adding to their concerns. It is therefore important to use trauma-informed approaches to address the unfulfilled needs which may hinder the self-actualisation of these students.

When faced with an issue or stressor, adolescents can react negatively rather than come to a reasonable conclusion. If the learning atmosphere in the classroom is not encouraging, this can result in conflicts or inappropriate behaviour, especially if the student lacks coping mechanisms (Morton & Berardi, 2018). These behaviours would be

unacceptable in the classroom and could disrupt others.

Trauma-informed culture

Trauma-informed care should be provided in a culture that understands trauma. Programmes, organisations, or systems that "realise the widespread impact of trauma and understand potential paths for recovery; recognise the signs and symptoms of trauma in clients, families, staff, and other system participants; respond by fully integrating knowledge about trauma into policies, procedures, and practises; and seek to provide trauma-informed care" (Substance Abuse and Mental Health Services Administration (SAMHSA), 2014) are considered to provide trauma-informed care. The following six SAMHSA principles are incorporated into the recommendations for implementing trauma-informed treatment: safety; trustworthiness and transparency; peer support; cooperation and mutuality; empowerment, voice, and choice; and cultural, historical, and gender concerns. Programmes, organisations, or systems that understand the effects of trauma, identify its symptoms, respond by incorporating knowledge of trauma policies and practices, and work to reduce re-traumatisation are considered to have trauma-informed approaches, according to Maynard et al. (2019). Although there is not currently a single definition of what it means to be "trauma-informed" (Thomas, Crosby, & **Adapted from Avery et al., (2021)**

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When dealing with problems with students, Thomas et al. (2019) state that employing a trauma lens requires changing the query "what is wrong with you?" to "what is happening with you?" For children affected by individual ACEs and community-based trauma, schools are an apparent location for support and early interventions (Thomas et al., 2019; Douglass, Chickerella, & Maroney, 2021). It is a good place to offer trauma-informed services because of the pattern of

Vanderharr, 2019), being trauma-informed entails holding the following four fundamental beliefs: (1) that trauma exposure is common and has pervasive effects; (2) that recovery from trauma is possible; (3) that relationships are important to the process of change; and (4) that safety is essential for healing and preventing further impact (Bloom 2016; National Child Traumatic Stress Network (NCTSN) 2016; Chafouleas et al. 2016). The National Centre for Trauma-Informed Care of the SAMHSA (2015) states that the four above-mentioned key components and the six SAMHSA principles of trauma-informed care together represent a continuum of trauma-informed approaches (TIAs) ranging from preventative measures to more intensive trauma-specific interventions.

The six significant concepts of trauma-informed care are depicted in Figure 1 below.

Fig 1: Six key principals of trauma-informed care.

the school day, which includes predictable activities and timings as well as the attendance of a wide spectrum of children (Perry & Daniels, 2016). In order to meet the requirements of the learners, it is crucial to make sure that the expectations of a trauma-informed culture are satisfied. According to Sweetman (2022), the "trauma informed classroom" is built on teachers having a thorough comprehension of the daily conditions that affect their students' lives as well as a knowledge of the signs of trauma-based reactions and behaviours. By

identifying and responding to student behaviour from a trauma-informed perspective, a trauma-informed approach in schools aims to reduce the impact of trauma on students (Wiest, Stevenson, & Lee, 2016) and more effectively address academic, behavioural, and socio-emotional issues (Maynard et al., 2019). Teachers would be better able to tailor their lessons to the needs of the pupils if they were knowledgeable about the difficulties affecting their students. The learners may be consulted while doing this, and feedback may be given frequently. The goal of trauma-informed school approaches is to lessen the effects of trauma and support healing, growth, and change by utilising all facets of the educational system, including policies and procedures that collectively create safe and supportive learning environments (Bateman, Henderson, & Kezelman, 2013). This helps students develop emotional intelligence, the ability to focus, and succeed in school and in their social and academic environments (Giboney-Wall, 2020).

With a TIA, according to a study by Howell et al. (2019), the school community as a whole, including parents, students, and support staff, benefited the children and encouraged educators to help one another more on a peer-to-peer basis. Furthermore, it has been argued that it would be more appropriate for there to be TIP instruction that covers more techniques for handling trauma, and fewer students being labelled as troublesome and then referred to special education (Banks & Meyer, 2017; Pemberton & Edeburn, 2021). In this way, according to Mulholland and O'Toole (2021), students are helped to develop trust and lessen trauma responses by practices that include non-verbal ways to self-regulation and unique teaching techniques including using creative and outdoor resources. Therefore, it can be argued that it is necessary to use different techniques to address the effects of trauma on learners.

According to Bateman et al. (2013), the major objectives of TIAs in schools are to lessen the impacts of ACEs and to facilitate healing,

growth, and change by using all facets of the educational system, including the policies and procedures that foster safe learning environments. All students' health and development should also be supported by these TIAs, enabling them to control their emotions, pay attention, and succeed academically and socially (Cole et al., 2013). With the use of mental health techniques based on trauma-response practices in the classroom, students can experience a sense of safety and stability, develop healthy mindsets, and get 'back on track' for academic and social success (Morton, 2022). Additionally, according to Morton (2022), trauma-informed techniques can support young adolescent development, including students' mental health, and foster a happy and productive learning environment in the classroom. These methods seek to assist the students holistically so they can perform successfully in a learning environment.

An inclusive atmosphere that supports all students should be provided by a school using trauma-informed practices. According to Morton (2022), the school should make sure that programmes, policies, and curricula encourage health, wellbeing, and social-emotional competence. Furthermore, Bishop and Harrison (2021) assert that peer bonds and social interactions are crucial. Therefore, it can be argued that the teachers must assist the pupils in navigating all of these intricacies. The use of trauma-informed practices can fulfil the requirements of the children while creating a welcoming, inclusive, and affirming environment, especially considering that children come from diverse backgrounds and have different educational, emotional, and physical needs (Morton, 2022). An inclusive environment offers support to all students living with different life challenges.

Student stress may be influenced by the learning environment at school (Bottiani et al., 2014). Therefore, it would follow that the best location for students to obtain support for coping with stress and trauma is in their classrooms. Less bullying, fewer inadvertent

acts of violence, and less student isolation, which are common sources of anxiety and trauma, are likely to occur in schools that support mental health and incorporate effective solutions (Hoover, 2019). The development of skills like "empathy, civic-mindedness, and relationship," according to Bishop and Harrison (2021:13), is encouraged since they can promote inclusivity. The best model involves the entire school community, including teachers, administrators, and counsellors, all implementing trauma-informed strategies to support mental health in the school environment (Morton, 2022). Promoting mental health is very beneficial to the minds and lives of young students. To this end, teaching methods, school atmosphere, and the provision of trauma-related in-service and pre-service teacher education must all be addressed in trauma-informed care.

METHODOLOGY

Secondary sources of information, including books, journal articles, and eBooks, were employed in this conceptual work. Despite the broadness of my topic, I focused on the practicality of using trauma-informed culture in schools. The discussion of the issue under study was done with reference to the available literature on the subject.

RESULTS AND DISCUSSION

In order to prevent the "cascading risks of school failure" (Cole et al., 2013: ix), encountered by adolescents with histories of childhood adversity, there is strong impetus for trauma-informed school-wide interventions (Becker-Blease, 2017). However, there is a lot of variation in how trauma-informed interventions are implemented in schools, and little is understood about the fundamental components of a trauma-informed school, whether these vary depending on the demographics served, and how the components interact to affect outcomes (Avery et al., 2021). This aspect is beyond the scope of this paper, and further study may be necessary to establish this.

According to Martin et al. (2017), "becoming a trauma-informed school involves a shift in culture, practice, and theoretical framework". There is not yet a formally accepted framework for trauma-informed practices, according to Thomas et al. (2019). Although there are many materials accessible on TIAs, they are not systematically organised in a way that might help inform evidence-based practices that would guide programme implementation (Cole et al., 2013). Finding advocacy/policy suggestions, guides, toolkits, and best anecdotal practices for educators seeking information on general TIAs should be simple. However, few of these resources actually include high quality, externally validated empirical evidence to corroborate on those findings (Day et al., 2015). Instead, they frequently build upon preexisting literature produced to support the initial push for integrating trauma-informed practices in schools.

There are difficulties involved in fostering a trauma-informed culture in educational settings. According to Halladay Goldman et al. (2020), in order to effectively address and treat children's possible traumatic stress, TIAs in schools must have the full support of all stakeholders, including students' perspectives, parents/caregivers, teachers, staff, and administrators. The commitment ensures that no one is left out of the approaches' implementation.

The lack of training for educators in the application of informed approaches is an important issue. A skilled professional is required for some of the activities. Trauma-informed training necessitates the involvement and knowledge of the entire team, a dedication to the continual adoption of new procedures and methods, and some useful resources for putting the theory into practice in the classroom (Crosby et al., 2018b). According to Sweetman (2022), TIA implementation requires that educators have the proper training, as untrained people may unintentionally traumatise a learner in an

effort to lessen trauma. There is a chance of re-traumatisation or secondary traumatisation insofar as trauma-aware approaches may be applied (Carello & Butler, 2014). According to Koslouski and Chafouleas (2022), training in trauma-informed practice must be carefully designed to suit each group and provide knowledge about the topic in advance, with simple alternatives for staff withdrawal from particular sections. Moreover, teachers would need to make a distinction between their regular duties and delving into a subject area outside of their expertise, as this could lead to some moral conundrums that, if not resolved, could cause some legal problems.

Arguably, when dealing with disciplinary concerns, educators tend to employ outdated techniques that terrorise students. Wegman and O'Banion (2013) state that the typical punitive approach exacerbates the affected learners' hostility or retreat, and is less effective, and educators should instead be aware that the challenging behaviours are not purposeful but rather the outcome of trauma's overwhelming effects. According to Maynard et al. (2019), the standard methods school staff members employ to deal with disruptive behavior—strategies that put an emphasis on punishment for misbehavior—can exacerbate issues with trauma victims and cause these educators to miss out on opportunities to intervene more skillfully. Thus, the students would respond to the coercive methods of handling them by becoming even less disciplined, and the school's efforts to establish a trauma-informed culture would be undermined.

According to Crosby et al. (2018b), poverty and a lack of resources have a significant negative impact on TIP in schools. The full implementation of trauma-informed approaches within a school requires human resources such as trained personnel and other resources which may also be physical. The relationship between TIP and socially just education is also explained and defended by Gorski (2020) in terms of racial prejudice and how minorities are treated. Gorski

(2020) furthermore elaborates that the best trauma-informed practices are rooted in anti-racism and anti-oppression in general, rather than just helping students deal with the effects of single traumatic events or assuming that a student from a low-income family must be subjected to abuse at home. However, schools in disadvantaged communities may experience challenges as they may not have adequate resources to create a trauma-informed culture which addresses the social injustices.

It is nearly impossible to do some of the activities recommended in the trauma-informed culture school during regular school hours. Due to time constraints, instructors frequently forego various tasks in order to complete their ATPS. In order to improve policy and practice, it is crucial to evaluate the effects of this strategy. Adopting a trauma-informed approach in a complex system like a school building or district is a time-consuming and possibly expensive endeavour, and there is a risk of harm (Maynard et al., 2019). Since time can be a constraint, it therefore shows that some of the activities which are prerequisite for creating a trauma-informed culture may not be done. This however shows that there is a need to create time within the school curriculum and activities should be such that the academic work is not compromised.

Secondary traumatic stress can occur in educators who work with traumatised students (Thomas et al., 2019). Additionally, Thomas et al. (2019) argue that the TIA should also pay special attention to the health and well-being of educators as they negotiate the difficult roles they play with students. Teachers may be triggered by their own traumas as a result of training, or they may fear that students may reveal too much about themselves (Carello & Butler, 2014). This could result from knowing about the trauma that students have experienced, feeling sympathetic, but not being able to significantly alter their circumstances (Thomas et al., 2019). For educators, compassion fatigue and burnout are

important problems that are typically referred to as personal difficulties without any institutional help (Sweetman, 2022). Since a TIA is a process rather than a finished good, it is crucial to emphasise the value of maintaining self-awareness of secondary or vicarious trauma symptoms and practising self-care (Thomas et al., 2019). This is especially true when it comes to the universal strategies that support a trauma-informed environment in schools for all students and staff.

According to Thomas, Crosby, and Vanderhaar (2019), the content of trauma-informed practice is integrated into or linked to the domains of social and emotional learning, school safety, classroom management, and/or Positive Behaviour Interventions and Supports (PBIS). To develop a culture that is trauma-informed, there are factors to consider. The nature of trauma and its effects must be understood by educators in order for them to change their perspectives and create emotionally healthy school cultures. These techniques meet some of the objectives listed by the Centre for Disease Control and Prevention (2019b) to help shift perspectives by increasing financial stability for families; fostering social norms that guard against violence and adversity; ensuring a strong start for children; teaching parents and children stress management techniques; connecting youth with supportive adults and activities; and intervening to lessen short- and long-term harms.

In order to preserve balance in the face of the aforementioned obstacles, it could be necessary to combine some ways currently in use with TIAs. However, this does not imply that teachers must be harsh with these students, because doing so can cause students to 'act out'. It is sufficient to state that a successful trauma-informed culture can be developed by carefully integrating TIAs, positive (non-punitive) and restorative responses to problematic behaviours, system-wide policy and procedural changes, ongoing opportunities for teacher and school staff development, thoughtful consideration of

multifaceted social contexts, and a strong cross-system collaboration between educators, staff, and mental health professionals (Chafouleas et al., 2016). The teachers' request for mental health care should be carefully considered. Lever et al. (2017) claim that regular check-in protocols can be incorporated to support staff and teacher wellness by assisting in the detection and response to secondary stress warning signs while also giving them equal access to non-judgmental support and stigma-free health services.

Moreover, according to a study conducted by Cohen and Mehta (2017), the factors that contributed to successful and long-lasting reform in the school included the following: first, the reform offered solutions to issues that educators were aware of and wanted to address; second, the reform identified an actual issue that educators were unaware of but engaged with once they understood it; third, the reform was connected to the public's pressure on socio-political needs in education; and fourth, the educators were given the tools and resources they needed to implement the reform. This demonstrates the necessity of educators' constant support for the development of a trauma-informed culture at a school. According to the NCTSN (2016:2), in a trauma-informed service, "all parties involved recognise and respond to the impact of traumatic stress on all who have contact with the system, including children, carers, staff, and service providers".

Though it might seem logical to assume that interventions for stressed-out and traumatised students would be highly specialised, this is not always the case (Morton, 2022). A conducive learning environment may serve to reduce the effects of trauma on the learners. The learning environment in schools can include inclusive mental health practices (Hoover, 2019). These include equipping learners with skills to deal with stress, setting realistic goals and avoiding self-criticism. It is crucial to use tactics that work for the entire class rather than just those who are traumatised given

that it might be challenging to identify pupils with particular requirements (Venet, 2019). An inclusive approach to trauma-informed care will help especially if the educators are experiencing challenges in identifying the learners who are actually experiencing trauma. According to Perry and Daniels (2016), literature emphasises the importance of creating and sustaining a school environment where everyone is treated with compassion and understanding and is empowered and validated in who they are as students and educators. A decrease in challenging behaviours and discipline infractions in the school community were a key outcome of school trauma interventions (Perry & Daniels, 2016; Crosby et al., 2018a). In another study by Douglas et al. (2021), improved motivation and promotion of a more compassionate working environment were noticed as results of the greater cooperation between employees and between employees and management. Other favourable outcomes for educators following these approaches may include better family communication and increased interagency cooperation (Perry & Daniels, 2016). In TIP training, the significance of self-care for educators was emphasised, particularly in circumstances where secondary traumatisation is more severe. It was advised that this should be a part of the organisational structure rather than the teacher's personal duty (Substance Abuse and Mental Health Services Administration, 2014;

Luthar & Mendes, 2020). The value teachers place on working with underserved populations as "meaningful work" contributed to their workplace well-being and was strengthened by TIP training among staff and administrators, staff, and students, and among the students themselves (Thomas et al, 2019).

CONCLUSION

The way trauma-informed interventions are put into practice in schools varies a lot. There appears not to be a set of formally approved guidelines for trauma-informed practices in schools. As a result, this demonstrates the challenges associated with promoting trauma-informed cultures in educational settings. Lack of skilled personnel and inadequate resources are to blame for some of the problems. Some of the actions required to keep the school's culture trauma-informed cannot be done during regular school hours. Educators might encounter secondary stress while attempting to use trauma-informed practices with the students. Their own anxieties or their worry that students would divulge too much information may contribute to this. Hence, it is crucial that educators have a sense of self-care. Therefore, it is recommended that educators receive the appropriate training and have access to sufficient resources in order to effectively create a trauma-informed culture in schools.

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