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Balancing The Needs of the School Community: Implementing Trauma-Informed Behaviour Supports in an Australian Regional Primary School.

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Abstract: Exposure to adverse and traumatic events in childhood has been found to lead to poorer academic and social-emotional outcomes in school settings. The psychological impact of exposure to such events, referred to as childhood trauma, has been identified as a key driver of these educational difficulties. First Nations students have been found to experience higher rates of childhood trauma compared to non-First Nations students, with historical and intergenerational adversity contributing to such difficulties. There are national guidelines in Australia for the use of trauma-informed care practices in schools to reduce the impact of childhood trauma on educational engagement. This pilot case study examines teachers' experiences in a regional school implementing trauma-informed practices with First Nations students. Findings highlight the complexities of balancing students' safety and belonging with teachers' professional and personal needs in sustaining trauma-informed practice. Implications for implementing trauma-informed education with First Nations communities are discussed.

Key words: trauma, trauma-exposed students, trauma-informed practice, primary school, teacher professional development, First Nations

Introduction

Adverse childhood experiences (ACEs) are potentially traumatic events in individuals between the ages of 0 and 17 years (e.g., physical, or emotional abuse, neglect, exposure to domestic violence; Anda et al., 2006; Felitti et al., 1998). Research indicates that up to 30 % of children are exposed to at least one ACE, 23% are exposed to two ACEs, and approximately 12% are exposed to four or more ACEs by age 18 years (Centers for Disease Control and Prevention [CDC], 2016). In Australia, Aboriginal and Torres Strait Islander (hereafter referred to as First Nations) children are exposed to higher rates of ACEs compared to non-indigenous populations (Miller & Berger, 2021). Reasons for these higher rates are complex, involving multi-systemic, historical, and racial injustices experienced by First Nations people over centuries at the hand of Western culture. These factors include colonisation, genocide, forced removal from country, removal from families of origin, and

institutionalisation of First Nations individuals. The impact of these historical adversities has been perpetuated by ongoing discriminatory laws and policies, racism, unconscious biases, and culturally unsafe and insensitive practices (Atkinson, 2013).

Exposure to ACEs and traumatic events have been found to have serious and deleterious effects, including increased risk of poor physical and mental health outcomes in childhood and later life (Anda et al., 2006), changes to the human stress response (LeDoux & Pine, 2016), and alteration of the function and pattern of the physiological stress systems in children (e.g., Van der Kolk, 2017). Childhood traumatic stress (also referred to as childhood trauma) refers to social-emotional difficulties experienced by some children following exposure to ACEs and traumatic events (Shonkoff & Garner, 2012). These difficulties may include increased emotionality, social skills deficits, attentional concerns, and regression or loss of acquired skills. To understand the impact of events on educational outcomes, Perfect et al. (2016)'s systematic review found that students exposed to traumatic events had higher rates of grade repeating, absences, and provision of special education services among youth who had been maltreated, compared to those who had not.

The poly-victimisation of First Nations children, and its resultant complex trauma-related difficulties, have been cited as key contributors to the ongoing disparities in educational achievement between First Nations and non-indigenous students (He et al., 2021). Exposure to multiple ACEs has been found to lead to a form of childhood trauma referred to as 'complex trauma'. Complex trauma in children refers to the alterations in children's physical and emotional wellbeing that occurs because of ongoing adversities experienced early in life (Spinazzola et al., 2017). The cumulative effects of such adversities are thought to lead to children developing ways of coping that allow them to survive their adverse living situations but result in a range of disparities in their capacities to form relationships, their physical and mental health, and their capacity to learn. Thus, the impact of complex trauma has been found to be more pervasive and chronic than other forms of trauma (i.e., single incident trauma), with the potential for its effects to be transmitted inter-generationally through families.

The impact of structural inequities in education, and the difficulties of educational systems being responsive to the unique needs of First Nation communities, are most evident in the rates of exclusionary discipline in schools (Graham et al., 2022). Graham et al. (2022) found First Nations students are overrepresented in school suspensions for disruptive/disengaged behaviours (compared to more serious incidences such as physical misconduct). There have been repeated calls for systemic reforms in educational systems and so-called "zero tolerance" disciplinary processes worldwide. Referred to as the "school-to-prison pipeline" (Skiba et al., 2014), high exclusionary disciplinary actions have been linked to a range of negative social and health outcomes for children, including higher rates of juvenile crime. Proposals addressing such concerns have pointed to the need for systemic changes and the increased use of trauma-informed practices in schools.

Trauma-informed Care and Culturally Responsive Practices

Trauma-informed care (TIC) refers to understanding, anticipating, and responding to issues, expectations, and needs that a person affected by trauma may have in a particular setting (Hanson & Lang, 2016). A frequently-cited framework for incorporating trauma-informed practices into existing systems is the four Rs: 'Realisation' of trauma and its consequences for individuals; 'Recognition' of the signs and symptoms of trauma; employing 'Responses' that appropriately embrace trauma understanding; and 'Resisting' re-traumatisation by avoiding practices that might create a stressful or toxic environment

(Chafouleas et al., 2016; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). In addition, six core principles integral to establishing an organisation's trauma-informed culture (Harper & Neubauer, 2021; SAMHSA, 2014) include a) establishing physical and emotional safety of individuals; b) creating trust and transparency with service users; c) fostering supportive peer connections; d) a culture of collaboration and mutuality; e) empowering, and giving voice and choice to trauma-exposed people, and f) organisations that minimise cultural, historical, and gender disparities (SAMHSA, 2014).

A key component of trauma-informed practices in education is the ability of educators to recognise the cultural (or emerging cultural) identities of each student, understand the historical context and experiences for students' cultural group, race, and ethnicity, and offer accommodations with the use of a flexible pedagogy to meet a range of learning needs. In this way, trauma-informed care principles synergise with culturally responsive practices in education. Culturally responsive practice in schools refers to the ability of educators to develop relationships with culturally diverse students, build on the strengths of students and their communities, and incorporate the students' culture and ethnic heritage as foundations for developing curriculums (Chafouleas et al., 2021). Scholars, such as Judy Atkinson (2013) and Sandra Chafouleas (2021), have described trauma-informed care and culturally responsive practices as complementary. However, limited research has highlighted the integration of these approaches and the complexities of implementing such practices in schools (Berger & Martin, 2020). Efforts to revise existing disciplinary systems have pointed to the need to incorporate TIC and culturally responsive practices within multi-tiered support systems such as Positive Behaviour Support (PBS) (Berger & Martin, 2020; Chafouleas et al., 2016). Positive Behaviour Support is a proactive and preventative framework to promote positive student behaviour and engagement in learning. The framework is an evidence-based multi-tiered approach that uses support methods and intervention implemented across three levels — Tier 1 primary supports (all students), Tier 2 secondary supports (some students), and Tier 3 targeted support (few students) (Berger, 2019; Chafouleas et al., 2016). Despite the broad adoption of such multi-tiered support, gaps persist in the rates of exclusionary discipline for First Nation students (Graham et al., 2022). Discipline gaps – disparities in rates of discipline practices across racial group – exist for First Nation students in public schools. Indigenous students are more likely compared to their peers to be given disciplinary measures in school, which include disciplinary referrals, suspensions, and expulsions (Graham et al., 2022). Multi-tiered, trauma-informed support is a way to reduce disruptive behaviour and use of disciplinary measures for First Nations students (Bellamy et al., 2022). Such findings highlight the need for more effective integration of trauma-informed and culturally responsive practices across multi-tiered systems of support in schools (Collier et al., 2020).

Trauma-informed Behaviour Support

Consistent with the recommended multi-tiered service delivery framework (Chafouleas et al., 2016; National Child Traumatic Stress Network [NCTSN], 2017), the Trauma Informed Behaviour Support (TIBS) program (Ayre & Krishnamoorthy, 2020) is a trauma-informed care program expressly designed for educators. The program integrates TIC principles and practices into the PBS framework, including common elements of trauma-informed approaches (Avery et al., 2020), such as professional development in trauma and its impact, an emphasis on the revision of disciplinary policies and procedures, a strengths-based relational stance, and ongoing coaching and support for educators. It is based on a framework that draws on theories of attachment (Bowlby, 1973) and developmental traumatology (De Bellis, 2001). The program offers educators an analytic framework and inquiry process to

understand disruptive student behaviours that consider the influence of traumatic stress, attachment difficulties, historical and cultural factors, and the impact of cumulative harm on academic and social-emotional development (see Ayre & Krishnamoorthy, 2020 for a complete description of the conceptual model and inquiry process).

The TIBS program comprises three tiers of support: universal, targeted, and selected. The universal tier (Tier 1) focuses on preventive measures, including system-wide measures to promote a safe classroom learning environment. These measures include professional development for all school staff in the signs of trauma and its impact on learning, sociocultural influences on children's development, teaching students positive coping skills, facilitating a growth mindset, and implementing engaging teaching practices (Luthar & Mendes, 2020). An overview of the Tier 1 training modules is included in Appendix A. Ongoing data monitoring identifies at-risk students who need to target small-group intervention (Tier 2). These interventions are delivered via group coaching sessions for educators focusing on psychoeducation about trauma signs and impact, reinforcing social support systems, and strengthening students' self-regulation. Selected interventions (Tier 3) are individualised to the needs of students requiring more intensive support, such as cognitive behaviour therapy, wraparound support, or other community-based strategies (see Schimke et al. 2022 for a description of the program implementation).

The pre-implementation stages of the program for the current study involved consultations with key members of the school community to assess the unique needs of the student, their families, and the educators (Bellamy et al., 2022). For the present study, the program elements and the implementation plan were co-designed in consultation with key cultural brokers in the school community, the school leadership team, and other relevant stakeholders (see Bellamy et al., 2022, for a description of the co-design process). While the state education department mandated PBS practices at the school, the TIBS program elements relating to culturally responsive practices were co-designed based on the history of the First Nations peoples of the region. In this way, the TIBS program allowed for the critical integration of culturally responsive and trauma-informed practices with PBS multi-tiered systems of support (Bellamy et al., 2022).

A vital element of implementing the program was the professional development of the educators at the school. In line with recommendations for the use of professional development for educators in implementing culturally responsive practices in school (Carter et al., 2020), the TIBS program provided educators with training on how cultural and racial bias is likely to influence discipline decisions, and how colonial ideology may influence the implementation of tiered support systems through dominant school practices, policies, and structures (see Bellamy et al., 2022 for full description of culturally responsive practice elements of the program). Consistent with principles of effective transfer of learning in teacher education, the training pedagogy was designed to match the school's strategic outcomes and data regarding current attitudes and practices related to trauma-informed and culturally responsive practices (Carter et al., 2020). In addition to practical strategies to manage biases and respond in a culturally responsive manner across tiers of support, educators were supported to engage in critical self-reflection and dialogue through the workshops. Such opportunities are essential in changing beliefs and building motivation for novel practices among educators (Fallon et al., 2018). Despite the growing recognition of such professional development opportunities to bolster cultural responsiveness and racial equity in schools (e.g. Fallon et al., 2021), the present study is the first to explore the implementation of a school-wide, multi-tiered culturally responsive program for First Nations students in Australia.

Summary

The ongoing educational disparities between First Nations and non-indigenous students have prompted the review of TIC and culturally responsive practices in schools. Research into the integration and implementation of TIC and culturally responsive practices with First Nations students in Australia has been limited (Berger, 2019). There is a limited understanding of the opportunities and challenges faced by educators in implementing such novel pedagogical practices in regional and under-resourced communities with children and families with complex needs. Understanding the impact of programs like TIBS on the trauma-informed care practices of teachers is crucial in providing insight into sustainable and effective implementation of trauma-informed care in schools. Thus, the research aimed to understand changes in teachers' beliefs and behaviours following the implementation of trauma-informed care in a regional Australian primary school with a predominantly First Nations student population.

Method

This small-scale case study focused on a single public primary school (transition [first year of primary school] to Year Six) located in Northern Territory, Australia. The study school was chosen based on most of the student body consisting of Aboriginal children. At the time of the study, the school had a population of 230 students ranging in age from four to 12 years. The student cohort was 92% First Nations, with 70% of students speaking English as an Additional Language or Dialect. Sixty-eight per cent of students were identified as having a disability; approximately 24% of students resided in town camps and 40% in public housing. Town camps were established in the 1970s to provide a place where First Nation people visiting from remote areas could stay for short periods. Over time, many have made the town camp their permanent home and have lived there for over a decade.

A five-day school site visit was conducted by two of the authors (one an education researcher (first author), the other a psychologist (second author) in 2017. The school visit included delivering professional development training as part of Tier 1 of the TIBS program (see Schimke et al., 2022). Prior to the implementation of the program, the program developers worked closely with the school's cultural broker and Aboriginal and Torres Strait Islander representatives to review the content of the program curriculum. The co-design process involved the inclusion of relevant cultural, social, and historical information and culturally sensitive practices into the program. The program was designed to be delivered in two parts: an online, self-paced course (titled 'The Trauma Aware Educator') and a two-day, in-person workshop. The online course covered key aspects of the impact of trauma exposure on children, with the workshops building on specific implications of these impacts for school environments (see Appendix A). This training was provided to school staff and other practitioners in the local community services. Three site visits were conducted in the six months following the training. Monthly online Zoom consultations were provided to the teachers and school leadership team to implement Tier 1 support.

Research Design

The research utilised an evaluative case study design (Bassey, 1999; Yin, 2018). Yin (2018, p. 279) stated that for an evaluation case study, "the case consists of the initiative (e.g., program, project or innovation) that is the main subject of the evaluation". As the research is

focused on exploring changes in teachers' beliefs and behavioural responses about trauma-informed care and the TIBS program, an evaluative single case study methodology allows for an in-depth analysis of this specific phenomenon. The main objective of an evaluative case study is "to explore some educational programme, system, project or event in order to focus on its worthwhileness" (Bassey, 1999, p. 63). The impact of the TIBS training was considered in terms of facilitating the professional development of educators in trauma-informed practice as evidenced by enhanced knowledge and understanding, changes in attitudes held, and the use of trauma-responsive pedagogy when teaching children affected by trauma.

An evaluative case study design was deemed appropriate for the current study because it allowed for the following: (1) an in-depth examination of teacher knowledge and understanding of the phenomenon of childhood trauma; (2) an evaluation of the value of TIBS training in a small, regional primary school setting; and (3) an evaluation of teachers' experiences of the training itself, including the extent to which it enhanced their knowledge and understanding of TIC, changed their attitudes around trauma-based behaviour, and encouraged the use of trauma-responsive pedagogy.

Participants

Purposeful sampling, commonly employed in case studies, was used to select participants (e.g., Flick, 2014). Approval was obtained from the University Human Ethics Committee (HREC: H15REA191) and the Northern Territory Department of Education Research Advisory Committee. A meeting was then held with the school leadership team to clarify and align school and researcher visions for the study, and participants were recruited through the dissemination of materials at a staff meeting where the research project was explained in detail. A total of 10 educators (eight classroom teachers and two leadership team members) consented in writing to participate in the study.

The eight classroom teachers represented a range of year levels, from transition to Year 6 (4 – 12-year-old students), including three specialist roles of Librarian, Physical Education teacher, and Social-Emotional Wellbeing teacher. All participants were female, and the participant's length of experience at the school ranged from nine weeks to 10 years. The remaining two participants were the Principal and Assistant Principal, who, together with the regular inclusion of the Social Emotional Wellbeing teacher, constituted the school leadership team.

Researcher Background and Reflexivity

The authors involved in the data collection and coding of the information gathered do not identify as First Nation peoples. The first author is a fourth-generation Australian. Born in Australia, her ancestral history includes the Anaiwan people from the New England region of New South Wales, Australia. The second author is a first-generation Australian, born in India, where he lived until 17 years of age. The second author is a registered psychologist with the Psychology Board of Australia. The third author is fourth-generation Australian and the fourth author is third-generation Australian, both are registered psychologists. The third and fourth author were responsible for reviewing and editing the article and were not involved in the program delivery or the qualitative data coding. All the authors have several years of experience evaluating trauma-informed practice in schools. A systematic process of consultation and co-design with First Nation representatives of the school community was followed during the implementation and evaluation of the program (for details about the co-

design process, see Bellamy et al., 2022). The consultations supported the researchers being self-reflexive and enacting cultural humility in the development and evaluation of the program. In this spirit, the authors continue to acknowledge and show respect for the ongoing spiritual and cultural connections to the land held by the Mparntwe Arrernte people – the Traditional Owners and Custodians of Alice Springs on whose land the school and research was completed. We pay respect to Elders past, present and emerging.

Data Collection

Data were collected from 10 educators using semi-structured interviews. Semi-structured interviews were chosen because of the potential to invite in-depth discussion around the central issue of research (Kvale & Brinkman, 2009; Yin, 2018). Interview questions focused on knowledge gained through TIBS training, the impact of this knowledge on teacher attitudes toward and perceptions of trauma-exposed students, and how TIBS training impacted teacher practice. Although questions were the same across interviews, participants' responses shaped the conversation. The interview guide comprised 10 questions and the average interview duration was 15 minutes. Interviews were conducted throughout the school day in a private, unused room, with tentative times scheduled to align with support staff availability and school breaks.

Interview questions were emailed to participants two weeks prior to scheduled interviews to allow participants to familiarise themselves with the content. Four participants answered the questions in writing rather than via the face-to-face interview. They wanted time to consider their responses more fully and alleviate the concern of something unexpected preventing them from attending the interview. The written responses averaged four pages in length. The first author conducted the remaining six interviews face-to-face in September 2018, following the implementation of Tier 1 interventions.

The six interviews were audio recorded and transcribed verbatim by a professional transcription service. The written responses, audio files, and transcripts from participants were stored in a password-protected secure cloud storage file. The first author checked each transcript for accuracy by listening to each audio file and comparing it to the transcribed content. Following a preliminary review and analysis of common themes in the data, nine participants (90%) engaged in member checking to ensure the preliminary findings accurately represented their experiences. Two participants suggested minor adjustments in terminology. These changes were made, and all data were retained for analysis.

Data Analysis

The first author was primarily responsible for the thematic analysis process conducted in stages (Braun & Clarke, 2019). Firstly, each written response and transcript was read in its entirety prior to the application of codes to gain a holistic understanding of participant responses (Creswell, 2013). The text was manually highlighted, and descriptive codes were assigned to reoccurring ideas. Written responses and transcripts were read multiple times, and phrases commonly used to describe teacher knowledge, attitudes, and perceptions of trauma-impacted children were identified. Consultation with the second author was sought regarding the descriptive codes and phrases. Next, pattern coding was undertaken to refine and group the codes into themes with specific descriptive elements (Saldaña, 2013). Direct quotes that captured key components of the theme were identified. The authors shared their independent data analysis to finalise the themes at this juncture. Throughout the data analysis, as

transcripts were read iteratively and categories and themes devised, the authors worked collaboratively to ensure consensus and rigour and to minimise bias in the results.

Results

The present study aimed to understand changes in teachers' beliefs and behaviours following the implementation of trauma-informed care in a regional Australian primary school with a predominantly First Nations student population. Four broad themes emerged in the data corresponding to the two aims of the research study (see Table 1). The themes highlight how teachers maintain the dialectical focus on both the needs of the student and their own needs as educators (Figure 1). This dual focus appears to reflect the tenets of a trauma-informed care approach that emphasises the impact of traumatic events on students and the demands and toll that such student needs place on educators.

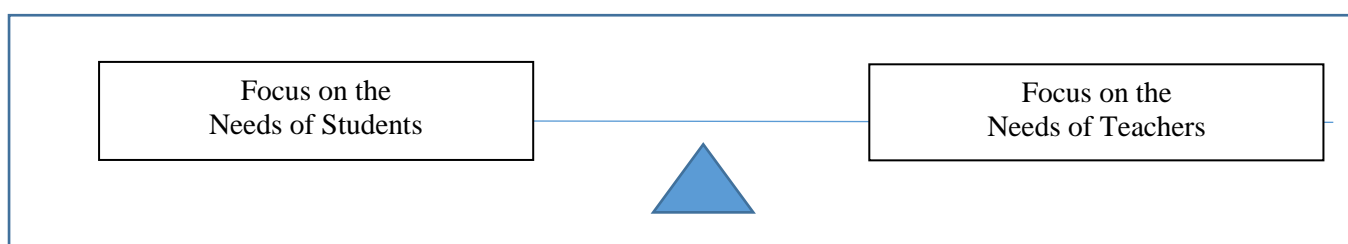


Figure 1: Key Dialectics in the Implementation of TIC.

Two themes emerged from the analysis of changes to teachers' beliefs in implementing TIC practices: (a) developing a compassionate and holistic view of students and (b) developing a compassionate and holistic view of self as a teacher. Discussions of the changes to teacher practices highlighted two themes: caring for the whole student, and caring for the whole self and supporting other teachers. Table 1 provides an overview of the themes related to each of the research aims, as well as illustrative quotes. Figure 2 displays the themes as they correspond to the dialectics identified in the findings.

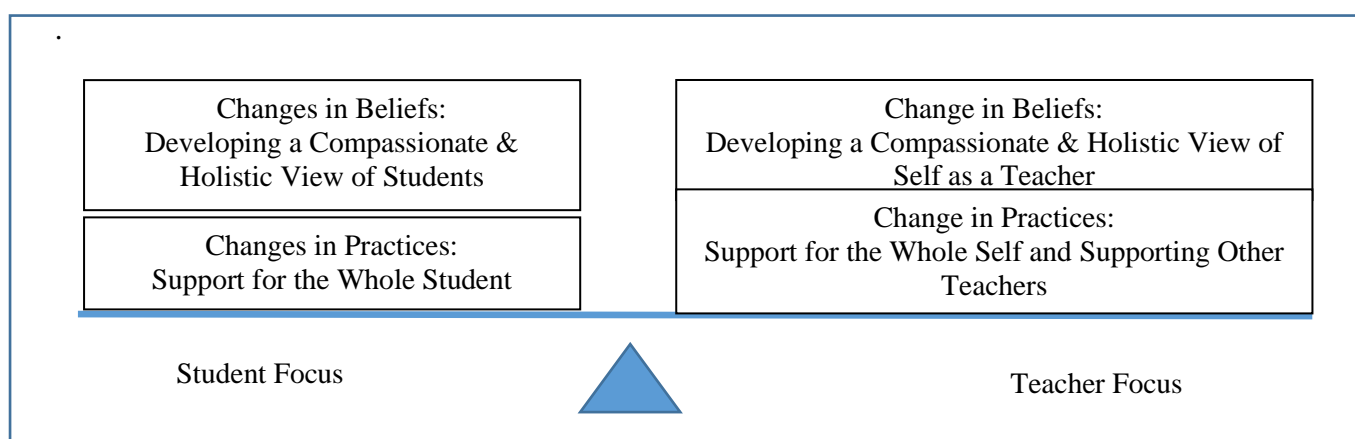


Figure 2: Dialectical changes in teacher beliefs and practices

<i>Research Aim</i>	<i>Theme</i>	<i>Theme definition</i>	<i>Illustrative quotes</i>
Changes in teacher beliefs	Developing a compassionate & holistic view of students.	Teachers developed new beliefs about social, emotional, historical, and multi-systemic factors contributing to student disengagement and problem behaviours.	"I've learned that it's not the kid's fault, the way they are behaving, and I need to think about why their behaviour is like this"
	Developing compassionate & holistic view of self as a teacher.	Teachers developed a revised view of their professional roles as teachers based on an understanding of the challenges associated with supporting students with complex needs.	"I guess the focus shifts from me to the students. Initially being hard on myself ...thinking it's all my fault; I'm not teaching them the right way. I think instead, these students are acting [this] way because they're telling me something about how they feel and what they need"
Changes in teacher practices	Support for the whole student.	Prioritisation of students' sense of belonging and cultural safety in the school environment, before focusing on the prescribed curriculum.	"It's given me more of an understanding of how to cater to them in a way that allows them the time to approach learning in a way that they are able to."
	Support for the whole self and other teachers.	Renewed focus for teachers on physical health and mental health self-care practices and supporting colleagues.	"I use the strategies I teach the students for myself. I practice mindfulness, breathing, calming activities"

Table 1: Research Aims and the Corresponding Themes Identified in the Interviews

Developing a Compassionate and Holistic View of Students

Teachers discussed the knowledge gained from the training about the impact of traumatic and Adverse Childhood Experiences (ACEs) on the capacity for First Nations students to attend and engage in education. This new understanding appears to have led teachers to shift their beliefs from a de-contextualised view of student misbehaviour, to one that reflects historical and multi-systemic deprivation and harm. Participant 3 commented, "That trauma can change DNA and the body... like it's passed down through the generations...so it might have been in the past but it's still affecting them now. That was a revelation." Participants indicated that historical adversity was often made visible to them through the student's problem behaviours. Participant 1 noted, "I've learned that it's not the kid's fault, the way they are behaving, and I need to think about why their behaviour is like this." The teachers spoke of their efforts to avoid re-traumatisation and re-enactments of historical deprivation and harm by minimising excessively punitive and exclusionary disciplinary responses. Participant 6's comments reflected this theme: "I'm looking for ways now where my relationship with them is different and in a way a lot richer [compared to] relationships they might have had [with teachers] in the past. More respectful. More

understanding." Developing an alternate response to students required teachers to adopt a more patient, considered and compassionate mindset. A position that emphasised understanding, safety and belonging, rather than the administration of routine consequences and exclusionary sanctions.

Teachers also spoke of developing insights into the influence of unmet social, emotional, and developmental needs on the student's capacity to function at school. Participant 4 remarked, "Their behaviour is not due to anything other than to fulfil a need. Acting out because something is missing, and they don't know how to get it. Knowing the behaviour may be the same, but the need is unique to the child." With one exception, all participants discussed how understanding the impact of trauma on brain development and student wellbeing helped them understand the "why" of children's behaviour. Understanding the neuroscientific research and the significant impact that traumatic stress can have on the brain's architecture freed participants from long-held beliefs about being responsible for disruptive student behaviour and empowered them to think differently about the behaviour. Participant 3 reported, "The main things I've learned would be about the brain and the impact of trauma on the brain. On kids but also intergenerational trauma. I've learned more about that now." This shift in beliefs seem to represent a change in teacher focus to the whole child, rather than just academic achievement and observable behaviours. Overall, there appeared to be a renewed understanding of the significance of nurturing the social-emotional capabilities of the students, as well as their sense of belonging and safety at school.

Developing a Compassionate and Holistic View of Self as a Teacher

In addition to embracing a new way of thinking about students, teachers reported a change in how they viewed their role as a teacher. Several teachers spoke of previously feeling blamed for student misbehaviours. The increased knowledge of the contextual factors impacting student behaviours following the training led to teachers having a balanced and realistic view of their role in incidences of problem behaviours at the school. This shift in thinking was articulated by Participant 3: "I guess the focus shifts from me to the students...Initially being hard on myself...thinking it's all my fault; I'm not teaching them the right way. I think instead, these students are acting [this] way because they're telling me something about how they feel and what they need. So, I can respond to them differently." In this way, there appeared to be a reduction in teachers viewing student misbehaviour as a reflection of their own inadequacies and professional failings. Participant 2 reported, "When things don't go to plan... it's not a personal thing to me. I don't take it personally. So yeah, I'm not carrying it as much which is a lot less stressful." In this way, teachers appear more cognisant of the complex and challenging nature of their role, and the impact of such work on their personal wellbeing. When considering the impact of utilising exclusionary disciplinary practices, Participant 10 commented, "Punitive consequences just make us into nasty, grumpy, and mean-spirited people." This increased self-awareness among teachers appears to have facilitated a focus on the delicate balance of supporting students, while caring for oneself. Participant 5 acknowledged, "I think a really big change is in our understanding that every child will need different things at different times [and] this requires lots of well-regulated adults to be available. So, we like need to take care of ourselves but also help each other."

Support for the Whole Student

Participants indicated that they had utilised several practices from the program to promote feelings of safety and belonging amongst the students. Specific strategies mentioned included the establishment of good routines, having a visual timetable, allowing students to opt out of activities, instruction in prosocial skills, and daily check-in circles to further encourage the naming and taming of "big emotions" (Participant 10). Drawing on student cultural backgrounds, strengths and interests in art and music, whole-school trauma-informed strategies, such as the establishment of an art therapy room and the creation of original songs, and reinforcing self-regulation and coping strategies, were described by participants as highly effective and valued by students and staff alike. Participant 1 noted, "They love singing the songs and yeah, they tell them all of the things they need to know about keeping themselves safe and who they can talk to and stuff." This illustrates the criticality of trauma-informed approaches being a contextual fit to the uniqueness of the school environment. In this case, the integration of culturally responsive practices reflecting First Nations culture were key factors promoting a sense of belonging and safety (Levenson, et al., 2016).

Several teachers spoke of more concerted efforts to build trust with students following the training. Participant 7 reflected, "The [training] has reminded me of what is important to me as a teacher – to be very present and connect with students as a base of teaching" and Participant 2 shared that, "... the biggest thing that I learned was just how important relationships are with our children." Participant 6 perceived quality relationships with students as an effective coping strategy for her on "tough days," stating, "You just have to remind yourself that you've got those relationships with the kids. That's the most important thing."

Teachers also reflected on changes in how they managed challenging situations with students at the school. Participant 6 mentioned being able to "Step back when things go pear-shaped...step back and really look and think about it." Teachers spoke of feeling like they had permission to stop, consider, and formulate a trauma-informed response to students in such situations, rather than be reactive and punitive. Participant 6 also spoke of how the training changed how teachers responded to students following major behavioural incidences: "It's a nice feeling being able to move on...everyone is not constantly thinking about what happened...you can move on from the situation...have a new start. You can always forgive and fix things together. Or else the student is angry and wants revenge or whatever ...and us teachers are worried about them [misbehaving at school]."

Teachers reported an increased sense of calm across the student body and a reduction in behavioural incidents involving aggressive behaviour following the training. A greater sense of calm also permeated teacher practice. Participant 2 reflected, "I think my practice is calmer. I didn't understand why these children were doing what they were doing so I got cross about it and angry about it, whereas now I understand." Similarly, Participant 9 observed, "Staff are quieter in their approach – less yelling." Understanding the stages of arousal experienced by children affected by trauma and being able to recognise the associated behaviours empowered teachers to respond more effectively by appropriately timing and shaping their responses to the level of arousal of the student.

Support for the Whole Self and Other Teachers

All teachers indicated either new or renewed attention to self-care. Participant 8 expressed that, "The training has had a big impact on staff wellbeing. Understanding about trauma has assisted us all to cope better with managing the stresses of work." Without exception, participants stated that they were less stressed since the training, and most were actively making positive progress in terms of self-care. This meant pursuing activities of personal interest (e.g., yoga, walking, or freeing up their weekends to spend time with family without feeling guilty). Although this was not easy for all the staff, it appeared to at least be a goal for everyone, albeit a work in progress. For example, Participant 3 acknowledged, "I don't think I do this particularly well," and said she was working on improving.

In addition to the impact of the training on a personal level, teachers emphasised the importance of approaching trauma-informed practice as a team. As noted by Participant 10: "The sense of team really helps. There's a lot of trust and respect between us and we have each other's backs. The training made me mindful of this." Participant 1 described the benefit of teamwork in providing opportunities for colleagues to engage in problem-solving conversations, saying, "I do have really good colleagues and a leadership team I can talk to. We talk about issues and share the load." This illustrates the "team collaborative approach and open communication" (Participant 9) at the school. Further, the visible support of the leadership team reduced stress through the promotion of teacher autonomy and by giving teachers permission to focus on nurturing student social and emotional wellbeing. Participant 4 remarked, "Yeah, I think it's really helpful that the leaders of the school, they understand what our kids need, and we don't have as much pressure to have every minute of every day scheduled and timetabled... They have that understanding so I don't feel the pressure."

Discussion

This study evaluated the impact of professional development training on teachers in a single regional primary school in Australia's Northern Territory. In particular, the study focused on the impact of the first component (Tier 1) of the multi-tiered TIBS program (Ayre and Krishnamoorthy, 2020). Tier 1 training broadly aims to increase teacher knowledge of childhood adversity and trauma, including intergenerational and multi-systemic deprivation and harm experienced by First Nations families. The training aimed to foster positive beliefs about First Nations students, and help teachers develop pedagogical strategies to support student learning and wellbeing at school. While one-off professional development deliveries are generally insufficient to produce sustained changes in teaching practices (Schachter et al., 2019; Thomas et al., 2019), findings from the present study illustrate the preliminary impact of trauma-informed care training on teaching practices. Consistent with previous studies (Anderson et al., 2015; McIntyre et al., 2019; Morgan et al., 2015; Perry & Daniels, 2016), teachers in the present study reported benefits of the training, included increased knowledge and use of trauma-informed practices in their classrooms. The analysis of these changes highlighted key issues in the implementation of TIC practices in schools.

Overall, the findings reflect a key dialectical balance for teachers in being able to meet the needs of the students, while also attending to their own personal and professional needs. This dialectic appears to be important in sustaining trauma-informed care, particularly in schools that are under-resourced, and consist of students with complex academic and social-emotional needs. School staff under chronic levels of stress leads to reduced staff wellbeing and high staff turn-over (Rajendran et al., 2020). This can be a challenge for schools in regional and remote areas, with large numbers of First Nations students (Downes

& Roberts, 2018). High staff turn-over can also erode established pedagogical and wellbeing practices in schools. Similar to the traumatic stress linked to student misbehaviour, scholars such as Sandra Bloom (1995), have speculated that chronic stress in educators may contribute to their excessive use of reactive and punitive disciplinary methods. Finding a balance in the dialectic is an important way to prevent the emergence of "parallel processes" – a pattern of functioning where organisations under chronic pressures and stress begin to respond to their clients (i.e., students) in a punitive and apathetic manner, mirroring the child or family's experiences of past trauma (Bloom, 2010).

The findings support the benefits of trauma-informed care and culturally responsive elements of the training for teachers. In addition, the self-care components of the training appear to have increased teachers' awareness of the need for self-compassion, emotion regulation, and care for their own mental health to cope with the challenges of supporting trauma-impacted students. This finding highlights an important and often unspoken aspect of trauma-informed practice in schools: Working with trauma-exposed children is stressful and brings the possibility of compassion fatigue (Miller & Flint-Stipp, 2019). Teachers constantly juggle ever-increasing responsibilities focused on student outcomes, rarely considering their own wellbeing (Luthar & Mendes, 2020). As the success of trauma-informed practices relies on teacher capacity to provide emotional support to students, care for teachers' emotional health and wellbeing is essential. Participants also affirmed the importance of explicit acknowledgement and support for teacher self-care on the part of school leaders (e.g., through school policies). With stress-related burn-out being one of the leading causes of teacher attrition (Ryan et al., 2017), a trauma-informed approach that incorporates teacher self-care is an important topic of future study.

In the present study, all teachers indicated growth in their confidence to implement trauma-informed strategies following the training. Some teachers suggested a clear link between their confidence and their wellbeing, reinforcing the necessity of access to TIC-informed professional development for both student *and* teacher wellbeing (e.g., Garrick et al., 2017). The findings suggest that trauma-informed approaches appear to be especially important in schools with student bodies that have dealt with substantial intergenerational trauma.

Limitations and Strengths

This study was an evaluative case study of teacher's experiences with a professional development program in trauma-informed care. Given that generalisability is not a strength of single case study research (Stake, 1995), this study's findings cannot be assumed to apply to schools that do not share the specific demographic characteristics of the study school (small, rural, majority First Nations student body). Nonetheless, the findings of this case study are valuable in demonstrating the positive impact of TIC training on teacher knowledge and the implementation of trauma-responsive pedagogy. The mixed format of interviews in the present study represents an additional limitation. Participants are likely to respond differently to queries when conversing with an interviewer than when composing written responses. Unlike interviews, written responses also do not allow interviewers to follow up with interviewees on important topics raised. Future studies of regional schools—from both the public and private sectors—should use a larger sample with consistent interview format to improve the robustness of findings. For example, interviews with students to understand their experiences of TIC and to give students' voice and choice about school practices and policies that integrate culturally responsive, trauma-informed approaches are warranted.

Conclusion

Education research has increasingly recognised the prevalence of traumatic stress in educational settings, and how it relates to educational outcomes. There is also an awareness of the impact of historical and multi-systemic factors on the educational engagement and outcomes of First Nations students. Educators are key partners in the wraparound support of children experiencing traumatic stress. The implementation of trauma-informed care in schools requires professional development focused on supporting these vulnerable students. The present research highlighted the impact of a trauma-informed care program on teacher pedagogical practices and personal wellbeing. The findings provide support for the transfer of learning to practice, with teachers adopting and successfully implementing trauma-informed practices in supporting students with complex social and emotional needs. The results also revealed that the sustainable implementation of TIC practices requires both attending to the holistic needs of students, as well as the teachers. With the ever-increasing complexities of student needs in schools and various competing demands for educators, trauma-informed care approaches offer education leaders an opportunity to design systems that maintain a relational focus to support the needs of students and the teachers who support them.

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Appendix A

Trauma Informed Behaviour Support – Tier 1

Part A: Online Course - The Trauma Aware Educator

The online course is designed to provide educators with an introduction to trauma-informed care practices. The online course consists of 10 modules and takes approximately 90 minutes to complete. The topics covered in the course are as follows:

1. What is childhood trauma?
2. What are the types of childhood trauma?
3. How does childhood trauma impact the brain?
4. How does childhood trauma impact relationships?
5. How does childhood trauma impact memory?
6. How does childhood trauma impact emotions?
7. How does childhood trauma impact the body?
8. How does childhood trauma impact behaviour?
9. How does childhood trauma impact communication?
10. How does childhood trauma impact learning?

Part B: Face-to-Face Training – School Wide Trauma Informed Practices.

The workshop builds on the content in the online course, with a focus on school-wide trauma informed care practices that correspond five modules:

Module 1- Care: This module focuses on the social, cultural and historical determinants of educational achievement and meeting the basic needs of students in schools. The modules reviewed school-wide practices that promote cultural safety.

Module 2 - Calm: The module reviews the impact of traumatic stress on emotion regulation and strategies to build self-regulation skills. The modules also included information about cultural routines and rituals to regulate levels of arousal.

Module 3 - Connect: Information relating to the impact of traumatic stress on attachment and strategies to build trust, social skills and connectedness to community, land and culture.

Module 4 – Coach: The module focuses on the impact of traumatic stress on communication and strategies for providing instruction and feedback. The module contained information of culturally sensitive verbal and non-verbal communication skills.

Module 5 – Collaborate: The final module is designed to support an understanding of the impact of traumatic stress on school systems and strategies to mitigate secondary stress and promote self-care and teamwork. The module included information on best practices for community building with Indigenous communities, and opportunities for the involvement of parents and local elders in school activities and decision making.

Appendix B

Interview Questions

- Q1. What new information have you learned about trauma-informed practice that you did not know before, if anything?
- Q2. Are you aware of students in your school who may have experienced childhood trauma or some form of disadvantage? If so, how did you become aware?
- Q3. How has being trauma informed changed the way you think about challenging students, if at all?
- Q4. Were you satisfied with the format, content and presentation style of the TIBS training?
- Q5. Were there aspects of the TIBS training that you felt could be improved? Why?
- Q6. How has trauma informed practice changed your teaching practice, if at all? What particular strategy or strategies have you found helpful that you use in your daily practice?
- Q7. In what ways have the changes you have made to your practice impacted the students in your classroom, if at all?
- Q8. Do you feel confident in your ability to implement trauma informed strategies with your students?
- Q9. How has the program changed the way you cope with the stresses of your work, and help with your self-care, if at all?
- Q10. In the future, what else would you need to continue learning about with regards to trauma informed practice?