

Strengthening the Impact of Using a Trauma-informed Lens in the Classroom

Mandy Ann Bullard



ABSTRACT

This paper explores how changing an approach from a traditional behaviour model to that of a trauma-informed lens for children who have experienced adverse childhood experiences from abuse, neglect, violence or witnessing violence in the home, grief and loss (death, divorce, unnatural events) can have an impact on their engagement to learning and emotional challenges. This study comes from a strengths perspective acknowledging students' character strengths that can be built on for overcoming adversity. It aims to put forward a framework from a trauma-informed lens to support teacher capacity to strengthen the use of interventions that contribute to improved student engagement. Research collected through seven teachers' narratives examines the complex relational, behavioural and cognitive learning needs of these students and their teachers' needs to feel empowered to teach in an inclusive classroom or innovative learning environment. The study aims to suggest that all children can benefit from trauma-informed principles and pedagogy as protective factors enhancing resiliency. The key findings of the study was that frameworks need to be tailored to the needs of the individuals. The interventions used to meet specific goals need to be explicit, planned and purposeful. A proactive strengths-based approach in an inclusive environment through a trauma-informed lens is required for best outcomes.

Research paper

Key words:

behaviour management, complex trauma and neuroscience, student engagement, teaching, trauma-informed practice, trauma-informed schooling

INTRODUCTION

In education, as teachers and RTLB working from a strengths-based perspective, we are not aiming to screen and identify children who are negatively

impacted by trauma experiences but to identify factors that support resilience and the learning ecology of students (Crosby, 2015).

As an RTLB I have anecdotally noticed that traditional behaviour management strategies can often negatively impact the students and the teacher, with little to no engagement and learning gains for either party. The teacher then requests support for these often younger students to the RTLB service, for their lack of focus, non-compliant behaviours or suggestions of attention deficit hyperactivity disorder (ADHD), oppositional defiance disorder (ODD), or autism spectrum (AS) or other types of difficulties characterised by behaviours normally associated with that disorder like inattentiveness, impulsivity and disruptive outbursts. Trauma indicators can masquerade as, 'being something else' and can be overlooked or misunderstood when we don't use a holistic trauma focused lens (Elder, 2010; Finkelhor et al., 2007; Fuld, 2018).

As an RTLB, our practices demand that we develop informed, improved, culturally-competent and developmentally-appropriate methods to respond to student and teacher needs inclusively (Cohen et al., 2018; Sebastian, 2013). I have observed through case work that teachers can be reactive and responsive to primary classroom behaviours in various ways in the interest of managing their behaviours to elicit learning and engagement. It is human nature, and at times a default option, to judge and act upon behaviours observed according to our own contexts and belief system rather than exploring questions around "what happened to you?" and "what function does this behaviour serve?". Teachers are then acting on the problems seen at a surface level rather than the needs of the students (Cavanaugh, 2016). This is the 'iceberg theory'¹ of teaching (Fairchild, 2013): what is the complexity and the student struggles below the surface that the

¹ Iceberg theory: Iceberg's are metaphors for changing the 'mental models' that inform a design/structure within a system. The seen ten percent is a product of the system's behaviour. "Understand the ninety present underneath the surface" and you have a tool to alter or change events (Fairchild, 2013, p. 1).

teacher needs to address before learning can happen successfully. The tip of that iceberg or behaviour that is seen is not the reality (Tomlinson, 2018). If teachers do have trauma-informed behaviour management strategies, how are they incorporating and applying them in a trauma-informed practice model?

LITERATURE REVIEW

Understanding the Role of Adverse Childhood Experiences (ACEs).

The substance abuse and mental health services administration, and health resources and services administration, (SAMHSA - HRSA) state that, "Individual trauma results from an event, series of events, set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." (SAMHSA-HRSA, 2019, para. 2).

The American Psychiatric Association (2013) states that a trauma experience can be a direct exposure to a threat, event, hearing or witnessing an event that happened to close relatives or friends, or hearing or witnessing the repeated details of the events from others (National Child Traumatic Stress Network, 2014). This catapults the situation from merely being stressful to traumatic for the child.

The model suited to educationalists and one that resonates with myself defines trauma as, "an overwhelming experience that undermines one's belief that the world is good and safe and can dramatically and negatively affect a student's educational trajectory" (Downey, 2007, as cited in Brunzell et al., 2019, p. 601). This definition is the one used for this inquiry.

The 'Growing Up in New Zealand Study' (GUINZ, Ministry of Social Development's Childrens and Families Research Fund, 2020), a longitudinal study into child development and school readiness, agree that adverse childhood experiences (ACE) fall into a ten-point scale. This tool categorises each traumatic event as one ACE (Walsh et al., 2019). Events cover physical and emotional abuse of the child by parents, for example, depression, divorce/separation, violence, incarceration, and misuse of alcohol or other illegal substances. Out of the children studied in a cohort of 5,500, more than half had experienced at least one ACE by the time they were 4.5 years, which had impaired and dysregulated their healthy responses to stress. Similar findings are recorded from Australia and America (Brunzell et al., 2015; Fondren et al., 2020; Howard, 2018; Minahan, 2019; Webster-Stratton, n.d).

Cavanaugh (2016) cited the Felitti study of 1998, the largest longitudinal study of its time, and stated that 64% of the American population had experienced at least one ACE with 22% experiencing the more detrimental effects of three or more ACEs. Webster-Stratton bears this out when she states that, "one in eight children" (n.d, p. 1) have experienced three or more ACEs linked to stress which could in turn put them at a potential risk for negative health and developmental outcomes: (Felitti et al., 1998, as cited in Cavanaugh, 2016; Finkelhor et al., 2007). Finkelhor et al. (2015) advocates for adverse childhood experience measures being extended to include childhood stressors like bullying, peer victimization, isolation, peer rejection, poverty, deprivation and exposure to community violence.

The research is in agreement that trauma is interrelated and instrumental in disrupting a student's academic functioning to the point of low educational achievement in cognitive, socioemotional and academic domains (Brunzell et al., 2015; 2016; 2018; 2019; Cavanaugh, 2016; Fondren et al., 2019; 2020; Friedrich & Holmes, 2016; Howard, 2019; Lipscomb et al., 2019; Minahan, 2019; Perry & Szalavitz, 2017; Rosenbaum-Nordoft, 2018).

The GUINZ study, when looking at the exposure-response relationship of trauma and the effects on a child's cognition, found that by the age of five, children who had experienced three or more ACEs had difficulty with letter naming fluency, focus, affective knowledge, counting to 10, the ability to write their name, and their ability to delay gratification (Walsh et al., 2019). Behavioural issues can be seen in 20% of children exposed to ACEs compared to the 10% of children who have not had exposure to ACEs (Copeland et al., 2007). The students' inappropriate, escalating or disengaged behaviour serves the purpose to mask their anxiety, fear, anger, shame, sadness, loss or grief (National Child Traumatic Stress Network, 2014, as cited in Brunzell et al., 2019).

Early 1990s research literature talks about trauma as events (Fletcher, 1996; Cohen & Mannarino, 1996, as cited in Shaw, 2000; Terr, 1991), however research after 2003 observes traumatic experiences as a neurological 'condition' that puts the child into an increased state of anxiety, stress, flight, fright or freeze (Perry & Szalavitz, 2017). This state of being is a survival mechanism that will impact on their teacher-student, student-student relationships, emotional well-being, and academic achievement.

Multiple trauma experiences results in altered brain development, meaning more triggers and stressors for the child from their environment and difficulty

processing, learning, and relationship and social skill building (Perry & Szalavitz, 2017) resulting in a child's difficulty to know and apply positive coping mechanisms to problematic situations. Research indicates that a child in this position will use self-blame to cope (Fergusson & Horwood, 2003; Gorman-Smith & Tolan, 2003; Hodges et al., 1999; Ladd & Skinner, 2002; Schwartz & Proctor, 2000, as cited in Finkelhor et al., 2007). Negative coping mechanisms are then applied generally across all interpersonal contexts and not adapted to fit the issue (Perry & Szalavitz, 2017; Rosenbaum-Nordoft, 2018).

Future-proofing students so that they can handle the effects of traumatic or stressful experiences in their lives means providing children with learning opportunities and strategies to cope in areas like resilience, interrelatedness, peer relations, external interests and attachment to other people and parents (Fondren et al., 2020). This can be applied to all children learning valuable life skills in an inclusive environment, not just learning for the child with trauma experiences. This is especially true when you consider that Fondren et al. (2020) showed that before the age of 16 most children have experienced at least one traumatic event.

The Research into Understanding the Sequential Brain Development that Affects Childhood Developmental Trauma

The neurosequential principles of the brain and learning indicates that the brain develops in a specific order. Children exposed to traumatic experiences means brain development is interrupted or not developed. Trauma triggers higher stress levels altering the brain's executive functioning abilities, hindering physical and emotional development (Brunzell et al., 2019; Judicial Council of California, 2014; Perry & Szalavitz, 2017; Terrasi & De Galarce, 2017, as cited in Von Dohlen et al., 2019; Walkley & Cox, 2013). Inadequately developed executive functions means students have difficulties with, "concentration, language acquisition and processing, decision making, abstract reasoning, impulsiveness, developmental coordination disorder and memory" (Damian et al., 2011 as cited in Von Dohlen et al., 2019, p. 4). The best way to heal the brain ready for learning to take place is to mimic the same sequence

that the brain would normally develop and mature through (Perry & Szalavitz, 2017).

Relational Attachment

Bowlby's (1971) work that 'unconsciously and interactively' binds the primary caregiver to the infant (as cited in Brunzell et al., 2015, p. 67) highlights the primal need to feel safe and secure. Once this secure attachment is met, the brain (cerebral cortex) turns its attention towards learning the behaviour signals and the social, affective and reciprocal engagements that happen to inform a child's social/emotional development. The behaviours include play, fun and building emotional intelligence, providing a template for the child on how to behave when confronted by various situations (Brunzell et al., 2015). The child uses this information to regulate their behaviour, understand relationships and social rules (Bowlby, 1971, as cited in Hughes, 2004). Trauma in children means that this relational aspect is underdeveloped or not developed, especially if the caregiver and infant dyad were hampered by stressors and anxiety, therefore not developing secure relational attachments and henceforth not providing an infant with valid templates of ways to regulate their behaviours and relationships (Schore & Schore, 2008, as cited in Brunzell et al., 2015).

The Research into a Developmentally Informed Approach to Childhood Trauma

The *Trauma-informed Positive Education (TIPE) framework*² (Brunzell, Stokes & Waters, 2015; 2016; 2018; 2019) advocates that healing, growth, well-being and strengths-based interventions integrated with each other, repair a student's maladaptive behaviours.

The TIPE framework empowers teachers to use their skills, knowledge and pedagogy to design, implement and reflect on classroom interventions based on the framework, context and knowledge of brain development, positive psychology, and how trauma impacts on the biological, psychological and social development of children (Brunzell et al., 2016). In contrast to earlier research, that advocated for healing through a trauma-informed perspective and omitted the strengths and well-being approaches (Brunzell et al., 2016; Keyes and Lopez, 2002; Shaw, 2000).

² Trauma-informed Positive Education (TIPE) framework. "A *TIPE* approach positions learning within a dual-continuum model of mental health (i.e., addressing one's deficits and building on one's strengths are two specific and differentiated pathways for intervention) in order to address domains of healing and of growth in trauma-affected students" (Keyes, 2002; Keyes & Annas, 2009, as cited in Brunzell, Stokes & Waters, 2015, p 2). Brunzell, Stokes and Waters, "embed trauma-informed developmental pedagogy within a positive education strengths-based paradigm" (2015, p 2). It is a framework with interconnected, differentiated, and specific pathways against which interventions can be provided. A model being based on positive psychology in education and developmental needs to repair a child's malleable brain (Perry & Szalavitz, 2017).

As Resource Teachers: Learning and Behaviour³ (RTLb) these strengths, well-being and growth mindset models are significant and contribute to the way that we approach our work with teachers and students using an ecological and culturally-responsive model (Crosby, 2015; RTLb Toolkit, 2018; Sebastian, 2013).

In the classroom, approaches targeting individual students' behaviours are commonly used (Howard, 2018; Minahan, 2019; Rosenbaum-Nordoft, 2018; West et al., 2014). These include consistency with routines, more time to complete tests, choice, mindfulness, and positive emotional learning and growth mindset. These approaches are based on student's needs related to immediate triggers in the classroom, aligned with the student as being the problem and without consideration to a formalised organisational approach (Howard, 2019; Von Dohlen et al., 2019). Alexander Van Heijer's quote, "When a flower doesn't bloom, you fix the environment not the flower" sums up the holistic nature of trauma-informed and responsive practice (as cited in Treisman, 2018; Webster-Stratton, n.d.).

Teachers and students need to move from what works to *what works best* and what the purpose is for using an intervention. The focus is on teacher's practice as deliberate acts of teaching posed as challenges towards meeting goals, rather than behaviours used. It is important to draw attention to the positive behaviours students use in unconditional ways, rather than praise for behaviours valued by the teacher (Kennedy, 2015, as cited in Brunzell et al., 2016; Minahan, 2019; Webster-Stratton, n.d.). Once children enter into a closer and more complex interactive relationship with the teacher that involves, "modelling, proximity, communication and availability" (Brunzell et al., 2015, p. 75) they will be in a better position to learn, take on new challenges, create a reliable kete of resources to use as planned supports for their varied relationships, and to regulate their behaviours (Crittenden, 2008, as cited in Brunzell et al., 2019).

Brunzell et al. (2016) noted that teachers using teacher-directed commands, rule-based problem-solving prompts, ignoring distracting behaviour, or asking students to sit elsewhere in the class to manage student's behaviours becomes punitive and doesn't work for trauma affected students (Brunzell et al., 2016; Crittenden, 2008, as cited in Brunzell et al., 2019; Holmes & Friedrich, 2016; Minahan, 2019).

A repercussion for the student is the feeling the teacher doesn't like them or is happy they are distraught; subsequently these strategies may provoke a trigger in the child to a time when they were neglected or abandoned (Minahan, 2019).

The literature found beneficial results in teachers using social-emotional and organisational learning supports. (Rishel et al., 2019; Seligman et al., 2009). The gaps exposed were focused on how teachers incorporated and applied strategies to provide the best advantage for all students within trauma-informed models (Mendelson et al., 2015; Ministry of Education, 2010).

METHODOLOGY

The context of this research was centred across three large inner city primary schools consisting of single cell and innovative learning environments (ILE). The seven teachers who participated in the inquiry were teaching in schools which were both very high and extremely low socio-economic communities. A purposive sampling technique was used. The guidelines created and adhered to were that teacher participants were chosen who were teaching children with known trauma histories and a willingness to participate (Patton, 2015).

The preferred theoretical stance taken was one of interpretivism. Education, and in particular teaching, is a subjective social science where multiple realities exist that are situated in contextual environments. Teachers do not practise in isolation of each other but by using their strengths and bringing their multitude of perspectives and experiences to the table. Teachers are action-orientated and teach through shared social interaction and connective experiences. Interpretivism is widely known to be very relevant for qualitative studies that are reliant on the researcher's and participants' interpretation (Menter et al., 2011). The resulting findings contributed to existing knowledge and theories rather than confirming a hypothesis by structured testing (Ngozwana, 2018).

The Focus Question of the Inquiry

- How can I, as an RTLb, better-support teachers to strengthen the use of interventions that contribute to improved student engagement in trauma-informed classrooms?

The inquiry addressed the following areas:

³ "Resource Teachers: Learning and Behaviour (RTLb) are funded to work together with teachers and schools to support the achievement of students in Years 1-10 with learning and/or behaviour difficulties. RTLb support and up-skill teachers to better meet the needs of students within an inclusive education system" (Ministry of Education, n.d., para.1).

- Behavioural, social and emotional challenges children express in the environment
- Skills being taught
- Types of interventions used
- Teachers understanding of trauma responsive classrooms/identification of barriers and enablers in the classrooms

Participants

Principals of the three schools were invited to send information and consent forms in an email inviting teachers to participate in the study. Teachers had the autonomy to say ‘no’ or ‘yes’ with no further repercussions whatever their decisions. The participants were chosen with the guidelines being their willingness to participate in the study, their knowledge of the subject area and their experiences. All participants provided their “signed informed consent prior to the interviews” (Menter et al., 2011, p. 11).

As this inquiry focused on teachers’ experiences with students who had behavioural challenges linked to a trauma perspective, sensitivity to the teachers as they shared information that may have made them vulnerable or emotional was given. The teachers were offered details of the Employee Assistance Programme (EAP) for well-being support, if needed, prior to the interviews.

Privacy

Some personal information was collected from the participants during the study; in this case the Data Protection Act 1998 protects this data from any misuse on my part (Menter et al., 2011). All participants were able to request that any data pertaining to them was returned at the close of this study.

Data Gathering Tool

Semi-structured interviews conducted digitally via zoom videos was the qualitative data-gathering tool used. The tool was designed for use with small-scale research and allows flexibility within the design of the pre-set open-ended questions. The questions considered the “motivations for the research” (Brenner, 2006, p. 5). There was a general structure for participants to tell their story in their context within their perspective in a culturally-responsive framework

(Brenner, 2006). The interview structure and design provided flexibility to allow for minor adaptations of the questions and considered other relevant issues important to the participant but at times overlooked by the interviewer. The interviews constructed meaning through a joint process between the participant and the interviewer; because of this factor, participants could elicit clarification from the interviewer if need be (Brenner, 2006; Menter et al., 2011). This provided additional insights during the analysis process.

Through this narrative approach the tool measured commonly-linked evidential themes between participants and their implications to the inquiry (Mutch, 2015). The format of the tool allowed for emerging themes to be cross-referenced within a theme and for teachers “lived experiences” (Mutch, 2015, p. 83) to be compared and contrasted with each other (Mutch, 2015). The small scale of the study was an advantage which made it easier to compare and contrast the data gathered.

The data gathering adhered to Brenner’s (2006) four step process:

1. A repetition of the interview questions used for zoom recorded interviews with seven different teacher participants.
2. Analysis of the data by identifying themes and patterns that are significant and informed by current research (Menter et al., 2011).
3. Interpretation of the data and what that means in providing RTLB support for teachers.
4. Presenting the data.

Ethical Considerations

The ethical risk assessment according to the Massey University risk assessment screening questionnaire was deemed low-risk and was evaluated by peer and advisor review. Ethical acuity was deliberately applied to all participant information sharing, informed consent, anonymity and confidentiality and considered in the design, conduct, analysis and reporting of findings throughout this inquiry (Menter et al., 2011). As a teacher I was also bound by professional adherence to ‘*Our Code Our Standards*’⁴ which was applied throughout the interviews and study in general as it professionally suited the different contexts that we work in as RTLBs (Education Council New Zealand–Matatū Aotearoa, 2017).

⁴ “The Code sets out the high standards for ethical behaviour that are expected of every teacher. The Standards describe the expectations of effective teaching practice. Together they set out what it is and what it means, to be a teacher in Aotearoa New Zealand (para., 1)” (*Our Code, Our Standards* | Education Council, 2017: Retrieved October 11, 2020, from <https://teachingcouncil.nz/content/our-code-our-standards>).

RESULTS

Demographical Data

The seven teachers involved in the study had a range of years that they had taught for (see Figure 1.), a range of schools, year levels taught, experiences and leadership. The teacher's earlier backgrounds were related to judicial systems, early childhood and alternative education. Fifty seven percent of participants spoke of extreme, multiple and highly traumatic experiences affecting children they had taught. This study uncovered that adverse childhood experiences (ACE) are not confined to low socioeconomic schooling settings alone.

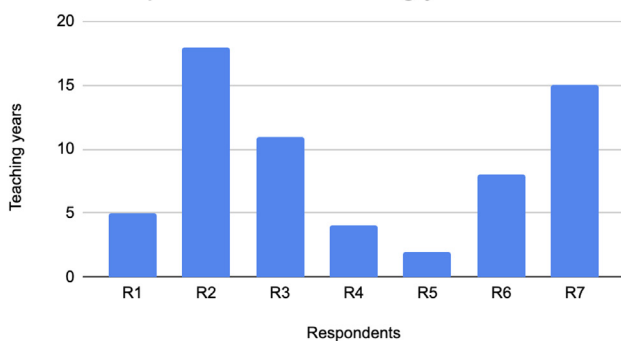


Figure 1. Demographic data.

The Role of Adverse Experiences Linked to Behavioural, Social and Emotional Challenges Children Exhibited in the Environment.

The key themes that emerged related to strengthening the use of interventions by implementing a trauma-informed practice lens in the classroom were: the role of adverse experiences linked to behavioural, social and emotional challenges; relational attachment; types of interventions used - proactive and reactive approaches; interventions to support a trauma-informed classroom; enablers and barriers towards a trauma-informed pedagogy, and support needed, including professional learning and resilience.

Adverse Childhood Experiences (ACE)

Five (71.4%) teachers cited that trauma was characterised by significant singular or multiple experiences, "Severe singular or multiple experiences causing psychological harm over time" (T 5). "The larger the trauma, a death or a natural disaster, the higher the effects for the student" (T 7). Two teachers said trauma could, "happen to them or someone else" (T 2). A commonality amongst all the teachers was that adverse childhood experiences (ACEs) were, "hard to process" (T 4), "get over or control their emotional rages" (T 6). Five teachers defined trauma

and included anger, impulsivity or extreme emotions as behavioural characteristics.

An eighth of the teachers linked children's externalising behaviours to challenging family backgrounds consisting of substance misuse, homelessness, parents in prison, neglect and foster care (14.2%). Twenty-eight and a half percent of teachers described characteristics of impulsivity, hyperactivity and inability to focus akin to attention deficit hyperactivity disorder (ADHD) or autism spectrum (AS), for example, "I wouldn't be surprised if he is ADHD, struggles to focus, use of inappropriate language" (T 4).

All teachers narrated multiple traumatic experiences affecting children at school entry to year 6. Eighty-five-point seven percent (85.7 %) of childhood developmental trauma was reported from high socioeconomic schools.

Behavioural, Social and Emotional Challenges Children Exhibited in the Environment

Nearly three quarters of the teachers (71.4%) spoke of withdrawal and avoidance behaviours (crawling under tables, running out of the classroom) to regulate their emotions.

All the teachers spoke of students showing anger towards adults, peers and inanimate objects when terrified of losing control or not achieving "perfection" (T 5), seeking out conflict, impulsivity, frustration and oppositional defiant behaviours and dysregulated reactions that were out of proportion to the event, for example, "not being shown something" (T 4). One teacher spoke of a student who, "didn't want to suppress anger as it would be unhealthy for them" (T 7).

Seventy one percent of teachers described sensation-seeking children as easily bored, inattentive, lack of concentration, limited attention span, seeking out and being distracted, not liking loud noises, and being on the mat with others.

Students' anxiety issues linked with trust in adults were observed by just under half of the teachers (42.8%), "a lot of emotional stuff, he's always on the edge, I am almost there with him and then I lose him" (T 6).

Communication and Social Challenges

Over half of the teachers (57.14%) spoke of misinterpreted social cues and communication. Expressive language and vocabulary to describe emotions was underdeveloped; "students couldn't process their feelings and state what their needs

were” (T 7), “children were aggressive with their peers because they wanted friends, acceptance and self-esteem, they misread language and social cues” (T 4). It was interesting to one teacher that older students had, “sophisticated vocabulary to talk about their emotions”, however the teacher said, “I don’t know if they are able to regulate their emotions any better than students who have not got the vocabulary” (T 7).

Academic Functioning

Just over a quarter (28.5%) of the teachers spoke about students with ACEs as being, “highly compliant, observant, and learning-focused but not retaining the learning” (T 3), “they had delays in their academics, not for lack of effort, but they found everything difficult” (T 5).

Relational Attachment: Insecurity/Inappropriate Solutions/Reciprocal Interactions Within Relationships

Teachers indicated that students showed insecurity and ill-fitting solutions to problematic social situations and relationship-building with peers and teachers; for example, running away but wanting a teacher to follow and engage in conflict, or using inappropriate physical actions to solve an issue. Teacher Three highlighted students’ insecurity and inappropriateness in developing a teacher-student relationship, “over-friendly, put their arms around you, unaware of personal boundaries”. Teacher Seven stated, “Students demand teacher time right then and now, in the present, unable to wait” and, “a student storms off when something goes wrong”.

Two teachers knew that building relationships is key, however instances were discussed when they had not been able to connect with students and they didn’t know why or how to proceed. These two teachers found building relationships led to a “disconnect between how the relationship worked”. Relationships were sometimes too easy at the start and the student was the teacher’s “best friend, constantly wanting to engage” (T 6).

Types of Interventions Used by Teachers - Proactive and Reactive Approaches

All seven teachers described using interventions when the students were showing signs of emotional dysregulation (see Table 1.) Four (T 1, 2, 4, 7) of the teachers used a talk-and-time-out strategy, students explained how to solve the problem or regulate

themselves. Talking students ‘through’ frustration and anger was used by the majority of teachers (T 1, 2, 3, 7). Teacher Seven asked a student to draw an emotional experience but the child said that it made him more angry.

Nearly all teachers’ (T 2, 3, 4, 5, 6, 7) solutions to challenging dysregulated behaviours was to limit engagement with the student. One teacher spoke of, “being alongside a student with no interaction” (T 2) as a safety mechanism. Threatening situations/debates with the students were avoided. Teachers (T 2, 3, 4, 6, 7) relied on using an ignoring strategy, “ignoring a child, eventually they stop, they aren’t getting a reaction” (T 4). One teacher (T 4) worried about the students’ needs not being met. Forty three percent of teachers used restorative scripts and asked for reasons for the behaviour from the student. The students’ reflective skills were spoken of by three teachers (T 4, 2, 7) as lacking when students were asked to examine the social issues between friends or the teacher during a restorative justice process used by teachers.

Two teachers (T 1, 5) used the zones of regulation regularly, assuming that children would know when they were “out of control” or when they were “ready to talk about what happened”. One teacher (T 5) practised breathing techniques and zones of regulation when students were in a calm mindset. Autonomy and choice was linked to dysregulated actions: “In the red zone students get a choice between two actions” (T 2).

Five of the teachers (T, 2, 3, 4, 5, 6) discussed using ‘tight’ boundaries or assigning a teacher-aide to the student (T 2). The resulting action was withdrawal of an experience e.g., “If you can’t listen to me, you won’t be able to come out, I will not be able to trust you next time” (T 4). The teacher was concerned that limiting interactions with others to enable a teacher-aide to “behaviour monitor and supervise” (T 2) was contradictory to the student’s social development needs.

Teachers were asked the following question with prompts to break the question down to elicit proactive and reactive responses (see Appendix A):

- “Thinking about different types of interventions that may be needed and the possible links to other programmes that may be available, what kinds of strategies enable you to support students’ self-regulation skills in class?”.

Table 1
Types of Interventions Used in the Classroom by Teachers

Teachers described the interventions that they used and these have been placed in the table in order of importance from most to least used and quoted by the teachers.

Number of Teachers (n=7)	Types of interventions used in the classroom by teachers (n=7)
85.71% n=6 teachers	Building relationships and trust
71.43% n=5 teachers	Ignoring students
71.43% n=5 teachers	Removing students to the office or a safe place beyond the classroom
71.43% n=5 teachers	Restorative justice
71.43% n= 5 Teachers	Zones of regulation
71.43% n= 5 Teachers	Incredible Years Teaching (IYT)
71.43% n=5 teachers	Structures, routines, rules and boundaries
57.14% n=4 teachers	Time-out to calm down
57.14% n=4 teachers	Physical movement and breaks outside the class
57.14% n=4 teachers	Breathing exercises
57.14% n=4 teachers	Social/emotional problem-solving
57.14% n=4 teachers	Calming strategies
42.86% n=3 teachers	Mindfulness
42.86% n=3 teachers	Whole class songs on the mat prior to routines
42.86% n=3 teachers	Praise
42.86% n=3 teachers	Peer support
42.86% n=3 teachers	Teacher and student 1-1 attention
28.57% n=2 teachers	Supporting emotions
28.57% n=2 teachers	Management of actual and potential aggression (MAPA) training
14.29% n=1 teacher	Growth mindset
14.29% n=1 teacher	Social stories
14.29% n=1 teacher	Safety and support plan
14.29% n=1 teacher	Interim response funding (IRF)
14.29% n=1 teacher	Adaptations to the environment/high expectations for the student

Viewpoints of Teachers: Strategies to Support a Trauma-informed Classroom

“Tight boundaries” (T 4) were discussed by five (71%) teachers in other questions but only two (28.57%) teachers talked about boundaries and consistent routines in relation to their viewpoint on a trauma-informed approach.

Four teachers stated that relationships were important, with only two teachers mentioning the importance of key relationships.

28.57% (two) teachers gave importance to rules, friends, teaching social skills and physical activity.

14.28% of teachers highlighted the importance of zones of regulation, mindfulness, teaching the New Zealand curriculum, student personal locus of control and voice. There were 14.28% of teachers that said smaller classes and more adults were needed.

Enablers and Barriers Towards a Trauma-informed Classroom Pedagogy

Teachers’ responses (see Table 2.) were weighted towards the barriers; four teachers identified professional learning, funding and a high emphasis on assessments as a barrier. Two teachers spoke of enablers as collegial and other professionals as support.

Table 2
Enablers and Barriers

These are placed in order of most popular to the least popular ideas by the number of teachers.

Enablers (n=7)	Barriers (n=7)
Support from colleagues, RTLB, MOE, SENCO, other professionals and colleagues (n=2 teachers)	Lack of professional learning/training/funding sources and teacher aides in classrooms (n=4 teachers)
Mindfulness, circle time, growth mindset, zones of regulation, Incredible Years Teacher training (n=1 teacher)	Interventions dropped due to busy curriculum, academics assessments, reports, running records are priority (n=4 teachers)
Mindshift for teachers to prioritise social emotional learning (n=1 teacher)	Inflexible, non-inclusive teachers (n=1 teacher)
Play - problem-solves friendships (n=1 teacher)	Must plan for SEL (n=1 teacher)
Mentor, resources (RTLB, MOE, SENCO), observing other teachers (n=1 teacher)	Lack of school/team support (n=1 teacher)
Supportive parent community of social emotional learning (n=1 teacher)	Parent and school personnel not prioritising social emotional learning (n=1 teacher)
Language - how to word things. (n=1 teacher)	Lack of correct language to use, lack of experience when I don't know what to do (n=1 teacher)

Support Needed for Teachers

Teacher Support Through School Support Systems

Six out of seven teachers were unaware if their school policies reflected a pedagogy of trauma-informed practices. Seven teachers conveyed that schools were supportive of social/emotional learning.

Professional Learning

Seventy-one percent (five) of the teachers had attended brain development and trauma seminars by Nathan Wallace. Four teachers had read about cortisol, adrenaline and flight, fright, freeze responses with links to brain function and reasoning. Twenty-eight percent (two) of the teachers had completed MAPA training (management of actual or potential aggression), sourced resources and accessed TKI. One teacher observed trauma as, “affecting the brain and development permanently” (T 5) but didn’t know how that happened. Another teacher said, “Kids can’t learn until they’re out of the reptilian brain” (T 7). Teachers relied on their own theories in response to children’s behaviours. All teachers wanted to know how to, “recognise and respond to, traumatised children in class”.

Teachers’ Resilience

Five teachers discussed feeling emotional, powerless, overwhelmed and frustrated with no answers to solve challenging behaviours. One teacher placed blame on themselves and described vicarious trauma triggered by student’s present actions. During COVID-19, a teacher expressed how, “messy and hard it has been to establish relationships, routines and complete a lesson” (T 7).

When teachers were asked if there was anything else to add they explained that trauma goes, “unidentified, unsupported” (T 1). “Impulsive, frustrated behaviours occur when students are not feeling good about learning, this creates a cycle of non-learning and challenging behaviours” (T 2). One teacher described, “weighing up between one child’s behaviour and the rest of the class: why should one child’s behaviour hold up the learning for others”(T 4). Three teachers talked about students having control and responsibility to change their thoughts and actions but made the realisation that there had to be, “more learning in this area before children can take responsibility for their actions” (T 7).

DISCUSSION

Adverse Childhood Experiences (ACE)

One of the key findings in this inquiry was awareness of the gravity of trauma experiences and the impact on a child’s development, behaviour and learning. It was recognised that family dysfunctional backgrounds contributed to ACEs and encompassed acute or chronic types of trauma (Rishel et al., 2019; Rosenbaum-Nordoft, 2018). Trauma was more severe if that event had a ‘weighting’ assigned to it e.g., a death would be a more traumatic trauma. Another idea that emerged was that trauma in the classroom was different to other trauma experiences. Interestingly, no teachers spoke about stressors for the student in the classroom as trauma e.g. bullying, victimization by peers or others, or isolation (Finkelhor et al., 2015). There needed to be some strengthening about the clarity of what adverse childhood experiences incorporate and the cumulative nature of trauma experiences.

Behavioural, Social and Emotional Challenges Exhibited in the Environment

According to this study children with trauma experiences who gained support were those who externalised their behaviours e.g. anger, impulsiveness and extreme emotions. This type of escalating or disengaged behaviour is a tool to mask the student’s emotional distress (National Child Traumatic Stress Network, 2014, as cited in Brunzell et al., 2019). Within this inquiry it was recognised that children who internalised their behaviours had experienced trauma (Cavanaugh, 2016) but they didn’t get support. Six teachers required support to understand the function of the internalising and externalising behaviour with targeted strategies to enable alternative positive methods to meet students emotional, regulatory or relational needs. (McLaughlin & Lambert, 2017; Perry & Szalavitz, 2017; Shaw, 2000).

When asked during the interview, teachers did have a propensity to label behaviours as attention deficit hyperactivity disorder (ADHD) or autism spectrum (AS). A child’s physical and psychological stress response can be perpetually in a state of overdrive and, when exposed to triggers in the environment, mimic neurodevelopmental disorders like ADHD (Dr. Brown, as cited in Ruiz, 2014; Van der Kolk, 2005). Strengthening the understanding of the child’s triggers from the environment, peer relations and attachments will provide adaptations and enable teaching of resilience and coping strategies (Fondren et al., 2020).

Communication, Social and Academic Functioning

Within this inquiry, teachers stated: “students couldn’t process their feelings and state what their needs were” (T 7). Teachers spoke of children on high alert, retrieving information from the world differently than their calm peers (Perry, 2006). In this study, students misinterpreted social cues, their higher order thinking and expressive language shut down, as one teacher said: “Students couldn’t process their feelings and state what their needs were” (T 7). This demonstrated the inextricable link between cognition and emotion (Brunzell et al., 2016). In this inquiry the misread social cues and the types of dysregulated behaviours that ensued could be an indication that teachers need to shift their approach to asking, “What is the function of the behaviour” (Rosenbaum-Nordoft, 2018, p.6). This can uncover triggers and an intentional plan can be developed with the student to address adjustments for teacher and student responses (Brunzell et al., 2016). In this inquiry, results showed that students who have the vocabulary when calm to express themselves encountered problems stating their needs when dysregulated, as they can’t apply the learnt vocabulary unless they have explicitly practised using planned language and behaviour strategies. However, having that vocabulary offers students new skills and enables exploration of different ways to cope (Rosenbaum-Nordoft, 2018).

Teacher Four talked about, “Students’ lack of memory unless there was an immediate response to a situation or praise”. This observation is a well-researched idea linked to the arrested development of the lower part of the brain under stress, which then means that the higher parts of the brain are compromised to consolidate, regulate and memorise what needs to be learned (Brunzell et al., 2016; Walsh et al., 2019). What was interesting within this study was that teachers did not discuss these links or the ensuing new learning challenges for the student. Not one of the teachers discussed a developmental approach, brain maturation or a strategy that purposefully and sequentially implemented learning that built in complexity, with a repetitive structure and opportunities for practise, explicit feedback and consolidation (Brunzell et al., 2016; Rosenbaum-Nordoft, 2018; Van der Kolk, 2005).

Types of Interventions - Proactive and Reactive Approaches

Throughout the interviews, teachers described a wide array of interventions used as a direct response to challenging behaviours such as crawling under tables, angry or frustrational outbursts, noises or inappropriate language or after a child has hurt

someone. This approach is unwittingly focusing on the behaviour/emotional deficits rather than empowering students. The literature supports students making “better behaviour choices when they feel teachers recognise their strengths” (Brunzell et al., 2019, p.608). When teachers use a strengths-based approach, focused on students being successful, having a voice, choice and exploring their interests, this makes students feel safe to develop adaptability and trust in the environment (Brunzell et al., 2016; Cavanaugh, 2016). Teacher Two did recognise this when stating, “You have to channel their interests, make time to talk about what they like to do”.

Traditional classroom management strategies in the face of dysregulated behaviours can be detrimental to relationship-building and feelings of safety and belonging; this all contributes to re-traumatize a student (Howard, 2019; Minahan, 2019). From the findings, teachers described using time-out or withdrawal from the classroom as a tool to manage unwanted behaviours. Withdrawal does not make students feel integrated and safe in the environment: emotional detachment ensues and disengagement from learning and isolation are natural consequences of this behaviour management strategy. Coincidentally they are the same consequences that trauma experiences like neglect and abandonment invoke (Howard, 2019).

An empathetic response from a teacher endorsing the student’s feelings will serve to make the student feel they are liked rather than not liked or the teacher is happy they are upset (Minahan, 2019).

From the findings, 71.42% of teachers spoke of children affected by trauma as having “difficulty with abstract reasoning, poor decision making, peer relationships and memory” (Damian et al., 2011, as cited in Von Dohlen et al., 2019, p. 4). These same teachers also discussed restorative justice strategies as the remedy for the outcomes related to issues with problem solving, relationships, memory and reasoning. The teachers emphasised the use of, “Why did you?” (T 1, 2, 4, 5, 7) and, “What do you need to do?” (T 2). Teacher three said “How they sense something is how they feel, how they react and they are in control of that”. When using interventions like restorative justice scripts they need to be followed correctly. It is important to focus on students’ needs, expressing emotions and having questions answered which are empowering, providing the skills have been taught beforehand to calm students within a teacher-student relationship of unconditional positive regard (Rogers, 1961, as cited in Brunzell et al., 2019). Teacher Seven’s comments resonated

with this research when stating, “I realised that there needs to be more learning in this area before children can take responsibility for their actions”. These distressed students experience a warped perception of reality and a memory that doesn’t serve them well so reacting to their behaviour with ‘restorative justice’ can leave them vulnerable, unsafe and unhelpful to be successful at school (Downey, 2007, as cited in Brunzell et al, 2016; Perry & Szalavitz, 2017; Walsh et al., 2019).

Mindfulness and other breathing, finger stroking and mind/body movements were tools used occasionally by 42.85% of teachers. Planned, purposeful mindfulness can prepare a brain ready for learning and “manage stress” (T 1) in the present rather than triggering the student’s emotional brain to guide them (Brunzell et al., 2016; 2019; Minahan, 2019). One hundred percent of teachers talked about noticing a student’s change in emotional regulation; 14% of these teachers used their voice intonation and rhythm to build relationships and as calming influences (T 1), 28% of the teachers engaged in an activity “side-by-side, shoulder-to-shoulder” (T 1, 2) and 57% of teachers used rhythmical physical movement like silent ball, kicking a ball, or activities that provided cognitive distractions, thought breaks or abstract activities e.g., counting of objects, puzzles, colouring in with the teacher to calm students which supports a secure relational attachment and the strategy acts as a de-escalation tool (Brunzell et al., 2019, p. 607).

Relational Attachment

In this study, Teacher Seven said, “I went in at the start of the year with building relationships as the right thing to do but in doing so there has been a disconnect between how our relationship works”. Other teachers’ comments were, “Children demand attention any way that they can, positive or negative, it’s all attention” (T 2, 7), “They will chat to me all day if I let them” (T 7), “Students are over-friendly, unaware of personal boundaries” (T 3), “I don’t know why I haven’t been able to reach them”, “Fear of not being in control” (T 6), “Wants you to chase him, shouts smart, rude things at you, wouldn’t do as he was told” (T 2). These teachers were questioning why relationships with teachers and peers experienced a disconnect when traditional strategies of relationship-building were being used. Normally students modify their behaviours, knowing the ‘rules’ of the relationships. A student with disorganised attachment views the world as cruel, manipulative and uncaring. They connect with negative behaviours and respond in maladaptive ways.

All the teachers in this study spoke of students’ behaviour that showed that they were respondent to the sensory stimulus in their environments, their need to survive and control which produced anxiety, verbal and physical aggression, peer issues, non-engagement with learning, and disrespect (Howard, 2019; Brunzell et al., 2019). Through teachers’ comments it was apparent that they may have unwittingly assumed that all children can understand and provide the appropriate responses to, “authority, respect, trust, obedience and remorse” (Howard, 2019, p. 49). Six teachers agreed with the research and spoke of well-being and strong, unconditional relationships with key teachers as crucial for engagement with academic learning (Rogers, 1961, as cited in Brunzell et al., 2019; Howard, 2019). When Teacher Six stated, “I don’t feel like he trusts, he is oppositional and doesn’t want to engage”, this suggests that the teacher-student relationship is not yet secure to allow for learning. Minahan (2019) states that with a trauma-informed lens, relationships have to be “predictable positive attention”, the teacher has to be ‘available’ - not withholding attention and time - with clear, safe boundaries combined with the challenge of teaching emotional intelligence (Brunzell et al., 2016; Howard, 2019; Minahan, 2019). Research agrees that relationships are a protective factor as an intervention as long as the quality and frequency of those relationships are present (Brunzell et al., 2016).

Enablers and Barriers Towards a Trauma-Informed Classroom Pedagogy

Within this study, 71.42% of teachers discussed having a positive understanding for interventions through which children who have and who have not experienced trauma can gain insights into their own emotions and triggers for behaviours (Bratton, 2005, as cited in Brunzell et al., 2016), for example, “zones of regulation” (T 1, 2, 3, 5, 7).

The study findings recognised that teachers’ behaviour may communicate to the student incorrect or misread messages especially through language responses. Giving the student the locus of control through positive choice, teacher avoidance of dictating a command and providing a reason for the command can curtail behavioural issues (Minahan, 2019). The need to plan for social emotional learning using purposeful interventions that concentrated on the impact of the trauma, not the details, shaped by the knowledge of the students, their voice, strengths and needs was evident (Crittendon, 2008, as cited in Brunzell et al., 2016). Student voice is a powerful regulatory tool that engages the student and the teacher in a relational bond.

Teacher Support Through School Support Systems

Evidence suggests that schools approaching social/emotional learning with a trauma-informed lens and reflecting these understandings in their policies and practices, can have an impact on all students and provide a whole teacher/school support network to implement an integrated strengths-based approach (Howard, 2013). This notion was reinforced by Teacher Two when they said, “shared school understanding about approach, systems and supporting behaviour with staff consistency; part of professional learning for all teachers”.

Professional Learning

Teacher One echoed the comments of all of the other teachers when he remarked “Teachers do not know what the signs of trauma are and need tools to identify them and strategies to effectively deal with these children”. Understanding the neurological and behavioural aspects of ACEs underpins any planned strategies or interventions and their success. Teacher Four said, “I think that children’s challenging behaviours are stressful and traumatic to the teacher”. Collectively, teachers need to feel empowered to teach students exhibiting challenging behaviours triggered by environmental stressors and trauma histories. Developing an understanding of a trauma-informed lens puts teachers at an advantage to teach using an inclusive pedagogy and self-efficacy benefitting all parties.

Teachers’ Resilience

All seven teachers put a lot of emphasis into creating strong, bonding relationships and their resilience was tested when students sabotaged the relationships (Howard, 2019). Interestingly, all seven teacher’s responses were to “tighten up boundaries” (T 4). If boundaries mean more teacher control, rules and consequences and less student voice with student perceived failure; then unconscious triggers will manifest as challenging, defiant, aggressive behaviours. Due to unhealthy attachment experiences, students hide their vulnerability and appear not to care about consequences: they have experienced worse outcomes. They have no confidence that a ‘reward’ will be followed through, they don’t want to fail, so why try at all. Deliberate acts of teaching students what you want them to do in a situation is a positive approach.

LIMITATIONS

The complexity of this inquiry’s content, coupled with the rich narratives from teachers, meant that there was too much information beyond the scope

of this study to do justice in its entirety. Instead, I have sought to find themes across the questions and respond to the main points that are key to the study question itself. The small scale of the number of participants (seven) across three inner city schools meant that data was only reflected across one geographical area and was too small a sample to categorically say that the findings were indicative of typical practices. Trauma-informed principles that aim to heal, repair and build new cognitive pathways coupled with character strengths are a relatively new idea to New Zealand and in the infancy stage across the world since new research into neurobiology and learning from 2015 (Brunzel et al., 2016). This means that teachers had little knowledge of a ‘trauma-informed lens’. During this inquiry, the teachers who participated were under extreme stress during a first and a second COVID-19 lockdown and views expressed may have reflected their emotional disarray.

CONCLUSION AND FUTURE RESEARCH

This inquiry highlighted how teachers are using known emotional, regulatory, rhythmical (brain breaks, physical exercise, predictable classroom routines), self-monitoring tools like mindfulness, growth mindset and de-escalation interventions with their own understandings of relationship-building and peer support. Teachers had sought professional learning on the development of the brain to improve their abilities to manage challenging behaviours. Teachers grappled with the constraints of time, a busy curriculum, emphasis on academic learning, and the difficulty in balancing classroom needs and the needs of individual students with their own emotions.

It is clear that using a trauma-informed approach has the potential to benefit all students in a school setting (Von Dohlen et al., 2019), however it has to be an explicit, intentional, planned, purposeful and informed response that considers student voice, safety and belonging, relationships and unmet developmental needs rather than a reactionary response to the behaviour (Brunzel et al., 2016; Von Dohlen et al., 2019). The impact of trauma is the issue, and by addressing the sequential, regulatory, rhythmic, relational, social and cognitive aspects of learning, solutions, evidence-based interventions and adaptations to the environment can be found (Howard, 2019).

Providing professional learning of complex childhood trauma and trauma-informed approaches as a whole school would support a shared understanding, logical decisions and a common language across the school system. Strengthening teacher capacity and supporting consistent collaborative, multidisciplinary

practices and policies across a school would influence co-designed pedagogical practices and sustainable change using trauma-informed principles.

For future consideration is measuring the impact of evidence-based interventions on students behavioural, academic and regulatory areas.

Additional research that encompasses a more detailed cultural lens may provide more evidence-based findings that would further influence teaching approaches in New Zealand.

REFERENCES

- American Psychiatric Association (APA) (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Association.
- Brenner, M. E. (2006). Interviewing in educational research. *Handbook of Complementary Methods in Education Research (AERA)*. (2nd. ed.,pp. 357–370).
- Brunzell, T., Stokes, H., & Waters, L. (2015). Trauma-informed positive education: Using positive psychology to strengthen vulnerable students. *Contemporary School Psychology*, 20, 63–83.
- Brunzell, T., Stokes, H., & Waters, L. (2016). Trauma-informed flexible learning: Classrooms that strengthen regulatory abilities. *International Journal of Child, Youth and Family Studies*, 2, 218.
- Brunzell, T., Stokes, H., & Waters, L. (2018). Why do you work with struggling students? Teacher perceptions of meaningful work in trauma-impacted classrooms. *Australian Journal of Teacher Education*, 43(2), 116–142.
- Brunzell, T., Stokes, H., & Waters, L. (2019). Shifting teacher practice in trauma-affected classrooms: Practice pedagogy strategies within a trauma-informed positive education model. *School Mental Health: A Multidisciplinary Research and Practice Journal*, 11(3), 600.
- Cavanaugh, B. (2016). Trauma-informed classrooms and schools. *Beyond Behavior*, 25(2), 41.
- Cohen, J. A., Deblinger, E., & Mannarino, A. P. (2018). Trauma-focused cognitive behavioral therapy for children and families. *Psychotherapy Research*, 28(1), 47–57.
- Copeland, W. E., Keeler, G., Angold, A., & Costello, E. J. (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychiatry*, 5, 577.
- Crosby, S. D. (2015). An ecological perspective on emerging trauma-informed teaching practices. *Children and Schools*, 37(4), 223–230.
- Elder, T. E. (2010). The importance of relative standards in ADHD diagnoses: Evidence-based on exact birth dates. *Journal of Health Economics*, 29, 641–656.
- Fairchild, S. (2013, November 11). *The Iceberg Model*. Susan Fairchild. Retrieved from; <https://susanfairchild.svbtle.com/apply-ice>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experience (ACE) study. *American Journal Of Preventive Medicine*, 14(4), 245–258.
- Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). *Poly-victimization: A neglected component in child victimization*. *Child Abuse & Neglect*, 31(1), 7–26.
- Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2015). A revised inventory of adverse childhood experiences. *Child Abuse and Neglect*, 48, 13–21.
- Fletcher K. E. (1996) Childhood posttraumatic stress disorder in childhood psychopathology. In Mash E. J., & Barkley R. A. (Eds). Guilford Publications, Inc.
- Fondren, K., Lawson, M., Speidel, R., McDonnell, C. G., & Valentino, K. (2020). Buffering the effects of childhood trauma within the school setting: A systematic review of trauma-informed and trauma-responsive interventions among trauma-affected youth. *Children and Youth Services Review*, 109, 104691.
- Friedrich, S., & Holmes, A. (2016). *Trauma-informed practice in the classroom*. (No. 12). Retrieved from: <https://player.fm/series/the-knightlamp-podcast-2289298>
- Fuld, S. (2018). Autism spectrum disorder: The impact of stressful and traumatic life events and implications for clinical practice. *Clinical Social Work Journal*, 46(3), 210–219.
- Howard, J. A. (2019). A systemic framework for trauma-informed schooling: Complex but necessary! *Journal of Aggression, Maltreatment & Trauma*, 28(5), 545–565.
- Keyes, C. L. M., & Lopez, S. J. (2002). Towards a science of mental health: positive directions in diagnosis and intervention. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of Positive Psychology* (pp. 45-62). Oxford University Press.

- Lipscomb, S. T., Hatfield, B., Lewis, H., Goka-Dubose, E., & Fisher, P. A. (2019). Strengthening children's roots of resilience: Trauma-responsive early learning. *Children and Youth Services Review, 107*.
- Mendelson T., Tandon, S.D., O'Brennan, L., Leaf, P. J., & Jalongo, N.S.(2015). Brief report: Moving prevention into schools: The impact of a trauma-informed school-based intervention. *Journal of Adolescence, 142*.
- Menter, I., Elliot, D., Hulme, M., Lewin, J., & Lowden, K (2011). *A guide to practitioner research in education*. London UK: Sage Publications.
- Minahan, J. (2019). Trauma-informed teaching strategies. *Educational Leadership, 77(2)*, 30–35.
- Ministry of Education (2018). *RTLB professional practice*. Wellington: Ministry of Education. Retrieved from: <http://rtlb.tki.org.nz/>.
- Ministry of Education (n.d.). *Resource teacher learning & behaviour online*. <https://rtlb.tki.org.nz/The-RTLB-service/What-RTLB-do>.
- Ministry of Social Development's Children's and Families Research Fund (2020). *Growing up in New Zealand*. Retrieved from: <https://www.growingup.co.nz/>.
- Mutch, C. (2015). Quiet heroes: Teachers and the Canterbury, New Zealand, earthquakes. *Australasian Journal of Disaster & Trauma Studies, 19(2)*, 77–85.
- National Child Traumatic Stress Network (2014). *Facts and figures, rates of exposure to traumatic events*. From: <https://www.nctsn.org/resources/all-nctsn-resources>
- Ngozwana, N. (2018). Ethical dilemmas in qualitative research methodology: Researcher's reflections. *International Journal of Educational Methodology, 4(1)*, 19-28.
- Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice*. Thousand Oaks, CA: Sage.
- Perry, B. D. (2006). Applying principles of neurodevelopment to clinical work with maltreated and traumatized children: The neurosequential model of therapeutics. In N. Boyd Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 27–52). New York, NY: The Guilford Press.
- Perry, B. D., & Szalavitz, M. (2017). *The boy who was raised as a dog and other stories from a child psychiatrist's notebook: What traumatized children can teach us about loss, love, and healing*. New York: Basic Books.
- Rishel, C. W., Tabone, J. K., Hartnett, H.P., & Szafran, K.F. (2019). Trauma-informed elementary schools: Evaluation of school-based early intervention for young children. *Children & Schools, 41(4)*, 239-248
- Rosenbaum-Nordoft, C. (2018). Building teacher capacity for trauma-informed practice in the inclusive elementary school classroom. *Early Childhood Education, 45(1)*, 3–10.
- Ruiz, R. (2014). *How childhood trauma could be mistaken for ADHD*. The Atlantic. Retrieved from: <https://www.theatlantic.com/health/archive/2014/07/how-childhood-trauma-could-be-mistaken-for-adhd/373328/>
- Sebastian, S. (2013). Exploring the ecological approach used by RTLBs in interventions for students with learning and behaviour needs. A personal perspective. *Kairaranga 14(1)*, 56–61.
- Seligman, M. E. P., Ernst, R. M., Gillham, J., Reivich, K., & Linkins, M. (2009). Positive education: Positive psychology and classroom interventions. *Oxford Review of Education, 35(3)*, 294–311.
- Shaw, J.A. (2000). Children, adolescents and trauma. *Psychiatric, 227–243*.
- Teaching Council (2017). *Our code, our standards. Education council*. Retrieved from: <https://teachingcouncil.nz/content/our-code-our-standards>.
- Terr, L. (1996). *True memories of childhood trauma: Flaws, absences, and returns*. In K. Pezdek & W. P. Banks (Eds.), *The recovered memory/false memory debate* (p. 69–80). Academic Press.
- Tomlinson, C. A. (2018). One to grow on: The iceberg theory of teaching. *Educational Leadership, Mental Health in Schools, 75(4)*, 88–89.
- Treisman, K. (2018). *Becoming a more culturally, adversity, and trauma-informed, infused, and responsive organisation*. Winston Churchill Fellowship Report. Retrieved from: <https://www.wcmt.org.uk/sites/default/files/report-documents/Treisman%20K%202018%20Final.pdf>
- Van der Kolk, B. (2005). Developmental trauma disorder toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals, 35(5)*, 401–408.

Von Dohlen, H. B., Pinter, H. H., Winter, K. K., Ward, S., & Cody, C. (2019). Trauma-informed practices in a laboratory middle school. *Middle School Journal*, 50(4), 6–15.

Walkley, M., & Cox, T. L. (2013). Building trauma-informed schools and communities. *Journal of Children and Schools*, 35(3), 123–126.

Walsh, M. C., Joyce, S., Maloney, T., & Vaithianathan, R. (2019). *Adverse childhood experiences and school readiness outcomes*. [Results from 'the growing up in New Zealand study']. Auckland NZ: AUT Centre for Social Data Analysis and Ministry of Social Development.

Webster-Stratton, C. (n.d.). *Trauma-informed incredible years approaches and trauma-focused cognitive behaviour therapy (TF-CBT): Approaches to help children exposed to adverse childhood experiences (ACE's)*. pp. 1–13.

Webster-Stratton, C. (n.d.). *Is the incredible years a trauma therapy? Can IY parent and child programs be used for families where children have experienced trauma?* pp. 1–5.

West, S. D., Day, A. G., Somers, C. L., & Baroni, B. A. (2014). Student perspectives on how trauma experiences manifest in the classroom: Engaging court-involved youth in the development of a trauma-informed teaching curriculum. *Children & Youth Services Review*, 38, 58–65.

AUTHOR PROFILE

Mandy Ann Bullard



Mandy Ann Bullard is a Resource Teacher: Learning and Behaviour (RTLb) with Cluster 7 Tuawhito o Akarana, based in central Auckland. Prior to her five years in the role as an RTLb, Mandy has enjoyed working across numerous primary and intermediate teaching sectors and roles in Auckland, Waikato and the Bay of Plenty spanning a twenty year period. A previous career as a registered nurse in the UK has influenced Mandy's teaching style and knowledge base in positive ways.

Mandy has a strong interest in inclusion for our diverse learners as well as working with teachers to affect evidence-based changes in practice. Mandy has just completed her Masters in Specialist Teaching.

EMAIL: mandyb@rtlb7.school.nz

APPENDIX 1.

Question Number	Open-ended qualitative questions Key word prompts marked by a 'dot'
1. Teaching experiences/ background	<p>Can you tell me about yourself and your teaching experiences?</p> <ul style="list-style-type: none"> • What types of schools have you taught at? • What types of experiences have these schools provided you with in general? • What teaching experiences with different types of students have you had? • Can you define 'trauma' and what that looks like for you (Teachers' perspectives and bias of what constitutes trauma-informed environments for children).
2. Behavioural, social and emotional experiences with children in the classroom environments	<p>Can you tell me about the different types of challenging behaviours that you have seen in your students?</p> <ul style="list-style-type: none"> • How did these behaviours manifest themselves in the classroom? • What made teaching these students challenging? • What worked well and why? • What support, if any, did you need with these children and why? <p>Can you tell me about the types of social behaviours that you have seen in your students?</p> <ul style="list-style-type: none"> • How did these social behaviours manifest themselves in the classroom? • What made teaching these students unique? • What support, if any, did you need with these children and why? <p>Can you tell me about the types of emotional behaviours that you have seen in your students?</p> <ul style="list-style-type: none"> • How did these emotions manifest themselves in the classroom? • What made teaching these students challenging and unique? • What support, if any, did you need with these children and why?

<p>3. Experiences in developing your relationships with students</p>	<p>Can you tell me more about how you get to know your students?</p> <ul style="list-style-type: none"> • What do your students need emotionally and socially from your relationship with them? • Tell me about how a student/teacher relationship impacts on a students academic learning? <p>Can you tell me about your relationships with students?</p> <ul style="list-style-type: none"> • How do you go about developing and sustaining positive student relationships? • What are the key things that make this successful for you? • What makes this process difficult for you? • What kinds of support did you need? • What is your thinking in regards to teacher-student relationships? <p>Can you tell me about the strategies that you have used to enhance your relationships with students who have specific needs ?</p>
<p>4. What skills do you think children need to be taught to calm or soothe them ready for learning?</p>	<p>Can you tell me about the calming strategies or interventions you have used with students?</p> <ul style="list-style-type: none"> • What strategies worked well in the classroom? • How are these strategies supported across the classroom/school? • What hinders these strategies? • Do you feel that these strategies work for all children? • What possible strategies could you use?
<p>5. Experiences with different types of interventions and the links to other programmes that may be available</p>	<p>Thinking about different types of interventions that may be needed and the possible links to other programmes that may be available, what kinds of strategies enable you to support students self-regulation skills in class?</p> <ul style="list-style-type: none"> • What programmes or interventions do you know about? • Do you use any of these interventions/programmes? • How do you use these interventions/programmes with your students? • Can you tell me about your proactive approaches to enhance your students self-regulation? • Can you tell me about your reactive strategies that you might use to enhance your students self-regulation? • How do you develop resilience in your students?
<p>6. Identification of barriers and enablers in the classrooms for the teacher</p>	<p>Thinking about the classroom environment, can you talk about the factors that have been successful for diverse students in the classroom?</p> <ul style="list-style-type: none"> • Why was it so successful? <p>If you then think about the classroom environment and diverse students, what do you think has 'got in the way' of these students learning?</p> <ul style="list-style-type: none"> • Why do you think that these were barriers to students learning?
<p>7. Experiences with behavioural support in a crisis situation Links to school wide policies and practices</p>	<p>Think of a time where you were able to successfully manage a student's behaviour crisis. What worked well and why?</p> <ul style="list-style-type: none"> • What did you do in regards to behaviour management? • What happened? • Why do you think it happened? • How did you feel? • What support did you need? • What do you think you would do next time? <p><i>If school support team arises ask:</i></p> <ul style="list-style-type: none"> • School support team - Can you tell me more about this team and how you use this resource? • How do individual level teachers interventions/supports complement policies and practices at a school organisational level?
<p>8. Experiences in resilience as a teacher with diverse groups of students</p>	<p>Can you tell me about your resilience as a teacher when faced with challenging behaviour?</p> <ul style="list-style-type: none"> • How do you feel with challenging students? • Can you tell me about your coping mechanisms? • What types of support have you needed or think that you may need in these situations? <p>Can you tell me what strategies or interventions you 'fall back' on in the face of students challenging behaviours?</p>
<p>9. Teachers own professional learning</p>	<p>Can you tell me about your own professional learning in regards to children's developmental trauma which may have occurred before the age of 3 such as parental depression whereby the baby was not cuddled or bonded with by parents or trauma caused by divorce, death of a close relative, parental arguments, bullying, parental neglect?</p> <ul style="list-style-type: none"> • What knowledge do you have in the area of Neuroscience and its links to trauma in children? What PLD have you attended, if any? • What kind of professional learning do you feel that you need in this area? • How do you think teachers can create safe trauma responsive classrooms?
<p>10. Anything to add that you think would be useful for me to know</p>	<p>Is there anything else you would like to add?</p>