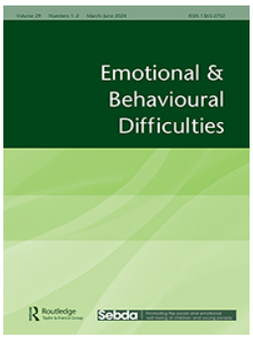

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(Internalising) challenging behaviours and trauma-informed Positive Behavioural Interventions and Supports (PBIS)

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ABSTRACT

Notwithstanding their empirically validated credentials and social justice orientations, a mono-dimensional approach to Positive Behavioural Interventions and Supports (PBIS) cannot singlehandedly meet the unique needs of minoritised children and young people who have experienced acute, cumulative, or complex traumas. Experiences of trauma have been empirically proven to have a debilitating effect on minoritised children's learning and socio-emotional functioning. This causal effect necessitates the development of trauma-informed multi-tiered models of intervention to mitigate the adverse effects of trauma and to support these students' behaviour and learning. The article discusses the necessity of developing trauma-informed and intersectionality-based PBIS, while providing some insights into how trauma-informed education and care should be incorporated in PBIS planning and implementation strategies at the school and community levels. These analytical insights complement earlier work on promoting an ecological/interactional approach to understanding students' developmental trajectories and their impact on academic and social behaviours, as well as more recent equity-focused PBIS approaches to improving equity in school discipline.

KEYWORDS

Positive Behavioural Interventions and Supports; trauma; school discipline; equity

Introduction

Positive Behavioural Interventions and Supports (PBIS) is a behaviourally based approach predicated on the Response to Intervention Model (RIM). The strategy aims to provide systemic, graduated, proactive, and social justice practices, thereby increasing academic performance, decreasing problem behaviour, and implementing interventions for students with severe problem behaviours. It also aims to reduce suspensions and enhance the quality of academic instruction and students' self-reported quality of life while fostering nurturing and safe school-wide relations (Algozzine et al. 2019; Andreou et al. 2015; Carr et al. 2002; Grey et al. 2017; Lo et al. 2010; Scott 2001; Sugai and Horner 2002, 2006, 2009; Tabacaru- Dumitru et al. 2022; Walker et al. 2023; Weist et al. 2018). The effectiveness of PBIS has been empirically validated by a plethora of studies, including longitudinal randomised control trials that have provided compelling evidence to suggest that school-wide PBIS can significantly reduce disruptive behaviours and improve learning and social behaviours (e.g. Bradshaw, Mitchell, and Leaf 2010; Farkas et al. 2012; Horner et al. 2009; Luiselli et al. 2005; Mitchell, Hatton, and Lewis 2018; Oswald, Safran, and Johanson 2005; Park, Lee, and Kim 2019; Simonsen et al. 2012; Sugai and Simonsen 2012).

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Positive Behavioural Interventions and Support build upon existing programmes, strategies, and initiatives and provide a structural and procedural framework to utilise, develop, and assess optimal strategies and interventions to teach students positive behaviours, self-regulating and resiliency skills and to afford them opportunities to practise and generalise them in an equitable, empathetic, empowering, and supportive environment (Eber et al. 2020; Lewis et al. 2016; Stockall and Blackwell 2021). The approach recognises that students' needs fall along a spectrum and, as a corollary to this, strategies and interventions are progressively increasing in intensity across delivery tiers of providing universal, intensified, and personalised modes of support while monitoring fidelity of implementation (Dorado et al. 2016; Evers 2017; Horner, Sugai, and Anderson 2010; McIntosh, Predy, et al. 2014; Ormiston, Nygaard, and Olivia 2020; Sørlie 2021; Sugai and Horner 2009, 2006). Even though there have been applications of PBIS systems to prevent internalising mental health problems and behaviours (Barrett et al. 2018), PBIS have not been traditionally concerned with children's and young people's hidden and internalised issues that can be trauma-induced (Weist et al. 2018). Eklund et al. (2021, 2115–16) and Eiraldi et al. (2019) discuss how 'internalizing service delivery' or mental health services can be aligned with and integrated into multitiered PBIS.

Failure to address trauma and the internalising socio-emotional problems that ensue can have devastating effects on children's educational and life trajectories that can persist into adulthood (Tebes et al. 2019). Childhood trauma has been dubbed 'America's hidden health crisis' (Thomas, Crosby, and Vanderhaar 2019, 424), a characterisation that mirrors the prevalence and steady increase of 'the epidemic of trauma exposure' (Overstreet and Chafouleas 2016, 4) and its distressing effects on children's developmental and educational trajectories (Bilias-Lolis et al. 2017). This public health epidemic has engendered and exacerbated children's problems in learning and behaviour (Tuchinda 2020; Winder 2015).

While all children can potentially experience and be affected by trauma, minoritised children, including children under the aegis of Local Authorities (Trundle and Hutchinson 2021), are more likely to experience acute and cumulative forms of trauma (Alvarez, Milner, and Delale-O'Connor 2016; Bowen et al. 2019; Bowen and Murshid 2016; Overstreet and Chafouleas 2016; Thomas-Skaf and Jenney 2020) due to their perceived vulnerability and deviation from arbitrarily constructed notions of racial/ethnic/cultural/linguistic 'normality'. These children are generally more likely to be (re)traumatised in schools as they are at an increased risk of experiencing racial and ethnic disproportionality in school discipline (e.g. Gion, McIntosh, and Falcon 2022; Gregory et al. 2021; McIntosh, Predy, et al. 2014)

To avert the debilitating effects of (recurrent) trauma on minoritised students' behaviour and learning, the article discusses the necessity of developing trauma-informed and intersectionality-based PBIS. These cross-disciplinary analytical insights complement earlier theoretical and empirical work on promoting an ecological/interactional approach to understanding students' developmental trajectories and their impact on academic and social behaviours (Coll and Szalacha 2004; Coll et al. 1996; Smith et al. 1997), as well as more recent equity-focused PBIS approaches to improving equity in school discipline (McIntosh, Girvan, et al. 2021).

Building upon an ecological perspective in understanding and dealing with the intertwined and reciprocally related 'ecologies' that shape students' lives and behaviours, an 'integrative model' goes a step further and brings to the equation the interactions of social class, culture, ethnicity, and race in understanding children's development and its impact on their learning and social behaviours. This model was proposed by Coll et al. (1996), who highlighted the importance of providing 'a more comprehensive scientific understanding of the minority child', a caveat that needs to underpin the development and implementation of PBIS that move beyond a 'one size fits' approach and make salient the 'dynamic interaction between the child and both the proximal and distal ecologies' (p. 1892). This integrative framework and its ramifications (e.g. children's experiences of racism, prejudice, discrimination, oppression, and segregation) should inform the understanding of the developmental trajectories of children with minoritised social identities (Coll et al. 1996).

This framework is aligned with Farmer et al. (2022) utilisation of a dynamic developmental, ecological systems perspective to examine the emotional and behavioural difficulties of youth of colour that emanate from and rest upon an interactive and reciprocally related web of complex processes and interactions of individual and ecological factors. The 'developmental needs' of minoritized youth 'cannot be met', according to Farmer et al. (2022, 75), 'by current research and intervention frameworks' such as 'Multitiered Systems of Support (MTSS), Positive Behavioural Interventions and Supports, and Response to Intervention'. These frameworks 'are neither centered on being responsive to the circumstances and needs of minoritised youth who experience a system of correlated difficulties nor responsive to the resources, strengths, and needs of the teachers, schools, and community agencies that serve them' (p.75). Thus, even though SWPBIS have been empirically proven to be an 'efficient first step toward reducing disproportionality' (McIntosh, Predy, et al. 2014, 13), especially with the use of its Disproportionality Data Guide (McIntosh, Ellwood, et al. 2018), SWPBIS 'may require additional strategies in some settings' (McIntosh, Predy, et al. 2014, 13) to achieve equity-oriented outcomes for learner diversity (Gregory et al. 2021; McIntosh, Predy, et al. 2014). These considerations highlight that a mono-dimensional approach to PBIS cannot single-handedly meet the unique needs of culturally diverse (Knoster 2018) and other minoritised children and young people (Lo et al. 2010; Ormiston, Nygaard, and Olivia 2020), while bringing to the fore the necessity to enrich and diversify PBIS.

This can, inter alia, be achieved by inviting 'the E/BD (emotional and behavioural disorders) field to create heteroglossic communities in which complementary worldviews of student behaviours and emotions coexist and nurture distinct representational practices' (Artiles 2022, 157). Cross-fertilising diverse insights can illuminate 'the roles of contexts, culture and equity' (Artiles 2022, 155) in advancing our understanding of E/BD. This view is also echoed by Knoster (2018, 24), who urges the proponents of 'Positive Behavior Support to be open to collaborating with others that share similar goals but view the world through a different theoretical lens'. While recognising that 'to some within the behavioral perspective this pushing of the boundaries and openness to other perspectives may seem a bit unsettling', he refers explicitly to the 'need to be open to alignment and integration with the conceptual framework of what is referred to as trauma-informed approaches' (p. 24).

Given the above considerations, the next sections discuss the necessity to embed trauma-responsive theories and practices in PBIS while providing empirical and theoretical insights into how trauma impacts learning and behaviour. This is followed by an analysis of how trauma-informed care and education should be incorporated into PBIS's planning and implementation strategies at school and community levels while discussing implications for developing trauma-informed (special) education policies and professional practices.

The necessity for embedding trauma-responsive theories and practices in PBIS

Even though youth-serving systems have increasingly placed a sharper focus on childhood trauma and its debilitating impact on some students' well-being and mental health (Hanson and Lang 2016), 'the vast majority of public schools operate on the traditional assumption that student functioning is not impaired by trauma' (Tuchinda 2020, 77). Trauma and its research-based links with problems in learning and behaviour have been largely ignored by schools (Tuchinda 2020; Von Dohlen et al. 2019) and teacher preparation and professional development programmes (Hunter et al. 2021). Even in cases where schools prioritise professional training on trauma, there is no empirical evidence of the subsequent impact of this training. In this context, training is provided on an ad hoc basis, and there are no processes for implementing trauma-informed strategies and interventions nor an impact evaluation strategy to determine the effectiveness of these initiatives (Eber et al. 2020; Maynard et al. 2019). It needs noting, however, that the Attachment Research Community (ARC) provides some strong and emerging evidence documenting the effectiveness of professional training on trauma, such as the North Yorkshire Attachment/Trauma Aware Schools project aimed at

enabling staff to understand early developmental trauma and develop their trauma-responsive practice (AASP 2021).

The health-related crisis linked to the COVID-19 pandemic has reportedly exacerbated the debilitating effects of trauma on children's mental and behavioural health, emotional stability, and wellbeing (Stockall and Blackwell 2021). This is particularly the case for students from ethnic minorities and impoverished socio-economic backgrounds, as well as for minoritised students whose challenges and adversities have worsened due to the pandemic (Milner et al. 2022). Schools, therefore, are expected to place a more pronounced emphasis on creating safe and nurturing school communities to counteract the adverse effects of the health-related crisis while fostering the optimal conditions to mitigate these effects. To this end, the focus of PBIS on understanding and dealing with students' behaviour responses should be supplemented with a parallel focus on understanding and dealing with students' emotional responses that trigger their behavioural responses. Trauma-induced behavioural responses – frequently driven by toxic stress responses to acute or prolonged and cumulative exposure to trauma – are challenging, risky, and problematic and correlated to a host of physical, emotional, and mental health problems that need to be attended to and addressed in effective ways (Evers 2017).

Conventional PBIS that are not trauma-sensitive can be ineffective for traumatised children, who might need to experience more secure, safe, responsive, empowering, trusting, transparent, and collaborative relations to overcome the pervasive effects of experiencing direct or precarious trauma. As suggested by Tuchinda (2020, 830):

> . . . .Even some positive behavioral intervention services, can be ineffective and can even backfire with children who have experienced trauma. Children with traumatic stress are motivated by relationships, not attempts to control their behavior. Behavioral control or modification methods can backfire because they can be perceived as coercive and threatening by children who have been maltreated.

These methods may inadvertently contribute to the (re)traumatisation of these children whose experiences and behavioural responses have been adversely affected by inimical socio-economic conditions, structural inequalities, and human rights violation (Bowen et al. 2019; Sweeney et al. 2018; Williamson and Qureshi 2015). Traumatic life circumstances are a common denominator for students with 'emotional/behavioral disorders' (Hunter et al. 2021, 48), who are less likely to be responsive to PBIS's focus on teaching positive behaviours and providing opportunities to practise them. According to Farmer et al. (2022, 74), evidence-based programmes (EBPs) aimed at minimising emotional and behavioural difficulties, such as positive behavioural interventions and supports (PBIS) and multitiered systems of support (MTSS), 'appear to support systemic oppression' as they fail to respond to the needs of minoritised students. As suggested by McIntosh, Predy, et al. (2014, 13):

> Those [students] who are not from the dominant culture may be more likely to exhibit behaviour that is perceived as respectful (or neutral) by them and their families but is viewed as problem behaviour by other students and adults in the school. The resulting discontinuity in which behaviours of students who are economically and socially disadvantaged or culturally diverse are systematically labelled as norm-violating can lead to disproportionality that institutionalizes explicit bias as well as stereotypic associations that support implicit bias.

Consequently, minoritised students are more likely to receive higher levels of disciplinary action that deteriorates their behaviour in the long run (Bilias-Lolis et al. 2017). This is due to the absence of an explicit focus on promoting an equity-focused PBIS approach empirically shown to reduce racism and racial disparities in school discipline (Ispa-Landa 2018; McIntosh, Girvan, et al. 2021; Vincent and Tobin 2011). These children are not only more likely to have experienced 'invisible traumas' (Bowen and Murshid 2016; Merrick et al. 2018; Sweeney et al. 2018) but are also more likely to experience a process of 're-traumatisation' (Carlson et al. 2016; Szeli 2019; Thomas-Skaf and Jenney 2020; Williamson and Qureshi 2015) by being disproportionately subjected to exclusionary or harsh

disciplinary practices 'that harm their social and emotional development, school attachment, and sense of justice' (Ispa-Landa 2018, 284).

Trauma and its impact on learning and social behaviours

Trauma is an integral dimension of intersectional oppression experienced by minoritised students, whose developmental and life trajectories have been jeopardised by health disparities, human rights violations, bigotry, social inequalities, structural racism, disablism, and extreme poverty amongst others. The intersections among these have triggered, compounded, and worsened students' problems in learning and behaviour (Subica and Link 2022; Sweeney et al. 2018; Williamson and Qureshi 2015).

Trauma-informed practice has hitherto been traditionally linked to clinical practices such as trauma-focused cognitive behavioural therapy aimed at dealing with PTSD or other disruptions to a person's functioning and wellbeing (e.g. depression, anxiety, relationship impairment) that result from trauma exposure. These clinical interventions, albeit useful, 'do not emphasize risk prevention, health promotion, and policy development in response to trauma exposure' and hence, they have minimal impact on mitigating and preventing trauma 'within and across populations' (Tebes et al. 2019, 4). Drawing insights from the emerging field of population health science in addressing, alleviating, and preventing the debilitating effects of trauma at a larger scale, education can play an equally important role in supporting individuals who have been impacted by trauma, or will potentially be impacted in the future (Tebes et al. 2019). This view is supported by emerging research evidence documenting how the 'neural impacts' of complex trauma that affect traumatised children's brain functioning and emotional regulation can be mitigated and even reversed by trauma-sensitive practices that precipitate 'neural repair'; a process that is a testament to the imperative of embedding a trauma-informed perspective in school processes and professional practice to prevent and mitigate trauma (Donovan et al. 2019; Tuchinda 2020).

A trauma-responsive approach presupposes an informed understanding and acknowledgement of the role of trauma and its varied configurations and manifestations in learning and behaviour. A wealth of studies document how trauma can adversely affect children's cognitive, linguistic, socio-emotional, and physical development. Traumatic exposure can undermine brain functioning and neurological development and cause long-term health problems such as obesity and depressive disorders, amongst others (Delaney-Black et al. 2002; Pechtel and Pizzagalli 2011; Williamson and Qureshi 2015). Early trauma exposure has also been proven to be the root cause of problem behaviours and relationships as well as other impairments that can undermine individuals' functioning and wellbeing. For example, it is empirically documented that acute, cumulative, or complex trauma can impair children's executive functioning skills, attention, memory, speech and language, language and auditory processing, ability to read, understand and manage emotions, ability to process verbal information and engage in mathematical and problem-solving activities. Brain dysfunction due to trauma has been linked to increased levels of anxiety, impulsivity, and fear, as well as impaired self-regulation, decision-making, and ability to process environmental stimuli (Levenson 2017; Pechtel and Pizzagalli 2011). At the same time, research on trauma documents 'a chain of cascading risk' that is the outcome of original traumatic experiences that can precipitate debilitating genetic, cellular, brain, and behavioural changes. These changes adversely affect a person's cognitive and socio-emotional functioning and enhance a person's vulnerability to experiencing secondary traumas (Tebes et al. 2019, 3).

Silencing the deleterious effects of trauma on a child's functioning can lead to a range of (mis) diagnoses including Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder, Conduct Disorder, Bipolar Disorder, and Reactive Attachment Disorder. However, these diagnostic labels 'may not accurately or completely capture the full extent of the impact of trauma on one's development and thus may lead to ineffective treatments' (Ormiston, Nygaard, and Olivia 2020, 320), while the labelling process and its ramifications can cause (re)traumatisation (Sezli 2019; Thomas-

Skaf and Jenney 2020; Williamson and Qureshi 2015). Challenging behaviours exhibited by children can be a reaction to a re-enactment and reminder of trauma, and yet children affected by trauma are being subjected to punitive responses and pathologised. These children are subsequently more likely to be placed in disability categories such as Emotional Disability and receive special education services in schools (Miller and Santos 2020; Ormiston, Nygaard, and Olivia 2020). These services are informed by an 'individual focused discourse of trauma' (Ki 2021, 5) that pathologises children affected by trauma while silencing how trauma is disproportionately experienced by minoritised children whose life trajectories have been plagued by structural inequities (e.g. racism) and inadequate material resources (Bowen and Murshid 2016; Bowen et al. 2019). Special education cannot 'be seen as a site for justice' (Milner et al. 2022, 159), unless the causal effects of trauma on learning and social behaviours constitute 'a part of the way special education is perceived' (Winder 2015, 634) by creating trauma-informed special education services for children who have experienced acute and cumulative forms of trauma (Miller and Santos 2020).

Moving beyond dominant individualised and event-based understandings of trauma (Petrone and Stanton 2021; Visser 2015), due attention should also be given to cultural and historical traumas. The latter are, inter alia, inexorably related to colonial structures of power that conceal, legitimise, and perpetuate social inequalities, racism, human rights violations, extreme poverty, malnutrition, violence, substandard childcare, and other 'cultural' traumas that adversely affect learning and behaviour (Tuchinda 2020; Winder 2015) and create a vicious cycle of polytraumatisation and disablement (Halton et al. 2017; McInerney and McKlindon 2014). According to Underwood, Ineese-Nash, and Haché (2019, 22): 'Colonialism continues to create social conditions of poverty, environmental risk, and trauma that also are causes of childhood disability.'

Exercising 'politicised care' (McKinney de Royston et al. 2017) entails recognising 'the intersection of inequality and trauma' (Avery et al. 2021, 2), and how trauma can be 'wilfully inflicted' upon students 'through everyday encounters that reproduce racist, sexist and colonialist practice' (Zembylas 2022, 9). Breaking the vicious cycle of (poly)traumatisation experienced by some students necessitates understanding students' past and current experiences of trauma and their cumulative effects on learning and behaviour (Conners Edge et al. 2022, Halton et al. 2017; McInerney and McKlindon 2014).

Trauma-informed and intersectionality-based PBIS and implications for education policies and practices

Integrating trauma-informed care in schools in a structured, methodical, and data-driven approach such as PBIS (Nylén et al. 2021) is an imperative intervention to identify and reduce trauma-induced behaviours and their antecedents while concurrently developing multi-tiered systems of support that are trauma-responsive (Von Dohlen et al. 2019). Developing a joined-up system of support that includes a wide range of behavioural and mental health interventions, along with trauma-informed interventions, can more effectively identify and support students with internalised socio-emotional problems that are not overtly presented and easily identified. Emotional reactions are inexorably linked to children's mental health status; hence, the added urgency for schools to have mental health professionals, for example, working alongside teachers and other professionals to support students whose traumatic experiences are manifested in internalised problems that are insufficiently identified and dealt with in the context of PBIS (Weist et al. 2018).

Overstreet and Chafouleas (2016) advocated the integration of trauma-informed initiatives with existing multi-tiered support frameworks such as PBIS to avoid creating tensions in implementation. Recent research evidence documents the benefits of incorporating a trauma-informed perspective in school policies and teacher training to supplement existing SEL (social and emotional learning) policies and practices that are endemic in PBIS (Hunter et al. 2021). Similarly, Eber et al. (2020) bring together PBIS and mental health and trauma-informed initiatives and integrate them into a single system – namely, the Interconnected System Framework (ISF).

The availability of professional development modules focused on trauma-informed pedagogical strategies can complement schools' existing PBIS frameworks while ensuring that there is school-based support and monitoring of their implementation (Donovan et al. 2019; Stipp 2019). Universal screening and assessment procedures targeting each individual child to identify traumatised children or those who are at risk of being impacted by trauma are instrumental in preventing and ameliorating the impact of trauma on students' learning and behaviour (Ormiston, Nygaard, and Olivia 2020; Tebes et al. 2019). These processes and trauma identification checklists (Winder 2015), are crucial in assessing trauma's impact on students' learning and behaviour and monitoring students' progress to identify deteriorating social and academic behaviours (Tebes et al. 2019).

School-based support can be strengthened further by utilising the data-driven dimensions of PBSI as a proactive means of identifying young children who are at risk of or already experiencing trauma-induced emotional responses and behaviours that undermine their socio-emotional and academic development (Tebes et al. 2019). Disaggregated data based on rates of exclusion and suspension (Donovan et al. 2019), as well as truancy or tardiness, can be used in the context of 'trauma-informed attendance' policies, the aim being to explore why some students fail to attend school consistently and punctually. It is suggested that students who experience trauma find the prospect of being separated from their parents upsetting as they are wary of their safety and the safety of their parents (Stockall and Blackwell 2021).

As far as classroom-based trauma-informed practice is concerned, it is essential to develop trauma-informed individualised plans and specialist interventions (e.g. speech and language therapy) to address children's trauma-induced impaired social executive functioning and self-regulation (Tuchinda 2020; Winder 2015) as well as nurturing their self-efficacy and mindfulness to mitigate the adverse effects of traumatic events (Stockall and Blackwell 2021). Mindful activities such as 'body-breath awareness exercises' and mindful walking can have a positive impact on students'' cognitive control and reflective processes and mitigate some of the criticisms levelled against SWPIS' focus on 'behavioral control or modification methods' (Tuchinda 2020) without paying due attention to students' internalised behaviours, emotions, and attention. In this respect, applied behaviour analysis practices to understand how students react to external stimuli can be supplemented with activities and interventions to enable students to achieve 'improved self-efficacy and control over how we emotionally react to stimuli within our environment' (Stockall and Blackwell 2021, 5).

Another critical dimension of nurturing students' self-management skills and resilience relates to how teachers and school leaders interact with students while empowering them to articulate their perspective and share their feelings, as well as providing compensatory mechanisms to support traumatised students who 'have fewer resources with which to cope with trauma's negative effects' (Bowen and Murshid 2016, 228). Literature on trauma highlights how safe and positive environments and social relations can enhance traumatised children's 'resiliency' and 'healthy brain functioning' to 'adapt' and 'recover' after experiencing trauma (Conners Edge et al. 2022; Eber et al. 2020). Schools can become safe havens for children to experience nurturing, empathetic, inclusive and 'healing' school communities.

Central to the integration of trauma-responsive care in multi-tiered systems of support is also the recognition of how trauma is embroiled in power asymmetries and social inequities that need to be addressed at the individual, school, and community levels. As suggested by McKenzie-Mohr, Coates, and McLeod (2012, 139),

> Trauma-informed interventions are required not only at the individual and organisational levels, which seek to reduce further traumatisation and support recovery in individuals' lives, but also through community and policy responses that redress inequalities in power and decision-making.

As we have already discussed, a trauma-informed approach to education policy and practice is aligned with and underpinned by an ecological/interactionist and integrative model across micro-,

meso-, and exo-levels of support to provide 'coordinated care' including 'trauma-informed services' that recognise the complexity of students' trauma experiences that are shaped against and reciprocally related with the experiences of their teachers and communities, as well as their diverse social identities. This framework is more lucidly captured through an intersectional lens that can advance an intersectoral and culturally responsive approach to mitigating trauma. PBSI should, thus, expand to include intersectionality-based care services (Bowen et al. 2019; Liasidou 2013, 2016, 2022; Williamson and Qureshi 2015) to address the traumatising effects of the multiple forms of systemic inequalities, discrimination, marginalisation, and oppression experienced by students who are at risk or exhibit challenging behaviours.

An intersectionality-based approach captures the 'ghosts of trauma' (Yoon 2019, 421) embodied in and emanating from the nexus of trauma, power, and identity and advances a holistic approach to supplementing concerns about mobilising an educational reform agenda with broader issues about reducing poverty, bigotry, social exclusion, discrimination, colonialism, and other 'social injuries' which are inexorably linked to 'oppression and discrimination' (Bowen et al. 2019, 38). These considerations align with community-based approaches to (mental) health promotion to recognise the negative impact of traumatogenic social dynamics that give rise to 'conditions within which social inequities, human rights violations and power imbalances contribute to traumatisation" (Liasidou 2022, 9). Food insecurity, for example, can trigger, exaggerate, and compound children's traumatic experiences – hence, the necessity for schools to take the lead in informing parents and coordinating 'free and reduced-price meal programs and the way these meals are distributed' (Stockall and Blackwell 2021, 2–3) not only during emergencies but on a continuous and sustained basis.

The availability of school-based and allied support facilities should be communicated to parents and students to understand the nature of social support they can access while understanding and appreciating the role of teachers and peers in providing help and support (Stockall and Blackwell 2021). Donovan et al. (2019, 35) emphasise the effectiveness of a trauma-informed approach in encouraging 'students, their families, staff and wider community representatives to come forward and share their trauma histories'. These synergistic narrations of trauma and its various configurations and manifestations (e.g. cultural and historical trauma) can enable schools to work collaboratively with related agencies, health and social services 'including child welfare professionals, justice system professionals, healthcare providers, policymakers, school personnel … , and even families' to provide a 'wrap-around approach' to prevent and mitigate the adverse effects of trauma (Ormoston, Nygaard, and Olivia 2020, 326). The involvement of other professionals, such as clinical psychologists, social workers, and mental health nurses, is crucially important in implementing community-based and family-focused interventions and supports by organising, among other things, visits to traumatised children's homes and providing support and counselling to parents to deal with their children's trauma-induced needs and challenging behaviours (Tuchinda 2020; Winder 2015).

The integration of trauma-responsive interventions into existing multi-tiered support systems at the district and school levels must be coordinated and monitored by a district/community-level and school-based inter-agency team. This team decides the timing of these interventions and how trauma-informed practices are implemented in parallel with existing tiers of school-based support. Cross-system teams in schools review data and support schools to implement appropriate interventions while monitoring the progress and fidelity of their implementation (Sørlie 2021). These processes can be supplemented with the development of valid measures of trauma-informed practice (Tebes et al. 2019), as well as district – community leadership teams that can oversee, fund, coordinate, and monitor the fidelity of the implementation of intersectoral state-, community-, and school-based networks of support (Weist et al. 2018).

Conclusions

Trauma is inexorably linked to behavioural problems, impaired relationships, and difficulties in learning; an empirically validated link that has long spurred increasing interest in exploring how trauma sabotages children's educational and life trajectories. Trauma and its varied configurations and manifestations can coexist in a child's life and can have mutually reinforcing and enduring effects on children's social, emotional, and cognitive functioning.

Empirical links between trauma and impaired functioning highlight the imperative to embed a trauma-informed perspective in multi-tiered frameworks of support such as PBIS. Despite the effectiveness of the latter in preventing and mitigating challenging behaviours and problems in learning, traumatised groups of students, especially those exhibiting internalising problem behaviours, are less likely to benefit from these interventions, which might also have adverse effects on these children.

Schools are complex and busy organisations, and attempts to introduce multiple and, in some cases, seemingly competitive initiatives and policy agendas can be counterproductive. Disciplinary monologue manifested in separate research agendas aimed at exploring the benefits of PBIS and trauma-informed practice has done little justice to the urgent need to concurrently implement both agendas, thereby creating multi-tiered systems of support and intervention that are trauma-informed and can foster nurturing, safe, supporting, and empowering learning communities for all.

Even though, in terms of theory and research, it is unambiguously stated that trauma-informed practice should be firmly embedded in education policy and practice, many structural, procedural, financial, and ideological challenges need to be addressed to incorporate trauma-responsive practice in schools, as part of broader education reform efforts to create more socially just and equitable schools. Despite acknowledging the importance of building upon the existing features of PBIS to facilitate the implementation of trauma-responsive practice, only a tiny fraction of schools utilise universal screening procedures to identify students' specific needs and to act in preventive and effective ways (Ormiston, Nygaard, and Olivia 2020); this is an indicative example of the how evidence-based practice has not been widely and consistently embraced by educational systems. Therefore, providing trauma-informed services and practices is reported to be sporadic due to financial constraints, insufficient and/or competing school policies, and a lack of – or inadequate – school staff training, amongst others. As a result, the debilitating effects of trauma on children's socio-emotional and cognitive functioning continue to proliferate (Miller and Santos 2020; Ormiston, Nygaard, and Olivia 2020) and create a pretext to expand special education services and zero-tolerance policies further (Cassidy and Jackson 2005) that silence the role of trauma in creating and exacerbating children's difficulties in learning and behaviour.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Notes on contributor

Anastasia Liasidou is a senior lecturer at St Mary's University, London, UK. Her research interests are focused on critical disability studies, inclusive education policy and practice, disability rights and cross-cultural and cross-disciplinary research on disability, special educational needs and inclusion.

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