

## **When Trauma Comes to School: Toward a Socially Just Trauma-Informed Praxis**

As we come to understand the impact of the Covid-19 pandemic and the resulting global recession on the lives of children and young people, it is likely that trauma-informed approaches will become more important than ever in schools. The pandemic has exacerbated pre-existing inequalities, increasing the economic, social and psychological pressures on children, with many countries reporting increased cases of domestic violence along with rises in alcohol consumption (Save the Children, 2020). All of this has placed children and young people at higher risk of exposure to violence and abuse; whilst the closure of schools has not only denied children of their right to education, but also deprived many of a place of security and safety (UNICEF, 2020; Van Lancker, & Parolin, 2020). Racial inequalities were brought in stark focus in the midst of the pandemic with the killing of yet another Black person at the hands of American police. Whilst it is increasingly apparent that psychological distress is rooted in these types of social injustices, there has been concern about the failure of school-based trauma-informed approaches to recognize and respond to inequalities faced by students in any meaningful way (O’Toole, in press). It has become clear that new approaches are needed. In this article, I offer some possibilities for advancing the field. The article is divided into three broad sections. In the first section, I discuss problems with existing approaches by examining the discourses and terminology surrounding adversity, trauma, and trauma-informed practice. The second section explores problems with the dominant medical model for understanding mental health and introduces the Power Treat Meaning Framework (PTMF), which offers a radical alternative to medical and diagnostic models. In the third section, I draw on the PTMF as well as educational theorist, Paulo Freire, to advance the idea of a trauma-informed *praxis* in education, which I argue can redress some of the problems with existing approaches.

### **Adversity, Trauma and Trauma-Informed Practice: Current Terminology**

Trauma-informed practice in education is a relatively new area of research and practice. It represents a confluence of different fields and disciplines, each with their own onto-epistemological assumptions, traditions and methods. These fields include epidemiology, psychology, psychiatry, neuroscience, trauma studies, and educational research and practice. This convergence of disciplines offers rich possibilities for new ways of thinking and more innovative school-based approaches to support children and young people. However, within this melting pot of ideas and traditions, it is not always clear how “adversity”, “trauma” and “trauma-informed practice” are being understood or conceptualized; and there is a danger that the ideas and approaches of other disciplines may be unsuitable for, or misapplied, in educational settings. In this section, I highlight the dominant disciplines influencing trauma-informed approaches have not traditionally embraced an

equality lens. Rather, they have tended to endorse an assumption that human beings are autonomous, self-contained and largely separable from the social and physical environment (O'Toole & Simovska, in press). This makes it very difficult to advance school-based trauma-informed practice in socially just ways.

The seminal adverse childhood experience (ACE) study conducted by Felitti and colleagues (1998) never actually defined what childhood "adversity" is. However, the 10 adversity categories originally proposed still dominate research and are frequently drawn upon in applied settings. These categories include physical, emotional and sexual abuse, trauma in the child's home - domestic violence, parental separation, incarceration, addiction and mental illness - and physical and emotional neglect. In highlighting the prevalence and devastating consequences of these experiences, the ACE study has been instrumental in raising awareness and in getting childhood adversity onto public health agendas. However, there has been criticism, particularly regarding the lack of attention paid to structural inequalities (Kelly-Irving & Delpierre, 2019; McEwen and Gregerson, 2019), as well as the misuse and misapplication of ACE research in applied settings (Anda, Porter & Brown, 2020; Finkelhor, 2018). Specifically, there is concern that the ACE questionnaire is being used inappropriately as an individual screening tool in applied settings and in public domain; for instance the "ACEs too high" website invites the general public to complete the questionnaire and find their own ACE score. The individualized use of what was designed as a population-level epidemiological questionnaire raises many ethical questions, not least about the potentially deterministic (even fatalistic) messages and stigmatizing consequences for people who are already marginalized.

Building on ACE literature as well as research in the field of "youth psychopathology", McLaughlin (2019; pg. 363) proposes a definition of childhood adversity as "experiences that are likely to require significant adaptation by an average child and that represent a deviation from the expectable environment". McLaughlin is clear this definition should refer to particular environmental events or circumstances and not to the child's experience of, or response to those circumstances. She also asserts the definition should apply only to events that are likely to require significant adaptation by an average child, rather than transient or minor hassles. For example, the death of a grandparent during adolescence would not qualify as an adversity, since this would be considered a normative event during a young person's life. Similarly, McLaughlin questions whether parental divorce and parental "psychopathology" qualify for adversities since these circumstances are common (at least in Western contexts) and therefore can hardly be considered a deviation from the expectable environment.

This definition and line of reasoning may be useful for population level epidemiological research for which it is intended. The problem is definitions and ideas intended for a particular discipline are often imposed on or misapplied in education and other applied settings. McLaughlin's definition of adversity and the ACE framework generally, are unsuitable for guiding

school-based responses for a number of reasons. Firstly, they preclude consideration of how adverse events are experienced by the child. Particular events can be experienced very differently by different people, depending on how the individual interprets and assigns meaning to the event (Cromby, 2020; SAMHSA, 2014). For instance, the death of a grandparent might not be overly distressing for some, but it may be devastating for a young person for whom the grandparent was the sole attachment figure in their life. There is no uniform or universal relationship between an adversity and a response; each adversity is a singular experience and responses vary depending on a myriad of factors (Maté, 2003). Ignoring the subjective experience of children also means adversities are viewed in rather mechanical terms, as though children are passive recipients of events rather than active social agents, whose responses may be functional attempts to survive in dangerous environments (Johnstone & Boyle, 2018). In educational research and practice, as in other applied fields, an understanding of adversity that privileges children's subjective experiences is paramount.

Secondly, the discourse of adversity has largely brushed over structural inequalities and social injustices. As noted by Kelly-Irving & Delpierre (2019), original ACE research treats the socioeconomic environment as a background factor, rather than an explicit object of interest. It fails to acknowledge a wide range of adversities associated with structural inequalities, such as being a member of a marginalized or oppressed social group, experiencing racism, poverty or homelessness, living in or having to escape conflict or war zones, experiencing or witnessing community or school violence, and being taken into care. Subsequent ACE research, such as the Philadelphia ACE Project, has expanded on the conventional (household) ACEs to include many of these experiences (Pachter, Lieberman, Bloom, et al, 2017). In addition, the ACE International Questionnaire (ACE-IQ), which is intended to measure ACEs in all countries, includes questions on peer and community violence as well as exposure to war, and collective violence (WHO, 2018). This research is broader in scope than the original ACE work, acknowledging wider social determinants of health and wellbeing. Nevertheless, the overall dismissal of social context in much ACE research has meant approaches for tackling childhood adversity have tended to be individually oriented. In school settings for instance, there is often a heavy emphasis on discrete, manualized interventions that teach individual coping or psychosocial skills, whilst ignoring the broader structural inequalities and power imbalances that are often at the root of children's distress (O'Toole, 2017). Thus, whilst clear, operational definitions of adversity are needed in epidemiological research, we need to be watchful for the potential for harm, if and when these definitions enter into the practices of school professionals.

The types of experiences outlined in ACE research overlap with experiences and events that are considered "traumatic". Individual trauma is described as an experience that overwhelms a person's capacity to cope (Courtois & Ford, 2009). The past few decades have produced a richer understanding of trauma, with experts recognizing trauma always involves a power imbalance of some kind, and it is an embodied experience, in that

memories (conscious or implicit) of terrifying events are held viscerally in the body (Herman, 1994; van der Kolk, 2014). Whilst there are many types of trauma, a distinction is often made between “simple” or single incident trauma, which results from a discrete event (such as a car crash or a natural disaster) and complex trauma, which involves repeated or ongoing interpersonal threats, including all forms of abuse, violence and violation. Most childhood trauma is of the latter kind (Courtois & Ford, 2009). It is also important to highlight that in addition to individual trauma, other types of trauma, such as collective or community trauma, historical, intergenerational and organizational trauma, are less commonly discussed, but are important to consider especially in the context of school social work, and school and community development generally.

In their framework for trauma and trauma-informed approaches in human service organizations, SAMHSA (2014, pg. 7) provide a frequently cited definition of trauma (often referred to as the “three Es of trauma”): *Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.* This is a helpful definition in the sense that it acknowledges not just the event or circumstances that causes harm, but also the subjective experience of the child. The SAMHSA framework also notes power is always implicated in the experience of ACEs and trauma. Nevertheless, neither power nor meaning are conceptualized within this framework - there is no discussion of how power operates within children’s lives; how it contributes to the experience of adversity at family and community level, thereby increasing the likelihood of exposure to adversity for particular children (Gherardi, Flinn & Blanca Jaure, 2020). Nor is there consideration of how children ascribe meaning to the events and circumstances that they have encountered. Without a conceptualization of power together with its relationship to traumatic experiences and embodied responses, we can too easily fall back on using the dominant medical model for understanding trauma responses. Indeed, SAMHSA’s concept of trauma is linked explicitly to the Diagnostic and Statistical Manual (DSM; APA, 2013), within which trauma responses are viewed as symptoms of underlying disorders, rather than functional strategies to ensure survival.

Interpretations of “trauma-informed practice” are also varied. Harris and Fallot (2001) describe trauma-informed practice as a strengths-based approach that is based on knowledge and understanding of how trauma affects people's lives. SAMHSA (2014) has built on this work, outlining six key principles of trauma-informed practice, which roughly correspond with those of Harris & Fallot (2001). These are: (1) safety, (2) trustworthiness and transparency, (3) collaboration and mutuality, (4) peer support, (5) empowerment, voice and choice, and (6) responsiveness to cultural, historical, and gender issues. SAMHSA (2014) also highlights the four *Rs* of a trauma-informed organization - one that *realizes* the widespread impact of trauma and pathways for recovery; *recognizes* the signs and symptoms of trauma;

*responds* by fully integrating knowledge about trauma into policies, procedures, and practices, and *resists* re-traumatization (pg.13). Both Harris & Falot (2001) and SAMHSA (2014) emphasize the need to integrate trauma principles into multiple levels of the organizational culture, including leadership, policies and procedures, workforce development plans, financing, and monitoring. These principles and ideas are widely referenced in school-based trauma-informed frameworks.

Nevertheless, there is a wide variation in the depth and scope of trauma-informed work in schools (Thomas, Crosby & Vanderhaar, 2019; Maynard, et al, 2019). According to the principles and definitions outlined above, trauma-informed practice necessitates a multi-level whole-school approach. However, some studies use trauma-informed terminology to describe work that involves discrete school-based interventions designed to reduce trauma symptoms or enhance emotional regulation and coping. These kinds of interventions are not grounded in trauma-informed principles per se; nor do they promote a shift in the organizational culture of the school. Moreover, I have previously expressed concern about the extent to which these kinds of interventions focus on helping students adapt to the adversities and inequalities in their lives - essentially placing the burden for change on individual student - rather than address the root causes (O'Toole, 2017). These interventions may also seem not to apply to the many students whose experiences do not easily fit into an official definition of 'trauma', many of whom will come from comfortable backgrounds and loving families.

Overall, it is evident many school mental health professionals, educators and researchers embrace the core principals of trauma-informed practice, but express concerns about how these principles and practices are being interpreted and implemented in schools. The dominant discourses and understandings that I have outline above, have led to very negative, deficit-based interpretations being imposed on children. They have also served to potentially invalidate the more subtle, erosive experiences of those whose life circumstances are not officially seen as "traumatic". Thus, in spite of efforts to the contrary, there is concern that contemporary conceptions of trauma-informed practice actually re-inscribe deficit perceptions and essentialize children's experiences (Thomas, et al., 2019). Furthermore, there is a need for greater focus on collective trauma in marginalized and racialized communities, and the possibilities for taking social actions, such as protests, community organizing or school walk-outs, to address root causes and contribute to an overall sense of hopefulness and optimism (Ginwright, 2016). The over-reliance on generic trauma-informed guidelines has also been criticized; instead authors highlight the need to support educators in developing a rich contextual understanding of their students' lives and a deep appreciation of the various strengths and challenges that exist in the particular communities they serve (Alvaraz, 2017). There have also been calls for spirituality, rituals and other culturally grounded practices to restore wellbeing (Ginwright, 2016).

It is no surprise these concerns have been expressed. It has become apparent the discourses surrounding trauma, adversity, trauma-informed practice are entangled with a medical model of trauma symptomology, whereby survivors' responses are individualized, decontextualized and pathologized, whilst broader inequalities, exclusion and more systemic issues that impact the wellbeing of children, families and communities are overlooked (Harper & Cromby, 2020; Johnstone & Boyle, 2018). Calls for school professionals to disrupt deficit notions of trauma-affected children, seem unrealistic unless there is a wider paradigm shift within those disciplines that inform and shape research in childhood adversity and trauma-informed practice. Unfortunately, the language of disorder, dysfunction and maladaptation pervades mainstream clinical, psychiatric and epidemiological literature. In order to dismantle these discourses, an alternative framework is needed.

### **Attending to Power, Meaning and Subjective Experience in Trauma-Informed Approaches**

As I highlighted above, contemporary approaches to understanding trauma and adversity are rooted in clinical, psychiatric and epidemiological research. The origin of these disciplines can be traced to Western research and scholarship since the Enlightenment era, which has been primarily concerned with empiricism and associated values of reason, objectivity, prediction, and control (Johnstone & Boyle, 2018; O'Toole & Simovska, in press). The success of these values in the natural/physical sciences led to their uptake in human affairs and precipitated the carving up of concepts into various dualisms (e.g., emotion versus cognition, mind versus body, self versus other, individual versus society etc.), each of which are seen as independent of one another, or as opposed to each other (Linell, 2009). Western philosophies also tend to endorse a Cartesian view of the self: a sense of self as fully autonomous, rational and self-contained; and as separable from the social and physical environment. Within this perspective, human cognitive and affective processes are thought of as internal phenomena; discussed in terms of mindsets, personal traits and behavioral dispositions, which depend on various neuro-physiological structures and processes in individual brains. The external socio-material world is assumed to exist prior to and independently of people's actions and discourses (Linell, 2009). These ideas have been embraced in mainstream psychiatric approaches, which essentially separate the mind from the body, and person from his/her social environment, thereby ignoring social determinants of emotional and psychological distress such as trauma, class, gender, economic status, and race (Johnstone & Boyle, 2018).

A wide body of evidence from across a range of diverse disciplines now recognize human beings exist intrinsically as embodied beings and mental functions such as perception, cognition and emotion, cannot be fully understood without reference to the physical body as well as the social and material environment in which they are experienced (Cromby, 2015; Damasio, 2000; Linell, 2009; Gibson 1979; Varela, Thompson & Rosch, 1991). Thus, a child who experiences trauma, like living with an abusive parent, holds the experience viscerally. The fear, rage, shame, and alienation are registered in

her body. Memory of the experience continues to be held in her body shaping subsequent perceptions, thoughts and actions, even when her conscious mind lacks a narrative that can communicate the experience to herself or others (van der Kolk, 2014). Moreover, her responses are also shaped by prevailing gender, social and cultural norms, making some responses to trauma more available to her than others (Cromby, 2020). This does not mean she is merely a siphon for her experiences. As an agential person she courageously navigates her life, making sense of her experiences. In essence, there is no self that can be understood separate from the flow of experiences; nor a thinking, rational mind that can be separated from a feeling, sensing body (O'Toole & Simovska, in press).

A major problem for trauma-informed approaches is they remain wedded to inherited orthodoxies, which assume that people's distress is largely explicable in terms of their genes and biology and can be understood in the same way as physical illnesses. The Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association presents a list of diagnostic categories such as "major depressive disorders", "anxiety disorders", and "conduct disorders" (APA, 2013). Children who grow up in unsafe, threatening or relationally impoverished environments frequently meet the criteria for DSM disorders. They are considered to have "maladaptive" thoughts, "distorted" beliefs, emotional "disturbances" and social "impairments". Their responses to stress and pain are considered "dysfunctional". Psychology too, with the same post-Enlightenment assumptions, has colluded in this diagnostic process.

In effect, the responses to trauma that children adopt are viewed as symptoms of disorder or individual psychological dysfunction, rather than strategies that have likely played a role in ensuring survival through challenging circumstances. Thus, the child who frequently berates and finds fault with herself, pre-empting the criticisms of her caregivers, is a likely candidate for a diagnosis of "depression". The child who survives an unsafe environment by becoming highly vigilant and suspicious might reach the criteria for "conduct disorder". Young people who use food (under or over-eating), alcohol or other drugs to numb or regulate intolerable emotions may be diagnosed with "eating or addiction disorders". Diagnostic, medical and some psychological models fail to recognize although children's responses may cause problems, they start out as functional attempts to manage and survive in harsh or terrifying environments. They locate the problem within the minds/bodies of individuals thereby obscuring the real causes of distress. In doing so, they contribute to stigmatizing narratives, prompting people to view themselves as blame-worthy, ill and disordered (Johnstone and Boyle, 2018).

Despite decades of research, there has been no evidence of any biological marker of the experiences that are described as mental illness, that might validate diagnoses, or legitimize the characterization of psychological distress as a disease or illness (Boyle, 2020). In contrast, there is abundant evidence demonstrating the circumstances of people's lives contribute to and

maintain psychological distress; amongst the most important of these circumstances are childhood trauma/adversity, poverty, unemployment, sexual and domestic violence, war and other life-threatening events, bullying, harassment and discrimination, and living in a country with high income inequalities (Boyle, 2020; Rogers & Pilgrim, 2010; Wilkinson & Pickett, 2018; World Health Organization, 2000, 2002, 2013). This has prompted the United Nations Human Rights Commission (UN General Assembly, 2017) to assert that psychological distress needs to be understood in terms of a power imbalance, rather than a chemical imbalance (UNHRC, 2017); whilst the Lancet Commission for global mental health acknowledged that “diagnosis can at times lead to unhelpful labeling, diminishing the agency of the affected individual, promoting a reductionist perspective, and over-simplifying and under-valuing complexities of personal circumstances” (Patel, et al., 2018, pg 15).

Fortunately, there are excellent, evidence-based alternatives to medical and diagnostic models. The Power Threat Meaning Framework (PTMF; Johnstone & Boyle, 2018) published by the Division of Clinical Psychology of the British Psychological Society represents one such alternative. The PTMF applies to everyone, not just to those who have experienced obvious trauma or accessed mental health services. It recognizes patterns of emotional distress and troubling behavior are part of a continuum of human experience, which emerge initially as ways of surviving particular threats and adversities. It highlights and clarifies the links between wider social factors such as poverty, discrimination and inequality, along with traumas such as abuse and violence, and the resulting emotional distress or troubled behavior. It also offers a way of helping people to create more hopeful narratives about their lives and the difficulties they have faced or are still facing, instead of seeing themselves as blameworthy, weak, deficient or mentally ill ([www.bps.org.uk/news-and-policy/introducing-power-threat-meaning-framework](http://www.bps.org.uk/news-and-policy/introducing-power-threat-meaning-framework)) .

The PTMF could be described as a meta-framework in that it draws from the ideas and values of a number of approaches, including trauma-informed approaches. However, it provides a broader conceptualization of social context and personal meaning, along with their relationship with emotional and psychological distress, all of which are missing from most existing approaches. The PTMF replaces the question at the heart of the medical model, “What is wrong with you?” with a core trauma-informed question, originally posed by Joseph Foderaro (1991): “What happened to you?” Expanding on this, the approach of the Framework is summarized in four questions that can apply to individuals, families or social groups:

1. What has happened to you? (How is power operating in your life?)
2. How did it affect you? (What kind of threats does this pose?)
3. What sense did you make of it? (What is the meaning of these situations and experiences to you?)

4. What did you have to do to survive? (What kinds of threat response are you using?)

Two additional questions prompt consideration of the skills and resources people might have, and how these ideas and responses can be connected to form a personal narrative or story:

5. “What are your strengths?” (What access to power resources do you have?)
6. “What is your story?” (How does all this fit together?)

Whilst discussions of power are notably absent from mainstream accounts of emotional distress, they are central to the PTMF. The PTMF synthesizes abundant evidence, not only that people’s life circumstances play a major role in the development and maintenance of behaviors typically labeled as symptoms of disorders, or otherwise of social concern, but also that these circumstances are patterned by the operation of power (Boyle, 2020). The PTMF recognizes several “forms” of power, which reflect the different modes through which power may operate. These include biological or embodied power (possessing valued embodied attributes such as strength, physical health or appearance); coercive power (the use of violence or threats to frighten or intimidate); legal power (e.g., the power of arrest, imprisonment or hospitalization); economic and material power (having the means to obtain valued possessions and services, such as housing, employment, education); interpersonal power (i.e., power in intimate relationships to protect, to give or withdraw affection); social/cultural capital (possessing valued qualifications, knowledge and connections, which ease people’s way through life and can be passed indirectly to the next generation); and ideological power (which involves any capacity to influence language, meaning, and perspective, including the power to create theories that are accepted as “true”, to create beliefs or stereotypes about particular groups, and the power to silence or undermine).

This latter form of power – ideological power – is worth emphasizing because it is often less visible and therefore more insidious than other more overt power imbalances. Ideological power shapes all our lives - in both positive and negative ways - through unquestioned assumptions about how “normal” people look, behave, feel, and relate to each other. It operates across many areas, such as the media, advertising, research, and state institutions, including education. It plays a role in the creation of meaning and identity, norms and standards, against which people’s behavior, character, skills and value may be judged (Johnstone & Boyle, 2018). Ideological power is implicated in the intense pressures on children and young people to look, behave, achieve and have lifestyles in keeping with social norms (e.g., Bates, 2014; Lamb & Brown, 2017; Schor, 2014; Thomas, 2014). These pressures are not ostensibly “traumatic”, but their impact can be very distressing, especially for those who perceive themselves as failing to live up to expectations (Johnstone & Boyle, 2018).

Ideological power also shapes how education systems are designed and run; it shapes curriculum and pedagogy (what gets taught and how), types of assessment (e.g., standardized testing, high stakes exams), and a range of other policies and practices in schools (zero tolerance policies, streaming/banding of students, admissions policies, the provision of school mental health support etc). Michael Apple (2004) has shown how educational policy and practice are increasingly in the thrall of an economic rationality that emphasizes competitiveness, efficiency, accountability, and rigorous testing regimes; very little of which is conducive to the wellbeing of students or their teachers (O’Toole, 2019a). Thus, schools can get “sucked into” the prevailing ideological system and can contribute to the stress and pressures faced by students. As part of their formal and informal policies, ethos, traditions and rules, schools have the power to create beliefs and norms that are accepted as “true”, which enables them to interpret students’ behaviors and feelings in their own way; potentially silencing, invalidating or undermining student’s own meanings and interpretations. Conversely, as *educational* institutions, schools are well placed to draw students’ attention to the operation of power in their lives and possibly disrupt dominant narratives and practices. This is a key goal of liberatory and transformative education, which I return to below.

Personal meaning and narrative are also central features of the PTMF. Advances in neuroscience have shown how the brain/body systems respond to threatening and traumatic events enabling either hyperarousal (the “flight or fight response”) or hypoarousal and dissociation (the freeze response; Perry, Pollard, Blakely, et al., 1995; Porges, 2009). However, the PTMF also recognizes people’s responses to trauma and adversity are always moderated by personal meanings, which helps explain the variation in the ways that different people respond to adversities (Cromby, 2020). Within cultures, emotions are subject to social norms and situation-specific feeling rules, which govern acceptable ways of thinking, feeling and behaving (Ekman, 1992; Hochschild, 1983). For instance, in relation to school absenteeism, O’Toole and Devenney (2020) discussed how gender and social class norms in the experience and expression of emotion impacts whether young people are labeled as “school refusers” or “truants”, with far-reaching consequences for how they are viewed in school and how they view themselves. It is clear then, emotions and feeling are not merely directed from within the brain/body system. They always arise in response to the way people are embedded in relationships, both with other people and with particular social, cultural, and political situations. Thus, Cromby (2015) asserts emotions are personal and private, but simultaneously cultural, social, and relational. They can be characterized as a sense-making faculty of the whole embodied and situated person (O’Toole & Devenney, 2020).

The PTMF has obvious implications for psychological assessment and intervention, but it also has implications for – and indeed it has been applied to - other fields including education (O’Toole, 2019a) and social work (Fyson, Morley & Murphy, 2019). It also has important implications for social policy and the wider role of equality and social justice. With regard to trauma-informed practice, the PTMF offers an additional – often missing dimension in

conceptualizing context, drawing attention to power imbalances and their relationship with the subjective embodied experience of psychological distress. The PTMF suggests ways of incorporating an analysis of power into an understanding of distress, including the strengths and resources that individuals and communities themselves possess. This can shift the locus of change from the individual to the wider social world (Boyle, 2020). It suggests there may be possibilities for trauma-informed work in schools to be connected to wider educational and political projects for social change. Focusing on the operation of power therefore creates possibilities for social action and social justice, so often absent from traditional trauma-informed perspectives.

It is important to note there are many existing examples of excellent school and community-based mental health supports that take account of social context and personal meaning. These include community psychology approaches, which emphasizes values of empowerment, liberation and social justice (Orford, 2008; Nelson & Prilleltensky; 2010); formulation, which is about seeking a provisional explanation or hypothesis about the causes and precipitants of a person's psychological problems (Eells, 2006); and family systems therapy, which has a long tradition of conceptualizing "individual problems" within wider family and group dynamics (Brown, 1999). In relation to school social work, the emergence of School-Based Family Counseling is an important development, with its systems-focus and strengths-based orientation, combined with child advocacy, multi-cultural sensitivity and promotion of school transformation (Gerrard, 2008). The PTMF does not negate the value of any of these approaches. As I highlighted, the PTMF is a meta framework, in that it provides a broad theorisation of power, meaning and threat responses. In this regard it has potential to unite existing approaches under a broad, coherent umbrella.

### **Future Directions for Trauma-Informed Practices in Schools**

The fundamentals of trauma-informed approaches in schools have been discussed by other authors. For instance, Thomas and colleagues (2019) highlighted three features common to trauma-informed approaches in schools. These included raising awareness of trauma and how it impacts mind, body, and behavior; building relationally and emotionally healthy school environments; and promoting self-care for educators, acknowledging the possibility of secondary traumatic stress and compassion fatigue. Karen Treisman (2017) provides rich discussion of developmental and relational trauma and offers key insights into ways that schools can infuse and embed trauma-responsiveness into all aspects of organizational culture. All of these aspects of trauma-informed practice are crucial. However, in addition to these insights, the PTMF suggests further encompassing and transformative possibilities for trauma-informed practice in schools.

In exploring these possibilities, it is important to briefly comment on the goals and purposes of education. As previously highlighted, schools are subject to ideological power, that shape dominant narratives, including those

related to achievement, individualism, personal responsibility. These narratives can be reinforced within existing school-based trauma-informed guidelines. For instance, some guidelines seem to be primarily concerned with “helping traumatized children learn” in order to “make gains in academic achievement” (traumasensitiveschools.org). However, whilst academic achievement is an important goal of schooling, it is certainly not the sole purpose of education. Education is also about the formation of the person in ways that go beyond merely acquiring particular knowledge, skill sets, or attitudes (Biesta, 2014; O’Toole & Simovska, in press). It has a liberation and transformative purpose, underpinned by values of participation, equality, democracy, and inclusion (Biesta, 2014). Education seeks to engage students in questions of whom and how they want to *be* or *become*; not just what they want or need - as prescribed by the curriculum - to *know*. It is important therefore, that trauma-informed approaches are developed in ways that are attuned with these broad values and purposes of education. It is also important that they advance a holistic view of the person, rather than merely focusing on maximizing cognitive potential. The philosophy and values underpinning the PTMF connect with this more liberatory and transformative purpose of education.

Also noteworthy in this regard is Brazilian, anti-oppression educator, Paulo Freire. Freire (1970) highlighted individual and collective well-being can be enhanced through educational practices that are grounded in principles of empowerment, democracy, and participation (principles that also underpin trauma-informed approaches). Freire (1970) used the term “praxis” to describe the process by which people acquire critical awareness and how this awareness becomes embodied, enacted, or realized. In previous work, I have drawn on this idea of “praxis” to think about broader and more equitable possibilities for trauma-informed approaches in schools (O’Toole, 2019b). Praxis is an iterative, and reflective approach to taking action; an ongoing, collaborative process of integrating theory and practice. As I discuss further below, a trauma-informed praxis informed by the PTM Framework, might support school professionals to respond dynamically and creatively to their specific circumstances, enabling them to integrate knowledge of trauma and inequality with their accrued wisdom and rich contextual understanding of the students and the communities they serve. This orientation might support efforts to ensure trauma-responsiveness is embodied in everyday interactions and embedded in all aspects of school culture.

The PTM Framework highlights the centrality of the meaning, narrative, agency, and subjective experience. It can therefore support teachers and other school professionals in developing an understanding of the origins of emotional distress and in becoming more attuned and responsive to the complexity of students’ lives. Too often students’ perspectives and voices are denied, and they experience education as something that is “done to” them, rather than *with* and *for* them (Stenhouse & Jarret, 2012). Freire (1970) argued that in traditional classrooms students can be “dehumanized” and treated as objects. Buber (1996) explores this in his famous *I-Thou* and *I-It* relational orientations. I-thou is a relation of subject-to-subject, while I-it is a relation of

subject-to-object. As human beings, we strive for interpersonal relationships where *I* am understood in relation to *You* and vice versa. *I-it* involves distancing, whereby we separate ourselves from the other.

In line with the orientation of the PTMF, the emphasis within education ought to be on I-thou relationships, characterized by “being with” rather than “doing to”. This idea has previously been used to inform restorative approaches to school discipline, which are relationship-enhancing and compassion-focused rather than rigid and controlling (Vaandering, 2013). Educators have also used Buber’s I-thou orientation to develop relational pedagogies, which emphasize educational relationships based on mutuality and reciprocity (Aspelin, 2017). In relation to trauma-informed practice, Morgan and colleagues (2015) argue that relational pedagogy can help redress the impact of trauma and social exclusion experienced by young people. This is consistent with what is known about the centrality of relationships in healing from trauma. Indeed, it has been demonstrated that the single most important factor in healing from trauma, is the availability of healthy relationships, characterized by safety, trust and reciprocity (Herman, 1992; Perry & Szalavitz, 2017; van der Kolk, 2014). These relational approaches are an important corrective to the dismissal of subjective experience and the neglect of relationships, which has been a feature of ACE research and its applications in practice. Furthermore, they highlight the possibility of teachers connecting their understanding of trauma with their ongoing pedagogical practices, which is an important feature of educational praxis.

The PTMF also highlighted the dangers of imposing dominant Western modes of thinking on other cultures and indigenous populations; as to do so is to fall into the racist and colonial assumptions that Western worldviews are more accurate or “true” and hence superior (Fanon, 1963/2001; Summerfield, 2008). Some have pointed out Western models of trauma management, with their focus on individual minds, may not be helpful in all contexts; for instance, Bracken and colleagues raise questions about the relevance for refugees who have been caught up in conflict and war (Bracken, Giller & Summerfield, 1997). Others have highlighted cultural traditions, values and spiritual beliefs play an important role in healing from adversity and re-integrating into the social group (Worthen, Veale, Lucas, et al., 2019). Cultural traditions provide a vital sense of connectedness and can give a sense of meaning, or of reaching beyond individuality and connecting to something larger than the self (Brett 2010; Jackson 2010). This underscores the importance of culturally responsive trauma-informed practices (Treisman, 2017) and within school contexts; it implies a need for cultural humility and respect for the diverse traditions and spiritual beliefs of all children within the school community. However, whilst respect for diversity is a core principle of trauma-informed care (as highlighted by Harris & Fallot, 2001 and SAMHSA, 2014), cultural responsiveness is not a feature of many existing school-based trauma-informed initiatives.

In Ireland, members of the ethnic minority Traveller community have experienced considerable oppression, systemic inequality, and trauma. They are seven times more likely to die by suicide than the general population (All-Ireland Traveller Health Study, 2010) and some 50% of Travellers die before their 39<sup>th</sup> birthday (Brach & Monaghan, 2007). Traveller children tend to have very negative experiences of education (McGovern, 2019); some 63% of children leave school before they are 15 years of age (All-Ireland Traveller Health Study, 2010), and until recently there was no provision for including Traveller culture and history in the curriculum. Considering the levels of adversity experienced by minority groups like the Traveller community, it seems critical that trauma-informed approaches are explicitly connected to anti-racism efforts as well as multicultural and human-rights based approaches. Attempting to embed trauma-responsiveness in schools without recognizing the systemic injustices experienced by minority children, risks doing more harm than good (Gorski & Swalwell, 2015). The idea of a trauma-informed praxis informed by the PTMF, would ensure attention to social injustice and cultural responsiveness, whilst helping to move the field beyond a one-size-fits-all approach.

Given the emphasis on power within the PTMF, a key implication of the Framework is for trauma-informed approaches to recognize the negative operation of power in people's lives and how this contributes to and maintains emotional distress. There are some noteworthy examples of school-based approaches that emphasize issues of power and injustice, particularly in the context of collective and community trauma. For instance, in the context of his work with African American young men, Shawn Ginwright (2016) highlights when community members share common experiences there is a need to address the root causes in neighborhoods, families, and schools. He suggests school responses might include awareness of the conditions of oppression, combined with social action, such as protests, community organizing or school walkouts, which can contribute to an overall sense of wellbeing, hopefulness and optimism. Similarly, Kokka (2019) describes how one mathematics teacher offered students opportunities to engage in healing practices within a social justice math class. In this study, math problems were used to raise awareness of systemic issues, such as the inequitable distribution of wealth and resources. Students were given space to reflect on how such inequalities connected to their own lives and experiences, with attention paid to preventing youth from blaming themselves for their own conditions. This type of work highlights possibilities for connecting trauma-awareness to pedagogical and curriculum innovations as well as to wider equality issues and social action.

There are multitudes of ways that issues of power and social justice can be discussed within and across the curriculum. Most state curricula offer subjects/lessons on politics or civic education, which is an obvious place to discuss the operation of power, including the structural and ideological forces that impact well-being and give rise to mental health disparities (O'Toole, 2017); yet, as the math example shows, critical discussion on issues of power could be incorporated in any subject area. There are also many opportunities to

engage with emotions and feelings, both positive and negative, within the curriculum. Explicit discussion on emotions is often limited to curriculum strands on social, personal, health or wellbeing education. However, emotions – including themes of trauma, adversity and tragedy - are often central in literature, poetry, music, art and drama and could be used to initiate critical dialogue on issues important to children and young people, such as gender norms, identity, sexuality, racism, and social expectations.

Nevertheless, this type of work also raises questions that require further conceptual and empirical investigation. Curriculum content in these areas is often discussed objectively - at an arm's length from students' own lives and experiences (Barbazat & Bush, 2014; Zajonc, 2009). Transformative education requires connecting curriculum themes to students' subjective experiences, recognizing that the lived curriculum - the content of students' lives and past experiences - is as important as the content in textbooks. Yet, drawing attention to power differentials and how they operate in students' lives has the potential to open up a range of unsettling or even distressing emotions (O'Toole, 2017). Thus, we need to consider whether or under what conditions, it is appropriate to invite students to process collective trauma within the context of a classroom environment. What safeguards need to be in place to protect students from being triggered and re-traumatized (and to protect teachers and other school professionals from secondary traumatization)? What skills, attitudes and dispositions do educators need in order to engage in this type of work? Are there ways that teachers, school social workers, counselors, nurses, psychologists, and chaplains could work together, to better support a trauma-informed and transformative educational experience for all? More broadly, this discussion raises questions about the boundaries between trauma-informed practice (which involves embedding the above-mentioned principles within organizations) and trauma-specific practice, which has processing trauma and healing as its primary aim. If we are committed to the transformative and liberatory potential of education, can a firm line ever really be drawn between the two?

## **Conclusion**

It is evident none of what is envisaged for trauma-informed schools is easy in practice. And, to the extent that education is shaped by powerful ideological interests, we can expect considerable pushback against any attempt to change the status quo (as there has been against the PTMF itself and every other attempt to challenge the diagnostic model). Nevertheless, there is a considerable desire for change amongst professionals and academics; the current special issue being a prime example of this. There is also evidence of progressive and innovative practices in this area, some of which were mentioned above. However, the existing work is diverse and fragmented. What is missing is an overarching framework that can unite researchers and professionals and offer a coherent approach for moving forward. I have argued in this article, that a trauma-informed praxis informed by the PTMF, has the potential to guide future work in schools in more radical and equitable ways, whilst also remaining attentive to state-of-the-art and evidence-based practice.

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