

Article

Trauma-Informed School Programming: A Partnership Approach to Culturally Responsive Behavior Support

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Abstract: Despite significant investments and reforms, First Nations students have poorer educational outcomes than non-indigenous students. Scholars have pointed to the need to improve the cultural competence of teachers and school leaders, revise punitive and exclusionary disciplinary procedures, and promote the use of culturally responsive practices to mitigate the impacts of colonization, transgenerational trauma and ongoing structural inequities on students. The development of such trauma-informed, culturally responsive systems in schools requires educators to respectfully work in partnership with First Nations communities, as well as health and community services supporting First Nations families. This pilot study evaluates the impact of multi-tier trauma-informed behavior support practices in a regional primary school with a large population of First Nations students. Utilizing a multiple time series, quasi-experimental, within-subjects design, data on the rates of school attendance and problem behaviors were analyzed. Staff knowledge and attitudes related to trauma-informed care were assessed using a self-reporting measure, before and after the two-year implementation of the program. A reduction in behavior difficulties was found, as well as noted improvements in staff reports of knowledge and attitudes. The implications of the findings for the program and future research on culturally responsive practices in schools are discussed.

Keywords: education; primary school education; trauma-informed care; culturally responsive practice; partnership

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1. Introduction

There have been long-standing concerns about the disproportional rates of disciplinary action against students from minority and marginalized groups in school around the world [1]. In Australia, Aboriginal and Torres Strait Islander students (referred to hereafter as First Nations) have been found to have higher rates of suspensions and exclusions compared to their non-indigenous counterparts [2]. With extensive research pointing to the negative consequences associated with exclusionary discipline and school outcomes, it is not surprising that educational outcomes of First Nations children relating to attendance, literacy and numeracy levels fall behind those of non-indigenous students in several states [3]. Exclusionary disciplinary practices have also been linked to entry into the justice system. Referred to as the “school-to-prison pipeline” [1], high rates of exclusionary disciplinary actions have been linked to a range of future negative social and health outcomes for children, including higher rates of juvenile crime. Moreover, studies conducted in the USA have

found rates of disciplinary action to be particularly high amongst students of cultural and ethnically diverse backgrounds [4], with severe exclusionary measures instated for students who have engaged in relatively minor behaviors [5]. Graham et al. [2] have found a similar trend in Australia, with First Nations students overrepresented in suspensions for disruptive/disengaged behaviors (compared to more serious incidences such as physical misconduct). There have been repeated calls for systemic reforms in educational systems and so-called “zero tolerance” disciplinary processes around the world. In addition, there has been a growing understanding of the complex historical and social factors impacting First Nations students and their families. Significant sources of historical adversity linked to colonization for First Nations peoples include genocide, forced removal from country and families of origin, institutionalization and abuse [6]. The impact of such historical adversity is manifested in ongoing social disadvantages and intergenerational trauma in First Nations communities.

1.1. Intergenerational Trauma, Childhood Adversity and Educational Outcomes

The term “adverse childhood experiences” (ACEs) refers to the prolonged exposure of children to potentially traumatic events that may have immediate and lifelong impacts [7,8]. ACEs can occur across the child, family, or community ecologies and include child maltreatment (e.g., verbal, physical, or sexual abuse), family stress or dysfunction (e.g., a family member that is mentally or physically ill, incarcerated, or abuses substances; the absence or loss of a parent because of death, divorce or separation, or domestic violence), community violence and natural disasters [9]. Recent epidemiological research points to up to 30% of children in the general population as having experienced at least one ACE, with up to 23% experiencing two ACEs [10]. Results from a study on the social and emotional wellbeing of First Nations children in Australia found that up to 69.9% of primary caregivers of First Nations children reported experiencing three or more ACEs [11].

In the school setting, children who have been exposed to adverse events have been found to be more likely to be issued with disciplinary referrals and suspensions, to experience higher rates of absences and to use special education services more frequently [12]. In their systematic review of school-related outcomes of traumatic event exposure and traumatic stress symptoms in students, Perfect et al. [13] found higher rates of grade repeating, absences and provision of special education services among youth who had been maltreated, compared to those who had not. First Nations children have been found to experience/be exposed to ACEs at a higher rate than the general population (referred to as poly-victimization) and the “cumulative harm” of the impact of such events is complex, can persist for several decades [14] and can be transmitted inter-generationally [14]. Further, these effects continue to be perpetuated by discriminatory policies, racism, implicit/unconscious biases and the use of culturally inappropriate practices [15]. Proposals for addressing these concerns have pointed to the need for the use of culturally responsive and trauma-informed practices in educational systems.

1.2. Culturally Responsive and Trauma-Informed Practices

Culturally responsive practices in schools refer to the ability of educators to recognize the cultural identities of each student, understand the historical context and experiences for students’ cultural group, race and ethnicity, and offer accommodations with the use of a flexible pedagogy to meet a range of learning needs [16]. From this understanding, educators are supported to develop relationships with culturally diverse students, build on their strengths and their communities and incorporate the students’ culture and ethnic heritage as foundations for developing curriculums [17]. First Nations advocates have also called for the incorporation of trauma-informed

care practices in schools. Trauma-informed education refers to educators understanding the prevalence of ACEs and trauma amongst students, recognizing the pervasive impact of trauma on students and on systems of support around them and making planned efforts to avoid re-traumatization through opportunities for safety, trust, connection and healing, rather than relying on punishment and exclusion [16]. While often described as complementary approaches to practice, few studies have demonstrated how the approaches can be integrated through collaboration and partnerships with First Nations people, educators and trauma-informed care (TIC) specialists.

1.3. Partnership and Co-Design: Engaging the Wisdom of First Nations Communities

The present research aimed to adapt trauma-informed behavior support (TIBS) [18] for use in an Australian primary school with many First Nations students. The TIBS program [18] uses a three-tier approach to guide the implementation of TIC practices to support vulnerable students. The program is based on a trans-theoretical framework of practice that draws on developmental traumatology, social-learning and systems theories (see Ayre and Krishnamoorthy [18] for a detailed description of the framework). The implementation of the TIBS program is informed by a process of co-design of pedagogical practices, where practices in each tier of intervention are informed by the unique contextual needs of the students, educators and the school community. This participatory design process is guided by an analytic process—a step-by-step process of modifying key practices while adhering to the guiding principles related to culturally responsive pedagogies and trauma-informed care practices (see Smike et al. [19] for a full description of program implementation).

The phases of the co-design process are displayed in Figure 1. The first step of this guided analytic process (“Yarning, Listening and Understanding”) is related to contextual inquiry, involved the convening of First Nations educators, elders and community members for reviewing the school’s existing pedagogical and disciplinary practices and proposed trauma-informed care to be implemented in the school. With culturally responsive practices with Australian First Nations students requiring the consideration of specific cultural protocols that influence their social and emotional wellbeing, the co-design approach aimed at facilitating the sharing of stories and directly hearing from First Nations individuals in the school community. In addition to specific feedback on school processes, the collaborative process included yarning, sharing stories, artwork and discussions of country activities. The qualitative analysis of these advisory group discussions highlighted key ways to incorporate culturally meaningful elements in curriculums, as well as culturally responsive ways to adapt trauma-informed practices and social-emotional learning activities. A key theme highlighted at this stage of the co-design was the practical and psychological burden on families of having children at home due to suspensions from school. Both First Nations educators and community representatives highlighted the need to reduce incidences of physical aggression in students. The participants discussed the value of “cultural safety” in the school and the opportunities for students to learn social-emotional skills through engagement in culturally relevant activities.

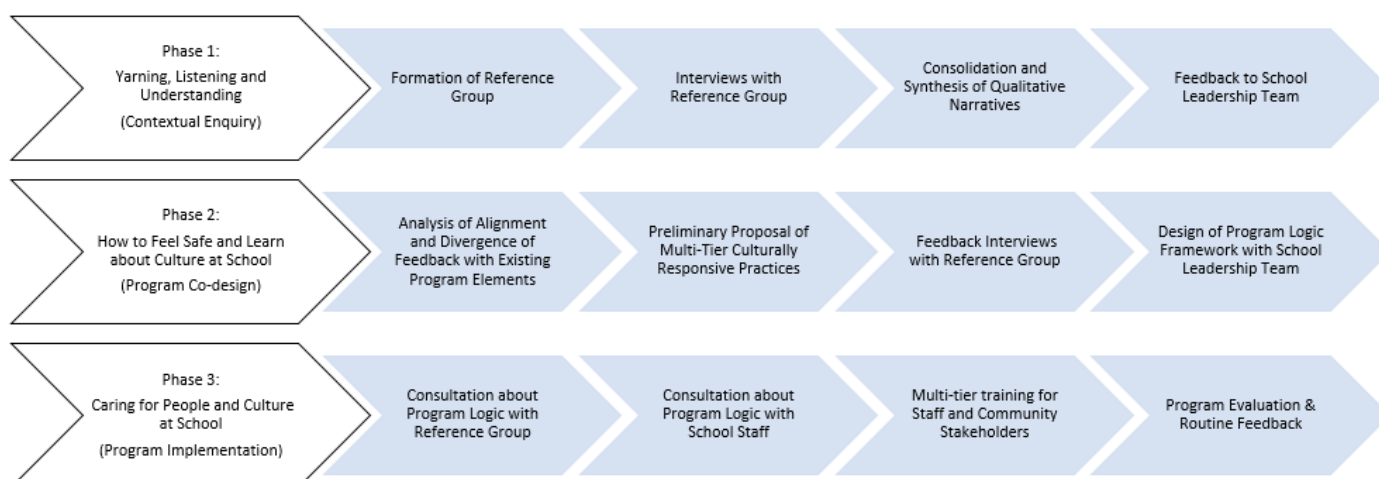


Figure 1. Phases of the co-design process.

The second phase (“How to Feel Safe and Learn about Culture at School”; Figure 1) involved purposive sampling of First Nations representatives who had been part of the preliminary consultation, as well as school leadership staff and senior First Nations education scholars and representatives. The intent of this step was to facilitate a focus group to seek a second round of feedback on the program logic framework (see Appendix A), as well as changes to curriculum design and disciplinary processes at the school. In addition to providing input on the content, the representatives were given a chance to clarify the rationale for the changes, a chance to engage in dialogue over community needs, discuss ways to implement the proposed changes with the limited resources available and provide input into a framework for evaluating the impact of the changes. A key outcome of this phase of consultation was the endorsement of a staged, disciplinary response to problem behaviors at the school. For minor problem behaviors, students were provided with options to utilize self-regulatory strategies in class (e.g., using sensory toys in their “calm box”), the option to engage in supported regulatory activities with a teacher aide or support worker in class (e.g., practice “balloon breathing” at the back of the class), the option to speak to a nominated, trusted adult outside of the classroom (e.g., First Nations educators or the school principal) or to spend set amounts of time in a room outside of the class (“buddy class”) to engage in a preferred activity. For nominated regulatory activities occurring outside of the classroom, a modified check-in–check-out system was utilized to support the student’s readiness to rejoin the class. In the co-design process, the reference group requested that information regarding the students’ use of each of these options be recorded regularly (in addition to incidences of behavioral concerns) and be used to plan the support the students required. The consultation also led to commitments from the participants to be part of activities that formed part of the culturally responsive programming at the school.

The final phase of the partnership process (“Caring for People and Culture at School;” Figure 1) involved the finalization and implementation of the multi-tier program across the school over three years (2017–2019). In addition to the third wave of consultations with the First Nations reference group, the implementation plans were also discussed with the school leadership and staff, for feedback and refinement. The multi-tiered implementation of the program included the regular participation of First Nations educators at various times—including the training provided to staff and the community to help implement the program. The content of the multi-tier program can be found in Appendix A. The implementation plan included a regular process of feedback to the reference group and key metrics, as well as the practice of seeking

input on changes to be made to the school-wide program. The qualitative and quantitative metrics formed part of the program evaluation framework for the TIBS program at the school [20].

The present research aims to examine the quantitative data gathered as part of the preliminary program evaluation. The study aims to investigate changes in the rates of problem behaviors and attendance amongst the students across the implementation of the program from 2017 to 2019. It is hypothesized that the co-design methodology utilized to implement the TIBS program and modify the school's disciplinary processes will result in a decrease in rates of problem behaviors over the two years. It is also hypothesized that the increased use of culturally responsive practices and community involvement will result in an increase in rates of attendance at the school. To further understand the impact of the co-design and program implementation process, the study will aim to understand changes in staff's attitudes, practices and self-efficacy as they relate to trauma-informed and culturally responsive practices. Scores on the attitudes related to trauma-informed care (ARTIC; see methods for full description of the measure) scale [21, 22] were analyzed, and it was hypothesized that teachers would report an increase in awareness, practice and self-efficacy in the use of trauma-informed care practices.

2. Materials and Methods

2.1. Setting

This study focused on a regional public primary school located in Northern Territory, Australia. The school has a yearly average enrolment of 130 children—from kindergarten to grade 6—and 92 per cent of students are identified as being of Aboriginal or Torres Strait Islander descent. Additionally, for 80% of students, English is an additional language or dialect (EAL/D). The school has a modified curriculum—informed by the TIBS program—designed to meet the cultural and learning needs of all the students. School staff develop individualized learning plans (ILP) to accommodate for the social-emotional and academic requirements of students with additional learning needs. The TIBS program was implemented at the school in 2019 (administration timing and mode discussed below). There were no reported changes to the school leadership team during this time.

2.2. Participants

The study included both staff and student participants from one school. The TIBS program was delivered to all staff members at the school. In total, 23 teaching staff (all female) took part in the study, which was approved by the University Ethics Committee (HREC: H15REA191). One teacher identified as being of Aboriginal or Torres Strait Islander descent. The average age of the teaching staff was 43 years ($SD = 13.85$). The teaching staff had an average of 15 years' teaching ($SD = 9.79$) experience, 5 years ($SD = 4.15$) of which were from working at that school. There were no changes to the teaching staff during the two-year period.

2.3. Program

The trauma-informed behavior support (TIBS) program (Ayre and Krishnamoorthy, 2020) is a multi-tier program aimed at integrating trauma-informed care principles with positive behavior support practices. The program draws on a trans-theoretical framework of practice underpinned by developmental traumatology, social-learning and systems theories (see Ayre and Krishnamoorthy [18] for a detailed description of the program). The three tiers of the program relate to whole-of-school practices (tier 1), whole-of-class practices (tier 2) and wrap around supports and individual support plans for specific students (tier 3). The training and practice imple-

mentation approach included a mix of asynchronous and synchronous online professional development, face-to-face training and individual consultations. Specific elements of the program corresponding to each tier can be found in the co-designed program logic model in Appendix A.

2.4. Measures

2.4.1. Student Problem Behaviors

All student referral data were recorded on a web-based information system. On the database, teachers recorded what the student did to receive the referral and the action taken by the relevant people following this referral. Behaviors handled in the classroom were documented as “minor behaviors”, other behaviors requiring the student to go to the office were documented as “major behaviors”. Teaching staff at the school had been using the database system since 2014 and had all received specific training on using the recording form as part of on-boarding. The school frequently conducted refresher training and audits to ensure consistent use across teachers.

2.4.2. School Attendance

The Student Administration and Management System (SAMS) is the standard student administration system introduced in 2016 into all Northern Territory government schools to manage student enrolment and attendance. Individual student attendance data was recorded twice a day, within 30 min of the start of each session. Student attendance data for each of the academic years was recorded for the analysis.

2.4.3. Attitudes Related to Trauma-Informed Care (ARTIC) Scale

The ARTIC questionnaire takes approximately 10–12 min to complete and includes 45-questions that can be answered on a 7-item Likert scale ranging from a TIC-unfavorable attitude to TIC-favorable attitudes. A confirmatory factor analysis indicated a good fit for a seven-factor structure with an excellent internal consistency reliability (Cronbach’s $\alpha = 0.93$) [21]. Higher scores on the subscales represent a higher endorsement of trauma-informed attitudes. The 7 subscales include: (a) underlying causes of problem behavior and symptoms (causes; e.g., favorable attitude: “Students’ behavioral problems are due to their history of difficult life events and exposure to trauma”; unfavorable attitude: “Students’ behavior problems are them acting out by choice”); (b) responses to problem behavior and symptoms (responses; e.g., favorable attitude: “Helping students feel safe and cared about is the best approach when working with students impacted by trauma”; unfavorable attitude: “Rules and punitive consequences are the best approach when working with students with trauma histories”); (c) on-the-job behavior (behavior; e.g., favorable attitude: “I understand students may not apologize to me after acting out”; unfavorable attitude: “I need to make sure students apologize to me after acting out to control other students’ behavior”); (d) self-efficacy at work (self-efficacy; e.g., favorable attitude: “I have the skills to help my students impacted by trauma”; unfavorable attitude: “I do not have the required skills to help my students impacted by trauma”); (e) reactions to the work (reactions; e.g., favorable attitude: “In order to take care of my students, I have to acknowledge my reactions and take care of myself personally”; unfavorable attitude: “My personal wellbeing is unrelated to whether I can help my students”); (f) personal support of trauma-informed practices (Support; e.g., favorable attitude: “I am hopeful that I can implement all my responsibilities with respect to the trauma-informed care approach”; unfavorable attitude: “I will not be able to implement all of my responsibilities with respect to the trauma-informed care approach”); (g) system-wide support for TIC (systems; e.g., favorable attitude: “I have the support I need to work in a trauma-informed way”; unfavorable attitude: “I do not feel supported to implement trauma-informed care [22].

2.5. Procedure

In 2017, baseline student behavior and attendance data were gathered in Term 1, prior to the commencement of the program implementation. The ARTIC scale was also administered at this point to all staff by the investigators. Over the course of program implementation, the investigators met with school administration staff to review the data being gathered as well as to check on processes to ensure the fidelity of the data gathered. This included checks on the annual training for teachers on student behavior reporting and engagement in TIBS program components. Post-implementation data regarding problem behaviors and attendance were gathered from the school databases in 2020. Staff were also requested to complete the ARTIC questionnaire at this point.

3. Results

The study was a 2×2 repeated-measures design. Within-subject factors included year (2017 (baseline) and 2019 (post-intervention)) and referral type (major and minor). The dependent variable included the number of referrals per student (# of referrals per academic year). Student attendance (number of sessions attended per academic year, with one school day consisting of two sessions) was analyzed over the three years. The results were assessed across the two time points and the changes over time were compared. ARTIC scores were calculated as the change from 2017 (baseline) to 2019 (post-intervention). All results were considered a within-subject, repeated measurement design. Assumption testing for general linear modeling was conducted using the Statistical Package for Social Sciences (SPSS) [23]. Students not enrolled at the school in both 2017 and 2019 were excluded from the analysis. Additionally, students who were in grade six at baseline were also excluded from the analysis, as they were not enrolled at the school for the two-year period. Power analyses were conducted through G * Power 3.1 [24]. The results suggested that a sample size of 24 would be required to achieve power of 0.80 ($\alpha = 0.05$) to report a potential small-to-moderate effect size ($f^2 = 0.30$). This effect size estimate is consistent with previous research examining the effects of trauma-informed interventions [25]. The current sample of 72 students was deemed sufficient to examine the research hypotheses.

3.1. Demographics

3.1.1. Students

Following data cleaning, the sample size included 72 ($N = 42$ males) student behavioral and attendance data. The sample consisted of 68 First Nations students and four students who were of non-indigenous backgrounds. The age of the sample ranged from 5–11-years old. The number of students from each grade (kindergarten—grade six) ranged from 9–16 students.

3.1.2. School Staff

In total, 23 staff members (all female) completed the ARTIC questionnaire in 2017. This included all classroom teachers, school leaders and support staff. Of these 23, 15 staff members (60%) completed the questionnaire again in 2019. The mean age of the teachers was 43.41 years ($SD = 14.11$). On average, teachers had been teaching for 15.75 years ($SD = 9.72$), with the average years number of at the school being 4.97 ($SD = 4.84$).

3.2. Data Analysis

Statistical analyses were conducted using IBM SPSS Statistics v27. Tests of normality demonstrated this assumption was violated, highlighting the need for a non-parametric test. The Wilcoxon signed-rank test is a non-parametric statistical hypoth-

esis test that can be used to compare two or repeated measurements on a single sample to assess whether their population mean ranks differ. The Wilcoxon matched-pair signed-rank test was conducted on the sample dataset to investigate changes in scores between the two different years. To observe behavioral changes across the cohorts, the output was spilt by the grade of the student in 2017 (range = kindergarten to grade four).

3.2.1. Problem Behaviors

The means and standard deviation relating to major and minor behavior referrals are displayed in Table 1. For the 2017 grade three cohort, behavioral referrals were significantly lower following the intervention for both minor ($z = -2.55$, $p < 0.001$, $r = -0.45$) and major ($z = -2.08$, $p < 0.01$, $r = -0.37$) behavioral referrals. Similarly, for the 2017 grade four cohort, behavioral referrals were significantly lower following the intervention for major behavioral referrals ($z = -2.40$, $p < 0.01$, $r = -0.47$). No other significant differences were found between behavioral referrals and intervention (see Table 1 for descriptive statistics).

Table 1. Problem behaviors by year and grade.

Grade	N	Minor				Major			
		2017		2019		2017		2019	
		M	SD	M	SD	M	SD	M	SD
K	11	1.00	1.41	0.73	0.79	2.82	1.22	0.01	5.21
1	13	2.15	1.66	1.54	2.73	7.31	7.66	3.77	9.62
2	9	1.11	0.88	0.55	2.09	1.33	0.73	0.44	2.69
3	16	3.00	3.81	0.63	0.89	6.00	8.49	2.06	3.68
4	13	1.31	1.55	0.69	1.03	5.08	4.86	2.15	4.47

Note. K = kindergarten; N = number of students in the respective grade in 2017.

3.2.2. Attendance

The Wilcoxon signed-rank test indicated no significant differences between school attendance over the 3-year period for all of the grade levels ($p > 0.06$). Furthermore, a nonparametric procedure, the Spearman's rank-order correlation coefficient (Spearman's rho), was performed to determine whether behavioral referrals and school attendance were significantly correlated (see Table 2 for correlation coefficients). The Spearman's rho revealed a statistically significant relationship between minor behavioral referrals and attendance for 2017 ($r = 0.28$, $p < 0.01$). The Spearman's rho also revealed a statistically significant relationship between major behavioral referrals and attendance for 2019 ($r = 0.25$, $p < 0.05$). Furthermore, there was a statistically significant relationship between 2017 attendance and 2019 attendance ($r = 0.52$, $p < 0.001$).

Table 2. Rank-order correlation coefficient for major and minor behavioral incidences and attendance by year.

Variable	1	2	3	4	5	6
1. 2017 Minor	1	-	-	-	-	-
2. 2017 Major	0.64 **	1	-	-	-	-
3. 2019 Minor	0.18	0.20	1	-	-	-
4. 2019 Major	0.32	0.33 **	0.59 **	1	-	-
5. 2017 Attendance	0.10	-0.28 **	-0.25 *	0.12	1	-
6. 2019 Attendance	0.06	-0.16	0.19	-0.25 *	0.52 **	1

Note. * $p < 0.01$; ** $p < 0.001$.

3.2.3. ARTIC

The Wilcoxon signed-rank test indicated significantly greater scores, showing support for TIC-favorable attitudes on the underlying “causes” of problem behaviors and symptoms ($z = -2.73$, $p = 0.006$, $r = -0.73$), “responses” to problem behaviors and symptoms ($z = -2.97$, $p = 0.003$, $r = -0.77$) and on-the-job “behavior” ($z = -2.17$, $p = 0.03$, $r = -0.58$) to subscales following the intervention. No other significant differences were found ($p < 0.05$, see Table 3 for means and standard deviations).

Table 3. Means and standard deviations for ARTIC subscales.

Subscale	2017		2019	
	M	SD	M	SD
Causes	4.60	1.50	6.04	0.81
Responses	4.48	1.50	6.00	0.94
Behavior	4.84	1.38	6.11	0.80
Efficacy	6.31	0.43	5.73	0.89
Reactions	5.81	0.58	5.88	0.68
Support	5.84	0.71	6.34	0.79
Systems	6.16	1.09	5.98	1.15
Total	5.90	0.58	5.99	0.64

Correlations between the subscales can be found in Appendix B (Tables A1–A3). Notably, in 2017, teachers who endorsed higher scores on the “responses” subscale were found to provide higher scores on the “causes” subscale. In 2019, this correlation was found to no longer be significant. ARTIC scores in 2019 revealed teachers who endorsed higher scores on “on-the-job” behavior as also scoring higher on the subscales of “causes”, “responses” and “reactions”. Similarly, those who scored higher on the “support” subscale were found to have higher scores on the “causes” and “systems” subscales.

4. Discussion

The reasons for the ongoing differences in educational outcomes between First Nations and non-indigenous students are complex and multi-factorial [26]. First Nations students are frequently faced with higher rates of disciplinary events, such as suspensions [2] and low attendance [27]. Despite repeated calls for changes and adaptations to existing school systems and processes to be more culturally responsive and trauma-informed [28], few studies have assessed the impact of initiatives that aim to make such changes. While no causal inferences can be drawn from the results of the present study, the findings of disciplinary and attendance patterns in the school offer some preliminary insights into the implementation of culturally responsive disciplinary and social-emotional learning practices with First Nations students. The introduction of trauma-informed behavior support practices appears to have had a positive impact on students in the grade three and four cohorts between 2017 and 2019. The result follows a general trend in a reduction in the rates of problem behaviors over the three years of the program implementation. With calls for systemic reforms in disciplinary practices for First Nations students (e.g., Graham et al. [2]), the results of the present study highlight the promise of a co-design methodology for integrating culturally responsive programming into behavior support practices. With several behavior support approaches failing to reduce the disproportionality in disciplinary sanctions in the school environment [29], further research into the “active ingredients” of culturally responsive programs may be warranted. That is, it remains unclear which components of the program (e.g., positive teacher–student relationships) and pedagogical practices (e.g., culturally appropriate (relational) pedagogies) may have

contributed to these changes. Similarly, an evaluation of the co-design process may be warranted to guide future replications of partnership approach.

There are several potential explanations for the significant effect of the intervention in the two cohorts of students. From the perspective of the students, it is possible that the pedagogical strategies promoted by the program may have been of greatest benefit to older students at the school (grades three to six). Specifically, the program promotes a greater use of flexible, play and arts-based pedagogical strategies. While these practices may be the norm in early childhood education and early primary school years, the introduction of such strategies may have been novel and of benefit to the older students, given their social-emotional capacities and learning needs. The qualitative analyses of teacher narratives appears to be consistent with this notion, with several teachers reporting being more flexible, relationally focused and utilizing play-based teaching methods [19]. Teachers in the qualitative interviews spoke of songs and dance routines provided by First Nations community groups and cultural brokers being incorporated into sensory breaks and mindfulness activities that highlighted stories related to land and culture [19].

Further investigation of the unique needs relating to trauma-informed and culturally responsive practices of early childhood educators of First Nations students may be warranted. Research on the differential impact on students may look to evaluate the patterns of behavioral concerns across the years amongst students with more severe social-emotional issues (i.e., high rates of major behavioral incidences) compared to those with less severe concerns. An analysis of other individual differences between the students, such as the exposure to ACEs, may also shed light on the impact of the tiered program approach.

The significant results may also be attributed to the teaching staff across the years. At the school, for grades three to six from 2017 to 2018, teachers continued to teach the same cohort across the two years. Based on anecdotal reports from teachers, this was driven by the school leadership staff, as they had found benefits for students adjusting to the school in the upper primary school years. The benefits of such a strategy are consistent with the findings in the TIC practices. Research has demonstrated the large extent to which teacher–student relationships can impact children’s behavior, attendance, participation and attitude in the school environment (e.g., Ansari et al. [30]). Furthermore, research on children exposed to adversity demonstrates that the consistency and familiarity of caregivers impact the students’ emotional wellbeing and subsequent behavioral outcomes [31]. Thus, a future evaluation of the program may look to evaluate the effects of this staffing arrangement with regards to the implementation and impact of the program on the quality of student–teacher relationships. Future research with a larger number of participants may look to understand the individual differences in teachers’ understanding of and ability to implement trauma-informed practice. Regardless of this, the program seems to be a system-friendly approach that can be implemented to complement prior social and emotional systems already in place.

The limited change found in the attendance of the students is reflective of the limited success across Australia, with no improvements in school attendance rates of First Nations students recorded in the last ten years [32]. As expected, correlations revealed that students with higher rates of major behavioral concerns have lower attendance rates over time. While it is well understood that punitive and exclusionary disciplinary methods reinforce non-attendance [33], further research is required on the efficacy and the mechanisms of influence of culturally responsive practices. For example, scholars have highlighted the importance of mutually respectful parent–school partnerships for improving the attendance rates of First Nations students [34]. Further, benchmarking a school’s attendance rates to national, state-wide and district-level data may also shed light on the relative efficacy of such approaches.

The results revealed that the program was effective in improving staff attitudes regarding the underlying causes of problematic behaviors and symptoms toward a more TIC-favorable attitude, as measured by the ARTIC subscale “causes”. Results relating to changes in staff attitudes and understanding reveal an increased understanding of problem behavior as an adaptation to adversity. Changes in attributions of child misbehavior have been identified as an important precursor to changes in disciplinary practices [35]. The development of realistic expectations regarding the developmental capabilities of students, the age-appropriateness of student behaviors and the impact of the teacher’s own behavior when interacting with students may be key precursors to the use of effective and inclusive behavior support practices [34].

Responses on the ARTIC also revealed teachers at the school reported changes in their responses to problem behavior and symptoms (“responses” subscale) to a more TIC-favorable attitude. Changes in scores on this measure reflect an increased ability to be flexible and responsive to student needs and a focus on helping students feel safe in the school environment. The results reflect the program content on attachment theory [36,37] and the need for strong student–teacher relationships to promote school adjustment and learning. Similarly, changes in the on-the-job “behavior” subscale reflect an increase in strengths-based practices amongst the teachers—including noticing successes, showcasing students’ talents, advocating for the student’s future and creating opportunities for students to help others. In this way, TIC practices hold promise in helping schools adopt a more inclusive approach to student wellbeing and social-emotional competence [38]. The results of the study highlight a potentially useful approach to helping teachers feel equipped with practical, pedagogical strategies that translate theory to practice.

It is important to note that the null effects of the program intervention for the other ARTIC scales could be due to a ceiling effect, where baseline scores were scored high (6/7) for “efficacy”, “support”, “reactions” and “systems”. The high scores may also reflect a cohort of teachers who were receptive to the program content and that the school context included elements that supported the implementation of a TIC approach before the implementation of the program. Research has indicated that the specific characteristics of schools need to be robustly researched prior to the implementation of trauma-informed practices [39]. The replication of this implementation within other school contexts may shed further light on the importance of these characteristics for the successful implementation of the program.

This limitations of the pilot study include its small sample size and the case study design that focuses of the implementation on one school. Future multi-site research may focus on the use of specific measures relating to culturally safe and responsive practices, e.g., student and community perceptions of inclusion, school climate and cultural safety. Observational assessments of a teacher’s implementation of the practices of the program may shed further light on the use and impact of the program, as may additional qualitative data from students and families on their experience of these pedagogical practices. Overall, the findings of the study highlight the need for a larger program of research investigating the efficacy of the TIBS approach.

5. Conclusions

Research on the use of culturally responsive and trauma-informed care practices in schools is burgeoning. Despite the proliferation of programs, relatively few have evaluated co-designed approaches with First Nations communities. The pilot observational study of the three-year implementation of the TIBS program in an Australian primary school has found promising results. Preliminary results point to the benefits of the program for reducing problem student behaviors in the upper primary school grades. Improvements in staff knowledge of the underlying causes of problematic behaviors and symptoms, responses to problem behavior and on-the-job behavior

also support the positive impact of the program in line with favorable attitudes towards trauma-informed care practices. With a growing awareness for the prevalence of childhood adversity and reforms in education for schools to adopt a more holistic approach to learning and wellbeing, the present research provides support for partnering with First Nations communities in the design and implementation of trauma-informed, culturally responsive practices.

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Appendix A

Multi-Tier Program Content and Implementation

Program Implementation Planning Phase:

Prior to the training and implementation of the TIBS program, the program facilitators met with the school leaders to determine the suitability of the program to the school’s needs (Figure 1). In addition to developing plans for the implementation of the program, members of the school staff and key partners of the school community (parents, local health and social services, and community elders) were provided access to a brief asynchronous

Online course (course: Trauma Aware Educator; 10 modules, taking on average 90 min to complete) to introduce concepts of trauma-informed care. The ten topics correspond to questions about the impact of childhood trauma on children:

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

1. Tier I Supports Implementation Phase:

The Tier I supports implementation phase utilized a blended learning approach, with school staff trained in an asynchronous online course (course: Trauma-informed Education), as well as an in-person training focused on a “6C” framework of whole-of-school practices. The training consisted of six modules with content relating to the six modules, which were:

- Module 1: Care: Social, cultural and historical determinants of educational achievement and meeting the basic needs of students in schools; review of school-wide practices that promote cultural safety, positive school climate and school belonging;
- Module 2: Calm: The impact of traumatic stress on emotion regulation and examples of cultural rituals and routines that regulate levels of arousal;
- Module 3: Connect: Information relating to the impact of traumatic stress on attachment and strategies to build trust, social skills and connectedness to community, land and culture;
- Module 4: Challenge: Overview of the impact of traumatic stress on communication and strategies for providing instruction and feedback; culturally sensitive verbal and non-verbal communication skills;
- Module 5: Collaborate: The influence of traumatic stress on school systems and strategies to mitigate secondary stress and promote self-care and teamwork;
- Module 6: Culture: Information on best practices for community building with First Nations communities and opportunities for the involvement of cultural brokers, parents and local elders in school activities and decision making. Examples of culturally responsive practice elements included in the training following consultations with local First Nations cultural brokers included:
 - Highlighting the impact of power differentials in the engagement of First Nations students in institutions perceived as being governed by those who are non-indigenous;
 - Understanding language and practices used to “problematize” First Nations individuals—both in the past and the present;
 - Identifying how the legacy of colonization is maintained through institutions through hegemonic practice and oppressive policies;
 - Recognizing First Nations families’ ways of learning;
 - Stories that affirm First Nations students and their families as holders of expert knowledge about their lives and experiences, within and outside of educational systems;
 - Practices that promote cultural safety for First Nations students and families that require a critical reflection of knowledge, skills and attitudes to provide an experience of school as a safe, accessible and responsive environment that is free of racism.

A plan for Tier I supports was developed collaboratively with the school staff and leadership through a guided analytic process—structured activities that enable staff to apply the concepts and principles discussed in the training to their school context. Given the complex needs of students and the myriad factors impacting feasible practices in the school, the analytic process offers educators and key stakeholders the opportunity to provide input, co-design activities and practices that best “fit” the barriers and opportunities in the school context. This guided analytic process and co-design of interventions are utilized across all three tiers of student support. Examples of Tier I activities and practices include:

- Whole-school assembly called “morning muster” occurring each day celebrating student achievements;
 - Promoting physiological and emotional regulation through song, drama, dance and cultural celebrations;
 - The school bell sound was replaced with songs performed by local indigenous elders.
2. Tier II Supports Implementation Phase:

Training in Tier II supports was facilitated through in-person and synchronous online workshops that focused on curriculum modification and pedagogical practices within classrooms (Figure 1). Building on Tier I practices, educators in the Trauma-informed Education training consisted of five modules:

- Module 1: Understand and Empathies: Guidance regarding strategies for screening for the strengths, interests, preferences and cultural context of students;
- Module 2: Connect and Validate: Understanding attachment styles and ways of building trust with students;
- Module 3: Prevent and contain: Methods for providing opportunities to students with safe and predictable routines that regulate physiological arousal;
- Module 4: Teach and Reinforce: Processes of modifying the curriculum to match the differentiated learning and social and emotional needs of students;
- Module 5: Survive and Thrive: An introduction to self-reflective practice, deliberate practice and ways of optimizing coaching and mentorship opportunities; protective group processes to promote cohesion and support in times of stress and uncertainty.

To support planning, educators were provided with electronic resource “toolkits” for a variety of topics, including:

- Social-emotional learning activities that incorporate content in lesson plans relating to the cultural and linguistic diversity of students in the class;
- Strategies to manage multi-sensory aspects of the classroom environment (e.g., classroom acoustics);
- Processes to incorporate movement into classroom routines;
- Strategies for promoting engagement and academic accommodations.

The workshops included educators working with members of the school leadership team to design class curriculum plans—which were reviewed by the program facilitators and school leadership team every term.

3. Tier II Supports Implementation Phase:

Tier III supports focused on working with the school support staff in developing skills in trauma-informed functional behavioral assessment (FBA), the development of individual education plans and guidance on implementing TIBS support practices for students who require additional supports (Figures 1). Conducted over two days, school-based support staff are trained to gather behavioral data and generate hypotheses that incorporate key contextual elements (setting events) and contingencies (i.e., motivating operations) to develop specific interventions across various settings in the school. Wrap-around support sessions were facilitated via synchronous online sessions with the classroom teacher, a member of the school leadership team, the school’s First Nations cultural broker and any other significant support staff for the student. The 90-min sessions focused on emerging concerns for the student, debriefing from critical incidences involving risk of harm to self or others by students and reviewing individualized education support plans through the guided analytic process. Following coaching sessions, facilitators provided follow-up contact with those participants via email and telephone calls for further support if required. Examples of culturally responsive practices in this tier of support include:

- School’s First Nations cultural broker checking in at children’s homes each morning and driving them to school on the school bus;
- Being a support person for student’s families at school and at stakeholder meetings and advocating for their needs in other forums and settings;
- Cultural broker to attempt to contact and check in on the welfare of families, or obtain information through community contacts, if the student has failed to attend school;

- Obtaining consent to provide child/family-specific information to teachers to support a strengths-based perspective and reduce the possible misinterpretation of behaviors.

4. Implementation Progress and Fidelity

To ensure the successful implementation of the TIBS practice, program facilitators met regularly with the school leadership team. These meetings provided the team an opportunity to review procedures and practices in the context of emerging needs and competing demands. The meetings also provided an opportunity for the leadership team to consolidate key learnings and receive support for the practical and emotional challenges of supporting students at the school.

Appendix B

Table A1. Attendance descriptive statistics by year and grade.

Grade	2017		2019	
	M	SD	M	SD
K	253.10	96.45	244.82	103.67
1	215.23	122.31	202.23	132.15
2	177.22	132.13	223.22	131.84
3	250.88	106.4	204.06	113.98
4	180.31	102.61	119.46	113.59
5	166.00	101.24	161.00	108.33

Table A2. 2017 ARTIC subscale's correlation coefficient.

	1	2	3	4	5	6	7	8
1. Causes	1	-	-	-	-	-	-	-
2. Responses	0.95 **	1	-	-	-	-	-	-
3. Behavior	0.51	0.65 *	1	-	-	-	-	-
4. Efficacy	0.09	0.7 *	0.33	1	-	-	-	-
5. Reactions	0.16	0.3	0.52	0.52	1	-	-	-
6. Support	0.03	0.24	0.43	0.23	0.38	1	-	-
7. Systems	-0.11	-0.08	0.23	0.63 *	0.57 *	-0.08	1	-
8. Total	0.04	0.04	0.09	0.3	0.68 **	0.09	0.23	1

Note. ** = $p < 0.01$; * = $p < 0.05$.

Table A3. 2019 ARTIC subscale's correlation coefficient.

	1	2	3	4	5	6	7	8
1. Causes	1	-	-	-	-	-	-	-
2. Responses	0.53	1	-	-	-	-	-	-
3. Behavior	0.84 **	0.68 **	1	-	-	-	-	-
4. Efficacy	0.52	0.27	0.33	1	-	-	-	-
5. Reactions	0.53	0.71 **	0.69 **	0.46	1	-	-	-
6. Support	0.67 **	0.54 *	0.47	0.25	0.36	1	-	-
7. Systems	0.52	0.56 *	0.41	0.15	0.41	0.86 **	1	-
8. Total	0.86 **	0.81 **	0.84 **	0.57	0.8 **	0.75 **	0.71 **	1

Note. ** = $p < 0.01$; * = $p < 0.05$.

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