7-2023

The Impact of Using Trauma-Informed Practices in Public Schools in Early Childhood Education

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The Impact of Using Trauma-Informed Practices in Public Schools in Early Childhood Education

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A Starred Paper

Submitted to the Graduate Faculty of

St. Cloud State University

in Partial Fulfillment of the Requirements

for the Degree of

Master of Science

In Early Childhood Special Education

August, 2023

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Chapter I: Introduction

This starred paper conveys information on trauma-informed practices used by education professionals to mitigate retraumatization experienced by young children as a result of adverse childhood experiences. This paper will specifically address issues around the impact of childhood trauma on educational outcomes. A final aim will be to examine trauma-informed practices and to what extent these practices are effective.

Background of the Study

One quarter of all children in the United States have witnessed or experienced a traumatic event by the time they enter the school system (Guevara et al., 2021). Children who have experienced trauma are more likely to experience challenges in school. Absenteeism, repeating a grade, and decreased engagement are some of the many examples of challenges these students are likely to face (Webb et al., 2022). Since students spend the majority of their day within the school setting, schools are presented with an opportunity to positively affect the academic and social emotional learning that may be negatively impacted by childhood trauma. When school systems approach student learning through a trauma-informed lens, they are better equipped to provide the educational and social emotional supports necessary to help students reach their potential (Phifer & Hull, 2016).

Education professionals must have knowledge and awareness of trauma and its effect on students' physical, functional, and academic development due to the high occurrence of trauma experienced by children. According to research, trauma-informed practices must be implemented in schools to address students' needs and foster a secure, encouraging learning environment (Thomas et al., as cited in, Maddox et al., 2022). Teachers need to facilitate positive social

emotional and communicative responses in the classroom that promote self regulation and minimize potential triggers of trauma in the classroom setting (Cummings et al., 2017).

Adverse Childhood Experiences

In 1998, Vincent Felitti and a team of researchers discovered that Adverse Childhood Experiences were incredibly common. Their original study included 9,000 adults, their ages ranged from 19 to over 65. Out of the total number of participants, 52 percent were female and 48 percent were male. All the questions used in this study were used to determine their childhood experiences and were introduced with the phrase "While you were growing up during your first 18 years of life..." (Felitti et al., 1998, p. 247). All questions from the original survey related to childhood abuse and household dysfunction. It was then they discovered the relationship between adverse childhood experiences and increased risk factors for many of the leading causes in death in adults. High levels of exposure to adverse childhood experiences would produce anxiety, anger, and depression in children (Felitti et al., 1998).

It was determined that preventative measures needed to be taken to reduce the exposure of adverse childhood experiences. Home visits, clinic visits, and phone advice calls were ways to increase relationships for families and children from birth to age three. Another preventative measure found was to increase understanding of ways to cope with the adverse experiences (Felitti et al., 1998). Felitti et al., understood the importance of further research and training to better understand the relationship between adverse effects early in life and negative health outcomes. These researchers were cognizant of the need for more research to make changes that would improve the health of the population.

Impact of Childhood Trauma

Childhood trauma can have life long impacts. Trauma is a severe type of stress that has an impact on children's brain development. Trauma can have negative effects on behavior and learning, among other aspects of life (Wolpow et al., 2009, as cited in, Plumb et al., 2016). A child who has experienced trauma or unpredictable stress may often be in a state of hyperarousal or hypoarousal, this could look like fight, flight, or freeze mode. A student experiencing these states is unable to complete other high order tasks (Perry, 2007). Adverse childhood experiences have been correlated to a number of physical and mental health issues in adulthood, including depression, cancer, heart disease, and substance abuse (Felitti et al., 1998). By reducing the risk factors of adverse childhood experiences many of these conditions can be reversed or prevented if trauma-informed practices are implemented early in childhood (Ortiz & Sibinga, 2017).

Rationale for this Starred Paper

This starred paper topic is significant due to the substantial impact trauma has on a child. Studies show there is a direct correlation between exposure to trauma and negative health outcomes later in life **(**Rishel et al., 2019). Early childhood education teachers would benefit from becoming more aware of trauma's existence and effects because of how frequently trauma impacts young children. Maltreatment of young children is more common than it is for any other age group **(**Cummings et al., 2017). Schools have the ability to assist in teaching children skills to cope with the impact of trauma. Early childhood classes are frequently the most reliable and dependable institution in the lives of traumatized children, other than their immediate families (Wright, 2017). There are multiple trauma-informed practices that service providers and teachers can use to mitigate trauma and retraumatization for young children.

Therefore, the purpose of this starred paper is to examine the degree to which childhood trauma impacts social emotional learning and academic outcomes, the trauma-informed practices used by services providers and teachers in early childhood settings, and to determine the influence of those practices on mitigating retraumatization of young children.

Research Questions

This investigation will examine and address the following research questions by reviewing the current academic literature:

1. To what extent does childhood trauma impact social emotional learning experiences and academic outcomes?
2. What are the trauma-informed practices used by service providers and teachers in early childhood education settings?
3. What is the influence of trauma-informed practices in mitigating retraumatization of young children?

Literature Review Organization

The Literature Review in Chapter Two is designed to incorporate findings from a multitude of studies. The review of literature is primarily designed to answer the research questions posed above. EBSCO Host: Academic Search Premier and Google Scholar were used to discover articles. Keywords used to search included: Adverse Childhood Experiences, schools, early childhood, trauma-informed care, mindfulness, and early intervention. Key authors utilized throughout this literature review consist of Vincent Felitti, Bruce Perry, and Shantel Crosby. The journals primarily used for this search are, Journal of Child and Family Studies, BMC Public Health, Children & Schools, and School Mental Health.

Key Studies in Literature Review

Below are some key empirical studies which will be used in developing chapter two:

Authors, Date, Title	Study Design	Practices and Interventions (Variables)	Findings
King et al. 2021 *Implementation of a teacher-led mindfulness program in a low-income pre- and early-elementary school as part of a trauma-responsive, resilience-building community initiative*	124 students Aged 3-6 years old 8 teachers 3 Head Start classrooms, 2 pre-k classrooms, 3 Kindergarten classrooms Teacher training	Mindfulness Study ● Mindful Movements ● Breathing ● Quiet Time 10-15 min per day for at least 3 times each week for six weeks	Teachers interviewed reported their students were calmer, more relaxed, had increased attention, and an improvement in behavior.
Agazzi et al. 2019 *Trauma-Informed Behavioral Parenting for Early Intervention*	8 toddlers, between 18 and 30 months old Their foster mothers 5 Early Intervention Service Providers	Trauma-Informed Behavioral Parenting (TIBP) EIs trained for the TIBP program 8 coaching sessions for the mothers and toddlers in the home setting	Mothers reported gains in positive parenting skills, decreases in parental stress, and decreases in child post-traumatic stress symptoms.
Rishel et al. 2019 *Trauma-Informed Elementary Schools: Evaluation of School-Based Early Intervention for Young Children*	39 classrooms participated Students were: Pre-K Kindergarten First grade	Trauma-Informed Elementary Schools (TIES or Smart Start) Teacher training and classroom consultation Each classroom was assigned a TIES resource liaison	Classrooms that participated showed an improvement in emotional support and classroom organization

Holmes et al. 2014 *A Model for Creating a Supportive Trauma-Informed Culture for Children in Preschool Settings*	150 Head Start Students Ages 3-5 years old	Head Start Trauma Smart (HSTS) Training for all involved with the child: teachers, other staff, parents, and other important people in the child's life. Individualized trauma focused intervention Classroom consultation and peer based mentoring	Improvements in school readiness and academic performance Improvements in the ability to pay attention Improvements in externalizing behaviors and oppositional defiance
Fehrenbach et al. 2021 *Trauma Treatment for Youth in Community-Based Settings: Implementing the Attachment, Regulation, and Competency (ARC) Framework*	83 children Aged 3-17 years old Data obtained through surveys	Attachment, Regulation, and Competency (ARC) Framework An average of 36 sessions	A decrease in traumatic stress symptoms A decrease in internalizing and externalizing behaviors A decrease in depression and anxiety symptoms
Fox et al. 2021 *Preventing the use of Preschool Suspension and Expulsion: Implementing the Pyramid Model*	2 Preschool programs participated with over 350 preschool aged students Two years of implementation Data obtained through surveys and behavior incident reports	Pyramid Model The Pyramid Model was implemented within preschool classrooms Professional Development was provided for teachers and family engagement was encouraged	Behavior incident responses and challenging behavior decreased There were no suspensions or expulsions over the two year time frame

Definitions

Trauma: Is an event, series of events, or set of circumstances that is experienced by an individual that is physically or emotionally harmful or life-threatening that has lasting adverse effects (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

Trauma-Informed Care (TIC): Is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. (Wiest-Stevenson & Lee, 2016, as cited in, Báez et al., 2019).

Adverse Childhood Experiences (ACEs): Are potentially traumatic events that occur in childhood (0-17 years) (Centers for Disease Control and Prevention, 2022).

Trauma-Informed Behavioral Parenting (TIBP): Is an early intervention program designed to meet the social emotional needs of toddlers enrolled in Part C services **(**Agazzi et al., 2019).

Part C Services: Part C embraces a primary service provider (PSP) model wherein children aged birth to 3 with delays and disabilities receive early intervention services in their natural environment **(**Agazzi et al., 2019).

Part B Services: Part B services are services for school-aged children with developmental disabilities (3 through 21 years of age) that are provided free of charge through the public school system (Centers for Disease Control and Prevention, 2022).

Mindfulness: A self-care activity which involves purposefully paying attention in the present moment (King et al., 2021).

PBIS (Positive Behavioral Interventions and Supports): Is a three tiered system of support. Tier one involves behavioral interventions on a school wide level, tier two involves children

working in small groups, with more focused interventions, children receiving tier three support have individual and personalized interventions (Plumb et al., 2016).

ARC Model (Attachment, Self-Regulation, and Competency Model): Is a comprehensive trauma-focused intervention model that identifies three core domains of interventions for youth who have experienced trauma: attachment, self-regulation, and competency **(**Rishel et al., 2019).

TIES (Trauma-Informed Elementary Schools): Provides intervention to children who exhibit symptoms of chronic stress or trauma within and outside of the classroom setting **(**Rishel et al., 2019).

Head Start Trauma Smart: The purpose of HSTS is to decrease the stress caused by chronic trauma, foster age-appropriate social and cognitive development, and create an integrated, trauma-informed culture for young children, parents, and staff (Holmes et al., 2014).

PCEs (Positive Childhood Experiences): Are experiences before age 18 that are thought to be beneficial, such as positive relationships with parents and other adults, household routines, beliefs that provide comfort, and having good neighbors (Daines et al., 2021).

Pyramid Model: Is a class-wide positive behavior support approach for developing young children's social-emotional competence and addressing their challenging behavior (Hemmeter et al., 2016).

Chapter II: Literature Review

The purpose of this review of the literature is to determine how childhood trauma impacts social emotional learning and academic outcomes. In addition, this paper will address trauma-informed practices service providers and teachers are using in early childhood settings; and the influence of these trauma-informed practices in mitigating retraumatization of young children.

Trauma-Informed Practices

For the purposes of this starred paper, the terms *trauma-informed approach* and *trauma-informed practices* will be used interchangeably. According to Substance Abuse and Mental Health Services Administration (SAMHSA) (2014), there are four key assumptions in a trauma-informed approach: realization of the impact of trauma; recognizing the signs and symptoms of trauma; responding by fully integrating knowledge about trauma into policies, procedures, and practices; and actively resisting retraumatization.

Trauma-Informed Practices in Early Childhood

There is a need for trauma-informed early intervention services for children who suffer from trauma and adversity (Rishel et al., 2019). The majority of maltreated children are infants; specifically, children between the ages of 0 and 3 account for one-fourth of all maltreated children in the United States (U.S. Department of Health & Human Services, 2018). Early intervention provides the opportunity to improve the caregiver-child relationship and provide caregivers knowledge and skills regarding their child's development and minimize delays.

The foundation of early intervention services consists of caregiver coaching and routine-based intervention. Routine-based intervention places an emphasis on integrating

techniques to foster development into a family's or child care facility's regular daily routine. Part C's emphasis on caregiver coaching encourages a major focus on the caregiver-child interaction, with the early intervention provider acting as a coach to strengthen the caregiver-child relationship **(**Agazzi et al., 2019). Part C services are special education services where children aged birth to 3 with delays and disabilities receive early intervention services in their natural environment **(**Agazzi et al., 2019). There are also special education services for school-aged children, this is called Part B services. Part B services are services for school-aged children with developmental disabilities (3 through 21 years of age) that are provided free of charge through the public school system (Centers for Disease Control and Prevention, 2022).

Impact on Social Emotional Learning

When examining how traumatic experiences impact children, many studies provide evidence of negative influences on social emotional skills. Ray et al. (2020) conducted a study where it was discovered that children who experienced a higher number of ACEs are reported by parents to exhibit lower social-emotional competencies and a higher number of behavioral problems. This is consistent with Morton & Berardi's (2017) findings that a student with a secure attachment is better able to maintain an emotional balance and demonstrate the ability to use effective self regulation skills than a child who lacks a secure attachment. Baez et al. (2019) found that as the severity of the reported traumatic events increased, students reported decreased social skills and more problematic behaviors. After examining the effect of ACEs on kindergarten outcomes, it was also found that, compared to children who had less or no ACEs, children who had ACEs in their first five years of life were more likely to have poor behavioral and academic outcomes in kindergarten (Ray et al., 2020). Studies continue to show strong

correlations between adverse childhood experiences and poor social emotional skills and outcomes for young children.

Impact on Academic Performance

Children who are under toxic stress at high levels are unable to reach their full academic potential. Research shows that extreme adversity alters a child's brain chemistry and structure because a child's brain is more malleable than an adult's (Center for Youth Wellness, 2014). The prefrontal cortex and hippocampus sizes of traumatized children have been found to be smaller than children who have not endured traumatic experiences. The prefrontal cortex and hippocampus are associated with memory, spatial processing, emotional regulation, problem solving, and aspects of learning and cognition (Anderson et al., 2008; De Bellis, Hooper, & Sapia, 2005; Hanson et al., 2015, as cited in, Harden et al., 2016). Schools working with children who have experienced trauma must address the difficulties that follow from prolonged activation of the stress response in the brain in order for these children to succeed academically (Perry & Daniels, 2016).

There are a multitude of barriers children who have experienced trauma must overcome in order to be academically successful. According to research, students who have three or more ACEs are more likely to experience academic difficulties, receive special education services, be suspended from school, or leave the school system altogether (Balfanz et al., 2015, as cited in, Guevara et al., 2021). Children who have suffered trauma may have limited attention spans and are academically behind their classmates who have not encountered trauma (Harden et al., 2016). Children who feel heard, respected, and secure in their school relationships will associate school as a safe space. When students feel safe and have formed attachments within their school system they are able to begin to develop and thrive academically (Morton & Berardi, 2017).

Impact on Families

There are a variety of factors that can increase the likelihood of childhood trauma to occur within a family. Childhood trauma may be more likely to occur if certain familial and environmental risk factors are present, such as domestic abuse, financial strain, and reliance on welfare (U.S. Department of Health & Human Services, 2015, as cited in, Harden et al., 2016). Roy and Raver (2014) conducted a comparison study with children living in poverty. Their results determined that children of racial minorities are more likely to experience trauma and life stressors such as living with a single parent and enduring parental stress. Children with disabilities are more likely to be victims to trauma and maltreatment (Agazzi et al., 2019). Trauma exists in many family structures and is more prevalent when various risk factors are present.

Trauma-Informed Behavioral Parenting (TIBP)

Trauma-Informed Behavioral Parenting is an early intervention program designed to meet the social-emotional needs of toddlers aged 18 to 30 months old enrolled in Part C services. Caregivers and children enrolled in Part C services completed eight weeks of sessions focused on TIBP training. The Early Intervention provider coached the caregivers in the use of new skills, such as, providing praise for appropriate behavior, describing the child's emotions during play, and to acknowledging the child's disappointment or frustration during play. The caregivers completed a variety of surveys before and after the eight weeks of training to provide evidence regarding the changes in child behavior and caregiver use of positive parenting skills **(**Agazzi et al., 2019). Agazzi et al. (2019) found that implementing trauma-informed interventions helps to reduce a child's trauma symptoms, improves the caregivers ability to use positive verbal

reinforcement and verbal reflections, and makes improvements on the parent-child dysfunctional interactions.

Mindfulness

Mindfulness can be described as a self-care activity which involves purposefully paying attention in the present moment (King et al., 2021). Schonert-Reichl & Lawlor (2010) discovered that mindfulness interventions have been effective in increasing student attentiveness and ability to emotionally regulate while also decreasing student aggression and dysregulated behaviors. Given the widespread exposure to ACEs and trauma as well as the generalizable advantages of mindfulness, school-based mindfulness programs may be best adapted to address the largest possible group of children (Ortiz & Sibinga, 2017)**.**

A 6 week pilot study on mindfulness was implemented with 124 children ages 3-6 in 2 pre-K, 3 Head Start, and 3 kindergarten classrooms. Within the area this study was completed it is reported that 50% of students have experienced some type of trauma (Florida Department of Education, 2018, as cited in, King et al., 2021). Classroom teachers were provided training on ACEs and demonstrations of mindfulness practices. Each participating classroom followed the same mindfulness guidelines; 3-4 minutes of mindful movements, 3 minutes of mindful breathing, and 3 minutes of mindful quiet time (King et al., 2021). For the duration of the 6 week study teachers led mindfulness for at least 10-15 minutes three or more times each week. After the 6 weeks of mindfulness were complete participating classroom teachers were interviewed regarding their experience and student outcomes in the pilot study.

The results from the study indicate that classroom teachers reported their students had better focus, increased attention, were more calm, and that student behavior improved. Teachers reported that students were more likely to use strategies to calm themselves down when upset.

Classroom teachers felt that they were able to be more effective throughout their day because they were not being impacted by as many student behaviors (King et al., 2021). Mindfulness proved to be effective in helping students gain calming strategies, increase their attention, and improve their behaviors, in turn teachers also felt they were more effective.

Positive Behavioral Interventions and Supports (PBIS)

Positive Behavioral Interventions and Supports is a three tiered system of support. Tier one involves behavioral interventions on a school wide level, tier two involves children working in small groups, with more focused interventions, children receiving tier three support have individual and personalized interventions (Plumb et al., 2016). Schools utilizing this model explicitly teach students positive behaviors and expectations within their school day. PBIS gives schools necessary tools to create and implement data and develop their capacity for bettering student behavior and academic performance (Ryoo et al., 2018). Studies have shown that schools implementing PBIS have less office discipline referrals, improved behaviors and peer relationships, increased instructional time, and higher academic achievement (Lafrance, 2010).

Pyramid Model

The Pyramid Model for Promoting Social and Emotional Competence in Infants and Young Children is a Positive Behavioral Interventions and Supports (PBIS) model focused in early childhood education. The Pyramid Model is also composed of three tiers: the first tier promotes social emotional skills universally for all children, the second tier is specific to children with skill delays, and the third tier is focused on individualized interventions for children with frequent behavioral challenges (Fox et al., 2021).

A two year study on the use of the Pyramid Model was completed within two public preschool programs within the United States. These programs encompassed over 350 preschool

aged students. Both of these preschool programs had students considered within the poverty threshold and also students from diverse backgrounds (Fox et al., 2021). The Pyramid Model was found to be effective in reducing the number of behavior incident responses and challenging behavior decreased over the span of the two year study (Fox et al., 2021).

Attachment, Self-Regulation, and Competency Model (ARC)

Attachment, Self-Regulation, and Competency Model (ARC) is a comprehensive trauma-focused intervention model that identifies three core domains of interventions for children and their families who have experienced trauma: Attachment, Self-Regulation, and Competency (Rishel et al., 2019). "Through building skills, stabilizing internal distress, and strengthening the security of the caregiving system, interventions guided by this framework seek to provide children with generalizable tools that enhance resilient outcomes" (Kinniburgh et al., 2005, p. 426). This model is composed of ten building blocks which make up three core domains of intervention. Attachment is at the foundation of the block structure with four blocks: caregiver affect management, attunement, consistent response, and routines and rituals. Interventions within the Attachment domain focus on building or rebuilding healthy attachments with children and caregivers as well as the creation of a safe and secure environment. Self-regulation is the mid section made of three blocks: affect identification, modulation, and affect expression. Kinniburgh et al., (2005) explained that the main focus in this section is to learn to identify feelings, express feelings, and when experiencing overwhelming feelings learn how to return to a state of calm. The remaining three blocks make up the Competency domain which is the top section of the block structure: effective functions, self development and identity and trauma experience integration (Holmes et al., 2014). The main focus of this section is to become self

aware, increase performance, executive functioning skills, and resiliency skills (Kinniburgh et al., 2005).

A study on the effectiveness of ARC was completed from 2012 to 2016 through The Healing Path Program, an outpatient counseling service (Fehrenbach et al., 2021). There were 83 children and their families who participated within this study. Prior to the ARC framework beginning, families were given three surveys to determine a child's strengths and needs, trauma exposure, and a behavioral checklist once the treatment was complete. The average length of counseling for children and families was one year. This study demonstrates that children who participated in the ARC framework showed a decrease in traumatic stress symptoms, internalizing and externalizing behaviors, depression, and anxiety (Fehrenbach et al., 2021).

Trauma-Informed Elementary Schools (TIES)

Trauma-Informed Elementary Schools (TIES) is focused on providing intervention to children in early elementary classrooms who demonstrate indicators of trauma. TIES incorporates the ten core building blocks of the ARC model **(**Rishel et al., 2019).

> Goals of the program are to (a) provide training and consultation to assist school personnel in identifying children exhibiting signs of trauma, (b) create school environments that are trauma-informed, and (c) link behavioral health services at school and in the home to develop a comprehensive and consistent intervention plan **(**Rishel et al., 2019, p. 241).

TIES provides knowledge and skills to caregivers needed to address the impact of trauma while also teaching children positive self-regulation skills. TIES ensures caregivers and teachers are included in the trauma-informed interventions being provided to children.

Teachers participating in the TIES model are provided training on the ACE study and the ARC framework. These trainings help educators develop an understanding of the impact of

ACEs as well as the ARC framework model for interacting with children. TIES provides a resource liaison to each classroom to coach and assist teachers in identifying and responding to trauma triggers (Rishel et al., 2019). Within each classroom there is also a therapeutic toolbox with a variety of items to promote self regulation. Students are explicitly taught how to use the items in the toolbox. The liaison works with small groups or individual students providing additional support and social skills teaching.

Caregivers are also provided training on childhood trauma and the ARC framework. Liaisons are trained to emphasize the value of the parent-child bond, normalize the parenting experience, and provide access to additional resources (Rishel et al., 2019). Caregivers are provided education on trauma-informed approaches to parenting.

During the 2015-2017 school years 51 classes were part of a pilot study for the TIES model, 39 of these classes participated and 12 were nonparticipating classrooms. Students in this study consisted of preschoolers, kindergarteners, and first grade aged students (Rishel et al., 2019). CLASS (Classroom Assessment Scoring System) is an observational scale used to measure the dimensions of classroom quality. CLASS data was taken at the beginning and the end of each school year. Data from CLASS demonstrates that the participating classrooms showed improvements in emotional support and room organization. No improvements were discovered within the 12 nonparticipating classrooms. Evidence from this pilot study shows TIES interventions create improvements in emotional support and room organization for students within the participating classrooms (Rishel et al., 2019).

TIES pilot research gave preliminary proof of success. A secondary TIES study was completed with a larger sample size of classrooms and students. In total, there were 94 classrooms within the secondary study, with 64 classrooms participating in the TIES program

and 30 nonparticipating classrooms (Tabone et al., 2020). Baseline data was completed with CLASS in the beginning of the school year and follow up data was completed at the end of the year. Evidence of this data determines there is a significant improvement in emotional support and classroom organization for the TIES classrooms and no improvements in the nonparticipating classrooms. This secondary study continued to show evidence that TIES is an effective intervention for students impacted by trauma (Tabone et al., 2020).

Head Start Trauma Smart (HSTS)

An educational and mental health cross-systems cooperation called Head Start Trauma Smart was developed to serve within the child's Head Start classroom. Reduced chronic trauma stress, age-appropriate social and cognitive development, and the building of a cohesive, trauma-informed culture for young children, parents, and staff are the main objectives of Head Start Trauma Smart (HSTS) (Holmes et al., 2014). Head Start Trauma Smart is the culmination of three evidence-based techniques; The ARC Model, Trauma-Focused Cognitive Behavioral Therapy, and Early Childhood Mental Health Consultation. Training is provided for all staff within Head Start Trauma Smart centers as well as the caregivers of children within the program. Individualized trauma-focused intervention is also provided for children who meet eligibility criteria with a strong encouragement for parental involvement. Classroom consultation is provided to all teachers to offer skill-based training and support of implementation within their classrooms. There are also peer based mentoring aids to help support teachers and supervisors within the HSTS program (Holmes et al., 2014). Head Start Trauma Smart is a trauma-informed educational and mental health cross-systems cooperation among children, caregivers, and Head Start staff. A study of the HSTS program has been found to show the effectiveness of trauma-informed practices used.

This study on HSTS was conducted with 150 children ages three to five who were referred during the 2011-2012 school year (Holmes et al., 2014). Caregivers and teachers filled out surveys on behalf of the children when referred for individual treatment to set a baseline of behaviors and trauma events experienced. Results from the initial surveys concluded that nearly half of the children had been exposed to three or more traumatic events (Holmes et al., 2014). Surveys were again completed once treatment protocol had ended. A positive trend was noted in the survey results from teachers and caregivers.

The results of the study indicated that major improvements occurred in areas critical for academic performance overall and school preparation. Improvements in attention, hyperactivity, externalizing behavior, internalizing behavior, and oppositional defiance were reported by caregivers and teachers. Within the HSTS program the child is receiving a consistent, repeated message from the therapist, teacher, and parent using the HSTS strategy, with several points of intervention allowing the message to be better integrated (Holmes et al., 2014). This study concluded that the HSTS program is effective in increasing school preparation abilities for young children who have experienced trauma.

Positive Childhood Experiences (PCEs)

Positive childhood experiences are experiences before age 18 that are thought to be beneficial, such as positive relationships with parents and other adults, household routines, beliefs that provide comfort, and having good neighbors (Daines et al., 2021).

> "PCEs encompass the four categories of (1) being in nurturing, supportive relationships, (2) living, developing, playing, and learning in safe, stable, and protective and equitable environments, (3) having opportunities for constructive social engagement and to develop

> a sense of connectedness, and (4) learning social and emotional competencies, and child outcomes" (Crouch et al., 2021, p. 1647).

Schools have the opportunity to be critical providers of positive childhood experiences. One common PCE that schools can provide to students are after-school programs such as sports, various clubs, music, dance, or art lessons. Data from the National Survey of Children's Health in 2017-2018 completed mail and online surveys with families who had school aged children. This survey examined the correlation between school absenteeism and repeating a grade and positive childhood experiences. It was discovered that the likelihood of students repeating grades or having excessive absenteeism decreases when students participate in after-school programs (Crouch et al., 2021).

Influence of using Trauma-Informed Practices

Research demonstrates that children who receive trauma-informed support have better social emotional and academic outcomes (Chu & Lieberman, 2010, as cited in, Chudzik et al., 2022). Studies examined within this literature review provide evidence of such improvements. Holmes et al (2014), found that young children who participated in the Head Start Trauma Smart program made significant advances in school readiness skills and academic performance. These participants made improvements in their ability to pay attention, which is a necessary skill when it comes to receiving instruction from teachers. There was also an improvement in externalizing behaviors for students who participated in this program. Rishel et al (2019), found that students within the Trauma-Informed Elementary Schools intervention model also made gains in emotional support when comparing baseline data to the data found from the end of the school year. King et al. (2021) demonstrated that mindfulness proved to be effective, students using mindfulness strategies increased their attention skills and improved their behaviors. Using

trauma-informed practices is influential in bettering the social emotional skills and academic outcomes of students who have experienced trauma.

Prevention of Retraumatization

Conventional methods of classroom discipline in preschool and early elementary can increase the behaviors of traumatized children. A child who has experienced trauma may not react well if a teacher is using a loud voice and the isolation of a "time out" can also be triggering (Rishel et al., 2019). When teachers lack understanding of how traumatic experiences impact children they are unable to mitigate various stimuli that could trigger a stress response or how to support a child needing to return to a state of calm after responding to a trigger (Holmes et al., 2014). With adequate teacher preparation educators can resist counterproductive discipline methods and help to resist retraumatization in their classrooms.

Cummings et al. (2017) discussed how teachers can resist retraumatization by making adaptations to social, physical, and temporal aspects of the classroom environment. Classrooms need to be set up in ways that help students feel safe, one example of this would be to arrange the desks in circles versus rows so all students are able to see each other. Morton & Berardi, (2017) also discussed how when students feel safe within their classrooms they are able to make academic progress. It is important for teachers to use specific strategies, such as plays, music, and books, to encourage self regulation. Within the classroom students can also be provided sensory items to encourage self regulation. Maintaining a consistent schedule within the school day is also beneficial for students who have experienced trauma (Cummings et al., 2017). There is great importance in focusing on building relationships and enhancing rapport when behaviors do occur within the classroom setting (Guevara et al., 2021). Cavannaugh (2016) discusses the importance of positive interactions such as behavior specific praise, tangible rewards, and

noncontingent praise such as welcoming students into the classroom each day to help foster relationships with students. When educators focus on positive interactions with students instead of negative interactions this can also help resist retraumatization.

Review of Literature

The review of literature within this chapter indicates that trauma has a negative impact on the social emotional and academic outcomes of young children. Studies show that adversity alters a child's brain chemistry and structure (Center for Youth Wellness, 2014). Furthermore, children who have experienced trauma may have shorter attention spans and fall behind their peers academically (Harden et al., 2016). Socially, children who have suffered traumatic experiences often exhibit lower social-emotional abilities and a higher number of behavioral struggles (Ray et al, 2020). These students also have diminished self regulation skills in comparison to peers who have not experienced traumatic events (Morton & Berardi, 2017).

The literature revealed that there are trauma-informed practices that early childhood educators are using to mitigate the trauma young children are facing. Trauma-Informed Behavioral Parenting is a trauma-informed practice discovered within the literature that focuses on children as young as 18 months and their families **(**Agazzi et al., 2019). When reviewing the literature there were no other practices found with a specific focus on the toddler age group and early intervention services. Most trauma-informed practices are focused within preschool or early elementary settings. The practices found specifically within preschool or early elementary settings within this review include: Mindfulness (King et al., 2021; Schonert-Reichl & Lawlor, 2010; Ortiz & Sibinga, 2017), Positive Behavioral Interventions and Supports (Plumb et al., 2016; Ryoo et al., 2018; Lafrance, 2010), Pyramid Model (Fox et al., 2021), ARC Model (Rishel et al., 2019; Kinniburgh et al., 2005; Holmes et al., 2014; Fehrenbach et al., 2021), Head Start

Trauma Smart (Holmes et al., 2014), Trauma-Informed Elementary Schools, (Rishel et al., 2019; Tabone et al., 2020), and Positive Childhood Experiences (Daines et al., 2021; Crouch et al., 2021).

The literature demonstrates when early childhood educators and service providers use trauma-informed practices they are able to mitigate the retraumatization of young children within their settings. They are able to ensure students feel safe within their setting so they are best able to reach their academic potential **(**Maddox et al., 2022). When trauma-informed practices are being utilized they reduce the negative impact caused by childhood trauma. Common positive impacts of trauma-informed practices found in the literature are increased attention and academic performance (King et al, 2021; Holmes et al, 2014; Crouch et al., 2021). Another frequent positive impact of using trauma-informed practices shown was improvement of children's behaviors (Fox et al, 2021; King et al, 2021; Fehrenbach et al, 2021). When early childhood educators and service providers have an understanding of trauma and the impact it has on children they are better able to assist children in finding their state of calm when they have been triggered (Holmes et al., 2014).

Chapter III: Results

This study is vital due to the need for trauma-informed practices to be incorporated holistically into early childhood education settings. Children who have experienced trauma frequently have behavioral, social emotional, and academic challenges (Morton & Berardi., 2017). Providing trauma-informed practices within early childhood education would allow students who have experienced trauma to receive the support they need to benefit from the education system (Plumb et al., 2016). This study examines the impact of childhood trauma on social emotional learning experiences and academic outcomes. This study further examines those trauma-informed practices being used in early childhood settings as well as their impact in mitigating retraumatization of young children. The results of this study will help early childhood educators create and apply appropriate learning environments designed to resist retraumatization for children who have experienced trauma so they can make academic and social emotional gains.

Conclusions

The information from the chapter two literature review was guided by the following three questions that will be directly answered below:

1. To what extent does childhood trauma impact social emotional learning experiences and academic outcomes?

Research demonstrates that childhood trauma negatively impacts the social emotional learning experiences and academic outcomes of students. Students who have experienced adversity in childhood are more likely to have a higher number of behavioral problems and demonstrate diminished social-emotional skills (Ray et al., 2020). Students who have experienced trauma are also more likely to be overwhelmed by the stress within their

environments which hinders their brains ability to focus on the academic and social emotional rigor presented within the school system (Morton & Berardi., 2017). Students who are impacted by trauma tend to have limited attention spans and are academically behind their classmates who have not encountered trauma (Harden et al., 2016). There is a strong correlation between childhood trauma and decreased social emotional learning experiences and academic outcomes.

2. What are the trauma-informed practices used by service providers and teachers in early childhood education settings?

When trauma-informed practices are being utilized effectively it supports students who have been negatively impacted by trauma **(**Maddox et al., 2022). Service providers and teachers in early childhood education settings have access to a variety of trauma-informed practices. Trauma-Informed Behavioral Parenting is an intervention that service providers working with toddlers and their families enrolled in Part C special education services **(**Agazzi et al., 2019). This model focuses on caregiver coaching and is effective in reducing a child's trauma symptoms. Teachers in early childhood settings can also use mindfulness as an intervention for children in their classrooms. Using mindfulness strategies has been proven to improve focus and attention as well as student behavior (King et al., 2021). Lafrance (2010) found that schools using PBIS have less office discipline referrals, improved behaviors and peer relationships, increased instructional time, and higher academic achievement. An additional trauma-informed practice is the TIES model which shows a significant improvement in emotional support and classroom organization. Head Start Trauma Smart is another practice that has been shown to help with improvements in attention, hyperactivity, externalizing behavior, internalizing behavior, and oppositional defiance (Holmes et al., 2014). Positive childhood experiences such as after-school programs are also effective in decreasing the likelihood of students repeating grades or having

excessive absenteeism (Crouch et al., 2021). Service providers and teachers in early childhood education have numerous effective trauma-informed practices that can be utilized within their settings to help students who have experienced traumatic exposures.

3. What is the influence of trauma-informed practices in mitigating retraumatization of young children?

According to Substance Abuse and Mental Health Services Administration (SAMHSA) (2014), one of the four key assumptions in a trauma-informed approach is to actively resist retraumatization. When service providers and teachers in early childhood use trauma-informed practices they are able to mitigate retraumatization for their students. Cummings et al., (2017) explained how teachers can resist retraumatization by making adaptations to social, physical, and temporal aspects of the classroom environment. Another important factor in mitigating retraumatization for students is safety. When a student feels safe within their school environment they are better able to learn **(**Maddox et al., 2022). Teachers and service providers who have an understanding of trauma and how various environmental stimuli can trigger a stress response are better able to resist retraumatization. These providers can help students by actively trying to prevent triggers in their school environment. They can also support students when they need assistance in finding their state of calm when they have been triggered (Holmes et al., 2014). Teachers and service providers who actively resist retraumatization set their students up for academic success.

Discussion and Reflections

The author's perspective on the topic is presented in this section of the article. The findings from the chapter two literature review, along with my own personal experiences, led to the development of these concepts.

I believe that the adversities a person faces in childhood have lifelong repercussions. Studies have shown that there is a strong correlation between the greater the number of adversities faced as a young child and the increased the likelihood of engaging in health risk behaviors as adults, such as, smoking, drug use, alcoholism, or a history of sexually transmitted diseases (Felitti et al., 1998). Trauma-informed interventions need to begin at an early age to help mitigate the detriment caused by adverse childhood experiences. When interventions start at an early age there is a better chance of helping a child overcome their adversities.

Schools are a prime location to be a provider of trauma-informed services. Students spend a great deal of time at school over the course of their academic career. Providing trauma-informed services within the school setting would give students the opportunity to grow academically and socially. This could be even more beneficial to students with families that do not have access to resources outside of their school day. Service providers and early childhood educators are the first of the building blocks within a child's school career; they can help to set a student up for great success by providing trauma-informed practices to all of the students within their programs. I believe that it is crucial for all schools to provide trauma-informed practices in order to best meet the needs of all students.

Recommendations for Future Research

There is a need for continued research regarding the impact of trauma on young children and what trauma-informed practices early childhood environments are using to mitigate the impact of these traumatic experiences. A list of recommendations for future studies is listed below based on identified gaps in the literature that are supported by other researchers.

1. Examine the impact of trauma-informed practices using a longitudinal study methodology. Most studies found in the literature review study subjects from one

snapshot in time and do not follow subjects across multiple years (Holmes et al., 2014).

2. Incorporate quantitative study designs with larger sample sizes in diverse settings (Fehrenbach et al., 2021).
3. Design qualitative studies to specifically address the needs and perspectives of early intervention service providers and families.

Recommendations for Practice

As early childhood educators we need to be educated on trauma-informed approaches so we can best meet the needs of our students. Suggestions for service providers and early childhood educators are as follows:

1. Early childhood educators should be provided trauma training within their teacher preparation programs. Embed trauma-informed practices into teacher training (Morton & Berardi, 2017; Crosby, 2015).
2. Expansion of trauma-informed practices within early childhood education settings **(**Agazzi et al., 2019; Rishel et al., 2019).
3. A collaboration between early childhood educators and mental health professionals that can be accessed within school based setting **(**Maddox et al., 2022).

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