Trauma and Early Childhood Education

Elle M. Gross

Center for Educator Preparation, Colorado State University

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Dr. Angela Lewis

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Abstract

In this action research study, trauma informed care practices, along with teacher preparedness to respond to traumatic indicators was evaluated. Google survey supported the collection of both quantitative and qualitative data collection methods. The results of this study suggests length of teacher experience may contribute to stronger or weaker relationships with existing professional staff and therefore impact teachers willingness to *use* and *trust* the support structures given. Additionally, students were most triggered by the event of *Given a Direction/Task*, which was observed 12 total times throughout the course of this study. As a result of an event (i.e. "Given Direction/Task"), students most frequently displayed the nonverbal behavior of *Walking Around The Classroom*, which was observed 11 total times. Following the display of behavior(s), most students were left alone without any consequences to their behavior(s). The prior observation was accounted for 8 times throughout the research study. Based on my research findings, I will continue to conduct observations of students, recording common events, behaviors and consequences observed. The plan of action as a result of this study includes reaching out to fellow early childhood educators, particularly my current mentor teacher. Furthermore I intend on joining a community of teachers dedicated to trauma-informed educational practices; With this opportunity I hope to uncover additional themes relevant to educators perspective of traumatic indicators and trauma-informed practices.

Introduction

Context

I conducted my research at Beattie Elementary School within the Poudre School District. According to *U.S. News & World Report,* during the 2018-2019 academic year "362 students" were enrolled at Beattie Elementary School; As well as "21 full-time teachers", averaging a "17:1" student-teacher ratio (U.S. News, 2019). The student population included "51% female students and 49% male students" containing an estimated "32% minority students and 58% economically disadvantaged students" (U.S. News, 2019). During the same academic year, roughly "52%" of students scored at or above the proficient level for mathematics, while "57%" scored at or above proficiency for reading. Beattie continues to serve pre-K- 5th grade (U.S. News, 2019). Beattie Elementary School was an appropriate setting for examining trauma as an overwhelming number of students struggle to meet state academic standards, and over half of the student population resides in low-income households. Trauma-Informed Elementary Schools (TIES) is an intervention program that focuses on three crucial domains- emotional support, classroom organization, and instructional support (Rishel et al., 2019). TIES provided teachers with a resource liaison as they responded to trauma indicators within their classrooms (Rishel et al., 2019).

Research purpose and rationale

I conducted my study within a first-grade classroom at Beattie Elementary School. My role consisted of individualized and small group instruction for students challenged by grade level standards. My goal was (*and continues to be*) to bring more awareness to the traumatic stressors influencing children and their ability to meet the academic expectations required of them. I hoped (*and continue to hope*) to improve the narrative of school for children

experiencing traumatic stressors through exploring developmentally tailored school interventions. For this study, the critical factors that affected the implementation of trauma-informed practices involved student attendance, students' inconsistent willingness to engage in exercises, and lack of adequate time within the existing school schedule.

Research question:

1. How do educators respond to traumatic indicators within the classroom?

Literature review

Problem statement

Monday through Friday students enter their academic classrooms bringing with them supplies, snacks, and their personal interpretations of the world they live in. They bring with them their social identity formed from the experiences in their personal communities. These identities are composed of notions surrounding gender, ethnicity, race, ability, economic class and include patterns of belief, prejudices, stereotypes, and myths (Harro, 1986). Student expectations and ideas form from the environments they are in—interactions at home, in their communities, and at school. When young children are exposed to violence or neglect within their homes, they enter the school system imagining that the reality is untrustworthy and unpredictable (Cole, et al., 2005). Conversely, children born into “nurturing” homes are met with respect in all aspects of their development, instilling a secure sense of self and a profoundly positive self-image (Cole, et al., 2005, p. 15). More fortunate children enter school with emotional regulation skills, positive expectations, and a sincere belief that people are decent. Children with negative or uncertain expectations are unprepared for the academic and social opportunities required within the classroom.

Children are not exempt from the repercussions associated with traumatic exposure. More needs to be done regarding the emotional, organizational, and instructional support for students possessing a history of traumatic stress. Teachers need more resources and trauma-related training to respond to trauma indicators within their classroom environments. Although there has been extensive research supporting the impact of trauma on children's overall development, the literature provides little information in regards to identifying the extent trauma influences children's experience at school, educators roles in appropriately remedying traumatic stress in exposed students, and strategies to address the specific needs related to varying exposures to violence.

Background literature

Traumatic stress

Trauma is not an individual event. Trauma is a response to a stressful experience in which an individual's ability to cope is dramatically impaired (Cole, et al., 2005). Common traumatic events in early childhood involve "…physical threat and harm, emotional maltreatment, neglect, abandonment, and devastating loss" (Cole, et al., 2005, p. 18). Every event will be different, along with the response of the child and their ability to cope given the circumstances in which the original situation occurred. For some children, the manifestations of trauma include "perfectionism, depression, anxiety, and self-destructive, or even suicidal behavior" (Ketchmark & Alvarez, 2009, p. 189). Trauma exposure may also precipitate "…post-traumatic stress disorder (PTSD)" (Jaycox, et al., 2007, p.4), hopelessness, self-blame, and a lack of control are additional emotions that can result as well (Cole, et al., 2005). The way one responds to trauma is influenced not only by the victim's personal and situational factors but the amount of support the person receives from their community.

Trauma-informed schools

A trauma-informed system is roughly defined as "…any child-and family-serving system that recognizes and responds to the impact of traumatic stress on children as well the caregivers, staff, and other providers in that system" (Panlilio, 2019, p. 7). Trauma-informed systems understand the relevance of trauma, recognize traumatic stress symptoms in students, and can respond to the needs of their students through trauma-informed approaches to all areas of functioning, importantly resisting retraumatizing children (Roseby, & Gascoigne, 2021). For many students, school is the most significant community in their lives, apart from family. Creating a school environment focused on student safety and connectedness reduces traumatized children's stress response, making them more available to learn and more likely to adopt prosocial and pro-academic norms (Ristuccia, 2013, p. 254). Although educators are the primary contact for their students, they cannot do this alone. In order to build a supportive trauma-sensitive school ecology, support from every member in the school is critical, including administrators, paraprofessionals, and support personnel.

According to the "2017 National Child Traumatic Stress Network, Schools Committee" there are ten explicit elements of trauma-informed school systems that involve:

"1. Identification and assessment of traumatic stress

2. Prevention and intervention related to traumatic stress

3. Trauma education and awareness

4. Partnership with students and families

5. Creation of trauma-informed learning environment

6. Cultural responsiveness

7. Emergency management/crisis response

8. Staff self-care and secondary traumatic stress

9. School discipline policies and practices

10. Cross-system collaboration and community part"- (Panlilio, 2019, p. 9).

These elements provide the necessary support for students impacted by acute or chronic traumatic events to succeed in their educational experiences. Jaycox et al. (2007) suggest, "…the decision to implement trauma-focused, mental health programs is not a result of the school or district alone, yet is a result from the context of the surrounding community" (p. 5). The larger community and the importance it places on mental health will serve to facilitate successful trauma-informed practices.

Teachers' role in supporting children experiencing traumatic stress

Children who are victims of family violence do not understand that they view the world differently than their non-traumatized classmates and teachers. For example, when given a "normal stress task" such as a test, a student possessing traumatic stress may respond with overaction in a way that triggers their basic survival responses, making them unable to focus and learn (Ristuccia, 2013, p. 253). What if we changed our ideas regarding students who frequently test our patience? Instead of thinking, "Why should I make so many changes just to help the students that give me the hardest time?" teachers altered their perception to, "The entire class can benefit from improving the school ecology, including more challenging students and leaving more time for learning rather than discipline" (Ristuccia, 2013, p. 257). When educators view their student's behavior as disobedient versus difficulties as a result of childhood adversity, their lack of knowledge can lead to inappropriate interventions, with the need for the distribution of trauma-informed knowledge (Roseby, & Gascoigne, 2021). Results from a study discovered that many teachers experienced difficulty to support students in the following: after trauma has

occurred, determining when students need professional mental health advice, and locating resources to find more information about traumatic stress (Alisic et al., 2012). According to Roseby and Gascoigne (2021), "…system-level change requires buy-in from educators and school staff to be given the best chance of success…cultivating the buy-in of relevant stakeholders, includes outlining how "trauma-informed" approaches can assist schools in achieving their educational goals and objectives" (p. 164). Trauma-informed practices have the potential to provide clarity and direction for early childhood educators.

Intolerant school culture

School systems that rely on disciplinary responses to student behavior assume that students will *learn* to use more praised behavior as a result (Ristuccia, 2013). Policies supporting the previous idea are wrong for two reasons. First, school systems implementing such disciplinary approaches assume their students actually possess the desired responses to situations that challenge them (Ristuccia, 2013). When educators are not actively teaching their students how to respond appropriately through modeled behavior, it is unfair to assume all students, especially those with traumatic stress are equipped with alternative responses. Secondly, schools assume their harsh punishments will encourage desired behavior from students as a way to avoid *future* punishment. Zero tolerance policies that are intended to create a "safe" school environment are actually contributing to student disconnection from their school community. Students need to be held accountable for their behavior, however, schools need to appropriately address individual student needs (i.e. relationship development, self-regulation, academic competency, and health) and rather take advantage of a discipline moment by teaching students' connections between their behavior and the outcomes without devaluing them as a person.

Identifying traumatic stress in students

Young children with trauma-like symptoms should not be assumed to have trauma histories (Cole, 2005). Students with a history of trauma may be difficult to identify alongside their peers with legitimized learning disabilities (i.e. ADHD, depression, conduct disorder, borderline personality). Therefore, exposing the importance of *whole* group support in regards to social development and emotional regulation. Explicit instructions on classroom safety such as, "clear, and predictable rules and boundaries; consistent transition processes; and visible class schedules" assist in the social-emotional development of students and foster a supportive learning environment (Ristuccia, 2013, p. 259). Additionally, building emotional vocabularies, practicing self-awareness, identifying and processing current emotions as well as relaxation techniques all create a positive and supportive classroom environment for students.

Trauma and communication

Communication development is influenced greatly by the context and collaboration styles available in a child's personal community. When caregiver interactions with their child are negative and controlling, opposed to, inclusive of thoughts and feelings, children develop a view of language as a tool. This interpretation of language is disruptive to the learning process as students will lack the language to describe their emotions, and sustain coherent dialogue necessary for social interactions with classmates and adult figures (Vernon-Feagans, et al., 2013).

Partnering with school mental health professionals

Uninsured, Latino, and African American children are most at risk for not receiving mental health services (Jaycox, et al., 2007). The demographic of children mentioned previously are most vulnerable to traumatic stress and are least likely to receive traditional clinic-based mental health care (Jaycox, et al., 2007). Schools may be the only place available for these

students to receive trauma-related support. “Delivering mental health services in schools can address key financial and structural barriers that often prevent socioeconomically disadvantaged and minority children from receiving needed services” (Jaycox, et al., 2007, p. 6). Mental health professionals are known to provide consultations, locate resources, assess students’ needs, and participate in student intervention efforts. A later study revealed potential negative consequences of mental health professionals, specifically those not clearly explaining their purpose and role in the classroom and leaving teachers uncomfortable and worried regarding their performance with students (Kniegge, et al., 2020). From the same study, teachers revealed that consultants could support them by providing more frequent modeling in social-emotional interventions in support of students exhibiting traumatic stress.

Discussion

By participating in our roles as educators and remaining unconscious of, or being unwilling to interrupt the cycle, we are perpetuating the system of oppression (Harro, 1986). The previous literature informs my current study by considering the areas within trauma-informed practices and teacher roles that still require attention. Based on my review of the literature, the goals of this action research project will work to address the following questions:

1. How do teachers' perspective of traumatic stress influence the intervention of trauma-informed practices in the classroom?
2. How comfortable are educators reaching out to mental health professionals in their school system to support students with traumatic stress?

Method

Setting

I conducted my research at Beattie Elementary School within the Poudre School District. My observations took place within the only first grade classroom in the elementary school. Beattie Elementary was an appropriate location for observing trauma as previous data mentioned an overwhelming amount of students struggled to meet state academic standards, and over half of the student population resided in low-income households.

Participants

The participants selected for my survey consisted of two, first grade teachers who were working at Beattie Elementary School within Poudre School District. Participants were chosen based on the following criteria: 1) convenience 2) they were qualified early childhood teachers and 3) at the time of this study they were working in a classroom environment including students with a history of trauma. Upon reviewing their qualifications, I asked and received the subject's consent to participate in this research study.

The second sample consisted of five, first grade students (n = 5, females = 3, males = 2) who were attending Beattie Elementary School at the time of this study. The student participants ranged in age from 6-7 years old. Students were selected as participants for this study based off of their consistent problematic behavior recognized by the ABC data collection sheet (Bijou et al., 1968).

The ABC data collection tool adapted from Bijou, et al. (1968) is included below in Appendix B. This tool featured three distinct categories for assessing behavior in the classroom, these areas included (1) the event observed (2) behavior of student and (3) the reflection or reaction to the associated behavior (e.g. “Asked to wait”, “Verbal refusal”, “removed from activity or location”) (Bijou, et al. 1968). Appendix A includes the survey questions asked of the two lead teacher participants.

Study design

The survey questionnaire designed for my study acted as a qualitative and quantitative indicator as I acquired rich information from early childhood teacher's personal responses, occasionally using a Likert scale to assess their experience and comfort using professional support (i.e. school counselor, mental health specialist). Using a survey allowed me to conduct purposeful sampling as I intentionally selected qualified teachers who worked in elementary education classrooms (Creswell & Guetterman, 2019). Therefore, the responses I required were from participants who possessed informally rich experiences relevant to the course of my study (Creswell & Guetterman, 2019). With the information I acquired from my survey participants, I began to grasp the measures taken from educators to reduce traumatic stress displayed by students within the classroom. With my findings, I planned to encourage educators to explore trauma-related resources and consider developmentally tailored practices for their students who experienced or continue to experience traumatic stress.

Traumatic experiences during childhood can be related to increased risk of mental health issues, physical disorders, and substance abuse (Rishel et al., 2019). According to a research study, "…many teachers experienced difficulty supporting students in the following: students after trauma has occurred, determining when students need professional mental health advice, and locating resources to find more information about traumatic stress" (Alisic et al., 2012). With the information I gathered, I feel more aware of methods to implement developmentally tailored strategies to support students experiencing traumatic stress. With my findings, I planned to show educators the reality children experiencing trauma may face, while providing recommendations of how to improve the quality of their time in the classroom. The survey questionnaire and observational records assisted in answering my overarching question, "what is

going on here?" as I investigated traumatic indicators and educator responses within the classroom (Mills, 2018, p.111).

In person observations provided a qualitative approach through field notes and first-hand observations of events, behaviors and consequences that triggered traumatic stress within student participants. As a participant-observer, my observations occurred naturally in response to the flow of the classroom agenda. Using active and privileged observational strategies allowed me to see the class routine in a new light. An active participant observes while they are engaged in teaching and adjusts their instruction accordingly, whereas a privileged participant observes students while they are not teaching the lesson themselves (Mills, 2018). Examining the learning environment through a "flat" and unbiased lens encouraged me to seek "bumps" or unexpected events that triggered traumatic responses in students (Mills, 2018, p.113). My observations allowed me to record information in regards to recognizing patterns within the behaviors of students, measuring when, where, and how behaviors were presented and defused.

Data sources

My data originated from the two teacher responses I received from my survey questionnaire- https://forms.gle/9VFmgR1VEydzBAaK8 **and** the ongoing student observations I conducted within the classroom. The instruments I used are a self-report survey questionnaire, distributed to two, first grade teachers at Beattie Elementary School and an observational form adapted from Bijou et al. (1968) to observe five, first grade student participant behaviors (N = 5, females = 3, males = 2).

My survey collected data and stored my participants' responses within a spreadsheet, providing a visual representation of the results and offering a summary of participant responses. In regards to measuring students' verbal and nonverbal behavior within the classroom,

I conducted direct observations practicing both active and privileged participation referencing Bijou, et al. (1968) ABC data collection sheet. My observational form included the date and time, individual student name, the behavior observed, description of behavior, and a section for reflection (see Appendix B below). Observations were conducted every Tuesday and Thursday for a total of 3 hours/week starting October 5, 2021 and ending the week of November 18, 2021. I actively conducted participant observations in my first-grade classroom at Beattie Elementary School during weekly small group meetings. Small group work, also known as WIN, (What I Need), took place Tuesday, Wednesday, Thursday from 9:10 am-9:55 am. During this time, I instructed phonological awareness activities while observing five first-grade students and their verbal and nonverbal responses to the tasks given.

Researcher's role

The researcher assumed the role of an intern. This position performed the responsibilities of observing teaching practices, delivering instruction, and supporting student's needs. The children viewed the researcher as a teacher assistant within their existing classroom. Due to existing relationships between the teacher-researcher and student participants, the study was influenced prior to the data collection process.

Validity, reliability, and credibility

I intended to ensure the quality of my research process through increased credibility, reliability and validity practices. Due to our existing commitment in the classroom, I conducted prolonged participation as I intended to test the biases and perceptions I observed from student participant behavior (Mills, 2018). I ensured the accuracy of my findings through persistent privileged and active observations. In regards to reliability, the survey questions were formulated to collect information about educator experiences with students possessing traumatic stress did

not change. Given the circumstances of our research, a limitation to this study included a small sample size of two first grade teachers ands five first grade students. Gaining information about the rich experiences of two first grade educators interferes with the generalization of my findings and assumptions of defusing traumatic indicators within *all* early childhood classrooms. The information I received from both participants was subject to their own experiences and personal biases when confronted with traumatic indicators witnessed within the setting of their classroom environments.

The ABC data collection tool is considered a direct assessment strategy used to gather information that should evolve into a positive behavior plan for students (Pratt & Dubie, 2008). I used the information adapted from Bijou, et al. (1968) ABC data collection sheet to directly observe students' verbal and nonverbal behavior displayed in the classroom in hopes of developing future strategies that will promote student engagement and create a positive learning environment. I guaranteed the credibility of my observations by conducting prolonged and persistent observations without altering the ABC variables within my assessment form.

Ethical issues

The ethical risks involved with my study were related to breach of identification for both student and teacher participants. Prior to conducting the study, I received informed consent from teacher participants through conversing about research objectives and practiced freedom from harm in regards to protecting the identity and confidentiality of my student participants (Mills, 2018). This research will not be published, therefore all of the identifying information will be scrubbed from the report. Participant authentic names were not identified and rather substituted for *Student 1* or *Teacher 1*. Due to the passive nature of my research, the risks were minimalized for both samples of participants, as the surveys were administered anonymously and through an

online platform minimizing any additional physical risks to participants having to travel and complete the survey in person. The in-person observations conducted within the classroom possessed minimal risks for student participants as there was no interaction between myself and participants and if I observed any dangerous behavior I reported it immediately to school staff members. Overall, my data was scrubbed of any identifying features and is strictly passive observational research.

Procedures and timeline

A Google survey including the questions sent out October 4, 2021 via email to the two teacher participants working in the first-grade classroom at Beattie Elementary School. See Appendix A. If given more time to collect data, I would have conducted three samples, (1) at the beginning of the school year, (2) after winter break, and (3) at the end of the school year, using google forms as my main tool for data collection.

I conducted participant observations at Beattie Elementary School during weekly small group meetings. Small group work, also known as, "WIN", takes place Tuesday, Wednesday, Thursday from 9:10 am-9:55 am. During this time, I instructed phonological awareness activities while observing five first-grade students and their verbal and nonverbal responses to the tasks given. I conducted observations every Tuesday and Thursday for a total of 3 hours per week starting October 5, 2021, through November 18, 2021. For the majority of my observations, I acted as a privileged observer. Given our responsibilities in the classroom, I stepped back to observe children during whole ground instruction and independent work time, shifting in and out of my role to record findings. Privileged observations allowed me to note the instructional strategies used to encourage student participation and inclusion; while I observed potential strategies that triggered traumatic stress responses within students. I began privileged

observations on October 5, 2021 and continued through November 18, 2021, for 3 hours/week during first graders' whole group instruction and independent work time. Observations took place during regular internship hours either Tuesday, Wednesday, or Thursday from 8:30 am-11:30 am for a total of 14 hours for the entire study. Observation times varied depending on holidays and the event of a change in classroom schedule.

Results

Data analysis

Once I collected data from both groups of participants (teachers and students), I used a mixed methods approach to generate themes and understand their experiences. After receiving teacher survey responses, I transferred the information from a google survey into a comma-separated values (CSV). Lastly, I transferred the CSV format into an excel spreadsheet for further analysis. The data gathered from student observations went through the same process. This form of digital organization let me return to my observational records and review my notes several times in order to explore patterns within the responses of students experiencing traumatic stress and their ability to participate in instruction. First, I explored themes within the data composed from my two teacher subjects. Guiding my investigation and the effectiveness of my research was the following question: *Do teachers feel adequately supported to interact with children who have experienced trauma?* Given my privileged and active observations of students, *was I able to identify trends in children's behavior that are associated with having experienced trauma and the subsequent alterations in their behavior?*

The CSV files were stored on my password-protected google drive as a backup, and then on my physical device for the primary storage. The data was kept in a password-protected folder,

and has protection mode enabled on excel to prevent possible data leakage. Although all identifying features have been scrubbed from the data this was done as a preventative measure to ensure the confidentiality of the participants in this study. For the two data sets, I utilized the aggregation and codification feature on google form surveys to parse the data sets into a usable format to analyze in excel. I then went back through each CSV to ensure it is in the correct format, and properly prepared. Each of the students was given a participant number, labeled such as *"student 1",* to individually analyze the frequency of their behavior. Each timestamp was organized into instances for the trauma-related behavior (into minutes). Each of the ABC checklist identifiers were exported to the CSV and labeled "1" for antecedent number one, this was done for each of the three categories (event, behavior, consequence). There are several different observations taken that did not fit into these categories, these were codified and added as additional observations for their respective categories.

For the teacher responses, I used both qualitative and quantitative research strategies to generate themes and further understand their experiences with trauma indicators in the classroom. Initially, I went through each response and began searching for "larger themes" that emerged from the data; Given this information, I created a table to present the emerging themes between *Teacher 1* and *Teacher 2* responses in an easy-to-understand manner (Mills, 2018, p. 181). Following the completion of the table, I brought my findings to the participants and validated the emerging narratives that they experienced in regards to supporting students experiencing traumatic stress in the classroom.

For student observations, I used descriptive statistics, specifically mean, median, and mode to analyze the average amount of incidents, and duration of specified behaviors for each participant. I also calculated the variance and standard deviation in order to see the variability

within my samples data. I then analyzed the total sample's ABC observations, noting trends of general tendency, and specifically frequency for each category of behavior. The data observed for antecedent events, behaviors, and consequences were placed into individual bar graphs to better illustrate the varying averages for each component, along with a corresponding APA style table.

Findings

Teacher interview

The qualitative themes identified following the analysis of the interviews of both Teacher 1 and Teacher 2 included, school counselor; and *providing* for the needs of their students. Themes from each participant were organized into "Case 1" and "Case 2", and represented in Table 1.

Table 1

Themes within Teacher 1 and Teacher 2 responses to short answer questionnaire

Case 1 (Teacher 1)	Case 2 (Teacher 2)
• School counselor • Extra emotional support • Range of trauma indicators • No, "one size fits all" • Meet students where they are	• Identify needs • Provide for needs • Routines • Predictability • Counselor • Mental health • Alternative schedules

Both participants placed an emphasis on school counselor(s) or mental health specialist(s) for assisting in their support of students experiencing traumatic stress. For example, the theme of school counselor was referenced by Teacher 1 in their response for helping students through the use of professional supports:

> "Both IS teachers and counselor are great resources for support in this. Often times if a student needs extra emotional support, the counselor is the best resource."

Teacher 2 reported the ways in which school counselors have supported her when working with students experiencing trauma:

> "I am incredibly lucky to have partnered multiple times with our school counselor and mental health specialists for students that have or are current experiencing trauma in their lives. In one situation (two years ago) we had a student that came from a very traumatic past. The school counselor and I were able to work closely as a team to design a supportive day for this specific student. We were able to identify needs, triggers and successful supports for this specific student."

It is evident from both responses that partnering with another professional, specifically a school counselor can be beneficial for educators in supporting students with a history of trauma.

When responding to traumatic indicators within the classroom, the theme of *providing* for the range of student needs was apparent. Teacher 1 reported that some of the ways she responds to traumatic indicators in the classroom are:

> "There is not one way to respond to all. Meet the student where they are at and ensure you are doing your best to give them the supports they need to be successful. Often times reaching out to other resources within the building is beneficial. What the student needs, I do my best to provide. (Emotional supports, etc.)."

Teacher 2 provided insight into her immediate responses to indicators in her classroom and listed specific resources to utilize when necessary:

> "Remain calm, non judgement, supportive, listen, provide for needs, work with social services/child protective services/law enforcement/family support teams/therapists, provide a loving and safe environment, keep routines and predictability, allow for calm and safe spaces in the classroom and school building, make sure basic needs are met."

Based on participant responses, I found that both teachers emphasized similar instinctual approaches for identifying and supporting students' needs. Specifically highlighting a supportive environment and ensuring every student feels valued and supported in their classroom.

Teacher survey

Seven survey questions were featured to examine each teacher participant in the following areas: years of professional teaching experience, grade-levels taught (or currently teaching), hours dedicated to trauma-focused trainings, confidence levels in regards to responding to traumatic indicators within the classroom and utilizing professional supports, likeliness to use professional support structures, and willingness to receive outside resources focused on identifying and defusing trauma indicators. Participant responses will be measured using a Likert scale when applicable.

Teacher 1 responded "0-5 years" professionally teaching in a classroom, and identified their experience in "First" and "Second" grade. In addition, Teacher 1 answered "None", in regards to professional hours dedicated to trauma-focused trainings. Using a Likert scale from 1 to 5, 1 being "Not at all" confident, and 5 being "Very confident", Teacher 1 responded "3", which translates to *slightly* confident in their ability to **respond** to traumatic indicators in the classroom. The following question used a Likert scale as well; similarly demonstrating 1 to 5, 1

being “Not at all” confident and 5 being “Very confident”, Teacher 1 responded “4” which translates to *mostly* confident in **utilizing** the professional supports (i.e. school counselor, mental health specialist) available in their school. Next, Teacher 1 ranked their **likeliness** to use outside support from professionals (i.e. school counselor, mental health specialists) on a scale ranging from “Not at all” to “Very often”, Teacher 1 responded “Occasionally.” For the final question of this series, Teacher 1 responded “Yes” to willingly receiving resources focused on identifying and defusing trauma indicators in the classroom.

Teacher 2 responded “15+ years” teaching experience and identified professionally teaching in every grade level from “Pre-K” through “Fifth” grade. In regard to the number of hours dedicated to trauma-focused trainings, Teacher 2 responded “11+ hours”, specifying all trainings took place “in-person.” Using a Likert scale from 1-5, 1 being “Not at all” confident and 5 being “Very confident”, Teacher 2 responded “4”, translating to *mostly* confident in their ability to respond to traumatic indicators within the classroom. Additionally, using a similar Likert scale from 1-5, 1 being “Not at all” confident and 5 being “Very confident”, Teacher 2 responded “5” to **utilizing** the professional supports available (i.e. school counselor, mental health specialists) in order to better meet the needs of students displaying trauma indicators. Teacher 2 ranked their **likeliness** to utilize support structures (i.e. school counselor) as “Very Often.” Lastly, Teacher 2 responded “Yes”, in regard to their willingness to receive resources focused on defusing trauma indicators in the classroom.

There is an obvious difference between Teacher 1 and Teacher 2 in relation to their level of experience, grade-levels taught, hours dedicated to trauma-focused trainings, and confidence levels in regard to utilizing professional support (i.e. school counselor). Teacher 2 has “15+ years” experience working in “Pre-K” through “5th” grade classrooms; Whereas Teacher 1 only

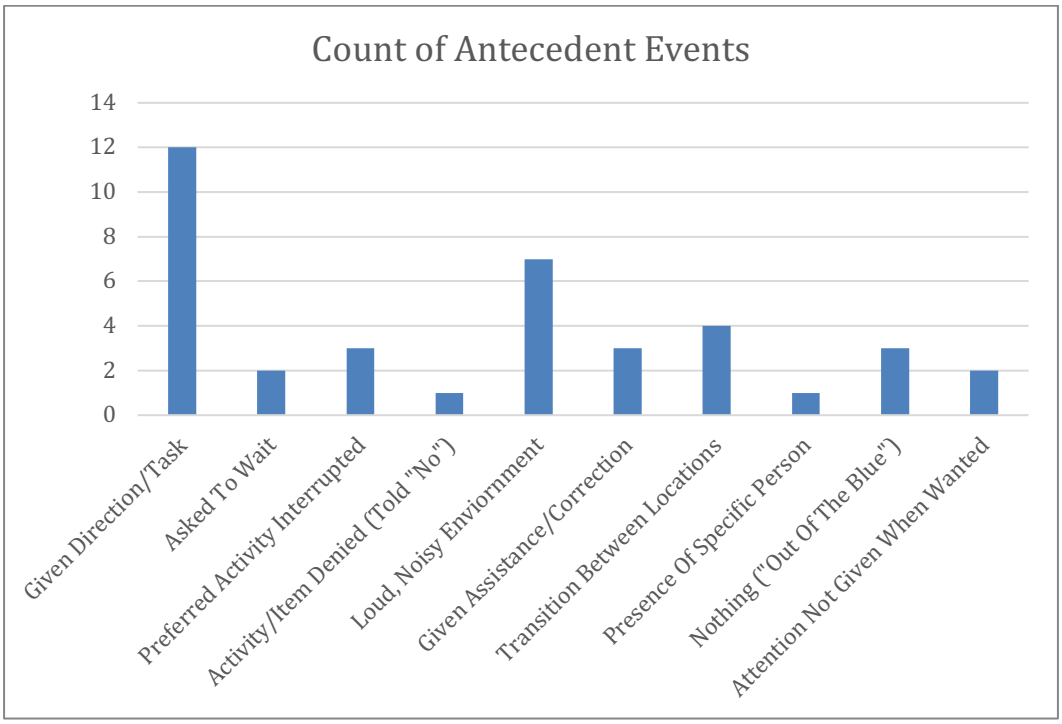
has “0-5 years” of professional experience teaching in “First” and “Second” grade classrooms. Teacher 1 has no or “None” hours dedicated to trauma-focused trainings when Teacher 2 has “11+ hours.” Using a Likert scale from 1-5, 1 “Not at all” confident and 5 “Very confident”, Teacher 1 answered “3” in response to their confidence level to respond to traumatic indicators within the class; Whereas Teacher 2 responded “4.” Using the same Likert scale, Teacher 1 responded “4” while Teacher 2 responded “5”, as to their confidence in utilizing the professional supports available to them at their school. In regards to both participants likeliness to *actually use* these support structures, Teacher 1 responded “Occasionally”, whereas Teacher 2 responded “Very Often.” Finally, both participants responded “Yes” to receiving resources focused on identifying and defusing trauma indicators within the classroom.

Student observations

The information collected from student observations was interpreted and visually displayed into three separate categories. Student observations were recorded using an ABC observational checklist adapted from Bijou, Peterson, and Ault (1968). See Appendix B. Collectively, the results of each student’s displayed event(s), behavior(s) and consequence(s) remain visible in its respective figure. For example, the categories of “Count of Antecedent Events.” See Figure 1.

Figure 1

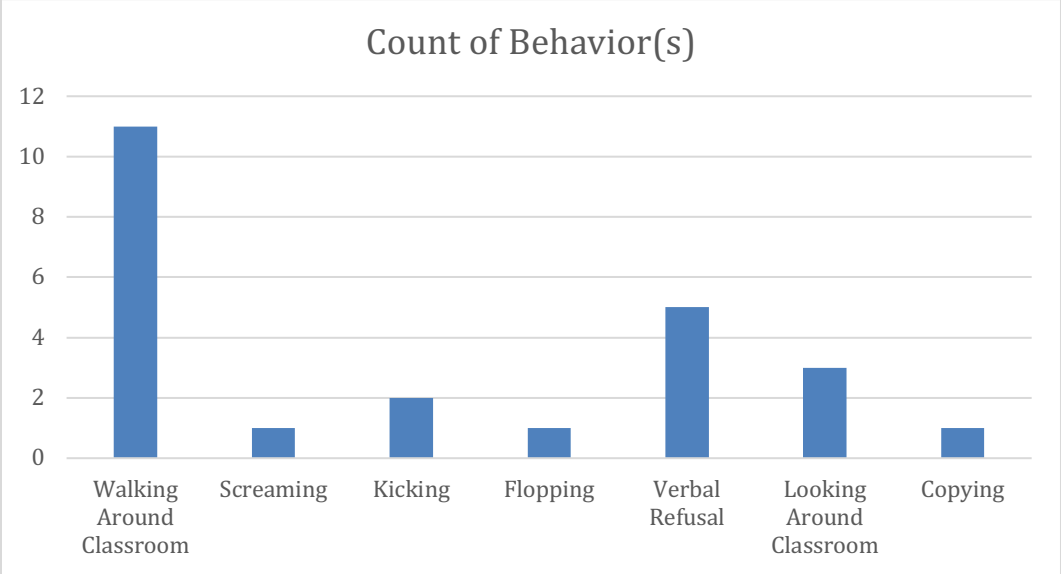
Frequency of antecedent events observed in children's verbal and or nonverbal behavior in the classroom.



The figure above represents the data collected for the "Count of Antecedent Events", observed from the five student participants over the course of this study. The y-axis represents the **frequency** of events and the x-axis represents the **physical** event displayed by students. For example, "Given Direction/Task", was observed a total of 12 different times throughout this research study. The results show that when "Given Direction/Task", students' negative behavior began leading us into our next category, "Count of Behavior(s)" (see Figure 2 below). The results as of the observed antecedent events were, $M = 4.51$, $Mdn = 5$, $Mode = 1$ and $SD = 3.26$.

Figure 2

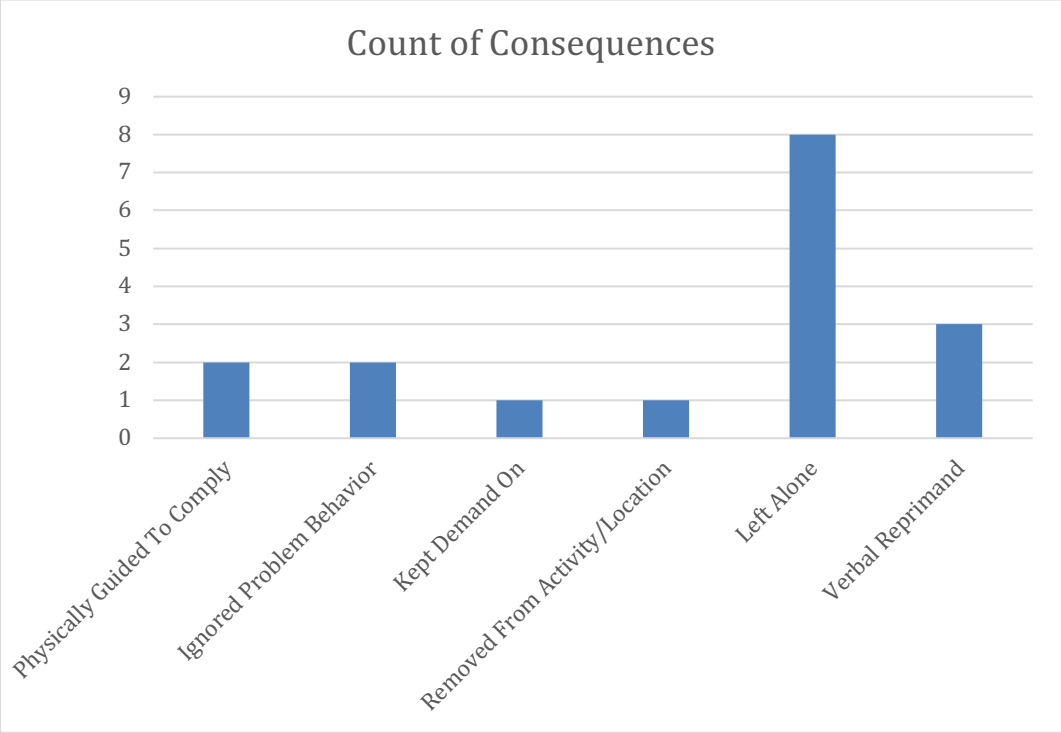
*Frequency of behaviors **as a result** of the antecedent event(s).*



The graph above represents the "Count of Behaviors" observed from the five student participants over the course of this research study. The y-axis represents the **frequency** of behavior and the x-axis represents the **verbal and nonverbal behavior** observed. The student behavior is as a result of an antecedent event mentioned in Figure 1. For example, students displayed the behavior of "Walking Around Classroom" a total of 11 times from October 5, 2021 through November 18, 2021. The behavior of "Walking Around the Classroom" could be a behavioral response to a student "Given a Direction/Task" mentioned in Figure 1. Students who exhibited verbal or nonverbal behavior (or both) were often met with a consequence (see Figure 3 below). The observed student behaviors computed the following results: $M = 5.21$, $Mdn = 3$, $Mode = 1$, and $SD = 4.76$.

Figure 3

*Frequency of consequences **as a result** of behaviors exhibited in the classroom.*



The figure above represents the "Count of Consequences" observed from the five students over the course of this study. The y-axis represents the **frequency** of consequences observed in the classroom and the x-axis represents the **type** of consequence. The consequence is a result of the verbal or nonverbal behavior described in Figure 2. For example, students were met with the consequence of "Left Alone" 8 total times over the course of this study. The consequence "Left Alone", could be a result from a student "Walking Around Classroom", while the behavior of "Walking Around Classroom" was a response to the event of a student in a "Loud, Noisy Environment." The final set, "Count of Consequences", had the following findings: $M = 6.35$, $Mdn = 8$, $Mode = 8$, *and* $SD = 3.25$.

Table 2

	MEAN	MEDIAN	MODE	SD	VARIANCE

EVENTS	4.51	5	1	3.26	10.69
BEHAVIORS	5.21	3	1	4.76	20.69
CONSEQUENCES	6.35	8	8	3.25	25.75

After analyzing and coding the data collected, I recognized patterns within the antecedent events, behaviors, and consequences of student participants. Students' negative behavior often began in the event of "Given a Direction/Task." Explicitly, Table 2 signifies *Mode* = 1 for the "EVENTS" observed. "Given Direction/Task" was codified as 1 in the antecedent event category. See Appendix B. As a result of an event (i.e. "Given Direction/Task"), students most frequently displayed the nonverbal behavior of "Walking Around The Classroom." Table 2 shows *Mode* = 1 for "BEHAVIORS" witnessed. "Walking Around the Classroom" was codified as 1 in the behaviors observed category (see Appendix B). Following the exhibiting behavior, (i.e. "Walking Around Classroom") students were often, "Left Alone", without any consequences for their behavior(s). Table 2 displays *Mode* = 8 for "CONSEQUENCES." "Left Alone", was codified as 8 in the "Reflection" or in other words, potential consequences category (see Appendix B).

Discussion

Summary of findings

The data indicate that confidence is directly related to the number of years in a classroom and hours dedicated to training. Teacher 1 and Teacher 2 participants possess varying levels of comfort and experience when it comes to identifying and defusing traumatic stress displayed by students. Teacher 2 has "15 + years" experience in teaching, this information suggests their relationship with professional personnel (i.e. mental health specialists and school counselors) may be greater and therefore contribute to increased comfort and willingness to use such supports. In other words, length of experience may contribute to stronger or weaker relationships with existing staff and therefore influence teachers' willingness to *use* and *trust* the support structures given. For example, in response to the question considering participants' likeliness to utilize professional support structure (i.e. school counselor, mental health specialist), Teacher 1 responded: "Occasionally" whereas Teacher 2 responded, "Very Often" (see Appendix A). Equally important, it should be noted that neither Teacher 1 or Teacher 2 felt "Very confident" in their ability to respond to traumatic indicators within the classroom. The prior information suggests that even with the availability of professional supports, educators are not personally confident in their ability to indicate and defuse traumatic indicators within their class environment. When asked for examples of ways participants respond to trauma indicators in their classrooms Teacher 1 answered: "There is such a huge range of trauma indicators…there is no one way to respond to all." The prior response suggests that the action of indicating and defusing traumatic stress in students can feel overwhelming due to the variety of behaviors students display in the classroom. Moreover, lack of teacher confidence may contribute to student behaviors going unnoticed or untreated in the classroom. Overall, the findings suggest that more needs to be done regarding teacher preparation for identifying and defusing traumatic stress displayed in students.

In regards to student observations, the data suggest students' negative behavior often started in the event of “Given Direction/Task” during instruction; Leading students to “Walk Around Classroom”, and consequently be “Left Alone” by the professional staff in the room. The data indicates that students displaying deviant (potentially distracting) behavior in the classroom are rarely being redirected, therefore disrupting the learning process and displaying undesirable behavior in front of fellow classmates. Further research would be necessary to identify common antecedent events, behaviors and consequences to extrapolate to the larger population.

Dissemination plan

The findings of this study will be formally presented to a review made up of faculty members of Colorado State University Center for Education Preparation on March 11, 2022. In addition, the study will be shared through a local presentation with activist and early childhood educator Tammy Warren. Ms. Warren currently holds the position of a kindergarten teacher for the local school district. For this approach, I will provide brief information regarding the background, purpose, methods, results, and action plan of the study. The goal of this presentation is to promote ongoing discussions regarding traumatic stress in the classroom and expose potential solutions for students possessing a history of trauma.

Action Plan

The results of this study support the notion that the teacher's confidence with identifying and defusing traumatic stress observed in students is connected to years of experience teaching and hours dedicated to trauma training. Furthermore, given teacher participant responses, there was a common interest in receiving trauma-informed approaches as well as trauma-related

resources. In addition, the findings exposed a trend in student responses to events ("Given Task") leading to common behaviors ("Walking Around") and inconsequential findings ("Left Alone").

Following thoughtful reflection of this study, an action plan was produced that will be implemented between myself and my current mentor teacher. Trauma-informed practices should exist as mandatory professional development course(s) enforced by the overlooking school district. Based on my research findings, I will continue to conduct passive observations of students, recording common events, behaviors and consequences observed. Given my new understandings, I will continue to research differentiated instructional approaches for positively redirecting students' behavior considering their history of trauma and implementing positive reinforcements to enhance classroom management. My next steps include reaching out to fellow early childhood educators, particularly my mentor teacher. I plan on joining a team of teachers dedicated to trauma-informed educational practices; With this opportunity I hope to uncover additional themes relevant to educators' perspectives of traumatic indicators and trauma-informed practices.

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Appendix A: Teacher Survey

Survey Questions

1. Years teaching in a classroom?
2. Grade levels taught or currently teaching?
3. Hours dedicated to trauma-focused trainings (trainings you identify relevant to support children experiencing a history of trauma).
4. Type of trauma informed training?
5. How confident do you feel in your ability to respond to traumatic indicators within your classroom environment?
6. What are some ways you respond to traumatic indicators within your classroom?
7. Can you give me an example of a time you partnered with another professional within your school to better support a child experiencing traumatic stress?
8. How confident do you feel in utilizing the supports that you identified in the previous question in regards to your own students?
9. How likely are you to utilize these support structures?
10. Would you be open to receiving resources focused on identifying and defusing trauma indicators within the classroom?
11. Would you be open to talking more about your professional experiences working with children who possess traumatic stress?
12. If answered “Yes” to either of the last two questions please leave your preferred email address.

Appendix B: Adapted ABC Observational Checklist

Date: **Student:** **Start:** **End:** **Total duration:**	**Antecedent Events:** Description of what, where, who and how.	**Behavior(s):** Description of what behaviors occurred, intensity, duration.	**Reflection (potential consequences):** Description of what occurred following behavior, what changed in the environment, what were the responses of others.
Given direction task of activity		Walking around class	Physically guided to comply
Asked to wait		Screaming	Ignored Problem behavior
Preferred activity interrupted		Scratching	Kept demand on
Activity/Item denied		Kicking	Count and Mand Procedure
Loud, noisy environment		Flopping	Removed from activity/location
Given assistance/ correction		Bolting	Given another task/activity
Transition between locations/activities		Property Destruction	Interrupted/blocked and restricted
Attention given to others		Hits Self	Left alone
Presence of specific person		Hits Others	Physically restrained
Nothing (“out of the blue”)		Verbal Refusal	Verbal reprimand
Attention not given when wanted		Spitting	Time-out (duration)
Left alone (no current activity or attention)		Looking	Other:
		Copying	

Adapted from Bijou, Peterson, & Ault (1968)