

Trauma-Informed Preschool Education in Public School Classrooms: Responding to Suspension, Expulsion, and Mental Health Issues of Young Children

Dolores (Dee) Stegelin, Carmen Leggett, Diane Ricketts, Misty Bryant, Chanci Peterson, and Andrea Holzner

Abstract: The rapid expansion of public-school preschool programs significantly challenges America's school administrators, teachers, and school professionals. The complex issues of preschool mental health needs, expulsion, and suspension are at the forefront. In the United States, schools are reporting rapidly increasing numbers of preschool programs, primarily in the form of 3K, 4K, and inclusion programs. This dramatic increase of young children in the public schools is a result of (a) research on the long-term cognitive and social benefits of high-quality early childhood programs, (b) federal and state legislation supporting state-funded preschool education, and (c) the continued need to support working parents via public-funded education for their young children. This article is a review of the research on preschool mental health and early trauma from adverse childhood experiences (ACEs), the impact of suspension and expulsion on preschool children, and the benefits of high-quality preschool programs in the public schools. Also included is a review of current policies and practices in exemplary public-school preschool programs related to mental health services, ACEs, suspension, and expulsion. Recommendations for future policy and practices for the preschool population are presented. Appendix B provides resources for school administrators and professionals.

The issues of preschool mental health, suspension, and expulsion are timely ones as significant societal forces are converging to bring these important issues to the forefront (Carolan & Connors-Tadros, 2015). Public schools across the nation are reporting rapidly expanding preschool programs, primarily in the form of 3K, 4K, and inclusion programs (Bouffard, 2018). The growth in numbers of young children in the public schools is a result of a) recognition of the research-based and long-term benefits of high-quality early childhood programs, b) federal and state legislation supporting public-funded preschool education, and c) the continued need for support of working parents via public-funded preschool education (Heckman, 2017; Schweinhart et al., 2011). See Appendix A for applicable definitions.

In the United States, childcare for most families is among the largest of their household expenses; thus, parents are supportive of public-funded preschool programs for their 3- to 5-year-olds (Whitehurst, 2018). In addition to the sheer growth of preschool programs in school settings from coast to coast (Bouffard, 2018), schools are reporting an increased incidence of behavioral and developmental challenges in the preschool population (Hancock & Carter, 2016). This is documented in the relatively high rate of preschool suspension and/or expulsion and is a practice that is often a last resort for the teacher and school administrator (Gilliam, 2005; Gilliam et al., 2016). The practice of suspension and expulsion reflects how difficult it is for teachers and administrators to sufficiently address challenging, complex, and sometimes disruptive child behaviors (Gilliam et al., 2016; Stegelin, 2018). The result is that many preschool children are unable to cope with or negotiate the demands of public-school preschool's daily routines, structured environments, and academic expectations (Statman-Weil, 2015).

Furthermore, teachers are reporting higher levels of stress and inadequate support to meet the needs of these children (Carolan & Connors-Tadros, 2015). Some professionals describe this phenomenon as a *secondary traumatic stress reaction*; teachers are absorbing and responding to the primary trauma of young children with whom they are working (Carolan & Connors-Tadros, 2015). Compassion fatigue, or secondary traumatic stress disorder, is a natural but disruptive by-product of working with traumatized individuals (Lawson et al., 2019). It is a set of observable reactions to working with people who have been traumatized and mirrors the symptoms of posttraumatic stress disorder (PTSD; Osofsky et al., 2008). In short, school administrators, many with limited education regarding and experience with the preschool population, must confront complex decisions on how best to address developmental, behavioral, and emotional needs of 3- and 4-year-old children as well as preschool teachers' fatigue and secondary trauma (Hancock & Carter, 2016; Stegelin, 2018).

First, there is a critical need for increased awareness that young children have mental health issues and that the problems that they encounter will require comprehensive solutions (Giannakopoulos et al., 2014). Children are developmentally less able to express their feelings and verbalize their needs (Choi & Graham-Bermann, 2018). The tendency is to believe that mental health issues develop over time and arise later, thus not directly impacting young children (Choi & Graham-Bermann, 2018). The important study of adverse childhood experiences (ACEs) provides information on how major trauma very early in a person's life can have a lasting and profound impact on long-term mental and physical well-being (Centers for Disease Control and Prevention, 2019; Giannakopoulos et al., 2014). ACEs research clearly offers evidence that children with higher levels of trauma in the early years

are associated with poorer physical and mental health outcomes as adults (Centers for Disease Control and Prevention, 2019). Those working with children need to increase their awareness and understanding that young children—birth to age 5—do in fact experience feelings of anxiety, depression, and other mental health conditions, many of which are related to early traumatic experiences (Knopf, 2016; Liming & Grube, 2018).

Second, there is a need to educate professionals, parents, and the public about the need for trauma-informed education in our school systems (Nicholson et al., 2019). To meet the needs of individual young children in our public-school classrooms, a multidisciplinary team approach with teachers, social workers, nurses, school counselors, psychologists, parents, pediatricians, administrators, and others is recommended (O'Reilly et al., 2018; Statman-Weil, 2015). Trauma-informed early education is aligned with the concept of individualized education plans (IEPs) for older students with special needs. Teachers, administrators, and professional staff (school psychologists, counselors, social workers, nurses, special education coordinators, and preschool program directors) need to provide ongoing systemic and individualized assessment and support for children demonstrating the developmental and behavioral impacts of early trauma and mental health conditions (Nicholson et al., 2019).

Third, there is a need to implement trauma-informed early education in schools (Fazel et al., 2014). Based on guidance from Fazel et al. (2014) and Nicholson et al. (2019), trauma-informed early education requires all professionals to (a) understand the impact of trauma on early brain development, (b) construct school and classroom environments that support trauma-impacted young children's emotional and developmental needs and those with mental health issues, (c) implement instructional and assessment strategies that are developmentally appropriate and attuned to the social-emotional needs of these children, (d) follow up intervention as a team and with written documentation of progress, and (e) engage and educate parents and families about trauma and the team effort to intervene and maintain consistency in expectations between the home and classroom.

In summary, the convergence of several major forces creates a complex and challenging situation for America's public schools. In addition, public-funded preschool programs, such as state-funded 4K and federally funded Head Start, typically have enrollment criteria that are aligned with such factors as lower family income and parental educational levels, developmental delay, special education needs, and other family/social/health indicators (Carolan & Connors-Tadros, 2015). This translates into a preschool population in public-school classrooms that is more in need of social, emotional, economic, and academic support and early intervention than the general preschool population (Carolan & Connors-Tadros, 2015; Knopf, 2016).

Review of Research Literature

Early Mental Health and Trauma Impacts

The growing emphasis on preschool mental health is related to understanding the impact of early trauma on

child development (Knopf, 2016). All young children are vulnerable to mental health issues, and those children with early trauma are more at risk (Liming & Grube, 2018). The research on adverse childhood experiences (ACEs) heightens awareness of the impact of early trauma on children's overall development and the apparent relationship between early trauma and associated adult health conditions, both physical and mental (Liming & Grube, 2018). This research is important to consider within the context of preschool children in public schools (Whitted, 2011). According to Carolan and Connors-Tadros (2015), the criteria for enrollment in public-school preschool programs are frequently based on factors such as being low-income, having single parent status, parental distress, developmental delays, immigrant status, and other family stressors. Thus, the children who are accepted into state-funded preschool programs in the schools are more likely to have experienced early trauma that is associated with their developmental and social demographics (Carolan & Connors-Tadros, 2015). In addition, children and families who meet these criteria are more likely to be represented by minority populations, especially African American and Latinx families (Gilliam et al., 2016).

Not only are preschool children more likely to experience early trauma and subsequent changes in brain development, but they are also more likely to present mental health issues when compared to the general preschool population (Nicholson et al., 2019). They are also more likely to experience associated health-related conditions later, such as cardiovascular diseases, respiratory diseases, obesity, cancer, and other chronic health conditions (Liming & Grube, 2018). Finding a solution to the mental health needs of preschool children requires understanding the phenomenon of early trauma, its impact on brain development, and its impact on later development and quality of life in adolescence and adulthood (Carolan & Connors-Tadros, 2015). The research on ACEs provides a useful framework for professionals who work with young children impacted by trauma and mental health issues (Centers for Disease Control and Prevention (CDC), 2019; Liming & Grube, 2018). The impact of children's early traumatic experiences can be lessened and remediated (CDC, 2019). Children are inherently resilient; thus, they are responsive to teachers, caregivers, and parents who are nurturing, responsive, and in tune with the child's needs (Pianta et al., 2009). This offers hope for these young children and motivates researchers and practitioners to garner the necessary resources to meet their needs while the children are still in the formative preschool years (U.S. Department of Education, 2016).

Expulsion and Suspension of Preschool Children

Each year, thousands of preschool children are suspended or expelled from their early childhood care and education programs (Hancock & Carter, 2016; Zeng et al., 2019). As an example, over 8,700 children 3 and 4-years-old are expelled from state-funded preschool or prekindergarten classrooms (Hancock and Carter, 2016; Stegelin, 2018). Hancock and Carter (2016) found that preschool

children are expelled at three times the rate of children in kindergarten through 12th grade. Importantly, many of these preschool children suspended are identified as African American boys (Gilliam et al., 2016). These racial and gender disparities are evident as early as preschool, where Black students are 3.6 times more likely to receive an out-of-school suspension as their White classmates (Hancock & Carter, 2016; Stegelin, 2018). In addition, while boys represent 54% of preschool enrollment, they constitute 79% of all suspended preschool children (Stegelin, 2018). More than 10 years after foundational research by Gilliam (2005), federal data reflect a disproportionate number of male students representing minority populations. African American and Latinx children are expelled along with English Language Learners and students with disabilities, all of whom would benefit from daily attendance in high-quality preschool programs (Horowitz, 2015).

Early suspension or expulsion from their preschool programs creates another form of trauma for these young children (Morrison, 2015). According to the joint policy statement on suspension and expulsion policies in early childhood settings, the beginning years of any child's life are critical for building the early foundation of learning health and wellness needed for school and in adulthood (U.S. Health and Human Resources and Education, 2014). Bronfenbrenner's ecological systems theory explains the dynamics of preschool suspension and expulsion within the context and dynamics of the child's microsystem (Morrison, 2015; Psychology Notes Headquarters, 2019). During these early years, children's brains are developing rapidly, influenced by the experiences that they share within their Microsystems: their families, caregivers, teachers, peers, and communities. Both positive and negative experiences play major roles (Morrison, 2015; Stegelin, 2018).

The practice of preschool suspension and expulsion should direct focus even more on the mental health of preschool children and the likelihood that these children are more vulnerable to mental health issues (Knopf, 2016). Preschool suspension and expulsion impact the young child, the family, and society in general (Stegelin, 2018). The effect of suspension and expulsion on the child is immediate and can have long-term implications for the child's overall emotional and social development as well as the likelihood of permanent school dropout in the later years (Horowitz, 2015). In the long run, the negative effects of early suspension and expulsion may play out in middle and secondary education settings, future employment, and, in some cases, the criminal justice system (Stegelin, 2018). Young students who are suspended or expelled are as much as 10 times more likely to drop out of high school, experience academic failure and grade retention, hold negative school attitudes, and face incarceration than those preschoolers who do not experience suspension or expulsion (U.S. Department of Health and Human Services and Education, 2014; U.S. Department of Education Office for Civil Rights, 2014).

Rapid Growth of Public-School Preschool Programs

Across the United States there has been a rapid expansion of classrooms for preschool children, especially in

the form of 4-year-old kindergarten (4K) designed to meet the needs of the state's young children who have demonstrated developmental delays or disabilities (Best & Cohen, 2013; U.S. Department of Education, 2018). According to the U.S. Department of Education (2018), hundreds of thousands of preschool children across the country have access to high-quality early learning programs. In 2013, President Obama put forth the *Preschool for All* proposal to establish a federal-state partnership that would provide high quality preschool for all 4-year-olds from low and moderate income families (U.S. Department of Education, 2016). These evidence-based programs document the long-term benefits of high-quality early childhood programs, especially young children from economically challenged households (Heckman, 2017; Schweinhart et al., 2011).

After President Obama's call for expanded programs for 4-year-olds, many states took action, and nearly all states now offer preschool programs in the public schools for young children (U.S. Department of Education, 2016). In the 2015–16 budget year, for example, states increased their investments in preschool programs by nearly \$767 million or 12% over the 2014–15 fiscal year (U.S. Department of Education, 2016). From 2009 to 2015, states enrolled 48,000 more 4-year-olds in state-run preschool programs (U.S. Department of Education, 2016). The Obama Administration increased investments by over \$6 billion in early childhood programs from FY 2009 to FY 2016, including high-quality preschool, Head Start, childcare subsidies, evidence-based home visiting, and programs for infants and toddlers with disabilities (U.S. Department of Education, 2018). Former U. S. Secretary of Education John B. King Jr., said:

A high-quality early education provides the foundation that every child needs to start kindergarten prepared for success. Because of historic investments from the Obama Administration, states and cities, more children, particularly those who have been historically underserved, now have access to high-quality early learning. But we can't stop there. We must continue our collective work to ensure that all children regardless of socioeconomic status, race, background, language spoken at home, disability or zip code have access to the opportunities that prepare them to thrive in school and beyond. (U.S. Department of Education, 2016)

State-funded preschool programs continue to expand across the United States, with some states also adding 3K and inclusion programs to the more typical 4K programs (Stegelin, 2018). These programs are diverse and community driven in terms of admission criteria, selected curriculum, and program locations, and some state-funded 4K programs are situated in childcare or Head Start programs, reflecting new partnerships in the delivery of high-quality preschool programs (Stegelin, 2018). Even though this new early education initiative is state directed, there are common goals regarding the establishment and implementation of public-school preschool programs

(Stegelin, 2018). Common goals across the states implementing preschool programs funded at the state level are premised on the belief that high-quality early childhood programs lead to more robust and successful academic and employment futures for these children (Heckman, 2017; Schweinhart et al., 2011). The program goals include enhanced overall child development; cognitive development and attainment of basic concepts related to mathematics and science; social-emotional development and the skills to work with others, negotiate group settings, and develop a strong sense of self and positive self-esteem; language development and the ability to recognize letters and the rudimentary elements of reading and writing; physical development and the ability to make good nutrition decisions and understand the need for physical movement and activity; and character development and the ability to demonstrate empathy, respect for the needs of others, and tolerance for diversity and differences (Morrison, 2015; Nicholson et al., 2019).

Along with the rapid and expansive growth of preschool programs in the public schools has come a range of adaptations and challenges for school administrators (Bouffard, 2018). The adaptations and challenges include but are not limited to expansion of physical space in elementary schools to accommodate younger students; assessment and curriculum development for preschool learners; hiring of certified early childhood educators (ECE) teachers and assistant teachers; enhanced parent education and engagement; developmentally appropriate instructional strategies and behavior management; and diverse school professionals to meet the unique social-emotional, mental health, and special needs of such a large and diverse student population (Bouffard, 2018). School districts have been challenged with the rapid explosion of preschool programs and are still working to secure adequate resources, personnel, and funds to meet the complex needs of these young children (Bouffard, 2018).

In summary, preschool children in the public-school sector have increased dramatically over the past decade in the United States (Carolan & Connors-Tadros, 2015; U.S. Department of Education, 2016), presenting great challenges to school systems, administrators, and school personnel (Bouffard, 2018). Many of these young children demonstrate trauma-impacted behaviors and mental health needs, reflected in teachers reporting increased incidences of difficult, challenging, aggressive, and disruptive child behaviors (Choi & Graham-Bermann, 2018; Zeng et al., 2019). School personnel are challenged to meet the assessment, intervention, and follow-up needs of these children (Hancock & Carter, 2016). In some cases, schools resort to suspension or expulsion of the most challenging children (Carolan & Connors-Tadros, 2015). Paradoxically, these are the children who are most at risk for healthy development and are in greatest need of psychological and developmental assessment and individualized intervention (Knopf, 2016). In addition, teachers in these preschool classrooms are frequently stressed and are experiencing fatigue, burnout, and, in many cases, secondary traumatic stress disorder (Osofsky et al., 2008).

Preschool Mental Health Initiatives and the Public Schools

As preschool programs expand in the public schools, some school districts are developing innovative approaches to meet the mental health needs of these young children (Statman-Weil, 2015). These school settings provide a fertile ground for both research and program innovation related to preschool mental health issues (Fenwick-Smith et al., 2018). Children spend more time in public schools than in any other formal institutional structure (Fazel et al., 2014). Thus, the public schools play a key part in children's development, ranging from peer relationships and social interactions to academic attainment and cognitive progress (U.S. Department of Education, 2016). All these developmental areas affect and are reciprocally affected by mental health in a dynamic and interactive manner (Hancock & Carter, 2016). An increase in recognition of the effects of mental health problems on academic attainment, along with the unique platform that schools can offer in access to and support for children with psychological difficulties, has led to an expansion of school-based mental health interventions, particularly in high-income countries (Fazel et al., 2014). According to research, the prevalence of psychiatric disorders varies among children from preschool through secondary age levels (Carolan & Connors-Tadros, 2015; O'Reilly et al., 2018). The most common difficulties in school-age children are disruptive behaviors and anxiety disorders (Fazel et al., 2014). Separation anxiety and oppositional defiant disorder are seen mainly in primary school children (age 4–10 years), whereas generalized anxiety, conduct disorder, and depression are more common in secondary school (age 11–18 years) students (Fazel et al., 2014). Attention deficit hyperactivity disorder (ADHD) and autism spectrum disorders pose particular difficulties for children in the school environment, and the incidence of eating disorders and psychosis starts to increase rapidly from mid-adolescence onwards (Fazel et al., 2014).

Schools are complex environments, varying by size, racial makeup, socio-economic levels, language, gender, and cultural variations (Bouffard, 2018). As the school population increases in diversity, the dynamics between students, teachers and students, and parents and school personnel also become more complex (Fenwick-Smith et al., 2018). Within the school context, some school-specific factors are related to mental health during childhood (Whitted, 2011). For example, bullying often takes place within the school context; a study in the United Kingdom showed that 46% of school-aged children had been bullied (Department for Children, Schools, and Families, 2015). The odds of suicidal ideation and suicidal attempts are more than doubled in young people who report peer victimization (Meltzer et al., 2011). Bullying can affect children into adulthood, with increases in the prevalence of anxiety, depression, and self-harm (Meltzer et al., 2011).

Mental Health Strategy: Needs Assessment

Among the several school-based strategies addressing mental health needs of the preschool population is that of assessment (Fazel et al., 2014). Many professionals working

with children advocate the use of a multiple-gated screening system to determine mental health need in schools (Fazel et al., 2014). If one considers the school environment from the Bronfenbrenner systems approach (Morrison, 2015), there are opportunities to observe, assess, and document the mental health needs of young students at several different levels. For example, a school might complete a school climate scale (measures students' or teachers' perceptions of how the environment of classrooms and schools as a whole affects education) to review and select a universal intervention of school-wide character development, or they might use a screening program to identify children at risk of suicide (Fazel et al., 2014; Morrison, 2015). This type of assessment focuses on the larger learning environment (macro) of the school which is the environment for students and teachers and how the environment affects education, relationship building, and other important dynamics of the school environment (Fazel et al., 2014).

On an individual student level, schools utilize various methods to identify students who could benefit from interventions (Doll et al., 2017; Lenares-Solomon et al., 2019). These methods include functional behavioral assessments, teacher or student recommendations, and systematic universal screening (Doll et al., 2017). Screening can pose a risk of over-identification of children or failure to recognize a condition (Doll et al., 2017). Provided these risks are managed, and if screening is done with standardized methods and by qualified staff with appropriate informed consent, this technique can provide a useful avenue for schools to identify and support students with mental health disorders (Doll et al., 2017; Dowdy et al., 2015; Lenares-Solomon et al., 2019). This type of individualized student assessment is costly, both in terms of time and manpower (Lenares-Solomon et al., 2019). In addition, specialized school personnel are essential. Specialized personnel include school psychologists, school counselors, social workers, and other professionals with formal training in individual preschool child assessment (Dowdy et al., 2015; Statman-Weil, 2015). For very large school systems, this approach can be very expensive (Doll et al., 2017). However, at the preschool level, some forward-thinking schools are requiring comprehensive developmental, mental health, and academic screening of all enrolled preschool children (Best & Cohen, 2013). With these assessment data in hand, school districts are more able to advocate for additional funding to provide smaller classes, higher teacher-to-child ratios, and the hiring of mental health specialists (Doll et al., 2017). Thus, screening and assessment seem to be fundamental strategies for giving equal attention to all students regarding mental health needs (Doll et al., 2017; Lenares-Solomon et al., 2019). With experience and focused effort, these screening mechanisms can become more efficient and effective in identifying young students with mental health indicators (Dowdy et al., 2015).

Mental Health Strategy: Specialists in the Schools

Globally, mental health services in schools are provided by a variety of professional staff whose training or employment might be within education or healthcare

systems; this varies across countries (Bouffard, 2018). In the United States, staff employed at schools are limited by school policies that restrict the type of direct services that they can provide (Dowdy et al., 2015). For example, because of funding and special education mandates, school psychologists in the United States spend much of their time conducting routine psychological testing and eligibility assessments rather than applying their broader consultative and direct intervention skills (Eklund et al., 2018). In many other countries, school-employed personnel work mainly with students who have educational difficulties that result from emotional and behavioral issues and provide direct mental health services and interventions (Giannakopoulos et al., 2014). Thus, in the United States, school personnel are frequently restricted from providing therapeutic services for mental health needs (Fazel et al., 2014).

Community mental health professionals in schools work in a range of disciplines, including counselling, social work, occupational therapy, psychology, and psychiatry (Nicholson et al., 2019). Three broad models of integration are common:

1. Individuals from an outside agency are contracted to work within a school.
2. The school includes a mental health clinic staffed by professionals who deliver mental health services.
3. The school has a health center with mental health as a subspecialty (Allen-Meares et al., 2013).

Counselors and social workers are more likely to provide direct school-based mental health services than psychologists or psychiatrists (O'Dea et al., 2017). In some countries, schools collaborate with psychologists and psychiatrists to provide consultation and intervention for specific students with complex challenges. Still, this model is unlikely to be scalable given the global scarcity of child and adolescent psychiatrists and the financial resources required for this model (Fazel et al., 2014). Technology is rapidly opening new avenues for intervention (Ramsey et al., 2016). For example, telemedicine can increase the capacity of mental health services in schools, although successful models have additional on-site school mental health providers to support engagement and continuous psycho-social intervention (Ramsey et al., 2016). Some schools have recruited advanced nurse practitioners to manage the needs of students (Bohnemkamp et al., 2019). However, most schools rely on internal resources for mental health intervention, such as school nurses, school social workers, school counselors, or special education personnel with specialized training in mental health (Sanchez et al., 2018).

It is clear that providing mental health services in the school environment varies widely and is related to the size of the school, geographical location (urban vs. rural), general funding of the school, and leadership priority for addressing mental health issues (Moon et al., 2017). More evidence-based models with these varied configurations to provide to school districts who are determining their own mental health policies and practices are needed. Preschool children who are screened, identified, and served earlier in their lives are more likely to have positive developmental,

social, and academic outcomes than young children who are not identified at the preschool level (Abo El Elella et al., 2017). From this review of school based mental health strategies, the need for more school professionals trained in mental health intervention is indicated. There is a need for more school-based counselors, social workers, nurses, and psychologists, as well as for partnerships between the schools and community-based mental health agencies, to meet the mental health needs of these preschool children (Bradshaw et al., 2012).

Mental Health Strategy: A Tiered Approach to Mental Health Services

An empirically driven approach to school strategies has been used in parts of the United States (Safari et al., 2020). Known as a tiered approach, this includes universal strategies for all students, followed by interventions to assist selected students who face particular risks, and finally a tier with specific treatment interventions for those with the greatest needs (Safari et al., 2020). An advantage of this public health and tiered approach is that schools and teachers can support students with varying needs and create classroom and whole-school environments that support the learning of all children (O'Reilly et al., 2018). Additionally, this tiered approach utilizes resources most effectively, with some resources provided to screen and deliver services for all students, followed by more selective and focused interventions for fewer students with greater needs (Bradshaw et al., 2012).

This approach is also most useful for very large school districts that are serving many children of diverse backgrounds (Bradshaw et al., 2012). Regarding personnel, the tiered approach aligns resources in a graduated way so that more highly specialized school personnel are available to serve the needs of more high-need students, and universal screening and mental health specialists and teachers who have received professional development can provide daily interventions and formal training related to general mental health assessment (Bradshaw et al., 2012). The authors note mental health specialists and teachers who have more training can provide observation and identification of students who may need more in-depth assessment and services as well as daily positive support strategies with students.

Mental Health Strategy: Promotion of Mental Health

Mental health promotion is a positive strategy that enhances awareness of mental health, encourages practices to support good health, and serves as a preventive measure (O'Reilly et al., 2018). Interestingly, principles of school mental health promotion have been espoused since Plato's Republic, in which he identified the importance of the school environment to children's social development (Fenwick-Smith et al., 2018). Plato also noted that by maintaining a sound system of education and upbringing, schools then produce citizens of good character. Universal promotion of mental health programs often focuses on constructs such as social and emotional skills, positive

behaviors, social inclusion, effective problem solving, and good citizenry (Fenwick-Smith et al., 2018). Examples in the 4K curriculum include strategies to recognize one's own emotions, verbalize feelings, listen to peers as they talk about their emotions, and then respond appropriately to be socially supportive.

In whole-school and classroom-based interventions, universal mental health promotion programs are often delivered by the school's own staff and are done in both primary and secondary schools (Fazel et al., 2014). Mental health promotion should begin at the earliest levels in the school, including preschool (O'Reilly et al., 2018). One example is a program known as MindMatters, developed in the late 1990s. This approach is the leading national initiative for promotion of mental health in schools in Australia, with substantial national investment to equip schools and educators with skills to promote student wellbeing (O'Reilly et al., 2018). Specific strategies to help students include social and emotional learning programs, increasing student connection to school, building student skills in understanding and management of emotions, effective communication, and stress management (Taylor et al., 2017). Teachers participate in various professional development opportunities to support their learning in these curricular domains (Zin et al., 2019). These programs are included in many schools in the United Kingdom, and United States schools could include this strategy with limited additional expense. School buy-in is important to create a school environment that is nurtured and supported by all participants, including administrators, teachers, school professionals, cafeteria staff, and janitorial personnel (Yoon, 2016).

Examples of Early Childhood Mental Health (ECMH) School-Based Models

The Florida Center for Early Childhood

An example of a highly successful school-based mental health model for the early childhood student population is in Sarasota, Florida. In partnership with the school district of Sarasota County and the community foundation of Sarasota County, the Florida Center provides mental health counseling services to students in 15 Sarasota County elementary schools (Florida Center, 2019). The purpose of the program is to help students succeed in school despite outside influences that may hinder that success. Integrated elementary school therapists at each elementary school conducted one-on-one counseling with students who had a variety of issues (Florida Center, 2019). ACEs research informs us that many young children in the United States are exposed to violence and trauma at an alarming rate (Liming & Grube, 2018). By age 16, two-thirds of children in the United States have already experienced a potentially traumatic event such as physical or sexual abuse; natural disaster or terrorism; sudden or violent loss of a loved one; refugee and war experiences; serious accident or life-threatening illness; or military family-related stress, according to the National Child Traumatic Stress Network (Bartlett & Steber, 2019). With support, many children can heal

and overcome such traumatic experiences through mental health therapy (Sanchez et al., 2018; Zin et al., 2019). As schools maintain their critical focus on education and achievement, elementary students have access to trained, school-based mental health counselors who nurture their mental health and wellness, two components that are integrally connected to students' success in the classroom and to a thriving school environment (Bartlett & Steber, 2019; Sanchez et al., 2018; WestED, 2019).

The comprehensive partnership in Florida is truly a successful early childhood mental health model that provides mental health services to infants, toddlers, preschoolers, and young children through age eight (Florida Center, 2019). School-based mental health specialists are trained in social work, mental health counseling, and child development (Doll et al., 2017). Each elementary school in this school district has its own mental health specialist, and the learning environment and curriculum provide an understanding of self, well-being, and mental health (Florida Center, 2019). One of the school-based partnership goals is to reduce the stigma associated with mental health issues and to make accessible to all families the support they need to negotiate difficult and challenging life situations (Florida Center, 2019).

Ohio's Early Childhood Mental Health (ECMH)

Initiative: Schools and Communities Partnership

Ohio provides an excellent model of school and community partnerships through the Early Childhood Mental Health (ECMH) Initiative via Ohio's Schools and Communities program (Ohio Department of Mental Health and Addiction Services, 2019). In this partnership, the Ohio Department of Mental Health and Addiction Services provides leadership for this school program situated in Ohio communities and their respective public schools (Ohio Department of Mental Health and Addiction Services, 2019). This initiative defines early childhood mental health as the social, emotional, and behavioral well-being of children birth through six years old and their families (Ohio Department of Mental Health and Addiction Services, 2019). The goals of this ECMH program are to build capacity to experience, regulate and express emotion, form close, secure relationships, and explore the environment and learn.

In this state-wide initiative, early childhood mental health is believed to be influenced and shaped by the following factors:

- (a) physical characteristics of the young child
- (b) quality of the adult relationships in the child's life
- (c) the child's caregiving environments
- (d) community context in which the child and family lives.

Ohio's initiative includes ECMH consultation and treatment and partnerships between schools and state-level, health-related agencies within each community (Ohio Department of Mental Health and Addiction Services, 2019). Early childhood mental health specialists work with childcare providers, Head Start, and school-based

and private early childhood programs to help identify and provide intervention for young children's mental health needs and to support their families (Ohio Department of Mental Health and Addiction Services, 2019). This initiative assumes a community-based approach and focuses on each child's surrounding environments, including the home, childcare or other early learning setting, neighborhood, and community contexts (Ohio Department of Mental Health and Addiction Services, 2019). Aligned with Bronfenbrenner system's theory of child development (Morrison, 2015), this approach views the child within several meaningful daily contexts. For example, early childhood mental health specialists provide consultation and intervention within the child's home, school, childcare, preschool, and community-based settings (Ohio Department of Mental Health and Addiction Services, 2019). In this way, mental health specialists are able to meet the needs of individual children within the setting that is best suited for the child and their family.

Chicago Public Schools Initiative

The Chicago Public School (CPS) system provides an extensive network of preschool programs for young children, and these programs are recognized for their quality and inclusive practices (Chicago Public Schools, 2019). As part of an effort to maintain quality and reduce preschool suspension and expulsion incidents, the CPS system undertook a self-study of its practices related to managing the behavioral challenges among their preschool population (Chicago Public Schools, 2019). This study was conducted on preschool programs from academic years 2011-2015 in all pre-k through second grade classrooms (Chicago Public Schools, 2019). The primary goal of the self-study was to gain insight into CPS practices with preschool children with a focus on those children who demonstrated behavioral challenges to teachers and school staff (Chicago Public Schools, 2019). The study was conducted within the context of rapidly expanding preschool programs for the preschool child population in Chicago and a rising number of classroom management issues that were reflected in an increase of reported incidences of challenging or disruptive child behaviors (Chicago Public Schools, 2019). School officials were also concerned with the relatively high rate of preschool suspension and expulsion (Chicago Public Schools, 2019). The CPS wanted to better understand how they were addressing the needs of young children with special needs and health-related issues, including mental health (Chicago Public Schools, 2019). Officials wanted to determine if their practices with these children were more restorative than more punitive or disciplinary (i.e., out-of-class suspensions or expulsions; Stegelin, 2018). Preschoolers are not suspended and expelled on an equal basis; Black and Latinx preschoolers are expelled and suspended at higher rates than White preschoolers (CT Mirror Viewpoints, 2019).

Data from the assessment study of Chicago Public Schools (2019) reflected a shift in practices beginning in the 2013-14 academic year, compared with those during 2011-12 and 2012-13 academic years. During the 2013-14

academic year, the data reflected a change to more restorative responses—practices that help children respond to and work through challenges rather than disciplining them for acting out—that outnumbered the out of school suspensions (Chicago Public Schools, 2019). In 2014–15, there were 2,273 restorative responses compared to only 77 out-of-school suspensions (Chicago Public Schools, 2019). This shift in practice denotes a significant change in how the school district chose to address preschool behavioral challenges and reflects a commitment to enhancing the quality preschool classroom experience (Chicago Public Schools, 2019).

This Chicago Public Schools (2019) self-study was informative, and the data guided decision-making that resulted in substantial changes in the preschool classrooms. One of these changes was to establish an Office of Social and Emotional Learning with a network of stakeholders to engage in self-study and policy development (Chicago Public Schools, 2019). The Office of Social and Emotional Learning within the CPS system provided leadership for changes in practice and policy related to preschool suspension and expulsion (Chicago Public Schools, 2019). One of their strategies was to build a Stakeholders Engagement group that included the following:

- Districtwide committee known as the Social and Emotional Learning, Early Childhood Education, Safety & Security, Office of Diverse Learner Supports & Services, Law and Labor Relations.
- School staff focus groups (including deans, principals, teachers, counselors, social workers, and others).
- Chicago Teachers Union (CTU) and the Chicago Principals and Administrators Association (CPAA).
- Network chiefs and deputies
- Citywide collaborative
- Community forums
- Student focus groups (Chicago Public Schools, 2019).

In short, the CPS initiated a self-study of their practices regarding dealing with preschool children who demonstrated behavioral challenges (Stegelin, 2018). This study was undertaken within the context of a large school district's rapidly expanding preschool education programs across the entire system (Chicago Public Schools, 2019; Stegelin, 2018). During the 2013 academic year, the CPS launched the district-wide Suspensions & Expulsions Reduction Project aimed at policy change, accountability systems, resource development, professional development, and collaboration (Chicago Public Schools, 2019). In the 2014 academic year, a new Student Code of Conduct was implemented that placed strict limits on suspension and expulsion for Pre-K through Grade 2 classrooms (van Ausdal, 2015; U.S. Department of Health and Human Services and Education, 2014).

The findings were significant and demonstrated the positive impact of the self-study (Vanassche & Kelchtermans, 2016). This resulted in initiatives developed to address the preschool children's social and emotional learning needs in

a collaborative, cooperative, comprehensive, and inclusive way (Office of Early Education and Development; 2016); Stegelin, 2018). In 2011 a plan was developed to address the social and emotional needs of a growing number of preschool children who were enrolling in their school-based programs (Office of Early Education and Development; 2016). This plan included a series of efforts to educate and prepare teachers, administrators, and all school staff about the reasons and intervention options for challenging behaviors among preschool children (Office of Early Education and Development, 2016). After several years of making policy and practice changes, the 2014–2015 academic year reflected a significant shift from higher levels of preschool suspension and expulsion to substantial restorative responses to behavioral challenges (Office of Early Education and Development, 2016).

School districts across the country are beginning to address preschool children's social and emotional needs in their school-based programs (Office of Early Education and Development, 2016; Chicago Public Schools, 2019; U.S. Department of Health and Human Services and Education, 2014). These school districts are to be commended for their efforts to address the developmentally inappropriate practice of preschool suspension and expulsion (Chicago Public Schools, 2019). The CPS initiative brings together stakeholders and constituents to plan and implement policy changes sensitive to at-risk young children's needs for learning (Chicago Public Schools, 2019). Viewing their developmental needs as a necessity for responsive intervention rather than out of class suspension or expulsion is the first step in addressing these issues (Chicago Public Schools, 2019).

Recommendations for Future Policy and Research

According to the American Psychological Association, approximately half the children in this country experience trauma during their childhood (Nicholson et al., 2019). Schools are increasingly leveraged as intervention points to address childhood trauma due to the established links between childhood trauma exposure and poor child well-being outcomes (Loomis, 2018). Several organizations provide leadership to make changes in policies related to serving the needs of young children who have experienced trauma (Statman-Weil, 2015; WestED, 2019; Zero to Three, 2010). The following are recommendations for policy development to support trauma-informed early education in the United States (Giannakopoulos et al., 2014; Moon et al., 2017). They represent a compilation and synthesis of best practices related to early trauma intervention (Statman-Weil, 2015).

Workforce Recommendations

With the rapid expansion of preschool programs in the public-school sector, many professionals provide care and education for children (Giannakopoulos et al., 2014). Most of these professionals are in need of professional development related to caring for young children impacted by trauma since most teacher education programs in the United States do not include the knowledge and skill

development necessary to assess, provide intervention, and evaluate young children with these special needs (Giannakopoulos et al., 2014; Moon et al., 2017). Along with an increased focus on preschool education academics, there is also a need to increase teacher awareness and understanding of social and emotional development of young children and to recognize when children have experienced trauma (Moon et al., 2017). Based on a synthesis of recommendations, early childhood teachers, administrators, and other school professionals according to Statman-Weil (2015) should be:

- Informed about trauma and its effects on children's development and learning
- Sensitive to those effects of trauma when interacting and making decisions about interventions for these children
- Equipped with skills and knowledge that promote responsive and caring programs for children affected by all kinds of trauma (Nicholson et al., 2019)
- Capable of planning and implementing strategies that are sensitive to children with trauma and that support the overall health, healing, and well-being of these children
- Knowledgeable of an assets-based approach when working with all young trauma-impacted children and helping them build resilience
- Eager to seek professional development to strengthen their capacity to observe, understand, assess, and provide interventions for young children with trauma backgrounds
- Able to provide leadership for their organizations and embrace policies and practices that support children and families experiencing trauma

Research Recommendations

More research is needed on preschool mental health, trauma, and public-school suspension and expulsion. Foundational research by Gilliam (2005) and Gilliam et al. (2016) has contributed to our understanding of the complexity of teacher-child interactions and preschool suspension and expulsion. The research by Gilliam (2005) uncovered the alarming rate of preschool suspension and expulsion that occurs in the United States. In addition, Gilliam et al. (2016) focused on implicit teacher bias and how a teacher's perceptions of a child may be related to their suspension and expulsion rates. Gilliam's study found that suspension and expulsion were related to a preschool child's gender, size, ethnicity, and other demographics. Importantly, they found that male Latino and African American children were more likely to experience suspension or expulsion than children with different demographics (Gilliam et al., 2016).

Other areas of research needing further exploration include explaining the relationships between trauma, social-emotional development, teacher perceptions of children's behavior, and mental health issues (Centers for Disease Control and Prevention, 2019; Zeng et al., 2019).

We know that children who have experienced trauma in their early development are also more likely to demonstrate challenging behaviors and are more likely to be perceived negatively by preschool teachers (Statman-Weil, 2015). Trauma-impacted children are also more at risk for mental health issues. These children need assessment, responsive care, and education to work through their social and emotional problems (Carolan & Connors-Tadros, 2015; Eklund et al., 2018; Whitted, 2011). Finally, trauma-impacted children respond more positively to restorative strategies than exclusionary and punitive strategies (Chicago Public Schools, 2019).

With this important research in mind, the following research questions are posed (Chicago Public Schools, 2019):

1. Which strategies are most aligned with which kinds of trauma and child's gender, race, and ethnicity?
2. What kinds of professional development are most appropriate for early childhood care and education teachers and paraprofessionals to prepare them for working with young children with trauma and/or mental health issues? What content is most important to include in trauma-informed professional development? What are the most effective professional development strategies to use with teachers and other school personnel?
3. In what ways are parents engaged most successfully in interventions for trauma-informed children? What roles can parents play in the interventions process? What are home-school intervention strategies that both teachers and parents can employ?
4. Which child populations are most at-risk for trauma in their early lives? Are we including in our research immigrant children, children with diverse economic backgrounds, children with special needs, and possible gender- and race-based factors?
5. What are the perceptions of public-school administrators, program coordinators, and other decision-makers of young children with challenging behaviors? To what extent are future school administrators prepared to meet the needs of very young learners (e.g., 3- and 4-year-old children), especially those who have experienced trauma in their early lives?
6. What are the relationships between childhood trauma, preschool suspension and expulsion, and the incidence of mental health issues?
7. What research strategies—quantitative, qualitative, mixed methods—are most effective in capturing the authentic voices of trauma-impacted children or those with mental health needs?
8. How can the community most effectively provide resources for trauma-impacted preschool children and their families? How can partnerships between these community resources and schools be developed and maintained?

Policy Recommendations

While progress is being made to address the needs of young children with mental health issues and those with early traumatic experiences, as well as the harmful practice of preschool suspension and expulsion, many changes in school policies are indicated (Liming & Grube, 2018). The federal government has taken the leadership role in addressing these complex issues, supporting state-level efforts to reduce preschool expulsion and suspension, and reinforcing the understanding of the federal Individuals with Disabilities Education Act (IDEA) to protect the rights of children with special needs or disabilities without discrimination (Office of Early Education and Development, 2016; U.S. Department of Education, 2014; U.S. Department of Health and Human Services and Education, 2014).

Based on a review of the policy literature, the following recommendations are made for policy development at the state and local levels:

- Establish developmentally appropriate expulsion and suspension policies for preschool programs in the schools, implement them without bias, and set a goal of eliminating this practice.
- Invest in and support an informed and skilled workforce that includes professional development for preschool teachers and school staff related to trauma-impacts on child development, responsive strategies to address the child's social and emotional needs, and the needs of teachers related to secondary trauma and stress as well as individual teacher's implicit biases toward children.
- Address mental health issues of preschool children from a health perspective rather than a disciplinary perspective. Identify and provide resources in the school to meet the unique mental health needs of very young children, including hiring of early childhood mental health specialists, reduced class sizes, and lower child to teacher ratios. Seek additional funding for health purposes.
- Engage parents of trauma-impacted children and collaborate with the family to develop both home- and school-based strategies to support and provide consistency for the child.
- Provide comprehensive developmental and behavioral screening for all preschool children as part of the induction process into the school setting.
- Set goals and track data on all preschool children so that interventions are data driven.
- Provide individualized education/intervention plans for each child identified as trauma-impacted or needing mental health services.
- Engage the school administrators, teachers, and all professional staff in professional development and training on federal legislation and guidelines for preschool children with special needs (IDEA) and how schools can build a sense of a caring community for all students and families.

With these recommendations for research, policy, and practice, school districts will be better able to serve the preschool student population with mental health and trauma-related needs. Creating innovative partnerships between education and health providers is a good start toward building a trauma-informed and restorative approach to early education. Punitive practices, such as suspension and expulsion, should decline and become unnecessary.

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Appendix A

Defining Suspension and Expulsion

Suspension

- **In School/Program Suspension:** The child is temporarily removed from classroom and/or class peers. Child is sent to some other part of the school/program (e.g., other classroom, director's office) for part of the day or multiple days in response to problem behavior. This includes when the child is removed from the classroom to spend extended time with administrator, counselor, behavior therapist or another adult.
- **Short Term Out-of-School/Program Suspension:** Child is sent home for some part of the school/program day in response to problem behavior.
- **Out-of-School/Program Suspension:** Child is not allowed to return to school/program for one or more days in response to problem behavior.
- **For children with disabilities served under IDEA (with an IEP or IFSP):** Out-of-school/program suspension is an instance in which a child is temporarily removed from his/her regular school/program to another setting (e.g., home, behavior center) for at least half a day in response to problem behavior. Out-of-school/program suspensions include both removals in which no individualized family service plan (IFSP) or individualized education program (IEP) services are provided because the removal is 10 days or less as well as removals in which the child continues to receive services according to his/her IFSP or IEP.

Expulsion

Expulsion/Dismissal: Permanent dismissal of the child from the program in response to problem behavior. Does not include transition to another program, service, or classroom (e.g., special education, transitional classroom, or therapeutic preschool program) deemed more appropriate for the child if done in collaboration with the family and the receiving classroom, program or service.

Source: National Center for Pyramid Model Innovations (NCMPI) <https://challengingbehavior.cbcs.usf.edu/Pyramid/suspension.html>)

Appendix B

Resources for School Professionals

Professional Organizations

- National Association for the Education of Young Children (NAEYC)
Creating Trauma-Sensitive Classrooms
<http://www.naeyc.org/resources/pubs/yc/may2015/trauma-sensitive-classrooms>
- Centers for Disease Control and Prevention (CDC)
Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence
CDC: Childhood trauma is a public health issue
<http://www.npr.org/sections/health-shots/2019/11/05/776550377/cdc-childhood-trauma-i>
- Administration for Children and Families (ACF).
Expulsion and suspension prevention webinar series.
Webinar 2: Reducing Suspension and Expulsion Practices in Early Childhood. Department of Health and Human Services, Washington, DC 20037.
<https://www.acf.hhs.gov/ecd/child-health-development/reducing-suspension-and-expulsion-practices>
- United States Department of Health and Human Services and Education
Joint policy statement on suspension and expulsion policies in early childhood settings.
<https://www2.ed.gov/policy/gen/guid/school-discipline/policy-statement-ece-expulsions-suspensions.pdf>
- United States Department of Education, Office for Civil Rights
Data Snapshot: Early Childhood Education Highlights. Issues Brief #2. Washington, DC. <http://ocrdata.ed.gov>
- Zero to Three: Infant and Early Childhood Mental Health
“Infant mental health” refers to how well a child develops socially and emotionally from birth to three. Understanding infant mental health is the key to preventing and treating the mental health problems of very young children and their families.
<http://www.zerotothree.org/espanol/infant-and-early-childhood-mental-health>

Books

- Nicholson, J., Perez, L., & Kurtz, J. (2019). *Trauma-Informed Practices for Early Childhood Educators – Relationship Based Approaches that Support Healing and Build Resilience in Young Children, First Edition*, Routledge Publishers.
- Souers, K. & Hall, P. (2018). *Creating a Trauma-Sensitive Classroom*. ASCD Publishers.
- Souers, K. & Hall, P. (2016). *Fostering Resilient Learners: Strategies for Creating a Trauma-Sensitive Classroom*. ASCD Publishers.

Online Articles

- 50,000 preschoolers are suspended each year. Can mental...
<http://www.nbcnews.com/news/us-news/50-000-preschoolers-are-suspended-each-year-can-mental-health-n962691>an 26, 2019. Mental health consultants aim to equip early childhood teachers with the tools they need.
- Should Childhood Trauma Be Treated as A Public Health Crisis? <http://www.npr.org/sections/health-shots/2018/11/09/666143092/should-childhood-trauma...>

Researchers followed a group of kids from childhood into adulthood to track the link between trauma in early life and adult mental health.
- Childhood Trauma Tied to Greater Social Dysfunction in ...
psychcentral.com/news/2018/09/14/childhood-trauma-tied-to-greater-social...

Childhood trauma is tied to impaired social cognition in adults diagnosed with major psychiatric disorders, according to a new Irish study published in the journal European Psychiatry.
- Childhood Trauma and Chronic Illness in Adulthood: Mental ...
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3153850>

Mental health and socioeconomic status are also tested as buffers against the typically adverse consequences of childhood trauma. The results suggest mental health and socioeconomic status partially explain the association of childhood trauma with chronic illness in adulthood, with mental health showing a stronger effect.

Authors

Dolores (Dee) Stegelin, PhD, is a professor emeritus at Clemson University where she serves on the advisory board of the Emeritus College and the steering committee of the US Play Coalition, headquartered at Clemson University. She was a professor in the College of Education with an area of expertise in early childhood education. Her research interests are public policy, public school preschool programs, and professional development for professionals serving students with traumatic experiences and mental health needs. Dr. Stegelin is a Research Fellow for the National Dropout Prevention Center and Successful Practices Network. She is the author of numerous journal articles and several books.

Carmen Leggett, PhD, is a recent graduate of Walden University where she earned her doctorate in Human Services. She has spent years cultivating social change by advocating for military families, promoting violence-free environments, and increased educational opportunities to enhance quality of life. Dr. Leggett's research interests include adoption and education. She is retired from the United States Army and currently serving as the Family Advocacy Program Manager, USAG Italy, and as a mentor for PhD candidates at Walden University.

Diane Ricketts, PhD, is an adjunct instructor and a Director for a structural engineering company. She was appointed by the Cayman Islands Government as a Guardian Ad Litem, effective May 2020. Dr. Ricketts represents infants' interests, the unborn, children, or incompetent persons involved in various legal actions before the courts in the Cayman Islands. She has volunteered on multiple committees that mentor young people, advancing youth's lives globally. She currently works for a non-profit organization.

Misty Bryant, PhD, has been a Program Director for a nonprofit organization since 2015 and an Education Consultant since 2017. Dr. Bryant is a recent graduate of Walden University with a PhD in Human Services. She spent 17 years providing school-based preparatory one-to-one mentoring and group mentoring for students who require academic, social, and developmental support. Dr. Bryant is a mentor for Walden University doctoral candidates and the lead mentor trainer for undergraduate students seeking mentor opportunities for local nonprofit organizations.

Chanci Peterson, MSHS, is pursuing a doctorate in Human and Social Services at Walden University. Her research interests are parenting, adolescent behavior, relationship studies, and familial research. She is a member of the National Society of Leadership and Success as well as the Tau Upsilon Alpha Honor Society.

Andrea Holzner, MPH, is pursuing a doctorate in Gerontology at Walden University. She is a doctoral mentor and National Society of Leadership and Success member. Her career has been spent in advocacy for aging and disability policy, ethical standards, and human rights. She maintains a clinical practice for comprehensive aging treatment planning. While she is finishing her qualitative research, she focuses on rural aging sustainability in the United States and globally with Aging Nepal. Additionally, she volunteers for organizations focusing on aging rights and age-related issues.

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