

Fall 2021

ESTABLISHING TRAUMA-INFORMED PRACTICES WITHIN THE EARLY LEARNING ENVIRONMENT

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ESTABLISHING TRAUMA-INFORMED PRACTICES
WITHIN THE EARLY LEARNING ENVIRONMENT

by

Daria Monet Castor

Submitted to the School of Honors Committee

in partial fulfillment

of the requirements for University Honors Scholars

Southeastern University

2021

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2021

Acknowledgement

I'd like to thank my advisor, Dr. Lisa Ciganek, for believing in me and challenging me. Thank you for guiding me through my thesis journey and consistently encouraging me to dive deeper into the vital issue of childhood trauma. Dr. Lisa Ciganek's passion for teaching is overflowing and her intentionality is inspiring.

Abstract

Nearly half of US children have experienced one or more types of serious trauma with rates continually increasing. Early childhood educators get a first-hand encounter with childhood trauma as it affects the learning and behavior of young students. Young children process their trauma differently whether that be through behavioral issues or a withdrawn demeanor. Building strong, positive relationships with students and creating a safe learning environment are practical methods used by educators when working with traumatized young learners, however there is much more to be done to best meet the needs of these students. This thesis emphasizes the detrimental effects of early trauma on brain development and education with an exploration of current literature. This qualitative study, involving a variety of stakeholders within early childhood education, reveals a notable need for an implementation of trauma-informed practices and professional development training within the early learning environment.

KEY WORDS: trauma, early childhood education, early learning, child development, trauma effects, early trauma, teacher training, professional development, early childhood educators, trauma-informed practices

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Establishing Trauma-Informed Practices within the Early Learning Environment

Introduction

Imagine walking through the woods and encountering an infuriated grizzly bear. You freeze and have to make a decision...are you going to fight the bear or are you going to run from the bear? This is a prime example of the fight/flight theory of stress. This theory suggests that when we see a stressor, our brain tells our body to release powerful chemicals. Our brain sends signals to the hypothalamus, pituitary gland, and adrenal gland, releasing chemicals like adrenaline, noradrenaline, and cortisol. We enter a high state of alert, such as increased heart rate and blood pressure. We sweat, sometimes even vomit, in this high alert state (Wright, n.d.). However, what happens when the bear is what a child comes home to every day? This constant state of fear is what it is like for a child living in trauma. Their high state of alert is consistently on, therefore causing these signals to the brain and chemical releases to be occurring on a much regular basis than it was designed to be.

This thesis is designed to show the extent to which trauma affects early learning and the need for further training in trauma-informed practices for early childhood educators. The content begins with a review of literature showing the great depth of trauma's effect on early learning with an emphasis on Adverse Childhood Experiences. The content continues with a qualitative study consisting of interviews with eight different stakeholders (early childhood educators, a school counselor, a child psychologist, and a mental health facilitator of public schools). The participants of the study were asked a series of questions revolving around their personal experience working with traumatized young learners, trainings they have taken to meet the needs of these students, and their opinion on educators being properly equipped to handle behaviors that arise in the classroom as a result of trauma. The complete interview guide is available in the

methodology chapter as well as in Appendix A. The interview data was analyzed and concludes with a need for applicable methods to be implemented in the early learning classroom. This data reveals a great need for early childhood educator training in their work with children who suffer from trauma. This is a relevant and important need in our school system, especially in the primary years as brain development is vital for a firm educational foundation.

Review of Literature

Introduction

According to the American Psychological Association, trauma is referred to as an emotional response to a terrible event, such as an accident, rape, natural disaster, abuse, or neglect. Nearly half of the United States children have experienced at least one or more types of serious childhood trauma, which translates to almost thirty-five million children nationwide (Stevens, 2013). With this being said, what are the effects of this trauma? Specifically, how does this trauma-induced stress affect a child's academic success in their primary grades? What types of behaviors seen in the classroom are a result of trauma? How, as early childhood educators, do we meet the needs of these young traumatized learners? Through my research on this concept, I will be discussing the Adverse Childhood Experiences (ACEs), neurological effects and how this translates into student behavior, childhood trauma due to the COVID-19 pandemic, long-term effects of trauma, and conclude with an overview of my research. My desire is to use this research to develop strategies and techniques that can be applied to the early childhood classroom in order to best meet the needs of young learners who have faced trauma or are currently facing trauma.

Adverse Childhood Experiences

Adverse Childhood Experiences, also known as ACEs, refers to the prolonged exposure of children to traumatic events that may have immediate lifelong impact. ACEs includes child maltreatment (verbal/emotional, physical, or sexual abuse), household dysfunction (mentally ill parent, substance abusing, death of parent, domestic violence), community violence, and natural disasters (Blodgett & Lanigan, 2018). Through studies and research, it has been shown that a students' adverse childhood experiences can determine their academic success, therefore

reinforcing the concept of trauma playing a detrimental effect on a child's education. There are three types of stress: positive stress, tolerable stress, and toxic stress. The ACES fall in the toxic stress category with prolonged activation of body's stress response to frequent, intense situations/events. When toxic stress is not properly addressed or reduced, it can lead to long-term issues (Joining Forces for Children, 2021). There is further emphasis on the gap in research on trauma effects seen in early childhood education: The proximal effects of ACE exposure on childhood physical health, mental health, and academic outcomes have received limited research attention. Although a multitude of studies have examined the effects of ACE exposure in adulthood, the literature regarding children remains limited. In a survey conducted by the National Child Traumatic Stress Network, 63 clinicians treating 1,699 children reported that patients had been exposed to a mean of 2.9 childhood traumas, with the most frequent types being child emotional abuse, loss, impaired caregiver, and domestic violence. Three quarters of the children experienced multiple events or continuing trauma exposure. The most frequent posttraumatic sequelae reported were affect dysregulation, attention/ concentration, negative self-image, impulse control, and aggression/ risk-taking. Although this study did not use the ACE framework, several of the ACE indicators are embedded in the adversity exposures examined (Blodgett & Lanigan, 2018).

I hope to bridge this gap in research and conduct my own study to see how the ACEs can contribute to an early childhood educators' strategy when teaching a student who has experienced or is currently experiencing trauma. Early childhood educators are in the position of early identification of ACEs and contribute to the development of protective skills (Sciaraffa & Zeanah, 2017). How can educators identify the signs of trauma in a young learner? Trauma

appears in the classroom through a multitude of ways, however the most common is through student behavior and academic success.

Neurological Effects and Student Behavior

Having a consistent release of chemicals due to the constant implication of fear can create some intense neurological effects, resulting in academic learning issues and leading to a decline in student success. Sciaraffa & Zeanah (2017) stated that, “According to epigenetics research, toxic stress has the capacity to physically change a child’s brain and be hardwired into the child’s biology via genes in the DNA”. Moreover, this frustration can be displayed through behavior issues. These behaviors can appear in aggression, attention seeking, or a withdrawn demeanor. The neurological effects on a young learner who has experienced trauma is valuable for an educator to understand because, “the neurobiology of youth who have undergone trauma is essential for those individuals providing care and services to this vulnerable and at-risk population. When there is a traumatic event or ongoing situation in which the child is in danger, his or her brain initiates neurochemical changes internally that result in external behavior and actions” (Leitch, 2017). Consequentially, some of these children have behavioral problems, trouble at school, and difficulty making and maintaining relationships—due in part to maladaptive, neurochemical changes in their brain because of inflicted trauma (Children’s Bureau, 2014). When these children, who may be labeled as “troubled,” disobey commands and/or do not follow rules, adults can become very frustrated after their attempts at correcting the situation are unsuccessful. The adult’s reaction, fueled by frustration and lack of understanding, may actually trigger the child further. Adults who care for potentially traumatized youth need education on the internal neurobiology in order to comprehend the external actions of the child. Iacona (2018) stated that, “It is only then that the adult may be able to effectively engage with

the child and mitigate the potential for triggering the child into crisis mode (Leitch, 2017)". Dr. Allen spoke in her lecture entitled "Behavior and the Brain" about the three sections of the brain: the brain stem (survival state), the limbic system (emotional state), and the executive state (prefrontal lobes). A student must feel safety in order to move from the survival state of the brain to the emotional state where connection is formed. Once this connection is formed, learning will be able to take place (Dr. Allen, 2021). When a child is "acting out" in class, it is easy as an educator to become frustrated with the disturbance. However, an educator should not punish the behavior, but rather guide and teach the student how to move from their brain stem survival state towards their prefrontal lobe executive state. In other words, this conscious practice is guiding these students towards problem solving skills. This is especially important for early childhood educators to understand because in preschool-aged students trauma symptoms commonly consist of internalizing or externalizing behaviors, social emotional difficulties, behavioral reenactment, and even physical symptoms (Choi, 2018). Having knowledge on how these neurological effects of trauma lead to an early learner's behavior in the classroom can help an educator to understand the reasoning behind the behavior, as well as be able to provide the best strategies to meet the students' needs in order to support academic success. Behavior is a child's form of communication and their call for help. The brain's design shows that safety and connection need to be form first in order to move in the direction of learning. When students do not feel safe or connected, success in academics will not occur.

Childhood Trauma due to the COVID-19 Pandemic

The COVID-19 Pandemic swept across the nation in March 2020. For the past year and eight months, education has been greatly affected by this virus. With virtual teaching, quarantined classrooms, and widespread fear this virus has cause childhood trauma rates to

dramatically increase. Children who are currently in second grade have yet to experience a normal school year as COVID-19 came to our nation during their kindergarten year. These students do not know what school is like without masks, virtual teaching, and quarantining. Moreover, students who do not have a strong parental figure at home are not getting their fundamental years of education as they are not being encouraged to log onto their virtual classes. This could lead to great barriers in the future as these young learners' foundational years of education are being deeply affected by the pandemic. The National Child Traumatic Stress Network (2021) stated, "The pandemic disrupts feelings of safety and protection for many children and families, leading to elevated stress responses and potentially compounding the impact of other stressors. The pandemic has added layers to experiences of trauma and adversity, such as death of a loved one, illness, intimate partner violence, child abuse, poverty, and more." For some children, school is their safe place and their only source of food. With virtual teaching, some students are not only losing their source of food, but also their source of safety. Students living in a household of child abuse, domestic violence, substance abusing parents, or mentally ill parents are experiencing trauma daily, especially during times of quarantining and lockdowns. Moreover, some young children have been experiencing death of parents or close relatives due to COVID-19. The National Child Traumatic Stress Network (2021) noted that, "For children and families who have experienced prior trauma, the pandemic causes additional stress, trauma, loss, and adversity, and compounds the impact of certain traumatic experiences. The pandemic highlights and exacerbates system inequalities and disparities regarding access to physical and mental health care, and reduces access to necessary supports, including resources to meet basic needs. We know that for children who have trauma histories, danger and safety are primary concerns. Traumatic experiences can undermine

children's sense of safety, magnify their perceptions of danger to themselves and others, and make it more difficult to distinguish between safe and unsafe situations." Students are living in fear more than ever before. They are experience fear of getting sick, spreading the virus, bringing COVID-19 home to their families from school, or even fear of their basic needs being met. This emphasizes the need for educators to become trauma-aware and knowledgeable of trauma-informed practices as this is a very prominent and timely issue in the current world.

There was a study conducted in 2020 in West Texas on the increase of child abuse injuries during the COVID-19 pandemic. This study noted that, "The COVID-19 pandemic led to a rapid increase in unemployment and business closures, leaving many families in psychosocial distress and putting the well-being and healthy development of children at risk. There was a sharp increase in cases of child abuse presenting to our institution during the year 2020" (Garcia, Wyatt, Tucker, & Dissanaike, 2021). This study showed the percentage of deaths from child abuse in West Texas was 0% in 2015 and 2016 and jumped to 13.5% in 2020 (Garcia, Wyatt, Tucker, & Dissanaike, 2021). As seen from this study, childhood trauma is rising due to the stress brought by the COVID-19 pandemic. Based upon research, this increased childhood trauma will affect student learning and behaviors within the classroom environment. This calls for a need of early childhood educators who are well-informed, prepared, and trained on how to educate the coming generation of children who have been raised in a pandemic. This issue is vital for educators to be aware of and is essential for educators to understand when working with young learners during the current times of our nation.

Long Term Effects

Scientists have concluded that humans who indicated having early adverse experiences may have lasting effects on their stress-responses, brain structures, and affective processing.

Moreover, many maltreated children struggle with their academic success all the way up to post-secondary education. This is highly due to their struggling attendance rates, which is one of the fundamental components of academic success. When the students do not attend school, they quickly fall behind on course work and lack the ability to adapt to structure of their classrooms (Paiva, 2019).

Childhood trauma leads to a variety of long-term effects. Waldron (2019) discussed these long-term effects in his research and stated, “childhood trauma is a risk factor for the development of depression and other mood disorders in adolescence”. Two studies conducted showed that maltreatment or trauma in childhood was associated with increased prevalence of major depression and depressive symptoms in adolescence (Copeland, Keeler, Angold, & Costello, 2007; Lansford et al., 2002). Among a sample of 1,420 adolescents’ representative of the U.S. population, it was found that, “children exposed to traumatic events were three times more likely to have a depressive disorder than children who were not exposed” (Copeland, Keeler, Angold, & Costello, 2007; Lansford et al., 2002).

Research has also shown adult relationships being affected by one’s childhood trauma experiences. I have noticed there is a great abundance of research done on these long-term effects of trauma. However, I wanted to focus my attention on the effects seen in early childhood classrooms and how those educators could use this information and apply it. There appeared to be a gap in research regarding trauma associated to early childhood education specifically. This resulted in having to dig deeper to find articles that related to the effects of trauma seen in the preschool to third grade population of students. Briggs (2010) discussed this by stating, “Despite increasing focus on the impact of early adverse experiences, surprisingly little is known about how the effects of early exposures manifest in children younger than 5

years, whether specific types of events (e.g., violence exposure) are particularly detrimental, and whether these effects are independent of key contextual factors, such as economic disadvantage and parental symptoms”. The effects of trauma on young learners needs to be further researched, which I am aiming to achieve through this thesis.

Conclusion

As seen through research, childhood trauma plays quite a role in academic success, student behavior, and leads to a lifetime of effects. Due to the neurological effects of trauma, students as young as preschool-age can be seen displaying behaviors that are due to the exposure of trauma. The problem I am trying to solve through my thesis is how an early childhood educator takes this knowledge and applies it appropriately in the classroom in order to effectively lead those students towards academic success. There are some trauma-informed education programs, but due to the increasing numbers of low academic success and behavioral issues in correlation with childhood trauma, I believe there may be a better trauma-informed curriculum that could specifically guide early childhood educators. Some of these trauma-informed education programs encourage establishing a climate of supportive cooperation (Sitler, 2009) and resilience, which relates to the process of positive adaptation in the face of adversity (Lipscomb, 2019). Trauma-informed education and/or care has a goal to improve prevention, treatment and outcome for the students in order to reduce the prevalence and impact of trauma (Fredrickson, 2019). However, many early childhood educators do not feel like they are getting the right tools they need in order to reach that goal. For example, “There is a clear need for applied evidence-informed interventions and trainings to help young children who have experienced traumatic situations and those who care for them. Yet, few developmentally appropriate options exist, particularly when the goal is not only to address the specific child in need but also to create an

overall trauma- informed model that can help build the resiliency of the larger community” (Holmes, 2015). It is important to keep in mind the promise of new approaches along with the limited evidence base to date (Bartlett, 2019). The research discussed emphasizes the need for more early childhood based trainings for educators in supporting young students who have faced trauma. In my study, the need for educator trainings will be investigated in order to best fit the needs of these young learners.

Methodology

The methodology for this study consisted of conducting interviews of local early childhood educators, elementary school counselors, elementary school mental health facilitators, and local child psychologists throughout central Florida.

The early childhood teachers, school counselors, mental health facilitators, and psychologists who were interviewed were chosen from schools in the central Florida region. Nineteen emails were sent out and eight responded with interest in participating in the research project. Of the interviews conducted, there were five early childhood educators from various schools, one school counselor, one mental health facilitator for local public schools, and one child psychologist.

These interviews were conducted to gain a better perspective on what trauma is, how it impacts young learners, how they work with young students who have experienced trauma, and if there is a need for further educator training on trauma-informed teaching. The problem I want to solve is how to best teach students who have been affected by trauma. Because there is a strong correlation between exposure to trauma and failure to succeed in school, I wanted to study the effects of trauma on young children's learning and behavior. These interviews allowed for individual perspectives to be studied in order to gain a better overall understanding of how trauma affects early childhood students in their educational journey.

All of the participants in the study will be referred to throughout the paper as Participant #1-8 in order to ensure confidentiality of the participants. Each interview was set up through email and each participant was given the choice between face to face interview or Zoom/Google Hangout interview.

The questions were based on information gathered from the research on how trauma affects early childhood education, outlined in the Literature Review chapter. The questions were formatted to answer the research questions asked within the introduction of this thesis, with the goal to understand how educators can better reach young students who have experienced trauma.

The questions are as follows:

1. Tell me about your experience working with young children who have experienced or are currently experiencing trauma.
2. In your opinion, does experiencing trauma in the early childhood (PreK-3rd grade) make a difference on a student's learning abilities as opposed to experiencing trauma in the later years of education?
3. What types of trainings have you taken in order to meet the needs of traumatized young learners?
4. How do you know if a child has experienced or is currently experiencing trauma?
5. What does a traumatized child's academic capabilities and behavior look like, from your experience?
6. How do you best meet the needs of a young child who has experienced or is currently experiencing trauma?
7. Do you feel that there needs to be more advanced training for early childhood educators on trauma-informed teaching?
 - a) Who do you believe would benefit from these trainings?
 - b) What type of training would be helpful?

The interviews were conducted one-on-one, either face to face at the participants' place of work or through a Zoom/Google Hangout format. Each participant consented to allow for the

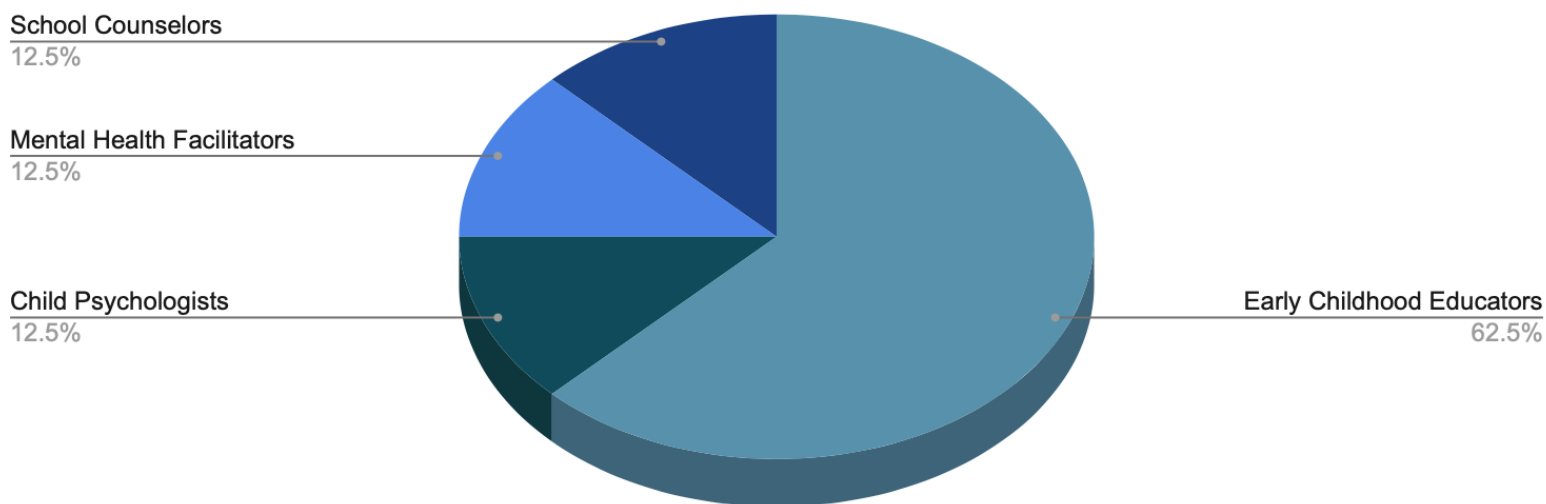
interview to be recorded, which was transcribed to allow for better analysis and accuracy of data. Their responses are summarized within the next chapter. A copy of the interview guide (Appendix A), initial contact email (Appendix B), interview consent form (Appendix C), IRB approval (Appendix D) and a data analysis codebook (Appendix E) are included within the appendices.

Analysis of Data

The data analyzed in this thesis came from a research study conducted on the topic of how trauma affects early childhood education (preK-3rd grade). Nineteen potential participants were invited to participate in individual interviews about trauma-informed practices in early childhood education. Eight participants agreed to take part in the study and subsequently signed a consent form (Appendix C). The participants of this study consisted of: five early childhood educators (three from a public school, one from a private Christian school, and one from a charter school in Polk County, Florida), a local child psychologist, a Polk County mental health facilitator, and a school counselor/social worker in Hillsborough County, Florida. Below are two figures showing the demographics of all participants in this study. I wanted to ensure that this study was well-rounded and include perspectives of multiple different stakeholders in education, not just a teacher's point of view of this topic.

Figure 1.1: Study Participants

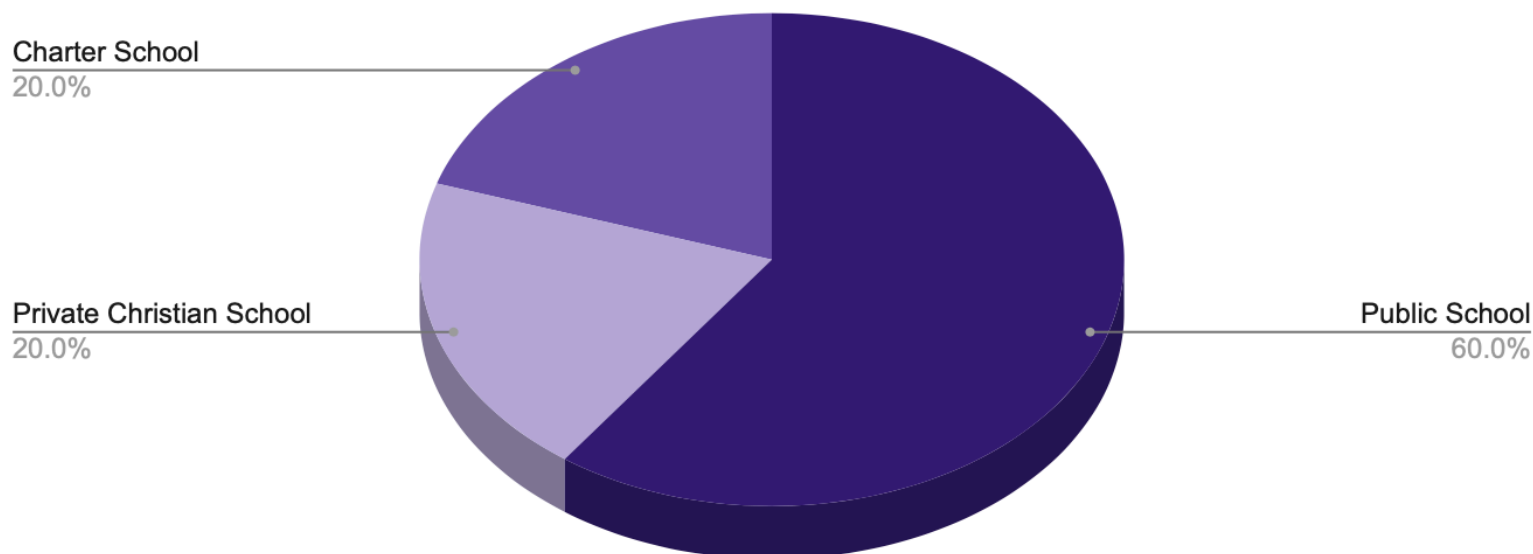
Study Participants



Furthermore, I wanted to ensure that the early childhood educators interviewed for this study came from different types of schools to provide a variety of educator perspectives.

Figure 1.2: Variation of Early Childhood Educator Participants

Variation of Early Childhood Educator Participants



All participants were provided the same questions (refer to Interview Guide in Appendix A). The interviews of these eight participants gave a range of perspectives on the effects of trauma on early childhood education. Although all participants were asked the same questions, responses varied based on the participant's occupation and role within the realm of education. Throughout the discussion of data, participants will be labeled as Participant #1-#8 in order to ensure confidentiality of the participants.

In order to analyze the data collected, transcripts were thoroughly read multiple times while color-coding for key points made and commonalities among participants' answers. With

the usage of different colored sticky notes, each color represented a different topic discussed throughout the interviews. Orange labeled an idea brought up by a participant during questioning. Trauma indicators discussed throughout interviews were labeled in yellow. Pink represented when a participant discussed a need for teacher training and resources. Some trauma-informed practices that the participants are aware of were labeled in green and other comments unrelated directly to the interview questions were labeled in blue. All key quotes from the eight participants were categorized into the topics: trauma indicators, need for training/resources, awareness of trauma-informed practices, ideas brought up through questioning, and additional comments. This can be located in the data analysis codebook (Appendix E).

Through the analysis of the data collected, it was discovered that there is a strong need for establishing trauma-informed practices within the early learning environment. One of the major findings through these interviews is that 100% of participants agree on three important key concepts: 1) experiencing trauma in the early childhood does make a difference on student's learning abilities as opposed to experiencing trauma in later years of education due to exponential brain development occurring in the crucial preK-3rd grade window, 2) there should be more advanced training for early childhood educators on trauma-informed teaching, and 3) not just teachers, but all involved in early childhood education (such as administration) would benefit from further trainings on trauma-informed practices.

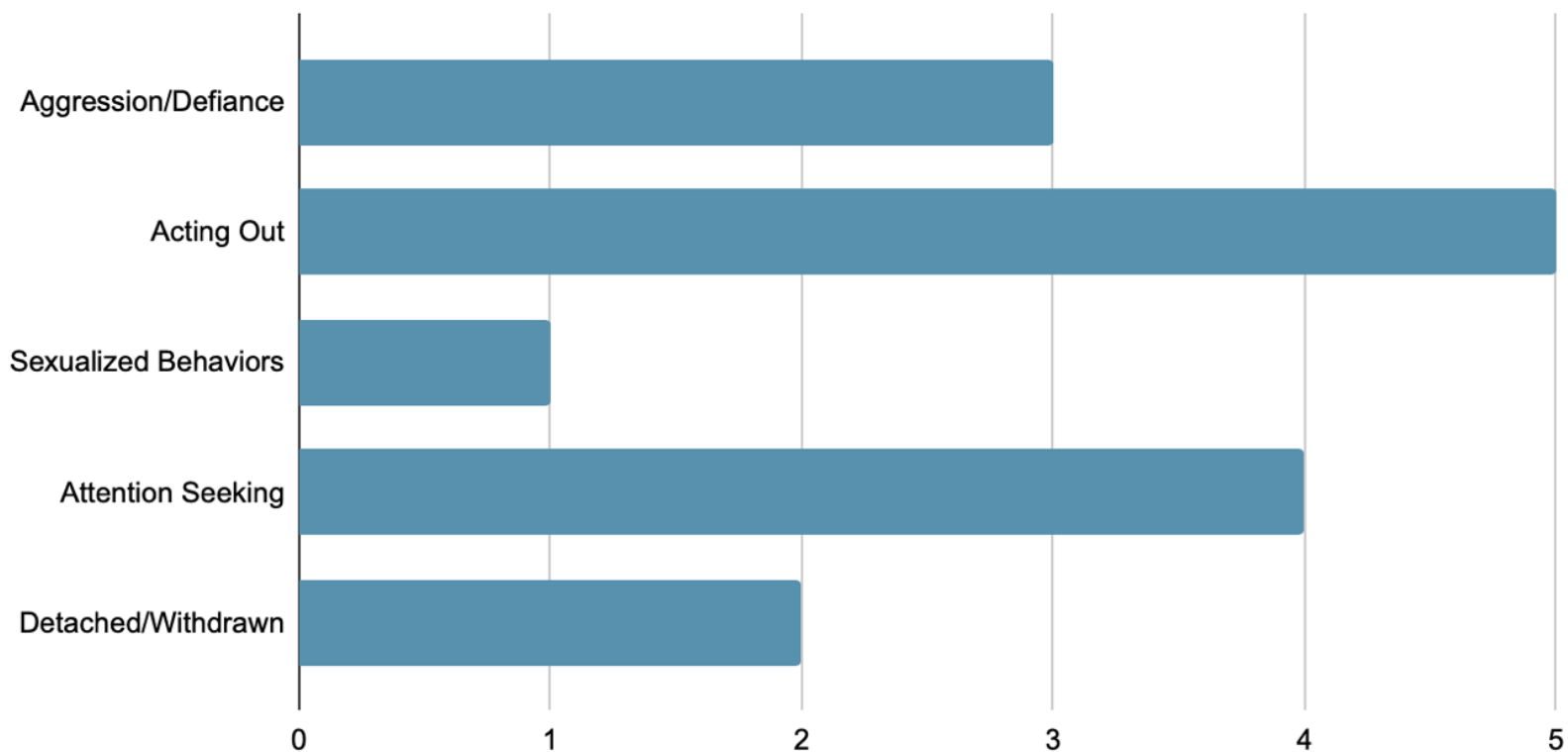
Participants were asked about trauma indicators in their experience with young children. Participant #6 stated, "we have a prevalence rate of 20% of people who have been traumatized, get PTSD symptoms. Well that other 80% may appear normal or unscathed, when in reality, they are still emotionally affected by things and trying to process that stuff. They're just able to

put the mask of looking like everything's okay and that's really a way of trying to cope with things." For young children, however, behavior tends to be their best form of communication when processing trauma. Some students don't display common behaviors, as every human's coping skills are unique to the individual. They may be withdrawn or even mask their emotional processing, as Participant #6 mentioned, yet are still able to achieve high grades. Participant #2 stated, "He was very high achieving student, a very bright boy, but behaviorally, he had a lot of difficulties. There was a lot of acting out, a lot of calling out, being silly or obnoxious. But he was very high achieving, considering all the things that were going on at home." This analysis of data emphasized that a young child's learning abilities may not be an indicator of trauma, however behavior is a very common sign of trauma within the classroom environment.

Across all participants, there were many mentions of behaviors that indicate a student has experienced trauma. Participant #3 emphasized that not all behaviors of traumatized students appear the same. Participant #3 stated, "...depending on each child, there is not a 'cookie cutter' as far as what we would see, but I would say the biggest one is attention-seeking behaviors." Participant #6 stated, "Just like adults, kids can present a variety of different ways. Anything that seems kind of atypical, or kind of raises the hairs on the back of your neck or gives that kind of indication that something doesn't feel right, that kind of is the first indication that something could be wrong." Below is a figure that displays the types of behaviors mentioned by participants as common among students who have experienced trauma.

Figure 2.1: Behaviors Mentioned by Participants

Behaviors Mentioned by Participants



All these behaviors being shown inside of early learning classrooms leads into the conversation of a need for trauma-informed training. Participant #1 made a notable statement during the interview, “I’m not trained on how to deal with that emotional support and comforting them...I wouldn’t say that there’s any specific courses that you learned in college, actually for a fact there’s none. Not in education anyways. You’re just going with what happens on the fly. So, you have to be, as a teacher, very adaptable to any situation.” Participant #3 stated, “We want to be proactive in every area and especially trauma, but it seems like it’s very much reactive training...this is the first year we are getting emails on how to deal with trauma.” Participant #2 agreed when stating, “...with everything that has happened this year, we have experienced a lot

of that. ‘On the fly’ training and we didn’t know how that was going to get handled...a lot of it is just kind of learning as you go”. This reactive, “on the fly” responses towards traumatized students can lead to improper practices being performed in the classroom out of frustration. This further emphasized the idea that educators need training on trauma-informed practices, especially within the early learning environment. Participant #6 mentioned that, “Educators are the ones that in my experience, are typically going to notice at first...people who are involved in early childhood education have great intuition.” This statement reinforces the importance of trauma-informed educators as the ones working with the students daily. However, training for educators begins with administration. Participant #8 notes that, “It starts with administration, whatever administration feels is important is what’s going to be shared across to the teachers, and it’s going to be pushed.” This statement brought up the concept of trauma-informed administration as the pathway to trauma-informed educators.

My goal in conducting this study was to create applicable and practical methods that early childhood educators can use within their early learning environments to best meet the needs of the students who have experienced trauma. Some excellent practices were collected through participant’s responses in the interviews. One of the strongest responses was building positive relationships with each student in the classroom. Building relationships with these students was mentioned six times throughout the eight interviews. Participant #3 mentioned “Find that one thing that they love, if it’s food incentives or a behavior chart, and from there you can begin to build structure.” Another mention by multiple participants was the importance of stability and consistency when working with a traumatized early learner. Participant #6 stated, “I think the biggest things are just like with all kids they need stability and consistency. They need someone who’s going to listen or at least be there with them, even if they can’t verbalize what’s going on

or how they're feeling. They just need that sense of a connection to someone who's trustworthy...showing that you're paying active, close attention to everything they're doing is incredibly impactful." Participant #7 brought up the concept of, "starting emotional lessons within the schools...teaching breathing and how to calm down, helping them learn how to regulate and plan to build every year on that." Participant #8 stressed on the need for educators to have empathy and compassion towards these students. This participant made a strong statement when stating, "I'm a huge believer in building rapport and relationships and getting to know who the student is for themselves and not their caseload that follows them."

At the completion of this study, I discovered the strong relevance of trauma's effect on the learning environment and the high need for trainings, not only for early childhood educators, but also for administration, as they are the leaders of the educational team within a school. Through this study, it is also seen that teachers need resources to help them work with and meet the needs of learners who may have difficult behaviors or an impediment in brain development due to trauma. Most importantly, educators need to have empathy and compassion for these students and be knowledgeable on how to guide them on their pathway towards success in academics and in life.

Conclusion

The research presented and the study conducted establish a strong need for early childhood educator training in the realm of trauma-informed practices. Many educators are unaware of trauma's damaging effects on a young learner's brain and behavior. Moreover, trauma is highly common and becoming more prominent as we are currently navigating through a global pandemic. One modern approach to this issue is conscious discipline. Educators are slowly moving from traditional discipline towards conscious discipline, especially when working with young students who have experienced some form of trauma in their lives. Traditional discipline is founded on rules that are upheld through reward and punishment, whereas conscious discipline is the idea that a teacher must change themselves first and model expectations for students through self-regulation.

The first step towards training early childhood educators is through gaining knowledge of how trauma affects the brain and translates into behaviors seen in the classroom. Educators must meet their students at their base needs of safety and belongingness in order to move a child towards executive functioning. Once a student's basic needs are met, they can begin to move out of their "survival mode" and towards learning. Examples of appropriate practices to use when working with a traumatized learner would be providing empathy and compassion for the student, addressing the student's basic needs first, building a positive relationship with the student, modeling expectations, and creating a classroom environment that is stable, safe, and consistent. Through additional professional development, early childhood educators will be able to educate themselves on how trauma affects their students and be able to implement these appropriate practices within their classrooms.

In regard to my qualitative study, the strengths included a high relevancy to today's classrooms, as well as the impact this information can have on the next generation of early childhood educators. This information is even more applicable now due to childhood trauma rates continually increasing due to the COVID-19 pandemic. A weakness of my study was the response rate as I only received eight participants out of my nineteen emails sent out. However, I was able to get at least one participant from each of the four professions I pursued. This makes the study well-rounded in perspectives, but not representative of a large demographic. My study was conducted in the spring where most educators are focused on end-of-year testing, as well as the impact COVID-19 has had on classrooms. If I were to expand this study, I would use participants outside of Polk County and across the state or even the country in order to reach a larger demographic.

If I were to continue with this work, there are many different areas of future study. Most importantly, I would begin creating a curriculum for a professional development training specifically designed for early childhood educators. Addressing trauma-informed teaching for early childhood educators is vital due to the exponential brain development that occurs during preschool to third grade, as well as young learners not being able to process their trauma and displaying it through behaviors within the classroom. Many educators admit to "clicking-through" online trainings in order to complete the training quickly. However, a course I would design would be in-person and put educators in role play situations where they can put their new knowledge into action and model appropriate trauma-informed practices. This would create a more effective training course which is necessary as childhood trauma is widespread and continually increasing. An in-person course would allow these educators to focus on addressing the needs of their students without the distractions that come with online courses. Southeastern

University has begun this movement as the College of Education has launched a new course entitled, “Trauma-Informed Teaching”. Trauma-informed teaching coursework needs to be implemented into every education degree across all universities. It is important to note that early childhood educators out in the field right now never received trauma-informed course work in their degree program. Moreover, in order to teach preschool, a degree is not required, which emphasizes the lack of knowledge on how to properly care for and teach traumatized young learners. This begs for an effective trauma-informed professional development course to be created specifically for preschool through 3rd grade educators. Finally, with the recent COVID-19 pandemic, traumatic stress rates in children and educators have sky-rocketed along with community unrest. Trauma-informed training for early childhood educators can help shape the realm of education and raise up a generation of prepared teachers who are knowledgeable about the detrimental effects of trauma on their students and how to properly meet their needs in a way that is effective. This is a very timely issue which calls for the need of early childhood educators who are trauma-aware more than ever before.

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APPENDICES

Appendix A

Interview Guide

1. Tell me about your experience working with young children who have experienced or are currently experiencing trauma.
2. In your opinion, does experiencing trauma in the early childhood (PreK-3rd grade) make a difference on a student's learning abilities as opposed to experiencing trauma in the later years of education?
3. What types of trainings have you taken in order to meet the needs of traumatized young learners?
4. How do you know if a child has experienced or is currently experiencing trauma?
5. What does a traumatized child's academic capabilities and behavior look like, from your experience?
6. How do you best meet the needs of a young child who has experienced or is currently experiencing trauma?
7. Do you feel that there needs to be more advanced training for early childhood educators on trauma-informed teaching?
 - a) Who do you believe would benefit from these trainings?
 - b) What type of training would be helpful?

Appendix B

Initial Contact Email

Title: Interview Invitation

Dear <Name>:

I am writing to request your participation in a short interview of early childhood educators, guidance counselors, school psychologists, and child psychologists.

This interview is designed to gather information for a research project conducted by Daria Castor related to her Southeastern University School of Honors Thesis. The information will be used to understand and explain how trauma affects education with a concentration on early childhood (PreK-3rd).

Your participation in this interview is completely voluntary, and you may opt out of any question in the interview. All of your responses will be kept confidential.

The interview will take about 30 minutes to complete.

If you would like to participate, please respond to this email by _____.

If you have any questions about the interview, please contact Daria Castor at [REDACTED]

Sincerely,

Daria Castor
Southeastern University School of Honors Student

Appendix C

Interview Consent Form

Informed consent for participation in interview research

Title: Establishing Trauma-Informed Practices within the Early Learning Environment

Investigators: Daria Castor
School of Honors Student
Southeastern University
Lakeland, FL

Dr. Lisa Ciganek
College of Education Professor
Southeastern University
Lakeland, FL

What to Expect: You will answer seven questions in an interview. The interview will be conducted face to face or via Zoom/Google Hangout. Questions are related to your experience on working with young children who have experienced or are currently experiencing trauma. You may skip any questions that you do not wish to answer. The interview is designed to last approximately 30 minutes.

Risks: There are no risks associated with this study.

Benefits: There are no direct benefits to you. However, you may gain an appreciation and understanding of how research is conducted. If you are interested, we will send you a copy of the results of the study when it is finished.

Compensation: None.

Your Rights and Confidentiality: Your participation in this research is voluntary. There is no penalty for refusal to participate, and you are free to withdraw your consent and participation in this project at any time.

Confidentiality: The records of this study will be kept private. Any written results will discuss group findings and will not include information that will identify you. Research records will be stored on a password protected computer in a locked office and only researchers and individuals responsible for research oversight will have access to the records. Data will be destroyed two years after the study has been completed. Audio recordings of the interview will be transcribed and destroyed within 30 days of the interview. The participants may review the recording transcripts in order to ensure accuracy.

Contacts: You may contact any of the researchers at the following addresses and phone numbers, should you desire to discuss your participation in the study and/or request information about the results of the study:

Daria Castor



Dr. Lisa Ciganek



If you have questions about your rights as a research volunteer, you may contact the IRB Office: IRB@seu.edu.

Participant Rights: I understand that my participation is voluntary, that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this study at any time, without penalty.

Consent: I have been fully informed about the procedures listed here. I am aware of what I will be asked to do and of the benefits of my participation.

With my signature, I affirm that I am 18 years of age or older.

I have read and fully understand this consent form. I sign it freely and voluntarily. I hereby give permission for my participation in this study.

Participant's signature

Date

I certify that I have personally explained this document before requesting that the participant sign it.

Signature of Researcher

Date

For more information, please contact:

Daria Castor
██████████

Lisa Ciganek
██████████

Appendix D

IRB Approval

SOUTHEASTERN
UNIVERSITY



NOTICE OF EXEMPTION FOR HUMAN RESEARCH

DATE: March 08, 2021
TO: Lisa Ciganek, Daria Castor
FROM: SEU IRB
PROTOCOL TITLE: How Trauma Affects Education: Concentration on Early Childhood Education (PreK-3rd)
FUNDING SOURCE: NONE
PROTOCOL NUMBER: 21 ED 06
APPROVAL PERIOD: Approval Date: March 08, 2021 Expiration Date: March 07, 2022

Dear Investigator(s),

The Institutional Review Board (IRB) for the protection of human subjects has reviewed the protocol entitled, How Trauma Affects Education: Concentration on Early Childhood Education (PreK-3rd). The project has been approved for the procedures and subjects described in the protocol.

Any changes require approval before they can be implemented as part of your study. If your study requires any changes, the proposed modifications will need to be submitted in the form of an amendment request to the IRB to include the following:

- Description of proposed revisions;
- If applicable*, any new or revised materials;
- If applicable*, updated letters of approval from cooperating institutions

If there are any adverse events and/or any unanticipated problems during your study, you must notify the IRB within 24 hours of the event or problem.

At present time, there is no need for further action on your part with the IRB.

This approval is issued under Southeastern University's Federal Wide Assurance 00006943 with the Office for Human Research Protections (OHRP). If you have any questions regarding your obligations under the IRB's Assurance, please do not hesitate to contact us.

Sincerely,

Rustin L. Loyd
 Chair, Institutional Review Board
 irb@seu.edu

Appendix E

Data Analysis Codebook

Code/Theme	Participant	Example
Trauma Indicators	1	“You’ll start to see defiance more...”
	3	“Sometimes, your first line of understanding is through their behavior. So even if you see a shift in behavior. A student that you know is always happy and was excited, then one day you start to slowly see a shift.”
	2	“...very high achieving student...very bright boy, but behaviorally he had a lot of difficulties. There was a lot of acting out, calling out in class, being silly, being obnoxious. All those kinds of qualities, but he was very high, considering all the things that were going on at home.”
	1	“I would say a lot of attention seeking behavior...extremely emotional or extremely angry...depending on the child, there’s not like a cookie cutter as far as what we would see, but I would say the biggest one is attention seeking behaviors.”
	3	“So, for someone dealing with trauma, you’re probably don’t have routine, you don’t have much structure, everything is very balanced to unbalanced...”
	1	“...you have kids who are dealing with trauma who are just naturally quiet, they might still be succeeding, but again they need love and support too, so it comes with knowing your children and knowing where their needs are and how we can meet them in that spot, and go from there.”
	4	“...her mind was so full that she could not focus like no matter what I did...she could not focus to save her life.”
	5	“I think all kids experience it differently, like emotional or physical.”
4	“...I just look for warning signs and I think that’s it, which is kind of unfortunate.”	

	<p>5 "...continued bad behavior is something I've noticed with some kids that have different home lives."</p> <p>4 "I think it really dependent on the kid...if you have a kid who was doing amazing academically and soar through kindergarten and first grade and then experience trauma in second grade, they still build up that foundation, so they may be able to power through versus a kid who came into kindergarten a little low...just depends on where they were before."</p> <p>6 "They may be acting out, depending on the kinds of behaviors that they may be exhibiting, they might be acting in sexualized ways if they've been sexually traumatized. They might be overly clingy to relative strangers, if they've had attachment or neglect or abandonment, for example, they might be overly aggressive or detached and withdrawn."</p> <p>6 "Just like adults, kids can present a variety of different ways, so anything that seems atypical, or kind of raises the hairs in the back of your neck or gives you that kind of indication that something doesn't feel right, that is probably the first indication that something could be wrong."</p> <p>6 "...20% of people who have been traumatized show PTSD symptoms. 80% might appear normal or unscathed, when in reality they're still emotionally affected by things and trying to process that stuff. They're just able to put the mask on of looking like everything's okay and that's really a way of trying to cope with things."</p> <p>7 "...it's frustrating because he is tearing up your classroom, but we agree that's not normal behavior."</p> <p>7 "I think the first thing in the schools is just watching for that behavior. The tricky thing with trauma is you have two people that have a very similar experience. One finds resiliency to do from it and the other one gets stuck. So, we know trauma is that individual interpretation of the event."</p> <p>7 "...some traumatized kids will go on to be amazingly successful, but we know that trauma stumps development."</p>
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	<p>7</p> <p>8</p> <p>8</p>	<p>“If the kids basic needs are not being met. They don’t have the capability...they are in fight, flight, or freeze, they’re not hearing a word you say because they don’t know where they’re going to sleep tonight or they don’t know where their next meal is coming from...kids are dealing with so much more adult situations, school is not a priority.”</p> <p>“You see that sometimes in their composure, how they act, how they talk, how they dress, you can see it in the way that they handle situations...you see those red flags come up. Then you have the opposite, the kid who’s quiet doesn’t say a word and can fall through the cracks as a shy person...so you have to be mindful when you’re looking at a student.”</p> <p>“You can have a student who’s been severely traumatized and be a straight A student who just hides it really well. Then, you can have a student who’s been in a very traumatic childhood and act out...everyone copes with trauma differently.”</p>
Need for training/resources	<p>1</p> <p>3</p> <p>3</p> <p>3</p> <p>1</p> <p>1</p>	<p>“...I’m not trained on how to deal with that emotional support or comforting.”</p> <p>“...it’s very difficult when they are acting up at school and they go home to nothing, and they don’t have parent support or anything and they’re kind of a second grader at seven or eight years old learning how to survive in the world, when that’s your parents job to like train you and be there for you.”</p> <p>“...those years are crucial that I think it plays a role in, if we’re specifically talking about education, they start to form more of those concrete understanding...”</p> <p>“...teacher is taking on a parental role or a counselor role...”</p> <p>“...so crucial on how they view education in the school system...dictate the rest of their education career.”</p> <p>“...first three years of not having academic success, they have essentially created the rest of their career for failure, it takes three and a half years of good teachers to break</p>

		<p>that cycle. So, if you're a kid who has been dealing with stuff ever since kindergarten and not being able to cope and balance it out, there's going to be gaps..."</p> <p>3 "It's more on the job in the moment training, which is horrible to say because we always talk about how we don't want to be reactive. We want to be proactive in every area and especially trauma, but it seems like it's very much reactive training."</p> <p>3 "I think this is the first year we get a weekly email of how to deal with trauma."</p> <p>1 "I wouldn't say that there's any specific courses that you learn in college, actually I know for a fact there's none. Not that in education anyways...you're just going with what happens on the fly. So you have to be as a teacher very able to adapt to any situation."</p> <p>2 "...on the fly training...this is the first year they apply it in emails and stuff, this is the first year I've ever even heard there was a trauma team...it is just kind of learning as you go."</p> <p>1 "Teachers see the students who need it and are calling out for it and reaching out for it, and it just feels like we're not always being hear or there's not enough time or not enough help to support that child."</p> <p>1 "...it's getting resources that we need, and we don't have enough resources in our public education to support children who need it."</p> <p>3 "I think, hands down, it needs to be more resources...resources are the biggest thing because by the time a student is able to see the psychologist or the counselor, it's already been going on for either months or years by that point."</p> <p>1 "...we didn't have those resources, we don't have those trainings...we're still not getting the support we need...it's hard to put such high expectations on us when we don't have the training, we haven't been in classes for it."</p> <p>4 "...this is a time their brains are developing, and they're developing academically along with socially, emotionally,</p>
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		<p>all at the same time and if you're stunted in one area, then you're going to be centered in the rest and you're trying to make up ground you've missed."</p> <p>5 "...their brains aren't developed enough to handle the trauma appropriately...their brains can't handle it."</p> <p>5 "Personally, nothing...I haven't had any kind of training."</p> <p>4 "My master classes have, but that's through education, no professional training."</p> <p>5 "...especially with Zoom now, nobody's listening."</p> <p>5 "...anyone who's around kids, everyone who comes in contact...even our coaches, the lunch ladies, subs, and administration would benefit."</p> <p>6 "...there are long lasting effects that can certainly be taking place over the lifespan."</p> <p>6 "Trauma is so prevalent, and educators are the ones that are typically going to notice at first whether a child actually says something out loud or the teacher gets that gut feeling something doesn't feel right."</p> <p>6 "Everyone that comes in contact with children can have a huge impact."</p> <p>7 "...even more emphasis on early childhood educators, almost need that training even more because it could be preventative for the future."</p> <p>7 "...you get more and more people with that awareness; it will start to change...this is definitely one of those baby steps."</p> <p>8 "No matter what the trauma is it's going to affect you no matter where you're at. But 100% if you have early childhood trauma, it can definitely be a huge barrier."</p> <p>8 "...it's 100% needed...I get educators that are not empathetic and sensitive to the students."</p> <p>8 "...they can't perform if they're hungry, if they're sleeping in a car, or have a list of all these barriers"</p>
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	8	<p>“It starts from administration; whatever administration feels is important is what’s going to be shared across to the teachers and it’s going to be pushed.”</p>
Awareness of Trauma-Informed Practices	<p>1</p> <p>3</p> <p>1</p> <p>1</p> <p>3</p> <p>4</p> <p>4</p>	<p>“...childhood trauma is evident; it’s also just getting to build relationships with your kids to know about it too.”</p> <p>“They’re not like a walking billboard saying what they’re dealing with, so sometimes it takes time digging through and building those relationships with them for them to feel comfortable sharing because a lot of times we don’t know what the issue is.”</p> <p>“...you have to build the relationship and get to speak with them because there is kids that could be dealing with things that you have no idea because they’re not going to say...so sometimes things go unnoticed and you don’t know what the child is necessarily dealing with. Which is why building relationships, I’m a huge advocate for because that’s how you’re going to get to know your child.”</p> <p>“I had him for three years and it took him finally understanding that a teacher believes in him and appears capable for him wanting to actually do something. And he strived so much to make incredible gains, incredible math gains, academic gains...he needed love, and he needed someone to know that school is a safe place and I don’t have to retaliate in the classroom to get that attention.”</p> <p>“I always try to find what they love...find that one thing that makes them tick, if it’s food incentives, if it’s special lunches, if it’s a behavior chart...just finding what they love and beating into that and then of course discipline. Some do need structure.”</p> <p>“...we have to let her work through this, instead of pushing her academics or she’s not going to get through first grade and she’s not going to get through this trauma, and the trauma is more important.”</p> <p>“...we formed this connection and just made sure his needs were met and I listened and that was like all he needed.”</p>

	6	<p>“I think the biggest thing is just like with all kids they need stability and consistency and they need someone who’s going to listen or at least be there for them, even if they can’t verbalize what’s going on or how they’re feeling. They just need that sense of a connection to someone who’s trustworthy...showing that you’re paying really active close attention to everything that they’re doing is incredibly impactful.”</p>
	8	<p>“I’m a huge believer in just building rapport and relationships and getting into who the student is for themselves and not their caseload that follows them.”</p>
Ideas brought up through questioning	3	<p>“We could have like a guidance counselor come in and do guidance lessons with our kids about responsibility or bullying lessons.”</p>
	1	<p>“A counselor at every grade level, we just want someone that has our school as their home base because if students have that contact person, they would be more prone to go to them.”</p>
	5	<p>“...even observing for a period of time...incorporating it into a field study setting or into some assignments.”</p>
	7	<p>“One of the things we’re really trying to get into the classrooms are calm down corners and making sure every single classroom has sensory regulation items where students can go and calm down when they get overloaded.”</p>
	7	<p>“We’re starting social-emotional lessons within the schools...teaching breathing...how to calm down and helping them learn how to regulate and plan to build every year on that.”</p>
	7	<p>“We are trying to educate everybody within the school system about trauma-informed care and how that’s different than the punitive system that we’ve been using for years and why that’s important.”</p>

Additional Comments:

Participant #3- “Every year we have kiddos that have experiences or are experiencing trauma. I think this year, we can say, all students have experienced trauma with COVID, and adults too, and I think sometimes that can get lost in the mix of things because we are all experiencing it at the same time.”

Participant #5- “...most of my kids had divorced parents and I think that really affected their learning because they were so focused on where I am going to go after school or who is picking me up, what am I going to eat for dinner versus I got to do my work. I don't think that was something on their radar because they're worried about who is taking care of me today, what bus do I ride today, and that is trauma for them because they are so young.”

Participant #7- “Typically kids with a lot of trauma is the dysregulation and working to identify that dysregulation within a classroom is challenging.”

Participant #7- “One of the kids that I've been referred to is because she has severe anxiety about coming to school because she's scared, she is going to bring COVID home to one of the babies. Somebody in her family was directly exposed in November.”

Participant #7- “You've got a lot of students, and when you have a student that is flipping desks you don't always have time to say, ‘okay let's try our regulation strategies.’ You have to make sure the other students are safe, and you have to deal with that immediately. And so how do we integrate trauma informed into how we're going to discipline...if you're sending a kid home for three days, it's not surprising when they're even more dysregulated when they come back.”