

Teaching Trauma-Affected Students: A Qualitative Investigation of Teacher Perceptions

Cheryl R. Haynes

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

Liberty University, Lynchburg, VA

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Approved by:

Dr. Robert Pincus, Committee Chair

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Abstract

Trauma-affected children in early grades provide unique challenges for classroom teachers. To better understand these challenges, this study examined the experiences of 12 PreK to first-grade Northwest Georgia educators as they support trauma-affected students. Data collection came from semi-structured interviews, memoing, and member checking. Reasons for supporting trauma-affected students discussed in this study include aggressive behaviors in the classroom setting, volatility of home culture, social-emotional needs, and the impact of Covid-19 quarantines. Challenges facing teachers included a lack of knowledge about child trauma, the lack of training on working with trauma-affected students in teacher preparation programs, and the need for practical interventions to engage these students. These findings indicate the need for training in trauma at the district and collegiate levels, along with peer mentorship and collaboration among current teachers.

Keywords: early childhood educators, child trauma, social-emotional needs, trauma-affected students

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Dedication

I dedicate this dissertation to the children who have filled my classroom and my office these many years. It has been my great privilege to know you and be part of your lives. I pray God's blessing and protection upon you and hope our friendship has brought some measure of peace and hope.

Acknowledgments

Thank you, Dr. Pincus, for being my chair and for your advice and encouragement along this journey. Thank you, Dr. Baker, for your valuable input as my reader. I also thank Dr. Plumlee and Dr. Beesley for their counsel and prayer.

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List of Abbreviations

Adverse Childhood Experiences (ACE)

American Psychiatric Association (APA)

Attention-Deficit Hyperactivity Disorder (ADHD)

Child Welfare Information Gateway (CWIG)

Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)

Family Advocacy Program (FAP)

Georgia Early Learning and Development Standards (GELDS)

National Child Traumatic Stress Network (NCTSN)

National Educator Association (NEA)

Oppositional Defiant Disorder (ODD)

Post-Traumatic Stress Disorder (PTSD)

Pre-Kindergarten (PreK)

World Health Organization (WHO)

Chapter One: Introduction

Overview

Trauma-affected pre-kindergarten (PreK) and first-grade children pose unique challenges to classroom teachers. PreK and first-grade students are in the pre-language stages of development, struggling to express their feelings when trauma is present (Perryman et al., 2019). A need exists for more information about teacher experiences as they identify and support students to implement trauma-informed strategies in classrooms supporting emotionally dysregulated children.

Background

Almost half of American schoolchildren have experienced childhood trauma of one or more types which will negatively impact their academic, social, and physical well-being for the rest of their lives (Bartlett et al., 2017; Dye, 2018; Neitzel, 2020). Childhood trauma stems from emotional and physical child maltreatment, including passive neglect and intentional physical and sexual abuse (Levitt & Eagleson, 2018). Multiple types of traumas simultaneously occurring, the duration of the maltreatment, and the child's age at the onset of abuse, heighten the complexity of the problem (National Scientific Council on the Developing Child, 2020). Children experiencing traumatic events may exhibit violent outbursts, high irritability, panic attacks, or signs of withdrawal in school situations that trigger anxiety (Betts, 2020; Connor & Doerfler, 2021; Muscatello et al., 2020; Whiting, 2018). Younger students in PreK to first grade may have more significant difficulties due to their inability to verbalize their feelings resulting in erratic classroom behaviors possibly misunderstood by educators (Gruhn & Compas, 2020; Terrasi & De Galarce, 2017). Examples of disruptive early childhood behaviors include

screaming fits, inconsolable crying, clinging to caregivers, and graphic reenactment of trauma during play times (Field et al., 2017).

Traditional approaches to managing disruptive behaviors have focused on intimidation and fear-based tactics with a limited understanding of underlying traumatic experiences (Delale-O'Connor et al., 2017). Educators may mistake the inappropriate behaviors of a traumatized child as intentional defiance or misconduct, thereby soliciting harsh consequences from teachers as they attempt to control the classroom (Murphey & Sacks, 2019; Dye, 2018). The training of educators focuses on meeting academic standards and does not adequately prepare them to meet the social- emotional standards or mental health needs of complex student populations (Murano et al., 2019).

Children consistently exposed to abuse and neglect remain in heightened fear and may perceive typical classroom interactions as threatening, causing unacceptable maladaptive responses (Amédée et al., 2019; Capella, 2017). As a child's negative behaviors attract negative attention from the teacher, other students may begin to alienate the child as an undesirable classmate causing further academic and social problems. A referral for special education or mental health services may occur resulting from an ongoing misunderstanding of the student's needs or even suspension or expulsion from elective early childhood programs (Connors-Edge et al., 2018; Loomis, 2018). A correlation exists between these punitive actions and the stress levels of the classroom teachers and an escalating negative reaction on the part of the students (Cummings et al., 2017). Well-intentioned, dedicated teachers may find themselves unable to establish an optimal classroom environment for learning while seeking to form a trusting relationship with a disruptive student.

Teachers experiencing burnout and compassion fatigue are less likely to report their suspicions of student abuse and neglect, with the earliest-aged students being the most vulnerable to maltreatment (Ayling et al., 2020). Student misbehavior and stressful class workloads are high predictors of teacher burnout (Rajendran et al., 2020). Many teachers absorb secondary trauma while supporting student needs and may experience emotional burnout and an early desire to leave the profession (Davenport, 2021). High-poverty schools, where students have a higher risk of maltreatment and lack consistent caregivers, are particularly stressful for teachers and need consistent school staff (Miller & Flint-Stipp, 2019). In these environments, teachers exhibited a cynicism of efficacy tied to inability and uncertainty in reporting child maltreatment and fears of personal safety and of worsening the circumstance for the child (Hupe et al., 2019).

Piaget's (1928) theory of cognitive development explains a child's factual knowledge of the world and the mental construct they have created to understand how the world works. Caregiver behaviors and the acquisition of resources challenge and redefine a child's knowledge of the presence of caregivers and resources (Pye et al., 2022). The child may develop maladaptive behaviors if the caregiver relationship becomes maladaptive due to neglect and abuse. DuPont (1994) expanded beyond this logical cognitive process to utilize emotion as the catalyst for understanding actions and reactions, thereby defining how the world works. Valuations of right and wrong are first intuitions, then learned as children experience social interactions and observe cultural customs. Children from maladaptive home environments will reflect the emotional outlook of their home culture (Zeynel & Uzer, 2020). Bronfenbrenner's (1979) ecological theory places the child's social and cultural experiences in the overall context of the community, including the school community. Relational figures highly influence the child's knowledge of values and behavioral patterns in the communities of their environment

(Eriksson et al., 2018). Positive influences in these communities significantly impact a child's knowledge of the world and ability to navigate relationships successfully (Pianarosa & Davison, 2022). Whether through direct instruction or indirect modeling of behavior, positive adult and peer interactions instruct students in healthy social expectations, enhancing the possibility of future friendships and positive social regard (Bethel et al., 2019).

Traumatized children and educators need understanding and support to meet academic and social-emotional standards. Effective social-emotional learning in a school setting requires educators to routinely utilize and work through restorative practices (Hulvershorn & Mulholland, 2018). There is a need for more information about teacher perspectives working with traumatized children in PreK through first grade to foster a greater understanding of this circumstance.

Situation to Self

As an elementary school counselor of 5 years, I have worked with trauma-affected children from PreK to fifth grade. While I serve my school's third through fifth-grade students, I remain interested in identifying and supporting the emotional needs of our youngest students in PreK to first grades. When called to work with a student in these early grades, I witnessed a withdrawn and anxious little girl who refused to make eye contact or speak above a whisper. I have talked with little boys who paced the room, shouted answers to my questions, and repeatedly punched the playdoh on my table. Reviewing school records, these children appeared to have histories of unstable homes, including multiple relocations, foster homes, and homelessness, which aligns with research indicating early traumatic experiences in school children (Palmieri & La Salle, 2017). I believe the teachers who referred these children viewed their trauma through a lens of behavioral and academic standards. The teachers had little

understanding or training about early childhood trauma and its impact in a classroom, reflecting the research (Berger et al., 2021).

My efforts that followed came from an ontological philosophical assumption that a phenomenological study will report the experiences and perspectives of each participant (Creswell & Poth, 2016). In keeping with Creswell and Poth's allowance for a researcher to utilize multiple paradigms in their research, I combined constructivism and pragmatism as the basis for my approach. Considering what and how a circumstance unfolds in teachers' minds answers the pragmatic view of the situation, and focusing on the essence of the teachers' experiences fulfills the constructivist aspect. In the end, the design of the phenomenological study provided a voice for teachers in their natural environment to share their experiences with trauma-affected students.

Problem Statement

This study sought to engage the challenges to teachers in identifying and assisting PreK to first-grade students exhibiting trauma-related behaviors that interfere with learning in the classroom environment as the teachers sought to fulfill the social-emotional well-being standards required by the Georgia Department of Early Care and Learning (GELDS, 2020). The literature on teachers' perceptions of educating traumatized children called for more research in educator knowledge and training relative to student trauma (Brown et al., 2020); additionally, research indicated a need to investigate all aspects of trauma-informed practices in the classroom (Conners-Edge, 2018; Loomis, 2018). Children living with multiple sources of trauma have altered brain structure and elevated hormonal levels, causing them to live in a fear-conditioned state of hyperarousal (Larson et al., 2017). These students struggled to maintain balanced emotional responses compared to their classmates without a history of trauma. Teachers may be

unaware of the backgrounds of students and have little or no training in traumatized children. As a result, they are unprepared to respond to the challenging behaviors that may present at unusual times and places during the school day.

Children whose home environments have modeled emotional dysregulation lack feelings of safety and trust and may respond adversely to familiar safety cues readily accepted by others (Hébert et al., 2020; Prigel, 2017). Studies on the mental health of preschool students showed that children needing intervention fare better with multiple points of intervention, including classroom and related arts teachers, school counselors, and home and community caregivers (Desta et al., 2017; Hiscock et al., 2018; Isaksson et al., 2017). To provide trauma-informed practices in a school environment, the central figure of the classroom teacher must be the primary focus by allowing that role to be the central hub for all supportive interventions. To discover what is already known and practiced, an examination of the classroom teachers' perceptions of identifying and assisting traumatized students should transpire. There is a need for current information about teacher perspectives working with traumatized children in PreK through first grade to foster a greater understanding of this phenomenon (Crouch et al., 2019; Nelson et al., 2020) and to examine the mindsets and training of teachers related to early childhood trauma and its impact in the classroom. Teacher perspectives are crucial to forming effective classroom interventions supporting social competence and academic success (Nicholson et al., 2018).

Purpose Statement

The purpose of this transcendental phenomenological study was to identify perspectives not fully explored regarding PreK to first-grade teachers in identifying and assisting students exhibiting trauma-related behaviors. The review of literature and theory revealed the need to

explore all aspects of traumatized students' environments, including the experiences of the classroom teacher. Therefore, qualitative interviews ensued with 12 PreK to first-grade teachers who described their experiences working with traumatized students in a classroom setting to explore these experiences. These interviews revealed the teachers' perceptions and illuminated how schools can better support teachers in providing social-emotional support for traumatized students and caring for themselves. This study provided further insight into teachers' perceptions and how they understood social-emotional learning, identified the needs of traumatized children, and received support through their school environment. This insight is crucial because it aids in increasing support for social-emotional learning and trauma-informed classrooms.

Significance of the Study

Research highlighted the importance of understanding how teachers engaged trauma-affected students in the classroom (Brunzell et al., 2019; Loomis & Felt, 2021). The ways traumatic stress shows through the actions of PreK to first-grade students merits further consideration. Crouch et al. (2019) and Nelson et al. (2020) indicated that educators might misdiagnose trauma-affected students as having behavioral and learning disorders due to trauma's complex and confusing behavioral manifestations. When teachers apply punitive discipline to chaotic or dysregulated student behavior, they may worsen the behavior by making a trauma-affected child feel even more unsafe and threatened (Dombo & Sabatino, 2019). Mitigating the effects of trauma necessitates that stakeholders understand teachers' mindsets, their understanding of student trauma, and their effectiveness in supporting social-emotional needs. This study sought to raise awareness of teacher mindsets and needs as they engaged with trauma-affected students and to support the nationwide need for trauma-informed schools, where one in four children experienced violence within the last year (Peterson, 2021).

Research Questions

Moustakas (1994) indicated that researchers should not design questions for causal investigation but instead bring vivid and accurate descriptions of the participants' experiences to light. Creswell and Poth (2016) stressed that questions provide scaffolding for understanding the experience in a way that is non-directional and evolves with the process. To this end, the researcher collected and analyzed data from PreK to first-grade teachers regarding their work with trauma-affected children, utilizing the following questions:

1. How do early educators describe their experiences engaging students who exhibit trauma-related behaviors in a school setting?

Building a greater understanding of the nature and impact of trauma in the educational process is the key to meeting student needs in a classroom (Thomas et al., 2019). Teachers who observe and react to student behaviors throughout the school day directly facilitate this educational process. The phenomenon of the teachers' experience was central to this study, which sought to discover the rich, first-hand experiences of the encounters with trauma-affected children in early grades.

2. How do early educators describe their application and/or knowledge of teacher competences related to student well-being as presented in the NEA Teacher Leadership Competencies (Barnett et al., 2018)?

While research has shown the importance of teachers' social and emotional competence and ability to promote social-emotional learning in students, teachers often have little training in these areas (Murano et al., 2019; Schonert-Reichl, 2017). Therefore, determining the level of teacher awareness of the standards for social-emotional learning, particularly among faculty

members of varied years of education and training, is vital to understanding each teacher's approach to educating their students.

3. What is the early educators' perception of the social-emotional needs of their students?

Traumatized children's practical needs may be evident differently depending on each child. However, essential classroom support is a warm student-teacher relationship that will permeate classroom management and peer interactions (Domitrovich et al., 2017; Schonert-Reichl, 2017). How educators perceive this need for a warm relationship and its importance on the success of the learning process will directly impact how they choose to respond to children (Poulou, 2017a). A teacher's knowledge and understanding of a child's communication skills, peer relationships, self-regulation strategies, and sense of empathy allow them to play a vital role in overcoming crucial social-emotional behavior problems (Esen-Aygun & Sahin-Taskin, 2017).

Definitions

The following terms appear throughout this study, and the definitions are as follows:

1. *Attachment* - Attachment is the relationship unique to the infant-caregiver bond, forming the basis for further healthy relational development (Bowlby, 1969).
2. *Equilibrium* - Equilibrium is the continual redefining of mental constructs, forming the basis of cognitive development (Piaget, 1928).
3. *Disequilibrium* – Disequilibrium is a cognitive imbalance where new information about the world is at odds with previous understandings, causing intellectual accommodation or new development of intellectual schema (Piaget, 1928).
4. *Dissociation* – Dissociation is depersonalization or detachment from the individual self (Swart et al., 2020).

5. *Dysregulation* – Emotional dysregulation is the habitual expression of emotion that disrupts positive, goal-oriented activities (Thompson, 1994).
6. *Psychopathology* – Psychopathology is the origin of mental disorders and their symptoms broken down into internalizing psychopathologies, such as depression, and externalizing psychopathologies, such as antisocial behaviors (Jenness et al., 2021; Rudd, 2013).
7. *Maltreatment* – Maltreatment is all forms of neglect and abuse to children and adolescents (World Health Organization, 2020). Neglectful and abusive behaviors include failure to provide essential food, clothing, shelter, and reasonable adult protection from harmful circumstances in the home and general environment.
8. *Trauma* – Trauma is the threat or experience of death, injury, and violence firsthand (DSM-5; American Psychiatric Association [APA], 2013). Others who observe the event happening to someone or learn about such an event happening to another person may also experience trauma. Individuals working in first responder roles may also experience trauma through ongoing exposure to the details of the traumatic events.

Summary

This transcendental phenomenological study focused on PreK to first-grade teachers' perspectives on working with trauma-affected children in the classroom. Effective implementation of NEA and GELDS social-emotional standards requires an understanding of teachers' experiences with trauma-affected students and their knowledge of social-emotional needs. This study rested on Piaget's cognitive theory regarding maladaptive behavior as a product of a maladaptive caregiver relationship, DuPont's (1994) expansion of cognitive theory

to include emotions as a catalyst, and Bronfenbrenner's (1979) ecological theory originating all behaviors within the home and surrounding culture. Utilizing interviews from PreK to first-grade teachers, this study provided more insight into the issues facing educators of trauma-affected children in the classroom setting.

Chapter Two: Literature Review

Overview

The purpose of this transcendental phenomenological study was to identify perspectives not fully explored regarding PreK to first-grade teachers in identifying and assisting students exhibiting trauma-related behaviors. This study considered the National Educator Association (Barnett et al., 2018) teacher competencies requiring teachers to recognize and advocate for students' mental health needs and the GELDS (2020) for students' social and emotional development. Three theoretical models served as the foundation for this study: (a) Piaget's (1928) theory of cognitive development, (b) DuPont's (1994) emotional development theory, and (c) Bronfenbrenner's (1979) ecological systems model. These theories of early cognitive development provided a framework for examining teacher experiences as they identified and assisted students exhibiting trauma-related behaviors.

This study focused on the perceptions of PreK through first-grade teachers as they fulfilled the social-emotional well-being requirements of the National Educator Association (NEA) Teacher Leader Competencies which require that teachers recognize and advocate for the unique needs of students, and the GELDS, which require the teaching of self-awareness, self-control, and social skills (Barnett et al., 2018; GELDS, 2020). The following literature review supporting this study revealed the need for more research regarding PreK through first-grade students and the trauma-informed practices of teachers. Furthermore, the review of current literature included the definition and prevalence of trauma and related behaviors in early childhood and its impact in the PreK through the first-grade school setting.

The literature review is a framework for the research questions designed to gather data to capture the essence and understanding of educator experiences in dealing with traumatized

students. This review included a discussion of the conventional responses to trauma-related behaviors, classroom evidence, and supports related to PreK through first-grade educators.

Theoretical Framework

Piaget's (1928) theory of cognitive development and neo-Piagetian Henry Dupont's (1994) theory of emotional development devised the framework for considering child maltreatment supporting this study. These theories focus on a child's assimilation of physical and emotional knowledge of the world around them, forming the foundation of their intellectual and emotional maturity. The preoperational stage of Piaget's cognitive theory focuses on the self-regulation used by a child to adapt to his world (Piaget, 1928). This study expanded to include Bronfenbrenner's (1979) ecological theory emphasizing the context of a child's upbringing and home of origin, including the family culture and community influences shaping the child's early relationships. An environmental context is the base for an essential cognitive and emotional development understanding. These theories formed the rationale for examining early childhood mental health and early educators' influence on a child's cognitive and emotional development.

Theory of Cognitive Development

Piaget's (1928) theory of cognitive development focuses on how a child learns about and adapts to their environment, which forms their rationale for engaging the world. Piaget called this adaptive process *equilibration* which is central to all cognitive development (Muller et al., 2017). In this process, the child connects new information about the world with previous knowledge and adapts his thinking to create a more intelligent understanding of life (Bormanaki & Khoshhal, 2017; Capella, 2017). Equilibrium exists when a child's knowledge of the world remains consistent. For example, a child believes mom's soup is delicious; therefore, all soup is delicious. *Disequilibrium* is when the child eats soup at the school cafeteria and dislikes it. This

intellectual conflict requires the child to adapt his thinking and accept that some types of soup taste good and others taste bad, thus, resulting in a new consistency of knowledge, a new meaning in the child's mind, and a re-establishment of equilibrium. This equilibration cycle is an ongoing series of compensations in the child's mind that responds to inconsistencies in his knowledge of the world (Capella, 2017; Piaget, 1977). The child assimilates the new knowledge, resolves the conflict, and adapts his thinking framework to respond to new situations. Therefore, disequilibrium is essential for cognitive development and maturity as it is vital to adapt to the world around the child.

When conflict escalates to a traumatic level, such as physical or sexual abuse, it challenges a child's understanding of the world to the extent that they cannot resolve the conflict and thus remain in a permanent state of disequilibrium (Piaget, 1977). Piaget (1967) observed that ongoing disequilibrium results in a pathological mental state. If the traumatic event continues to disrupt the child's schema or knowledge base, the disequilibrium may permanently disrupt a child's life (Dalvie et al., 2020). Psychosomatic symptoms may result from the child's inability to integrate the trauma into daily living, causing maladaptive social behaviors. When a link between the trauma and the essential caregiver exists, the child's brain development may be significantly impaired (Goltermann et al., 2021). The maladaptive behaviors modeled by the caregiver become a conditioned response for the child and how he engages others in his world (Hambrick et al., 2018).

Children aged 2 to 7 in Piaget's preoperational stages are in the beginning stages of language use and may be unable to ascribe words to the feelings they are experiencing (Piaget, 1951). Young children may lack essential terminology to describe traumatic events, and their heightened emotions may make disclosure even more challenging (Dileo et al., 2017; Kavanaugh

et al., 2017). Children in the preoperational stage tend to consider only one facet of a situation at a time. In this stage of development, children tend to see the goodness of their abuser and not the maltreatment making it difficult to disclose the trauma (Gerke et al., 2020; Tener et al., 2020).

These children may exhibit maladaptive behaviors in the classroom, such as aggression or hostility, alienating them from their peers as they fail to follow classroom rules, use social skills, and take turns in play activities. In addition, unresolved neglect and abuse will manifest in negative external behaviors, impacting routine school interactions. For example, Amédée et al. (2019) indicated that failure in these social areas might appear negative or undesirable to classmates and teachers. A further danger in these perceptions is the child acquiring a negative view of themselves, which may remain over time, distorting their identity and life story (Capella, 2017). Understanding a child's cognitive development is essential for positive classroom engagement and healthy social-emotional development.

Theory of Emotional Development

While Piaget primarily researched cognitive development and discussed connections to emotional development, he did not further study affectivity or feelings (DuPont, 1994). Neo-Piagetian psychotherapist Henry DuPont picked up where Piaget left off, grounding his theory of emotional development in Piaget's research (DuPont, 1994). DuPont used Piaget's idea of equilibration, where a child resolves conflicting knowledge about the world in the disequilibrium-to-equilibrium process. DuPont moved beyond the child's logical process to state that disequilibrium created feelings that were the catalyst for reconciling conflicting information. These feelings mobilize the child, causing emotion to be part of reconciling equilibrium. Such feelings are subconscious evaluations of right and wrong based initially on the child's intuition and later learned values (Kihlstrom, 2021). Social interactions allow a child to identify and

clarify their feelings, which become more evident as their cognitive abilities mature and social experiences expand. DuPont defined *emotions* as a social construction based on interactions with significant people in their lives and reinforced by their culture. Children construct knowledge about how family and culture expect them to feel in situations and acceptable ways to express those feelings. Because cultural expectations may vary significantly in homes, behaviors that typically cause embarrassment or guilt for one child may not work for another. Children from homes of abuse and neglect will develop a psychological outlook congruent with their home of origin culture. Such children may be comfortable with hostile outbursts, open aggression toward other children, or a lack of empathy due to observations of their family members. Being emotionally mature comes from having developed congruent personal and cultural psychology. However, our psychology lacks meaning outside of the context of our cultural folk psychology.

Emotional maturity begins with learned interactions with significant persons and then moves to the second pre-operation level (Piaget, 1977). The second pre-operation level is where perception gives way to logical thought. DuPont (1994) pointed out that higher stages of emotional development are through logical thinking. A child's dialogue with significant caregivers determines a child's conscious awareness of how others perceive his emotional and physical actions. For example, when a child and his parents discuss and practice emotional self-regulation in the home, the child has a learned behavioral skill that will translate positively into other social venues (Al-Elaimat et al., 2020).

Ecology Theory

Bronfenbrenner's ecological systems model also supported this study (Bronfenbrenner, 1979). The ecological theory goes beyond observations of child development to examine the context of the child's environment and the extended relationships of the child's greater

community. Bronfenbrenner built on earlier life theorists by focusing on the multiple relational factors of a child's world or ecology, including the impact of the child's response to relational figures. The immediate environmental context characterizes a child's microsystems: separate networks of family, friends, peers, church, and school relationships. The interaction of these networks forms the mesosystem. A child observes and interacts with the behavioral patterns and value systems modeled in their environment, influencing others, observing their responses, and allowing others to influence them.

Ecological theory aligns with Piaget's focus on a child's interaction with his environment (Bronfenbrenner, 1974; Piaget & Inhelder, 2008). Children first learn how to respond to their environment through close home relationships and then respond to the world by modeling the same behaviors (VanMeter et al., 2020). Close caregivers and peers direct a child's thinking through early developmental stages, whether through deliberate instruction or subconscious modeling via behavior. Positive adult and peer interactions, particularly when home and school are aligned, can have an invaluable impact on children in these early stages (Choi et al., 2019; Syrjämäki et al., 2019). Early educators observe children responding to disequilibrium in their environment by thinking, inquiring, and listening to others. For example, a child may refer to a skunk as a cat and household pet, information challenged by classmates with new information. This process creates the child's knowledge of the world and allows for newer understanding of their environment (McLeod, 2018).

Research showed that quality relationships and appropriate modeling of social-emotional skills can impact children in emotional intelligence, particularly self-regulation, peer interaction, and functional social skills (McNally & Slutsky, 2018; Poulou, 2017b). Maltreated PreK through first-grade children respond positively to consistent classroom care under kindly, supportive

supervision. As educators provide positive interventions, such as modeling empathy, forgiveness, and helpfulness, children cultivate good social skills that allow for quality peer relationships (Haslip et al., 2019).

In the early stages of development, the brain's neuroplasticity allows for retraining conditioned dysfunctional responses, enabling the child to re-learn acceptable modes of behavior and re-associate values with human responses (Cabib et al., 2020). These early pre-cognition years are crucial for social-emotional interventions. Early educators must develop trauma-informed skills to identify maltreated children and engage them in functional social-emotional behaviors, considering their influential role. Unfortunately, limited research existed regarding effective interventions for maltreated children in primary classrooms. As a result, educators have little preparation or training in utilizing trauma-informed practices in the classroom setting (McIntyre et al., 2019). Given the valuable opportunity of early educator intervention, it is essential to determine if they feel equipped to handle trauma in the classroom. Thus, the purpose of this transcendental phenomenological study was to identify perspectives not fully explored regarding PreK to first-grade teachers in identifying and assisting students exhibiting trauma-related behaviors, and to discover what training teachers would find helpful in cultivating a supportive environment in school and at home.

Related Literature

Research documents the importance of early childhood education (Bakken et al., 2017). Early Jesuit teachers received credit for saying that a child at age 7 is a picture of the adult he or she will become (Mintz, 2018). Given our understanding of early neurological development, these historic educators would agree with current research connecting preschool-educated

children with twice the success rate on standardized tests as their non-preschool peers (Bakken et al., 2017; Han & Neuharth-Pritchett, 2021).

Along with the academic goals of early childhood education, experts established expectations for developmentally appropriate social-emotional knowledge (GELDS, 2020; Barnett et al., 2018). On a national level, the NEA Teacher Leader Competencies emphasize that teachers have a keen understanding of the cultural context of students and a readiness to advocate for their unique needs. On a local level, Georgia educators instruct PreK students as young as 36 months in literacy and social-emotional development skills with the goal of all students developing a strong sense of self concerning self-control, self-awareness, and interpersonal social skills. Early educators receive adequate training for academic success, but many find challenges in young children's social and emotional development (McIntyre et al., 2019). In addition, few teachers have any training related to mental health, and fewer still recognize the signs of child maltreatment or are prepared to respond appropriately in a classroom setting.

Definition of Maltreatment and Trauma

The World Health Organization (WHO) defined *child maltreatment* as broadly defining all forms of neglect and abuse to children and adolescents (World Health Organization, 2020). Neglectful and abusive behaviors include failure to provide essential food, clothing, and shelter, along with reasonable adult protection from harmful circumstances in the home and general environment. The most common form of child maltreatment, stemming from caregiver omission rather than the commission of physical or sexual abuse, is neglect (Rebbe, 2018). While this type of maltreatment may seem less significant compared with proactive forms of abuse, the ongoing aspect of neglect impacts a child's cognitive growth, including the ability to engage in self-

regulation and focus on school tasks (Levitt & Eagleson, 2018; National Scientific Council on the Developing Child, 2020). The term maltreatment expands to include all emotional and physical ill-treatment types, including physical and sexual abuse, and is oblivious of gender, socioeconomic status, and nationality. The ensuing traumas from maltreatment include the lack of basic physical needs, medical treatment, and psychological care. The longer the timeframe and greater the extent of the trauma, the more complex physical and psychosocial problems arise.

The term trauma stems from the Greek word meaning *wound* and is a relatively new concept in mental health (Horwitz, 2018). A formal diagnosis of posttraumatic stress disorder (PTSD) now incorporates the term *trauma*, which has become available since the early 1980s and developed in the wake of thousands of veterans returning from Vietnam (Horwitz, 2018). Posttraumatic stress assumes that an external event has overwhelmed an individual's ability to deal with the remembered experience. The recollection of the event will co-occur with an immediate experience and so vividly as to force the person to relive the original traumatic event as though it were happening for the first time. The intensity of such intrusive memories makes it difficult for the person to engage in the present fully. According to DeYoung and Landolt (2018), trauma manifests differently in younger children due to developmental factors. When using appropriate PTSD assessments, younger children exhibit signs of trauma as readily as older children. While many of these children recover from the traumatic event over time, some research estimated that as much as 20% continue to experience PTSD symptoms over time (DeYoung & Landolt, 2018).

A modern definition of trauma found in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5; American Psychiatric Association [APA], 2013) included the threat of trauma, such as death, injury, or violence, along with being a direct victim. An

individual may experience a traumatic event directly or observe the event happening to another person or learn about such an event happening to a loved one. For example, ongoing exposure to the details of traumatic events may traumatize individuals working in first responder roles.

The challenge posed by this definition is that many events have traumatic consequences but do not involve actual or threat of injury (Herringa, 2017; Horwitz, 2018). Traumatic events such as family separation, significant emotional abuse and neglect, and nonviolent coercion of sexual activity are familiar sources of trauma in general society. The lack of acknowledgment underestimates the presence of trauma and limits available diagnoses for persons in need (Herringa, 2017). A more general definition of a *traumatic event* is an event that overwhelms an individual, threatening their internal psychological resources as much as any injury or threat. As such, it leaves ongoing psychological damage in its wake. Stebnicki and CRC (2016) further distinguished traumatic events as extraordinary events that occur naturally, such as earthquakes or tornadoes, as opposed to man-made trauma, such as school shootings or assaults, contracting deadly diseases, or virtual trauma attributed to cybercrimes or harassment in social media. The extent of these types of traumatic events limits victim-survivors' functionality in their own lives.

A child's body has the capacity for moderate amounts of stress as a part of the training necessary to face the realities of life (Child Welfare Information Gateway [CWIG], 2019). Responding to stressful circumstances is a healthy part of learning to survive and protecting what is valuable. However, when a child experiences prolonged exposure to high stress, particularly interpersonal, his brain adapts by over-developing pathways emphasizing survival and a fight-or-flight response. As the child moves through daily activities, the brain remains focused on survival with constant vigilance for anything perceived as threatening well-being. When the fear response remains the focus, it prevents effectively utilizing higher thought mechanisms, cutting

off the child's capacity for higher learning activities. In addition, the fear response is vital in activating the release of cortisol, affecting the immune system and the ability to fight disease. The benefits of the fear response are useful in a hostile environment; however, the same fear response is debilitating and alienating in a healthy classroom setting. The same behaviors that may ensure a child's safety in a negative environment may stymie healthy cognitive and social-emotional development in a positive environment.

The unfamiliarity of a positive environment may significantly challenge a traumatized child's ability to function socially and academically (Cabrera et al., 2020; Carvalho et al., 2016; CWIG, 2019). A reasonable amount of fear is healthy and helpful in maintaining safety; however, excessive fear causing a steady state of hyper-arousal will negatively impact the body's neurochemical systems. These systems engage a child's body and mind making it difficult to focus on theoretical academic information and curb impulsive behaviors. At home, the child may focus on the immediate needs of finding food and avoiding danger; in the classroom, the child may perceive other children as competition for basic needs or a threat to safety. In addition, fear-based thinking breaks down the element of trust necessary to build relational attachments with adults and other children. Over time, the fear response may become automatic, and the child's existence becomes one of constant hyper-arousal. This hyper-arousal is a continual vigilance in which the brain constantly responds to stressors, causing the child to feel anxious and act compulsively without conscious thought. The presence of a potential threat becomes so ingrained that a child might attribute hostile meaning to any triggering event that they associate with a previous negative experience. A simple act by a classroom teacher or fellow student may trigger an extreme response causing a traumatized child to misinterpret the events (Galinsky, 2020). Such children may go to great lengths to avoid stimuli related to memories, exhibiting behaviors

that may seem defiant or illogical to educators and classmates (Herringa, 2017; Owen, 2020). Examples of such classroom trauma triggers include smells, sounds, tastes, or verbal expressions that cause a child to respond as though in danger.

Younger children in the early stages of development may not exhibit signs of aggression or hyper-arousal due to their inability to connect words with feelings and circumstances or their lack of any sense of power over their environment (Hébert et al., 2020; Tejada & Linder, 2018). If feelings of powerlessness continue, the child may eventually fail to respond or have a passive response, appearing to dissociate from the event. Dissociation requires over-sensitized areas of the brain to function and may cause the child to appear to daydream or regress to baby talk and thumb-sucking. The dissociated child may act very still when responding to a threat, becoming more withdrawn and detached as the threat increases. Dissociation triggered by environmental reminders allows the child to feel like they are escaping a threatening situation resulting in what appears as passivity. Over time, the danger of dissociation lies in unexpressed feelings, which could lead to self-harm and suicide (Polskaya et al., 2020).

Trauma-affected children in PreK to first grade may be able to communicate verbally but not articulate the unexpressed feelings that lead to dissociation and other types of dysregulations (Hébert et al., 2020; Prigel, 2017). In the early school years, children will not be able to follow the logical progression of adult thinking or manipulate facts as they will in the operational stage of development (Piaget, 1928). For these children, unexpressed feelings may find an outlet through symbolism and play-acting using toys and vignettes to communicate through the motions of playing (Ebrahimi et al., 2019). Pantomiming the maltreatment they have received becomes a substitute for complex thinking. It is a way for children to process the trauma and express the feelings and flashbacks they cannot fully verbalize. Letting off negativity from

emotions related to the toxic events of the past allows a child to combat debilitating fear proactively in a way they can control (Goodyear-Brown, 2019). For a traumatized child, play becomes an important task that allows them to solve problems and establish order in their thinking (Ryan et al., 2017). This associative type of play allows children to process thoughts and relieve stress through expressive physical movement (RB-Banks & Meyer, 2017). Through play activities, the body becomes a conduit for releasing the trauma within and embarking on a path of growth and healing.

A foundational element of dissociation and child trauma lies in Bowlby's (1969) attachment theory, which emphasized the importance of early emotional bonds between children and caregivers. Healthy attachment results in children who have a healthy view of self and others in tune with the feelings of others, are willing to respond to others' needs, have flexible boundaries, and can self-soothe during challenging times (Hoffer et al., 2018; Zimmer-Gembeck et al., 2017). By contrast, insecure attachment results in contradictory behaviors where the child sees the caregiver as safe and unsafe due to the unpredictable behaviors of the caregiver. The child may refuse to engage the caregiver or react with anger and hostility, reflecting the unpredictability of the relationship patterned by the caregiver. A connection exists between dissociation and insecure attachment in that the child may find it easier to dissociate and deny traumatic memories related to the caregiver to survive the relationship. A poor parent-child attachment will cause survival responses to become dominant and become the child's primary method for engaging other children in social interactions (Opendak et al., 2017). In a classroom environment, this can stunt the development of higher cognitive abilities such as self-awareness, affect and emotional regulation, and sensing the needs and feelings of others. As the child

interacts poorly in the classroom while engaging the teacher and struggles to interact with peers, he or she cannot realize what is occurring relationally and lacks the knowledge base to change.

Understanding the framework for child trauma is critical to developing and implementing meaningful support for educators and children. A study completed in part by Dr. Joseph Spinazzola, founder of the Complex Trauma Treatment Network of the National Child Traumatic Stress Network (n.d.) reviewed data from over 5,000 clinic-referred adolescents and found that psychological maltreatment, including denying of a child's needs for safety, positive regard, and independence, fosters significant adverse developmental outcomes over time (Hodgdon et al., 2018). Psychological maltreatment compounds and even exceeds the negative impact of physical maltreatment. Younger children are especially susceptible to psychological maltreatment, accompanied by neglect, domestic violence, and physical maltreatment (Arslan, 2017). These factors become magnified if a child has previously experienced multiple types of traumas, especially if involved in the welfare system. Authorities may overlook psychological maltreatment in its subtleties, as it is an ongoing pattern of behavior that communicates that a child is unloved, unwelcome, and only valuable to meet the needs of another (Arslan, 2017). This expression of worthlessness causes life-long damage to a child's sense of well-being and is central to other forms of maltreatment and abuse. This form of interaction with a caregiver does not require physical touch and may leave no observable trace. Such acts may be omissions or commissions by caregiver(s) in a power relationship to which a child is vulnerable (Malo et al., 2017). These destructive acts may also make a child feel unsafe or open to harm, including belittling, denigration, and terrorizing. Acts of omission may also include neglecting a child's school and medical needs. Children surviving psychological maltreatment have heightened behavioral and social difficulties compared to their peers.

Victims of psychological maltreatment later evidence signs of PTSD, depression, and anxiety, and it is a predictor of suicidal ideation in youth. Less is known about the impact of maltreatment on the cognitive processes of younger children than those of middle-to-late childhood (Fay-Stammbach et al., 2017). Research indicated that the sensitivity of parental care, especially genuine warmth, and positive affect, is associated with a child's ability to internalize self-regulation strategies. Caregiver responses to a child's emotional expression significantly impact behavioral competency in developing children.

While there are many adversarial outcomes of child maltreatment, there is a link between the well-being of a child's psychological adaptation and their future ability to develop healthy intimate relationships (Dion et al., 2019). Bowlby (1969) referred to a child's attachment as an internal sense of security and self-worth based on a secure attachment to sensitive caregivers in the child's environment. Caregivers providing a consistent and kind presence foster secure attachment, forming the basis for a working model for future relationships. Through caregivers, children learn to establish and maintain intimate relationships with significant others (Godbout et al., 2017; Godbout et al., 2019). Over time, intimate partnerships, instead of attachment to the caregiver figure, meet attachment needs. Characteristics of maltreated children include insecure attachment, having experienced unsupportive caregivers, and perceiving themselves as unlovable and partners as unreliable.

While considering cases of child maltreatment, investigations by child service agencies may underestimate the co-occurrence of types of maltreatment due to the failure to consider all patterns of behavior and their combined effect (Kim et al., 2017). Typical aspects for consideration are the type of perpetrator, the adverse action or the neglect, the frequency of maltreatment, and the child's age at onset. Further questioning should include the environmental

hazards facing the child and family unit, and as any surrounding incidents related to the neglect. Finally, considering how maltreatment co-occurs may more effectively address the needs of children and families (Brown et al., 2020), authorities must view one type of maltreatment in the constellation of the child's total experience.

The psychiatric community classifies the circumstances surrounding trauma by type, providing a significant breakdown in understanding the overall events which could affect children (Passardi et al., 2018; Sage et al., 2018). They define single-event trauma, known as Type I Trauma, as a single unexpected event, typically in the recent past, that has a debilitating emotional response on the victim's part. Type II Trauma includes a more significant emotional disruption, specifically PTSD, impaired memory, dissociation, altered perception, and loss of meaning or continuity. Type II Trauma involves repeated exposure to traumatizing events, such as domestic violence or child abuse, where children live in an unpredictable environment. Such environments allow for variations in combinations of abuse and neglect, varying the impact experienced by different individuals (Kim et al., 2017).

Further distinctions include Type IIA Trauma (Sage et al., 2018). Type IIA trauma is multiple traumatic events that occur when individuals have a stable home of origin and a supportive relational network that allows that person to distinguish between traumatic events. Type IIB Trauma indicates indistinguishable overlapping events that overcome the individual due to the overwhelming number. Type IIB(R) Trauma indicates the person can develop supportive resources, but complex trauma overwhelms them. Finally, in Type IIB (nR) Trauma, the person has not developed any resources embellishing personal strength or growth and likely has a history of repeat victimization, even into adulthood. These more complex types of trauma

result from broken interpersonal relationship skills, such as an inability to trust, depend on others, or share an intimate relationship (Dye, 2018).

Prevalence of Trauma

In 2019, over 80% of child victims experienced one type of traumatic maltreatment, and over 15% experienced two or more types of maltreatment, including neglect and physical and sexual abuse (CWIG, 2019). For a child to receive classification as a victim, the state must identify at least one type of maltreatment. Individual states differ in how they classify child maltreatment and the amount of evidence necessary to open an investigation utilizing Child Protective Services. These differences can determine varied victimization rates between states. Regardless of location, younger children are the most vulnerable to maltreatment, with over a third of victims from birth through two years old, with almost 15% of victims under the age of one.

In 2001, the United States Congress established the National Child Traumatic Stress Network (NCTSN, n.d.), dedicated to treating and supporting traumatized children. The NCTSN identifies groups of children with a higher prevalence of trauma at a higher risk of victimization than other children. As discussed previously, these children often experience victimization through multiple sources of adversities, which further complicate their traumatic experiences. Children at particular risk are from homes where substance abuse is prevalent, regardless of whether the substance user is an adult or a youth. In combined data from the 2009-2014 National Surveys on Drug Use and Health, approximately one in eight children lived in a home with one or more caregivers with a substance abuse disorder (Lipari et al., 2017). Substance use by a caregiver heightens the child's risk for victimization, placing the family in greater at-risk situations (NCTSN, n.d.). Also at risk are children in homes of economic stress, including those

defined as homeless due to lack of an adequate, fixed home of residence. In a parent-reported survey, 26% of children lived in a state of frequent economic hardship, with parental separation or divorce as a factor in an equal number of homes (Child Trends, 2019). In 2014-2015, Child Protective Services investigated over one-fourth of children in these high-poverty neighborhoods for circumstances of child maltreatment (Fong, 2019). Characteristics of home environments investigated included substance abuse, parental incarceration, mental illness, and suicide, some intensified by economic struggles. In a study of 18-year-old adolescents, Fong also found that almost 40% reported maltreatment at some point in their development, with Child Protective Services substantiating 12-15% of those cases.

Children with intellectual and developmental disabilities are more challenging to assess because chronic medical procedures cause emotional and psychological distress (NCTSN, n.d.). Children with disabilities may be heavily medicated and at greater risk for physical, sexual, and emotional abuse. They may have communication challenges due to their physiology, multiple caregivers, or lack of credibility. Society may overlook the seclusion or restraint of disabled children due to misunderstandings about their needs and capabilities and a lack of awareness that these children can experience traumatic stress like any other child.

Children of military families face unique stressors beyond those facing typical families because the pressures of home life often intensify through relocation, the on-call requirements of deployment, and the loss of friends and community support (Kaye et al., 2021). As a result, the children of these families are uniquely vulnerable to child maltreatment and neglect. For example, research showed that female civilian parents with a deployed spouse are three times more likely to maltreat children at home. The military Family Advocacy Program (FAP), established in 1981, responded to violence and maltreatment in military families. As a part of the

program, FAP has increased attention to maltreatment through preventative action, namely classes, and workshops. Educators engaging children of military families should be aware of the increased risk of child maltreatment during deployment.

Children in foster care programs are at significant risk for maltreatment (Palmieri & La Salle, 2017). Living in transitional housing with ever-changing relationships and the social stigma of being a “foster kid” results in the inability to trust others and an unwillingness to share information with educators. Students in the foster care program have twice their peers’ absences and school suspensions and are over three times as likely to receive a special education diagnosis. Students placed in foster care might have experienced highly volatile circumstances of neglect, abuse, or violence in their homes and are homeless. The history of complex trauma causes significant academic and social-emotional problems in school. Often, inconsistent services and accessibility prohibit participation in appropriate mental health services, which could provide quality relational support (Vasileva & Petermann, 2018; Xu & Bright, 2018). The intervention from early childhood educators could offer significant care in the provision of consistent, interdependent relationships, allowing the child to feel part of a learning community (Lipscomb et al., 2021). Adjusting to the rituals of a classroom setting and peer engagement establishes a protective factor from the risk of depression and other eventual mental health problems. Finding traction in early school activities which value the child’s input and participation creates a mindset of social success, allowing for a positive back-and-forth interaction with teachers and peers.

Trauma in the Classroom

One cannot overstate the significance of the human bond in the caregiver/child relationship (Bureau et al., 2017). A student from a loving, stable home of origin will have a

strong sense of self, exhibiting empathy toward others and social intelligence. Pleasant friendships and self-affirming interactions in a happy classroom environment reflect these students' healthy attachments shared with parents and caregivers. By contrast, children experiencing maltreatment exhibit varied symptoms, including unexplained irritability or anger, difficulty engaging peers and adults, and poor concentration on activities (Hébert et al., 2020). These negative responses are rooted in portions of the child's brain and conditioned to protect the child by utilizing such behaviors.

These responses require both the hippocampal and amygdala regions of the brain (Ahmed-Leitao et al., 2019; Ota et al., 2017). Long-term stress reduces the hippocampal area, associated with long-term memory, and the limbic system, which controls emotional response. Prolonged exposure to such stress causes select hippocampus areas to atrophy, namely the dentate gyrus and its associated dendrites of the Cornu Ammonis subfield 3 (Lee et al., 2018; Whittle et al., 2017). While little research existed on early childhood hippocampal response to trauma, Elvsåshagen et al. (2016) found associations between child maltreatment, from verbal to sexual abuse, led to volume reduction in hippocampal subfields. This reduction impacts neurobiological circuitry related to behavior problems associated with opposition and defiance (Sege et al., 2017). These response areas become red flags to educators who document behaviors throughout early grade levels, resulting in referring students for academic and behavioral evaluation.

Understanding the amygdala response is essential in the context of childhood trauma. The amygdala, the emotional processing portion of the brain, becomes the hub of activity when a child perceives a dangerous circumstance (Weissman et al., 2020; Yaribeygi et al., 2017). Even within an orderly classroom environment, this portion of the brain becomes highly focused on

perceived danger and quickly processes the feelings and responses necessary for survival. The amygdala and hypothalamus are the command center for traumatic responses and cue thought processes, which engage a physiological response throughout a child's body. This engagement of response communicates through the autonomic nervous system, which regulates unconscious physiological actions, such as breathing, heartbeat, constriction of airways in the lungs, and blood pressure (Tonhajzerova & Mestanik, 2017). Acceleration and deceleration of this unconscious response occur with two systems: the sympathetic nervous system triggering the energetic reactionary response and the parasympathetic nervous system applying the slowing and resting response in the wake of danger. The chain response from the amygdala to the hypothalamus to the parasympathetic nervous system causes the adrenal glands to secrete adrenaline into the blood, accelerating blood flow, heart rate, oxygen levels, and breathing rate. All senses become fully alert throughout the process, and the adrenaline and additional oxygen in the blood will heighten brain function. In addition, the body releases reserves of glucose and fat providing additional energy as the body's physiological support systems prepare to engage the danger. All these changes happen quickly and without a person's conscious awareness (Chu et al., 2021; Goh, 2017). The hormone cascade is so efficient that the chain of events begins before the person's brain has visually processed the danger. Senses other than sight, such as sound and smell, trigger a person's autonomic response indicating a potentially volatile circumstance is at hand. This heightened state of awareness continues, even after the threat is gone, by the adrenal glands releasing cortisol, causing the body to remain alert.

A study of school children exposed to ongoing abuse and domestic violence and remaining in a state of heightened fear had reduced amygdala and hippocampal volume (Nogovitsyn et al., 2020). Children in this condition may have various psychiatric disorders,

including depression, post-traumatic stress disorder, and anxiety (Kolacz et al., 2019). Children living in fear, where real threats are indistinguishable from imaginary threats, are aware of the danger and consciously process threats from any potential source. Such fear conditioning blurs the lines between safety cues, such as a supportive teacher standing nearby, and cues of risk, such as an abuser moving into the child's personal space. Fear conditioning causes an overgeneralized fear response in daily living. A child's neuroception, the natural subconscious process for detecting threats or safety cues, identifies sources of danger, such as physical pain, fear of the unknown, or environmental disturbances (Dion, 2018). Childhood trauma may introduce a deficit in the neuroceptive process, causing ongoing activation of the sympathetic, fight-or-flight, nervous response (Griffin et al., 2020). A child's neuroception gives the "all clear" for safe social engagement to occur. However, a child conditioned by fear may not accurately perceive safety cues, such as a teacher's direct eye contact as encouraging rather than hostile or the teacher's upright posture as positive rather than a predecessor to discipline (Porges, 2018).

The continual engagement of the fear response is damaging to the child's intellectual and physical development (Galinsky, 2020). Research has shown a deleterious effect on the learning and development of children because of child maltreatment (McGruder, 2019). While studies continue to support trauma-informed practices throughout schools, researchers have only recently addressed the early childhood grades for their essential needs in this area (Ryan et al., 2018). As previously discussed, the importance of trauma exposure on brain development affects every learning domain, especially self-regulation, self-expression, cognition, and disciplinary and special needs considerations (Ryan et al., 2018).

Having discussed the internal effects of child maltreatment, educators may look for specific external signs of trauma. Observable physiological signs may include wounds, bruises, blood in the underwear region, and the inability to sit or move readily (Kerna et al., 2021). Educators may observe these physical signs during routine class activities; for example, hanging up coats, putting away backpacks, sitting on the carpet during morning lessons, or recess or bathroom breaks. Behavioral signs may be more evident than physical signs if student behaviors change from their typical interactions with teachers and other students. For example, a child may become pensive, inattentive, or withdrawn while detaching from routine play activities. By contrast, a child may show signs of increasing aggression by showing signs of hypervigilance, impulsivity, or violent play (Jacobson, 2021). An astute teacher will compare students' healthy, developmentally appropriate social-emotional behaviors with those of outlying students to find signs of maltreatment. Excessively compliant students with poor social skills, show signs of low self-worth, or cry without reason may be unwittingly offering behavioral signs of maltreatment in their personal lives. An excellent time for observation is during structured play, where students engage in active learning through playing with dolls or role-playing various activities (Ritzi et al., 2017; Wubs et al., 2018). During structured play, traumatized children will sometimes re-enact scenes that have significantly impacted them, such as events related to domestic violence or sexual abuse. If students do not overtly act out the behavior, they may have age-inappropriate or sexualized behaviors in their interactions with peers and adults.

A critical, observable sign of maltreatment that early educators should consider is the parent's interaction with the child during drop-off and pickup times (CWIG, 2019; Kruk, 2018). Subtleties in parent-child relationships may be a better indicator of maltreatment than any other indicator. Minimal interaction and communication, universally adversarial or negative

interaction, and open statements of negativity or hostility may characterize such relationships (CWIG, 2019). These parents may also blame the child for home problems, promote harsh criticism and punishment, or manipulate them to satisfy their emotional needs. Primary children are especially susceptible to abuse due to their developmental immaturity and naiveté, making them incapable of understanding and articulating maltreatment. As a result, early educators position themselves to intervene in a critical matter where their students cannot help themselves (Nicholson et al., 2018).

Schools that do not provide a clear protocol for students to report abuse will make disclosing the abusive events much more challenging for the victim or outside observer. Schools may make disclosure more convenient by providing lock boxes in the cafeteria and select hallways where students may leave notes requesting a private conversation with a teacher or school counselor (Brigman et al., 2021; Rossen, 2020). Such open accessibility fosters trusting relationships between staff and students, providing a clear opportunity for students to confide their circumstances in a safe place.

As educators observe signs of child trauma, they must remember that developmental delays due to traumatic home environments will transition with children into the classroom setting and reflect in their social performance (Lum et al., 2018; Terrasi & Galarce, 2017). For example, children living in dissociation, defensive hyper-arousal, or hostile affect will find adversarial relationships in a focused classroom environment. Likewise, uncooperative behaviors may create negative interactions with peers and educators. Such negative peer appraisal may continue into higher grades and puberty, where positive peer relationships become increasingly crucial to the healthy social-emotional development of the child.

Maltreated children may act out or behave in socially unacceptable ways taxing teachers' patience and alienating peers (Crouch et al., 2019; Nelson et al., 2020). Over time, these children may receive misdiagnoses of behavior disorders or learning disabilities leading to an inappropriate special needs diagnosis. These children may also be labeled as hard to handle or troublemakers, which engages disciplinary action from administrative and truancy personnel. These children may be emotionally unstable or volatile and be known for spending time with school and clinical counselors. Harris, a pediatrician, and the co-founder of the Adverse Childhood Experiences (ACEs) project stated that children with a history of adversity with an overactive stress reaction might have limited impulse control and angry outbursts (Wolf, 2020). Further research in ACEs showed that maltreated children exhibited emotional and behavioral problems, disengagement at school, higher absenteeism rates and were more likely to repeat a grade.

A particular problem in absenteeism in preschool education is the lost foundation provided by early learning experiences. Preschool education provides essential building blocks of reading and writing, the foundation of future success in school. A review of preschool children found that ACEs indicators were the highest predictors of a child getting suspended or expelled from a preschool program (Zeng et al., 2019). Suspension and expulsion in early grades foster negative school attitudes among the recipients and increase the likelihood of future academic failure. Research suggested that such negativism spreads to the child's family, further heightening the adversarial home-to-school relationship (Meek & Gilliam, 2016). The family's overall well-being is a high indicator of a child's readiness for school. By contrast, home environments of ACEs indicators, such as child maltreatment, parental violence, or substance

abuse, will cause academic and disciplinary hardships for children. Preschoolers with high adversity will exhibit negative behaviors putting them at risk for suspension and expulsion. As behavior problems continue to impact academic achievement, maltreated students steadily fall behind their peers in classroom activities (Crouch et al., 2019; Nelson et al., 2020). If not remedied, the academic abilities of the failing child will show a marked difference during class interactions. The fallout of developmental trauma in early childhood is a deteriorating ability to compete as an equal among peers. If unable to be successful in social or academic areas, students will find their identity in notoriety rather than conformity.

Trauma and the Teacher

School systems are beginning to see the need to educate and train teachers to support students' social-emotional needs (McLeod et al., 2017). Historical barriers to sustained trauma-focused programs include the need for increased trauma education for teachers, regular communication between teachers and intervention services, and teacher understanding of the need for a trauma program in the school (Sonsteng-Person & Loomis, 2021). Teachers need to create a classroom environment that does not trigger the survival response of traumatized students and provides active learning that supports cognitive growth. Increasing teachers' training and trauma knowledge has proven to moderate the difficulties experienced by faculty members as they engage traumatized children.

Creating a trauma-informed classroom environment requires a knowledge of the social engagement system children utilize to cope with their daily circumstances and to navigate relationships (Delahooke & Marlo, 2019; Treleaven, 2018). Porges's (2017) polyvagal theory refers to a third response by the nervous system called the social engagement system, which relates to a child's sense of safety. Whereas the sympathetic and parasympathetic nervous

systems represent the extreme polarities of behavior, the social engagement system acts as a happy medium between the two responses. This midpoint is a playful energy combining activation and calm, which children exhibit when they feel their environment is safe. The social engagement system is markedly different from the intensity of the sympathetic fight-or-flight or parasympathetic calming responses. The social engagement system allows for healthy curiosity, connection with ideas and others, a restful body, and a sense of safety (Dana, 2018). Teachers may appeal to this calm psychological state by sending signals of safety through facial expression and tone of voice and, establishing a calm, quiet tone for class communication, avoiding sounds from hallways, bells, and other potential signs of danger (Delahooke & Marlo, 2019; Sporleder & Forbes, 2016; Treleaven, 2018). Classroom directions can take on a singsong quality, inviting students to co-participate in regulating their feelings and actions (Roberts, 2019). In this mindset, the child can acknowledge the distress and seek appropriate help as a part of their overall self-care and productive activity within the daily lived experiences of a classroom. Trauma-informed approaches to regulating students in the classroom require feelings of safety as a priority over new thinking and learning skills.

As teachers get to know a traumatized child, they will become aware of the child's heightened responses and begin to identify triggers, responses, and essential safety cues which help the child discover and maintain a state of social engagement. Dana (2018) reported that the discovery of triggers is essential for students to move away from a negative self-identifying with the problem and instead have an empowering ability to detach and choose a response to the problem. Over time, the child will strengthen this process by identifying triggers and the danger cues they represent; however, they will notice safety cues in the same circumstance and focus on the safety cue. For example, common triggers often include a loud noise, an angry tone or a

frightening social situation. A child learning to cope with triggers by deliberately responding to a safe cue might pause to focus on the warm sunshine in a room where a loud noise occurred, the solid chair beneath them as they hear an angry tone, or one smiling face in a frightening social situation. Dana illustrated the navigation of behavior responses as going up and down a ladder and encouraged this type of mapping for individuals to discover their behavior patterns. This mapping will allow greater control of emotional responses and preparation to navigate unknown future circumstances confidently. A teacher may utilize similar ideas in a classroom by building a supportive relationship with students and discussing safety cues (Sporleder & Forbes, 2016; Treleaven, 2018).

Since trauma is typically interpersonal, a compassionate and respectful relationship with a student will foster trust (Naste et al., 2018). Students must have a sense of safety and belonging in their school that goes beyond discipline to a whole staff support system that values student relationships. Sporleder and Forbes (2016) asserted the need for social-emotional connection as an essential precursor to academic or behavioral training. This pro-social connection allows teachers to help mitigate the effects of trauma in the child's life and direct students to self-compassion and self-regulation. Trauma-informed teachers may utilize classroom resources to support a struggling child, such as calming areas where a child may detach from stress, methodology for breathing and meditation practices, routinely scheduled breaks, and scheduled times for movement. Couching these supports in a nurturing relational environment will foster a traumatized child's growth and healing.

Students in this unique, early-grade population receive a disproportionate amount of maltreatment, which is especially damaging due to their early developmental stage of life (Fredrickson, 2019). Studies of preschool mental health revealed that children who need

therapeutic intervention benefit from multiple intervention points, including teachers, counselors, and caregivers (Desta et al., 2017; Hiscock et al., 2018; Isaksson et al., 2017). These studies highlighted the importance of building the skillsets of teachers and caregivers and providing classroom resources that cultivate a trauma-informed mindset and provide universal support. Trained teachers promote healthy social-emotional skills that extend to all students and build restorative skillsets for traumatized children, which extend to supporting families in difficult circumstances (Crosby et al., 2017; Terrasi & Galarce, 2017). There is a need for research on teacher perspectives in providing social-emotional support for traumatized children and to define the balance between academic instruction and social-emotional learning. Understanding the scope of these early interventions over the child's lifespan is essential, particularly relating to social-emotional development in the school setting. PreK through first-grade teachers could identify students needing immediate intervention and those on the fringe of maladaptive functioning, experiencing lesser traumatic events in their cultural context. There is a clear need for early educators to understand observable social-emotional interactions coupled with timely classroom-based interventions promoting child and family mental health.

Summary

This chapter articulated the three theories that form the foundational framework for this study. First, using Piaget's (1928) cognitive theory will examine the problems of chronic disequilibrium slowing cognitive growth and affecting trauma-related behaviors. Second, DuPont's (1994) emotional theory dovetails with cognitive theory by capitalizing on the emotion's role in inciting the disequilibrium-to-equilibrium process and the need for early identification of emotional states and responses. Finally, Bronfenbrenner's (1979) ecological theory couches cognitive and emotional theories in the essential influences of context and culture

in the learned responses of early childhood. Support for the outplay of these theories in children exhibiting trauma-related behaviors in a classroom setting exists within the literature. For the past two decades, studies have shown that trauma significantly affects the developing child's brain structure, that trauma shapes a child's behavioral patterns, and that these behaviors are determining factors in a child's social competence and academic success (Larson et al., 2017). Classroom teachers are the first intervention for a traumatized child. As frontline workers, teachers need support and understanding to partner with families in their children's education and to support children through building healthy relationships. The need for understanding PreK through first-grade teachers' perspectives was evident based on the voices of researchers requesting further study in this area. The NEA and GELDS standards offered some direction; however, the need existed to complete more work to support PreK through first-grade teachers who assist traumatized students daily.

Chapter Three: Methods

Overview

The purpose of this transcendental phenomenological study was to identify perspectives not fully explored regarding PreK to first-grade teachers in identifying and assisting students exhibiting trauma-related behaviors in two contiguous counties in northwest Georgia. Chapter Three explains the design, setting, participants, data, trustworthiness, ethical considerations, and summary of the information contained within this study. Finally, this chapter explains the importance of the study in the elementary classroom.

Design

The qualitative aspect of this study allowed data collection in a natural setting attuned to individuals and environments researched and supported an inductive style of data analysis that sought out themes and patterns (Creswell & Poth, 2016). The qualitative approach examines and understands the lived experiences of PreK to first-grade teachers, interactively engaging with interviewees to form themes throughout the collaborative process. Qualitative research allowed an opportunity to learn about the problem of educating traumatized children from the teachers' perspective and focused the study on obtaining that information. Qualitative research also allowed a holistic account of the problem through the perspectives of multiple interviewees and the complex relation of factors in each situation.

The phenomenological design was most appropriate for the present study because it gave teachers a voice and enabled them to communicate their experiences of the phenomenon allowing for a rich understanding through recounted experiences (Husserl, 2014; Patton, 2014). Qualitative research examines phenomena in a real-world setting, considering the meaning ascribed by individual participants (Booth, 2016; Yin, 2015). Husserl (2014) linked the

understanding of a phenomenon to the self-experience of the phenomenon. The challenge lies in articulating the phenomenon in terms of possible meaning, thereby discerning the features of the phenomenon (Moustakas, 1994). A phenomenological study is a study of the essence of being, where science focuses on the essence of the event without factual knowledge (Husserl, 2014). In a phenomenological study, a researcher seeks the entirety of the whole, considering many aspects and perspectives and seeking unified ideas common to the various aspects of the phenomenon or experience. Meyer et al. (2018) clarified scientific study as purely a physical phenomenon; therefore, internal observations, as opposed to external ones, are valid sources of knowledge. Moustakas (1994) paralleled this thinking, asserting that phenomenology uses data made available through conscious observation of the appearance of circumstances. Therefore, this was a transcendental phenomenological study because of the discovery found through the reflection and consideration of the appearance of things in our conscious awareness.

This study focused on describing the experiences of early educators working with traumatized students to acquire a fuller description of those experiences, discovering common elements that added new information to the current literature. This approach sought to find the meaning of experiences common to the shared phenomenon (Husserl, 2014; Patton, 2014). In addition, the research focused on the intentionality of the individual perspective allowing for a fresh view of the phenomenon. The data collection of this study focused on meaningful encounters providing an in-depth exploration of the experiences of early educators. The goal was to obtain new information to understand better the phenomenon and implications for future study and usage. The idea of finding commonality in phenomenological experiences stems from Creswell and Poth's (2016) articulation of the phenomenological research methodology, which

practices *epoche*, the setting aside of presuppositions, and a readiness to receive real-world experiences as expressed by those interviewed.

This study utilized the transcendental form of phenomenological design, where the perception of the phenomenon was an essential and reliable source of information (Moustakas, 1994). This transcendental phenomenological study examined the lived experiences of PreK to first-grade early educators regarding the National Educator Association (NEA) teacher competencies requiring teachers to recognize and advocate for students' unique needs and well-being with sensitivity to culture and context (Barnett et al., 2018). The experiences of early educators differed, but some areas overlapped, indicating a significant experiential commonality worthy of examination. Findings from this study provided greater insight into the needs of teachers and students.

Research Questions

The central research questions that guided this study, paired with the supporting interview questions were:

1. How do early educators describe their experiences engaging students who exhibit trauma-related behaviors in a school setting?
 - a. Please introduce yourself and state your years of professional teaching in elementary school in your county, what grade levels you have taught, your current assignment and your level of education.
 - b. What are some experiences you have had teaching traumatized students?
 - c. Tell me about an interaction with a traumatized student that ended badly.
 - d. Tell me about an interaction with a traumatized student that ended well.

2. How do early educators describe their application and/or knowledge of teacher competences related to student well-being as presented in the NEA Teacher Leadership Competencies (Barnett et al., 2018)?
 - a. What support/training have you used in dealing with traumatized students?
 - b. How would you differentiate between trauma-related behaviors and general disciplinary behaviors?
 - c. What student behaviors would indicate trauma in their lives?
 - d. What strategies did you use to engage and support students exhibiting traumatized behaviors?
 - e. How did the student respond to your intervention?
 - f. What types of traumas do your students have to manage?
 - g. What types of traumas are most seen in your classroom?
 - h. What changes have you made in handling classroom management due to traumatized students?
 - i. What would you choose if you could have any resources to help you deal with students affected by trauma?
3. What is the early educators' perception of the social-emotional needs of their students?
 - a. What do you see as the most important social-emotional needs of your students?
 - b. Which of these needs is not being successfully met?
 - c. What resources or types of support could help you meet these needs?

Setting

The setting of the study was two counties in northwest Georgia. Both counties have similar demographics, and 100% of elementary schools have school counselors (H. Hollis, personal communication, December 13, 2021; T. Washington, personal communication, December 13, 2021), thus making the selection explicit. Both school systems have a minority enrollment of 15% or less, with teacher-to-student ratios of 14:1 and 12:1, respectively. Using early educators in these two counties provided a consistent view of the problem within this culture. Considering social-emotional well-being, elementary schools may have many PreK to first-grade children experiencing mental health issues and social-emotional wellness issues (Bitsko et al., 2018; Reinert et al., 2021; Robinson et al., 2018).

The rationale for selecting this setting included the importance of early intervention in reshaping a child's social-emotional skills (Daunic et al., 2021; Hiscock et al., 2018; Humphries et al., 2018). Further, selecting this setting included the rising number of children exhibiting the need for early intervention in social-emotional skills (Cabrera et al., 2020; Carvalho et al., 2016; CWIG, 2019) and a need for more research on early educators and their work with a student exhibiting trauma-related behaviors (Lawson et al., 2019; McIntyre et al., 2019; Schepers & Young, 2021).

Based on criterion and convenience sampling, the selected schools featured PreK to first-grade programs. Communication with the school superintendents and principals occurred via email and phone regarding the purpose and methodology of the study, and follow-up letters secured consent. In addition, school superintendents and principals received a request to forward the information to qualified teachers. These northwest Georgia counties encompass 43

elementary schools, providing adequate PreK to first-grade classroom teachers to support this study.

Participants

Patton (2014) noted that purposeful sampling is essential for a qualitative study. To that end, PreK to first-grade teachers in the participating counties received an email regarding the study that served as a recruitment letter, including a link to a survey to provide work history information. By completing the survey, participants implied informed consent. This study utilized 12 PreK to first-grade classroom teachers from the two counties chosen for both new and experienced career histories in this study. Teachers meeting the criteria listed previously received an email invitation to proceed to the individual interview portion of the study. I employed criterion sampling to find candidates fitting the criteria with consideration for variety in ages, gender, ethnicity, and varying degrees of education and tenure. I employed three criteria in the recruitment process:

1. Teachers must have a minimum of 3 years of elementary classroom teaching experience based on Georgia's three-year probationary period required for teacher tenure (*Georgia's Teacher Keys Effectiveness System*, n.d.).
2. Current employment as a PreK to first-grade general education teacher in the two northwest Georgia counties.
3. Having been able to identify one or more students exhibiting trauma-related behaviors in the classroom setting and have taken action to support student needs.

These three criteria supported quality data collection within specific parameters. Once selected, I considered participants as co-researchers supporting Moustakas' (1994) supposition that they are an integral part of qualitative research. Participants received communication via email and a

letter describing the study's purpose. They also received return documentation verifying their consent.

Procedures

After I received verification of approval for this transcendental phenomenological study by the Institutional Review Board (IRB) at Liberty University (See Appendix A), I received approval from the school superintendents of the two northwest Georgia school boards. Contact then ensued with school superintendents and principals via email to obtain written consent (See Appendix B) to request participation from the teachers at their schools. With permission, teachers at the participating schools received a recruitment letter of invitation (See Appendix C). The interested teachers received an email linked to an invitation to participate, leading them to a survey specifying work history provided by Qualtrics (See Appendix D). The potential participants received a request to give their informed consent in the survey, and those not willing to participate received directions on how to exit from continuing. Those giving consent received a request to enter their personal contact and background information, their number of years teaching, the grade levels taught, and their level of education. Teachers meeting the criteria listed previously received a second invitation in their email to proceed to the in-person interview portion of the study. The interview portion clarified their background information and experiences to ensure there was no miscommunication and that they were comfortable with the information shared and the nature of the study.

The Researcher's Role

I collected the data through interviews supported by member checking and memoing (Creswell & Poth, 2016). My questions evolved from my 20 years of experience as a classroom teacher and 5 years as a school counselor. To identify my role within the transcendental

phenomenological study, I bracketed my personal experiences and preconceptions, took on a neutral stance and provided a clear understanding of the experiences of the educators involved (Moustakas, 1994). According to Husserl (2014), a need exists to support bracketing in multiple ways. To this end, I ensured no prior knowledge of study participants and no prior knowledge of their perceived status within their school or district to favor one participant over another. I was fully in the moment in each online candidate interview, noting the environment and reactions of the co-researchers. My memoing carefully noted the differences in the locations of the participants and ensured that all terminology in communication was common and fully understood. I utilized follow-up questions related to their experiences with students exhibiting trauma-related behaviors, explored their responses to student behaviors, and finally sought their opinions about the success of their efforts. The end goal of the questions was to hear the teachers' voices without influence from outside sources. The *epoche* experience required putting aside all judgment from outside sources to prevent interpretation of the participants' voices and to make the essence of the lived experiences known.

Data Collection

Data collection came from early PreK to first-grade educators in schools within two rural Georgia counties who worked with students exhibiting trauma-related behaviors and assisted in altering their classroom interactions to support student needs. The individual educators participated in desktop computer Zoom interviews enabled with a waiting room and audio recording options. Educators affirmed confidentiality at the start of the interview, confirming that they were alone throughout the interview process. Educators responded to interview questions from the privacy of their closed classroom or a private room in their household. The interview

questions originated from the privacy of an enclosed office space. Participants provided permission for audio recording via previously submitted informed consent.

Recruitment Letter

Following the Liberty University IRB approval, all PreK to first-grade teachers in the participating counties received an email invitation to participate in the study. This recruitment letter provided the study's delimitations and a link to a Qualtrics site used to gather information on the potential participants (See Appendix A). The teachers' responses to the letter provided the data needed to select participants for the study.

Interviews

Utilizing interviews as a research method was a natural fit for qualitative study as participants respond organically and in their natural setting (Moustakas, 1994). The interview procedures included a series of structured or semi-structured questions. Two individuals experienced in the phenomenon but not included in the study tested the research questions for depth and richness of responses to establish quality interview questions. The interview protocol utilized questions one through four for knowledge about the participant's experience, five through eight to discover the participant's trauma awareness, and nine through 12 to focus on the participant's engagement skills. Acquiring the participant's perspectives in these areas was essential to this type of research (Rosenthal, 2016). The following direct, open-ended questions supported that objective. The selected participants participated in a one-hour interview with the possibility of a second interview for clarification as needed, using an interview procedure defined in Moustakas (1994), beginning with broad questions:

1. Please introduce yourself and state your years of professional teaching in elementary school in your county, what grade levels you have taught, your current assignment, and your level of education.
2. What are some experiences you have had teaching traumatized students?
3. What student behaviors would indicate trauma in their lives?
4. What strategies did you use to engage and support students exhibiting traumatized behaviors?
5. How did the student respond to your intervention?
6. How would you differentiate between trauma-related behaviors and general disciplinary behaviors?
7. What types of traumas do your students have to manage in their lives?
8. What types of traumas are most seen in your classroom?
9. Tell me about an interaction with a traumatized student that ended badly.
10. Tell me about an interaction with a traumatized student that ended well.
11. What changes have you made in handling classroom management due to traumatized students?
12. What support/training have you used in dealing with traumatized students?
13. What would you choose if you could have any resources to help you deal with students affected by trauma?
14. What do you see as the most important social-emotional needs of your students?
15. Which of these needs is not being successfully met?
16. What resources or types of support could help you meet these needs?

Questions one through four were knowledge questions, allowing me to determine the experiences the participants brought to the study (Patton, 2014). These questions allowed participants to relax and facilitate positive engagement. Questions five through eight helped to discover the participant's depth of awareness and understanding of trauma-related behaviors in children. Whitaker et al. (2019) highlighted the role of trauma awareness in teacher-student conflicts, and this information added to the overall understanding of the teachers' experiences of the phenomenon. Questions nine through 12 helped to gain insight into the participant's perception of effective engagement with traumatized children. Probing teacher insights into effective support and care for trauma-affected students provided a complete picture of the educator's worldview. Brunzell et al. (2019) pointed out the key role of the teacher's mindset and worldview regarding the meaningful work necessary to support positive social change for trauma-affected children. Questions 13 through 16 explored the teachers' views on social-emotional needs of students and resources supporting those needs. Murano et al. (2019), noted the importance of teachers identifying and supporting the social-emotional needs of maltreated students. Understanding the teachers' knowledge of student needs added relevant information to this study.

Researcher Reflection/Memoing

Memoing began after each interview session to support triangulation and validity. Glasser (1998) highlighted the importance of reflecting on data and carefully documenting the interviewee's mindset and comportment. Moustakas (1994) discussed the need for careful attention in the bracketing process and *epoche*. This data supported the overall analysis and remained confidential, along with other data collected.

Noting any co-researcher's physical mannerisms, gestures, and emotional responses occurred throughout the interview process. Capturing *epoche* required recording the zeal of educators as they communicated their interactions with students. Memoing helped communicate the interview tone and understand interview data.

Member Check

Member checking utilized a two-step process during the interviews. The first step involved an ongoing effort toward active listening. Summarizing the information communicated by interviewees throughout the interviews guaranteed that participants agreed with the content they submitted. In addition, this process ensured that participants had valid experiences (Creswell & Poth, 2016). The second step required participants to review interview transcripts and correct any misunderstanding or miscommunication (Lincoln & Guba, 1985). These two steps ensured valid and confirmable transcribed information as a criterion for this study.

Data Analysis

Data analysis utilized progressive coding by following Moustakas (1994). The phases of data analysis involved horizontalization, textural description, and essence of experience. The process started with bracketing my worldview and biases from the process of this study. The *epoche* method of beginning the process of gathering data in an unbiased manner provided a clear picture and a new understanding of the experiential phenomenon. This experiential recounting allowed freedom from previous beliefs that might influence the meaning of the described experiences (Creswell & Poth, 2016). Data triangulation occurred through multiple sources, including interviews, observation, field notes, and literature obtaining perspectives for validation (Flick, 2018; Richards & Hemphill, 2017).

Horizontalization

Data analysis began by reviewing the transcripts of interviews and looking for pertinent statements about their work with traumatized students given by participants. This analysis involved multiple readings of the transcripts and identifying the statements that related directly to traumatized students.

Colaizzi (1978) recommended the interpretation of meaning from the critical statements noted above. This interpretation allowed the grouping of information into “clusters of meaning,” recommended by Creswell and Poth (2016), which allowed the discovery of common themes in the interviews. Discovering common themes allowed the grouping of information to provide an organized whole illustrating the commonality of each participant’s lived experiences. The information flow progressed from critical statements to interpreting the meanings to theme identifications.

Elliott (2018) described coding as fundamental to analysis and the means to break down information and create something new. ATLAS.ti qualitative data analysis software managed the data and the coding process by ascribing the following codes derived from the research questions to the quotations from interview participants: engaging the traumatized child, knowledge of teacher competencies, application of teacher competencies, and perception of traumatized child’s social-emotional needs. Patton (2014) described interpretation as making sense of findings and establishing order. Coding passages when participants directly responded to questions and indirectly provide relevant information to the study supported interpretation. In addition, reading the portions already coded compared to each research question provided an opportunity to seek further rounds of coding within the process. For example, in excerpts under “engaging the

traumatized child,” creating sub-codes helped to further analyze the data by types of engagement, such as verbal interaction, classroom activity, social activity, or disengagement.

Moustakas (1994) described *epoche* as perceiving information in a fresh, open way to distinguish and describe the phenomenon. It was crucial to bracket personal feelings and experiences related to the phenomenon and fully describe the view of the study participants, untainted by personal beliefs and prejudices, to accomplish this. Patton (2014) identified *epoche* as finding clarity about and eliminating personal bias throughout the research process.

Bracketing beliefs about early educators instructing traumatized children by writing reflections and preconceptions of this topic before investigating the teachers’ lived experiences was critical. Detailing personal experiences with this phenomenon helped clarify and eliminate any bias before approaching participants for interviews. I noted my writing in the memos in ATLAS.ti data analysis software.

Textural Description

Moustakas (1994) suggested creating a textural description, a factual narrative account of the interviewees’ experiences. Such textural descriptions captured the shared teacher experiences of a particular aspect of their roles with traumatized students, such as student aggression or withdrawal. The descriptions led to understanding the teachers’ identification of the problem, their reaction to student behaviors, and the support system teachers utilized to respond to the problem. The descriptions focused on actions and statements that add to the developing themes.

Part of the data analysis process included scanning for themes, or commonalities, in the data set during the coding process (Patton, 2014). Themes emerged, and the clarity of the data occurred through coding and categorizing. The data helped draw meaning as themes emerged, leading to an attempt to produce a narrative from the comprehensive information. Summarizing

the findings revealed through themes helped to interpret through description rather than explanation.

Structural Descriptions

Creswell and Poth (2016) described structural description as the knowledge acquired by the participants throughout their lived experiences. As the participants shared their lived experiences in the interview process, an investigation ensued of the immediate circumstances and emotions that occurred during the event as recounted by the participants that affected their behavior, the behavior of students, and the various responses using open-ended questions and note-taking. The escalation of emotions, behaviors, and factors that might have affected the experience at that moment served as the primary focus. Viewing the descriptions within the context allowed me to note the student population's socioeconomic status and the counties' demographic characteristics. Moustakas (1994) exhorted researchers to consider structures of environment, time, physical concerns, and causality as precipitants to thoughts or feelings about the phenomenon. The context related to traumatized children, especially in high-risk home circumstances where factors include police interaction, drug use, teen parenting, and incarceration (Dye, 2018; Fagan & Novak, 2018). Considering these structural qualities relative to thematic development allowed for rich, balanced structural and textural descriptions.

Essence of Experience

The final goal meant pairing the structural and textural descriptions, synthesizing the experiential essence of the participants' experiences with traumatized students in a classroom setting. After acquiring all structural and textural descriptions, integration of the whole transpired to acquire any overarching descriptions of the essence of the participants' lived experiences. This integration led to the final analysis phase in the research process. This phase yielded narrative

findings capturing the essence of the culture of early educators and their lived experiences working with traumatized children. This descriptive summary allowed greater insight into the phenomenon.

Trustworthiness

Establishing trustworthiness transpired through collecting and analyzing the data. Data analysis occurred using Moustakas' (1994) methodology. These sources validated the data through different means, allowing participants to have input in the coding process (Lincoln & Guba, 1985).

Credibility

Member checking ensured the quality of my research process (Creswell & Poth, 2016). Participants reviewed my report to establish authenticity, allowing for the validity of the interpretation of interview data. In addition, the participant feedback regarding the report provided credibility throughout the study process.

Dependability and Confirmability

Triangulation served to establish dependability (Creswell & Poth, 2016). Triangulating the data occurred through interviews, member checking, memoing, and the literature review, establishing trustworthiness and the transferability of ideas discovered. In addition, an outside researcher without connection to the study reviewed this process to further the findings' credibility.

Transferability

Transferability refers to using one study to support the completion of another of a similar nature (Marshall & Rossman, 2014). Information collected supported transferability by accurately recounting the perceptions of educators working with trauma-affected students. A

thick description technique provided details about data collection, social context, setting, and other points of information, allowing the reader to fully experience the phenomenon, which helped ensure transferability (Patton, 2014). The quality narrative produced through robust data collection supported the transferability or generalization of the study to other settings. An audit trail recorded these activities in the form of a research journal describing the data collection process, detailing the determination of categories in the study, and the decision-making process throughout the study process. This journal is a running record of the data analysis and interpretation details. An audit trail allowed future study and replication of the research process and support dependability and confirmability.

Ethical Considerations

The researcher must consider the risks for the participants to benefit from the study (Creswell & Poth, 2016). Ensuring confidentiality to participants willing to support this study is imperative, as is extending that confidentiality to the school and county systems. Negative experiences could impact individual teachers, administration, or the school system if such information becomes public. Participants and entities utilized pseudonyms. Teachers might also reveal information about students unwittingly. In such circumstances, teachers received a reminder of the lack of consent. Reviewing the transcripts provided an opportunity to find and delete any identifying information from the collected experiences.

Participants received advice on the potential of secondary trauma as they recounted the students' circumstances. When asked to provide informed consent, potential participants received information about secondary trauma. They also received information directing them to access resources related to counseling referrals through the Georgia Hope system should the need arise. Georgia Hope partners with individuals, schools, and communities, offering

telemental health online therapy, offering a licensed, professional therapist for a series of brief sessions. Teachers may also take advantage of Georgia Hope's school-based mental health program, allowing physical meetings between teachers and therapists (Georgia Hope, n.d.)

Confidentiality was essential, as was the security of all data. A locked filing cabinet, with only one key securely maintained, housed documentation. Computer devices utilized in the study had password protection and original usernames and passwords. After 3 years, I will destroy all electronic data.

Summary

This chapter summarized the completion of this study. The importance of trustworthiness supported by credibility, transferability, confirmability, and dependability provided the defining characteristics of the process. This transcendental phenomenological study aimed to provide a rich understanding of classroom teachers' experiences in identifying and assisting students who exhibited trauma-related behaviors in early grades. The process required breaking down and delineating various aspects to consider all factors common to the teachers interviewed and those unique in perspective (Moustakas, 1994).

Chapter Four: Findings

Overview

The central purpose of this transcendental phenomenological study was to identify perspectives not fully explored regarding PreK to first-grade teachers in identifying and assisting students exhibiting trauma-related behaviors. This approach uncovered a commonality as educators described their real-world experiences, allowing for an in-depth understanding of their experiences (Creswell & Poth, 2016). The NEA teacher competencies require that educators advocate for their students' unique needs and well-being and seek to understand the students' home culture (Barnett et al., 2018). The focus of this study was the teachers' experiences as they educated trauma-affected students and advocated for their needs. This chapter describes the participants' demographic information, interview findings, research questions, and key themes that emerged in this study. The conclusion includes an analysis of data discovered in the combined findings of 12 interviews and a description of the essence and meaning of the educators' experiences.

Participants

In this research study, 12 PreK to first-grade general education teachers from two contiguous southeastern United States counties volunteered their experiences working with students exhibiting trauma-affected behaviors, such as hyperarousal, oppositional defiance, aggression, inability to self-regulate, extreme withdrawal, or passivity. The participants were required to have a minimum of 3 years of full-time general education classroom experience and be able to identify at least one experience educating a student exhibiting trauma-affected behavior. Table 1 below presents the demographics of the PreK to first-grade classroom teachers participating in the study.

Table 1*Participant Demographics*

Pseudonym	Age	Gender	Years Teaching	Current Grade
Tanya	52	Female	30	PreK
Joanie	25	Female	4	PreK
Mallory	42	Female	8	Kindergarten
Kenzie	31	Female	8	Kindergarten
Ella	51	Female	5	PreK
Amy Jo	27	Female	6	Kindergarten
Tammy	27	Female	6	Kindergarten
Patricia	38	Female	14	Kindergarten
Simone	40	Female	18	Kindergarten
Lina	30	Female	5	First Grade
Ginger	51	Female	30	Kindergarten
Sandra	32	Female	10	PreK

Tanya

Tanya, a 52-year-old PreK teacher with 17 years of experience in that grade and 30 years of experience teaching early elementary students, conveyed quiet wisdom and a deep understanding of early grade levels. Tanya recalled a student who consistently exhibited anger toward classmates and himself alike. He sought to cut and hit students around him and seemed oblivious to the self-harm he inflicted by banging his head on the wall or floor, requiring administrative intervention, which was ineffective. Tanya eventually got him to play with puzzle pieces, but he would become angry if she tried to talk to him and would begin throwing the pieces. She could not find a way to get through to the child, who eventually end up hospitalized.

Tanya also experienced a different angry, defiant child who screamed and rolled on the floor uncontrollably if an adult placed any constraint of time or relationship on him. Tanya discovered his love of creating things with his hands. Through this medium, she began to teach him patience and respect for time limits. Tanya saw his need for control and began offering him

acceptable choices rather than simply saying “No.” Tanya emphasized that a successful school year was unique for this child in that he finished the year being patient, able to accept the word “no,” and that he could finish his project later. Tanya pointed to the behaviors and appearance of the child as reflective of the home environment and that they reflect their experiences.

Joanie

Joanie, a 25-year-old PreK teacher, had 4 years of experience teaching PreK and Kindergarten grades. Joanie showed high energy and empathy as she shared experiences working with traumatized children. Unfortunately, her most traumatized students responded aggressively toward other children during classroom routines. One such student began violently hitting and kicking other students forcing Joanie to evacuate the room and remain with the child, who then attacked her, leaving the teacher with a concussion. Joanie had previously asked the administration for training on proper restraint techniques, but they declined her request. Joanie stated that most of her training in dealing with trauma has been self-taught through books and coursework that she has initiated.

Joanie expressed joy in building a trusting relationship with trauma-affected students. One boy was unapproachable, flinching if she came near him and running if she touched him. She began building small conversations with him, increasing his listening skills. As they shared simple, focused attention over time, the boy stopped flinching at her approach and, months later, approached Joanie for a hug. Joanie explained that trauma comes from a specific system of behaviors connected to a triggering circumstance. She distinguished between a student wanting food because they are hungry and a student hoarding food because there is none at home. She noted that details such as antisocial withdrawal, emotional imbalance, incontinence, and dirty clothing are potential signs of trauma. Joanie noted that successful interventions begin with

relational, one-on-one conversations with students, then teaching them to express and redirect their emotions constructively.

Mallory

A 42-year-old kindergarten teacher, Mallory had 8 years of experience teaching elementary school students. Mallory was a quiet and articulate teacher expressing ready concerns about her students' circumstances. Mallory's description of trauma began with the family environment, homes of incarcerated parents, parents, and other adults, who have physically abused the children, and where mental health is a multi-generational issue. Mallory described a sweet child from such a home environment who would have a difficult day at school and suddenly begin throwing chairs for no apparent reason in such an angry rage that she could not control him. The child's raging coincided with a home event where the parents kicked an older teenage sibling out of the house.

Mallory attributed part of the child's difficulties in kindergarten to the previous year's limited social exposure due to Covid-19 restrictions. According to her, first-time students in kindergarten were not socialized, were very clingy to parent figures, and did not know how to play with other children. Mallory spent much time teaching them to use words and identify and express their feelings. The lessons they would have typically learned at the park, and other group play venues have been unavailable due to Covid-19 restrictions.

Kenzie

Kenzie was a 31-year-old kindergarten teacher with 8 years of experience teaching early elementary grades. Kenzie was a positive, high-energy teacher with a genuine love for kindergarten students. Kenzie described a kindergartener from a volatile home situation who had discovered a parent's body after suicide. The child would be very sweet, then suddenly triggered

by something at school, become defiant, and begin throwing things and running away. The child left Kenzie with bruises and once a busted lip. Kenzie discovered the only way to engage the child and calm his rages was to focus on reptiles, which he loved. Visits by Kenzie's pet turtle became the prize for good behavior, and over time, the child learned to calm down and return to classroom activities quickly due to the reward of time with the turtle.

Kenzie regretted the lack of training in her early teaching, which would have prepared her to interact with traumatized children and help them to self-monitor their feelings and behaviors. She reflected on the student and the turtle with satisfaction, having found common ground with that child and helping him find acceptable ways to self-regulate. Kenzie pointed out that a trauma-affected child is responding to a deep, deep hurt, and it will not turn around quickly.

Ella

Ella was a 51-year-old PreK teacher with 5 years of experience. Ella raised six children of her own and taught for years in a Christian school before entering the public sector. In her current kindergarten position, Ella experienced many trauma-affected students exposed to drug use in their homes and placed in foster care. One student from this background showed deep insecurity in classroom activities and difficulty forming relationships and attachments. The child would have significant emotional swings, becoming defiant, aggressive, and screaming. Ella felt that trauma on the PreK level was often exhibited as physical aggression, where children would hit and scream, even banging their heads on the wall and making themselves fall from a chair. Where a typical child might defy the teacher and say "no," a trauma-affected child would have unexpected outbursts, falling apart and onto the floor.

Success, according to Ella, is at the end of the year when children leave her room and want to return to visit because they love her, know she cares about them and will be there for them. Ella felt this level of trust and relationship is built through small successes in class when meeting the child's needs in small ways, such as making time to listen and providing comforting objects. Then, as these children moved on to kindergarten and beyond, they chose Ella as their check-in and check-out person in future grades, continuing to draw strength from the relationship to further their behavioral goals.

Amy Jo

Amy Jo was a 28-year-old kindergarten teacher in her seventh year as a primary-grade teacher. Amy Jo was highly analytical and careful in her responses, clearly a very thoughtful teacher. Unfortunately, their grandparents raised many of her trauma-affected students after being removed from their biological parents due to domestic violence. Amy Jo recalled being a new teacher and struggling to work with a trauma-affected child who ran away as the class was lined up from recess. The child ran to a parking lot adjacent to a heavily trafficked road, pursued by teachers. Amy Jo contrasted this child with another trauma-affected child in her classroom who showed high signs of anxiety. The child was very clingy and unable to acclimate to environmental change, and even discussing plans to leave the classroom for lunch in the cafeteria would cause a physical meltdown.

Amy Jo shared that collaboration with peers and the school counselor provided helpful interventions to engage her trauma-affected students. Amy Jo pointed out that her former school belittled her for asking for help with challenging students and that the pervading attitude was that she was doing something wrong or unable to do her job. She stated that it takes a village for

growth and learning and that the wisdom of veteran teachers had provided the best interventions for her traumatized students.

Tammy

Tammy was a 27-year-old kindergarten teacher in her sixth year of teaching PreK to first grades. Tammy was energetic, intelligent, and kind, with a deep concern for the home environments of her students. She stated that it was uncommon for students in her classroom to have a two-parent home. Most lived in a single-parent home or had grandparents or other caregivers raising them, with biological parents incarcerated. Tammy had many students who received visits and questioning by children's services throughout the school year and felt that they had many home issues going on in their minds when they arrived at class. As a result, she spent a reasonable amount of time working on social-emotional learning to get them where they were ready to learn.

Due to limited support from the administration and no training in working with trauma-affected children, Tammy researched child trauma and purchased books. She also took advantage of secondhand knowledge from colleagues who attended workshops and shared practical ideas. On her own, Tammy established a calm-down corner in her room, which was crucial to interventions she used with students. Tammy pointed out that classroom teachers try to treat the symptoms of childhood trauma and need new information beyond the typical diagnoses of defiance and attention deficit disorder.

Patricia

Patricia was a 38-year-old kindergarten teacher with 14 years of experience as a classroom teacher. Patricia was pleasant, calm, and very articulate. She ascribed much of the childhood trauma in her classroom to a breakdown in the family system. Her students have dealt

with one or both parents leaving home, some had incarcerated parents. According to Patricia, a common element among trauma-affected children is a lot of anger. For example, one child would become extremely angry and violent in response to bathroom use. She would consistently urinate on herself rather than use the toilet, fearing the flushing noise and any aspect of the experience. She would scream profanities, hitting and kicking Patricia and her paraprofessional aide. Patricia was unable to discover the trauma affecting the girl, and her parents did not share any information about the origins of the girl's behavior, which Patricia said was unusual for trauma-affected children.

Patricia prioritized the need for additional help in the classroom over the importance of teacher training. A behavior specialist met with her and the girl and set up a routine of sensory activities designed to calm and focus the girl's emotions and attention. Unfortunately, the routines did not impact the girl's avoidance of the bathroom, which Patricia believed was a deep-seated fear based on something that had happened to her. Patricia felt that irrational behaviors are a vital indicator of trauma. While more training would be helpful, extreme student situations would benefit from another person to help support that one student.

Simone

Simone was a 40-year-old kindergarten teacher with 18 years of experience teaching early grades. Simone stated that trauma-affected students in her classroom were often withdrawn and needed a lot of reassurance. They were often fearful and uncertain, which seemed rooted in a lack of stability. They lacked the knowledge of what was coming up next in their day, their week, or who would be involved in their lives. Many such students lost a parent, or a family lost their home, forcing them to move out. Simone felt that such students needed extra affection and attention and remembered when her school had mentors who paired with such students. The

mentors would touch base with the students throughout the day, providing encouragement and something for them to look forward to.

Simone pointed to adults' difficulties in expressing themselves and managing needs, contrasting with a kindergarten student who is filled with tension about their home life while sitting all day and listening to instruction. According to Simone, a successful relationship with a trauma-affected student, is when they become comfortable with her and begin to open up and talk. Simone capitalizes on those good moments and tries to be sensitive to student needs on days that are not going well, and the child needs support and a little space.

Lina

Lina was a 30-year-old first-grade teacher with 5 years of experience. Lina loved her teaching job and was energetic, positive, and upbeat, stating that she worked in aftercare and summer programs before becoming a teacher. Lina shared an experience working with grandparents in a difficult custody battle for their grandson, even changing his first and last name. The student was accepting of other students but was immediately panicked by anything related to water. The sound of the faucet would cause him to scatter things, run, and hide beneath tables. Lina learned to talk with him and allowed him complete control over any situation that required the sound of running water. In time, she discovered that his abuser had burned him with water, which was the root of his behavior. Lina found that getting to know the child, building the relationship, and allowing the child a measure of control and choice created a working relationship in the classroom.

Lina shared that school personnel with mindset training have helped her with trauma-affected children who lash out in anger. For example, one child, who had a background of living in many different households, would become very aggressive when asked to work on his reading

skills and begin flipping over chairs and forcing the teacher to evacuate the room. The mindset-trained colleague had learned calming techniques, and the school provided a reflection room for the colleague to work with the aggressive child. However, Lina regretted not applying choice-related interventions, such as offering the child a choice of books or reading one-on-one with her, which may have allayed his fears and resulted in an angry outburst.

Ginger

Ginger was a 51-year-old kindergarten teacher with 30 years in education. Ginger was pleasant and almost overwhelmed with the information she could provide in response to the questions. Ginger shared an interaction with a student exhibiting a great deal of defiance. Ginger worked with the child to establish clear parameters for his choices and behaviors, which she followed consistently. Each time, she offered the child a pair of secure choices, allowing him a measure of control throughout the day. When he verbalized in unacceptable ways, she deliberately ignored the behaviors. Ginger referred to her mindset training which provided some calming strategies and positive behavior interventions through her school. This training helped keep her calm in the moment of crisis and to engage in acceptable interventions.

Ginger pointed out that trauma-based behaviors are more prominent than your average conflict and that trauma is its own little world and will take the oxygen out of the room. She stated that trauma might be evident in silent students who refuse to speak or play with others, or it may extend to spitting and hitting. She pointed out that students in early grades may have speech problems and are frustrated at the inability to be understood. Ginger believed in the power of a whisper. A lowered voice is soft, personal, and calming, allowing her to be closer to students. Ginger pointedly chose the quietest students in the room as the captains and leaders, highlighting their strengths and drawing them out.

Sandra

Sandra was a 32-year-old PreK teacher with 10 years of experience teaching PreK to first grade. Sandra was a high-energy hands-on teacher with a big smile and a kind attitude toward her students. Sandra pointed to the significance of low socioeconomic standing as a source of significant trauma exposure. For example, one of her students would run away when classroom pressure became too much for him. She and her paraprofessional aide would be working with students, and suddenly the child was gone. One experience required several staff members to look for him for several minutes before finding him hiding under a large desk. As Sandra got to know the family, she discovered eight children were living in a tent in the grandparent's backyard. The child experienced lightning, thunder, parental arguments, and physical fights with older brothers. As one of the smaller children in the family, he had learned to run and hide. Over time, Sandra built such a level of trust with the child that he learned to run to her when he needed to run.

Sandra believed that young children do not always understand acceptable school behavior and that students need time to learn and adapt. She assessed trauma-related behaviors after 6 to 8 weeks of school had passed. At that point, she felt that students should have acclimated to their new surroundings, and outbursts indicated a deeper problem. Sandra had a sensory corner where students could calm down and not have to use words to express their feelings. The calm-down corner included acceptable sensory items where children could choose ways to calm themselves without disturbing the class while remaining within earshot of valuable instruction provided by the classroom teacher. Students overrun the corner at the beginning of the year, but after a few days, students only use the corner when needed. She also had students who directed each other to the calm-down corner when they saw signs of anger and frustration. Sandra pointed out that

students were unaware that they were frustrated and upset due to hunger because the feeling of hunger was their usual way of life. School interactions modeled new, healthier ways of living.

Results

The purpose of this transcendental phenomenological study was to identify perspectives not fully explored regarding PreK to first-grade teachers in identifying and assisting students exhibiting trauma-related behaviors. The participants interviewed for this study were 12 full-time classroom PreK to first-grade general education teachers with a minimum of 3 years of teaching experience. Utilizing the transcendental phenomenological methodology described by Moustakas (1994), the pairing of textural and structural descriptions which capture the essence of the culture of early educators and their lived experiences working with traumatized students served as the basis for the following results. Data coded through Atlas.ti aided in developing the themes. Data came from participants' answers from the interview and three research questions. Four major themes, eight subthemes, and 25 codes emerged from these interviews as shown in Table 2.

These themes aligned with the theories described in Chapter Two: The theory of cognitive development (Piaget, 1928), emotional development theory (DuPont, 1994), and ecological systems model (Bronfenbrenner, 1979).

Theme Development

Interviews served as the basis for data analysis, in which the teachers described their experiences engaging traumatized students. To establish codes and develop themes, the researcher read the interview transcripts many times, reviewed memoing completed during the interviews, and reviewed and verified documents provided during member checking. This analysis produced four major themes, eight subthemes, and 25 codes. The major themes

supported the research questions and overlap throughout the data. These themes were heightened responses, support and training, essential student needs, and impact of Covid-19.

Table 2*Open-Codes and Themes Table*

Open-Codes	Open-Code Appearances Across Data Sets	Themes & Subthemes
Anger	32	<u>Heightened Responses</u>
Anxiety/Uncertainty	47	
Foster Care	10	
Grandparents	17	
Incarceration	7	Types of Behavior
Irritability/Frustration	41	
Neglect/Abuse	60	Home Culture
Aggression	42	
Withdrawal	19	
Administration	13	<u>Support and Training</u>
Behavior Specialist	5	
Expectations/Language	41	Lack of Training
Control/Choice	20	
Counselor	17	Collaboration
Differing Success	44	
Training/Resources	29	
Intervention	49	
Staffing/Support	27	Resources
Collaboration	14	
Time	12	
Teacher Connection	57	<u>Essential Student Needs</u>
Communication Options	31	
Emotional Regulation	48	Environmental/Physical Needs
Fixed Merit	2	
Friendships/Empathy	17	Acceptance & Belonging
Interests	12	
Reliable Staff	5	Interventions
Routine	21	
Safe Space	41	
School Resources	22	
Affirmations/Support	61	
Covid-19	10	<u>Impact of Covid-19</u>
Isolated	6	
Unsocialized	7	
Speechless/Rude	5	

Theme 1: Heightened Responses

The first theme to emerge from the data was *heightened responses*. Participants described activities of a typical class routine, where students would become verbally and physically aggressive toward themselves and others, running from the classroom setting and hiding from caregivers. The two subthemes that emerged from heightened responses were types of behavior and home culture.

Types of behavior. The first subtheme to emerge from the major theme of *heightened responses* was types of behavior. Classroom teachers illustrated students heightened behavioral responses by pointing out specific types of student behaviors. “If you make sudden movements—like I went to give a kid a high five once—and he flinched,” stated kindergarten teacher Joanie, who worked to build a relationship with the child for three months before, “he wouldn’t flinch when I walked towards him.” First-grade teacher Lina was surprised by one of her students “because I turned on the water and he started panicking . . . trying to hide under his desk . . . scattering things. Once it was turned off, he was fine.” Both Joanie and Lina were surprised when their students’ routine classroom activities of giving high fives and washing hands triggered heightened responses.

Like Lina and Joanie, PreK teacher Sandra discussed a student who directed heightened behavioral responses toward himself. Sandra’s student had a pattern of disappearing when classroom situations made him anxious. “He went missing . . . full-fledge everybody panicked, everybody was looking for him,” stated Sandra. After finding him under a teacher’s desk, she realized that the boy’s behavior was a fear response to routine classroom interactions. Sandra felt that triggers included confrontation and intimidation, which he may have experienced in the past. Sandra worked with the boy for 2 years due to her school’s looping procedure, eventually

channeling the boy's actions into something productive. "We eventually worked through it. We got to the point where, if he ran, he would run to me."

Other teachers described students heightened behavioral responses directed toward other children in the classroom. Kindergarten teacher Mallory pointed out that a student's response may pose a threat to others around them. Mallory reflected on a student, "He would pick up chairs and throw them. Just get angry and it turned on like a switch. Nothing really set him off and we had to evacuate. I just could not get him under control." Mallory expressed defeat and puzzlement at the inability to connect with or understand the student, whom the administrators eventually removed from her classroom. Joanie also discussed a student who was easily angered and became very aggressive. He "started to go after other students to try to hit them and kick them. I evacuated the classroom, but as they were evacuating, he was running and trying to get at other students." In seeking to protect the other students, Joanie was head-butted in the face by the boy, giving her a concussion. PreK teacher of 30 years, Tanya added that aggressive students may be unaware of self-harm, recalling that one of her students "would always exhibit very, very angry behaviors, trying to hurt others with scissors . . . and he didn't realize that he was even really hurting himself."

Tanya pointed to the broad scope of heightened emotional responses, from highly aggressive acts of self-harm or harm to others to extreme withdrawal and passivity. The same student may exhibit the full range of those responses at different times. Simone provided an example of how heightened emotional responses may exhibit as withdrawal:

When students don't necessarily act out, but they go kind of inward, if you will, maybe even fearful or just kind of to themselves. They need lots of reassurance. I feel like all of us, no matter how old we are—we like that stability. And we like the structure of

knowing what's next in our day. A little girl—her mom was put in jail—would beat her hands on the table as I tried to help her with assignments. I think she felt I was getting onto her. Whether it was what I asked her to do, or life in general. She kind of reached her limit. I can't imagine a 5-year-old, who's just learning how to read and write their name--how in the world can they share what's going on inside?

Home Culture. Home culture emerged as the second subtheme of the major theme of *heightened responses*. All 12 teacher participants pointed to home environments where grandparents, great-grandparents, extended family, or foster parents raised PreK to first-grade children. Two teachers reported that non-traditional families were becoming the norm. “It’s actually uncommon for kiddos to be in two parent homes,” said Tammy, “To be raised by both biological parents is, I feel, extremely rare.” Sandra agreed and added that many of her students have diverse caregiver arrangements where “they live with mom and dad and grandparents” in one home due to financial hardships. Simone pointed out that students in non-traditional multigenerational home environments may be homeless,

They were in grandparents’ home for a little while, and then they were in a hotel for a little while, and then they were with a sister for a little while. She probably slept here [at school] more than anything because this is where she felt the safest.

Sandra pointed to socioeconomic stressors, “I think 76% of my PreK class receives government assistance. And so that puts stress on mom and dad or that puts a stress on what we call ‘grownups’ in the home.” Economic stress also impacts the grandparents, who are “just doing their best to keep food on the table,” said Amy Jo, whose comments Joanie expanded after witnessing “a lot of poverty issues, not having running water, not having electricity, not having food—things of that nature.” These circumstances come through the absence of appropriate

parental caregivers who have abandoned the family or incarcerated. Sandra stated, “If they’re stressed about providing the basic necessities, then they’re gonna be stressed about all the other things that come along with that.” These stresses will be passed along to the children.

Several participants pointed to the commonality of divorce in the home culture as a common source of trauma. “Most of the traumas that I see at this age are just from family splits,” said Patricia. Simone seconded her opinion, “I have a little girl who’s one week at mama’s and one week at daddy’s. Not only is she figuring out school, but she’s also figuring out school at two homes.” Tanya pointed to the lack of consistent parental relationships as an aspect of student stress, “My students are dealing with coming from broken families. They’re being raised by great-grandmothers that are in their seventies, where she does not have all the energy a younger mother would have.”

Both Amy Jo and Patricia pointed to substance abuse as a common source of trauma in the home. “I have two children that were adopted from foster care, and one was born with drugs in his system. The other had a mother who used alcohol when she was pregnant,” said Patricia. Amy Jo stated that a common trauma is “Parents doing drugs. Parents choosing other things besides their kids.” According to Mallory, whose student was in and out of school due to her parents’ and grandparents’ repeated arrests for drug use, these choices are ongoing. Beth stated that substance abuse overwhelms a parent that would otherwise be supportive of their child, “I think it’s parents that really would care and want to care, but they get addicted, and they just don’t. They are not looking out for their children at that point.”

Theme 2: Support and Training

The second major theme to emerge was *support and training*. The theme of support and training focused on sources of information the teachers found to help work with trauma-affected

students. The support network included veteran teachers, school counselors, and administrative staff. Unfortunately, the resources provided to teachers for further training were limited, causing teachers to seek information independently through books and online classes.

Lack of Training. The first subtheme that emerged from the major theme of *support and training* was the teachers' lack of training in child trauma in their collegiate programs and their professional development at the district or school level. Overall, teachers stated that they had had no formal education or training in working with trauma-affected students in the classroom setting. For example, one teacher said that in two of her college classes, "the topic of trauma was just a small category we discussed," stating that there was nothing in-depth on the subject.

Many teachers indicated that district or school-level training centered on an administrator discussing the 7 *Mindsets* program, where teachers are encouraged to focus on remaining calm and positive while modeling social-emotional skills. Teachers also mentioned in-service training on the Positive Behavioral Interventions and Supports program, which rewards students for good behavior and encourages mentoring of students by school staff. Other teachers stated that their only trauma-specific knowledge was to connect with their school counselor for advice.

Collaboration. The second subtheme that emerged from the major theme of *support and training* was collaboration. Many teachers expressed gratitude for having paraprofessionals or experienced teachers on their team who collaborated on ways to engage the unique needs of trauma-affected students. "I learned best from getting to share experiences and seeing what helps other colleagues," said Lina, "So P.D.s [professional developments] that you got to share what you're going through in the classroom or even your classroom management styles." Simone pointed out, "Our counselor always tries to give us advice. When the student is extra emotional or more tired than usual—could there be things going on?" While administrative presence was

helpful in times of crisis, more teachers wanted the support and collaboration of administrators in establishing their timeframe for teaching social-emotional lessons and interventions. “I think having more understanding and flexibility to teach those socio-emotional lessons . . . [for example] right now I’m going to teach you how to sit in a chair,” said Joanie.

Teachers shared an effective intervention learned from colleagues where students chose between two teacher-approved options, giving the trauma-affected child a measure of control over their activities. Introducing the aspect of choice had a calming effect on aggressive behaviors. Being able to choose provided for the students’ unique needs, allowing them to find success in their own way. Lina regrets not offering a choice in an interaction with a student, “I could have just pulled him maybe one-on-one or let him have the choice of books to read, instead of trying to make him read a certain story with us,” said Lina who later discovered, “The more he had choices to make, the better—better off he was with behavior.”

The teachers’ collaboration resulted in changes in classroom language to reflect the unique needs of students as well, adapting their terminology and paperwork to the children’s home situation. “We had to learn to change our vocabulary in the classroom. Please show this to your guardian or whoever is in your house,” said Kenzie. The teachers found that greater sensitivity in their reference to caregivers normalized nontraditional home environments and made students feel more welcome and at ease in the classroom.

Resources. A need for more professional development resources emerged as the third subtheme of the major theme *support and training*. The teachers interviewed in this study indicated little or no resources for district training for the social-emotional challenges of traumatized students. Several teachers mentioned a presentation during in-service featuring the 7 *Mindsets* curriculum, which encouraged them to have a positive attitude in class and stay calm in

all circumstances. However, the training was focused on the teacher's personal needs and general responses to classroom situations and did not have practical classroom application. Mallory pointed out that mindset training "kind of gives you a way to talk to the kids to deescalate the situation," which is a starting point in dealing with disruptive behaviors.

The teachers stated that there was no specific training on dealing with trauma-affected children and reached out to staff resources as available. "There's not many resources that I'm aware of that you can use. I think just being able to know those resources you have—calling the admin down to help you or having a colleague help you," said Lina. Mallory referred to a school-wide behavior team where teachers can communicate their problems and receive ideas on how to help specific students. Both Kenzie and Ginger referred to general training in a check-in and check-out support system provided by the positive behavior committee at their schools. Ginger utilized a daily point system that allowed her to reward good behavior continuously throughout the day. Kenzie added that her school was big on using mentors to support students and teachers and utilizing a point system.

School counselors also provide informal training on what to do. "At the beginning of the year, our counselor tries to give us advice on how to handle situations and how to recognize too, those traumatic situations," said Simone, who also pointed out the benefit of quarterly faculty meetings where student needs are discussed in depth, providing an understanding of the background of students and the resources available through the school system. Sandra noted some county-level interventions through behavior specialists offer consultation. However, their support is limited, "It doesn't really tell you how to get to the root cause of the situation. It's more like a trial and error."

Patricia shared that, in 8 years of teaching, any specific child trauma training has been very minimal. She recalled two brief faculty meetings where a presenter discussed parts of the brain and fight-or-flight responses. Patricia's school district once sent a behavior specialist who offered tips for managing a disruptive student, "He told me that I needed to put her on a sensory diet," which involved walking in the hallway and jumping on a trampoline. "I couldn't really manage it," said Patricia, who had 20 other students in her classroom.

Two younger teacher participants recalled discussing social-emotional topics as an aspect of a college class but nothing that prepared them to deal with real-world behaviors of child trauma. Those teachers sought out information on their own. "Most of my training is self-taught," said Joanie, "I've bought books upon books of different ways to deal with trauma with kids." Joanie mentioned enrolling herself in a Youth Mental Health First Aid class, sponsored by the National Council for Mental Wellbeing, and seeking out personal enrichment, "But that's really all I had. Just the support and training in a professional sense is either me seeking out books or other teachers to get advice."

Tammy spoke for the group when she summarized,

I think back to my first-year experience with the kids who kept yelling "I wanna die. I want God to kill me." That kind of stuff. They just kept yelling it out. I was like—I need a counselor in here. I don't know how to deal with that. I'm not trying to be a trauma counselor. I'm trying to be an educator. I don't feel like I was equipped for this.

Theme 3: Essential Student Needs

The third major theme to emerge was *essential student needs*. Teachers described trauma-affected students as lacking essential support to prepare them for a day of learning. The lack of support manifested in the inability to regulate emotions and communicate and a deep need for

positive adult relationships in a safe, predictable environment. The three subthemes that emerged from *essential student needs* were environmental/physical needs and acceptance and belonging.

Environmental/physical needs. The first subtheme to emerge from the theme of *essential student needs* was environmental/physical needs. One of the highest code ratings in this study was the importance of the teacher's personal connection in the classroom environment. That the teacher is consistently present in the classroom environment and encourages the children fulfills an essential student need. Teachers provide a trustworthy relationship upon which students can rely, even in maintaining fair classroom rules and expectations. Ella described how some students have never had consistent parental guidance or training and need that consistency every day of the school year. She pointed to the importance of teaching the word "no," teaching boundaries between students and allowing for differing measures of success when traumatized students cannot reach the expectation on a particular day. "You're in it for the long term," she said, encouraging teachers to realize "it's impossible for them to rise to that occasion all the time."

Ella noted that trauma-affected students may be overwhelmed on certain days depending on what is happening in their personal lives. Joanie agreed with Ella, noting the importance of consistency and a positive communication style, "What they want most is for you to look at them and tell them they are doing a good job. Then just constantly modeling what they're supposed to be doing." While Joanie maintained her classroom rules, she did not waste time on negative consequences. Joanie stated that seeing the reasons behind the child's behaviors was crucial to teacher positivity. "I've stopped taking things personally. I know the kids are going to react because of things going on in their lives." Joanie consistently pointed out correct behaviors in her classroom and was known for blowing kisses and happy dances. Lina supported this idea stating,

It's more relationships. I love that quote "Some come to school to be loved and some come to learn." Some of them need to know that they're in a safe environment. When I've built relationships with my students who come from backgrounds that aren't the best, you see that turn in behavior. You learn what triggers them.

Lina added to the teacher connection by discussing ways to affirm and support student needs, "I had a student who would hurry up and try to eat their food, thinking they wouldn't get any more. They would bite their fingers because they would shove food in their mouth so quickly." Lina allowed the girl to bring her lunch tray to the classroom refrigerator, safely storing her leftover food, and snacks Lina had purchased for her. "Just being able to comfort that student and [let] her know that she could trust me to make sure she was fed." Lina counted this relationship as a key to the academic success of the girl,

She came not being able to read. In the end, she actually was able to read a repetitive textbook. Just knowing that you can build these relationships and actually benefit their reading skills. Being able to get them to move that far in first grade is a really big deal.

Teachers pointed to school resources as helping to also provide for students' physical needs. Working with school counselors, teachers helped identify students who could use additional food from the backpack snack service provided to schools by the local food bank. Simone pointed out a student "She's always ready for snack. She's distracted by that hunger." Sandra agreed, stating that students do not know why they are annoyed. "Feeling hungry is their normal," and they do not realize their blood sugar is low, causing them to be upset and frustrated.

Acceptance and belonging. The second subtheme to emerge from the major theme of *essential student needs* was acceptance and belonging. Teachers spoke of the importance of using student names throughout the day and making direct eye contact if a student perceives it

positively. Teachers focused on making students feel known and accepted as individuals. Lina says, “One of the biggest things that have benefitted me in my classroom is getting to know them, their interests, and using it in the classroom.” Kenzie agreed, remembering a particularly angry and volatile student who loved reptiles. She said, “I will bring my pet turtle to school. Since that would motivate him or to get him to talk about something he was interested in.” Kenzie said that tapping into his interests calmed the boy, who had a history of assaulting school personnel. The boy continued to connect with Kenzie as he entered school the following year, “he was able to come back and talk to me and we could work it out before sending him back to class.” Ella also experienced a trauma-affected child returning to visit her the following year, seeking her participation in a behavior plan for the new school year,

I became their check-in, check-out person. That feels like I’ve made a difference and we’ve connected despite all the times I was hit or kicked or spit at or (they) untied my shoes. Those are small successes, but the big ones are where you can tell that they know that I love them, and they still want to be friends.

Tanya recalled a student who was very impatient, screaming and rolling on the floor if he did not get his way. Tanya used his love of creativity to address his impatience and anger, “He loved creating things with his hands. He loved making art, crafts, anything. Loved to cut. Loved to color.” She allowed him time to complete his crafts but began talking with him about waiting to finish until the next day. Tanya stated, “He was able to realize, I can put it down and come back and finish it at another time.” Tanya built a relationship of trust with the boy based on his interests which allowed her to address his behavior,

He finished the year being very patient. He was able to wait his turn. He was able to accept the word “No.” He ended up able to say “Yes, I will wait.” We finished the year

with a different child. I saw him progress and improve and was able to manage his behavior.

Several teachers pointed out that a sense of belonging is the foundation for a child learning to regulate emotional responses. When a trauma-affected child learns how to meet their own needs in acceptable ways, they find safety and belonging in the school setting. Both Tammy and Ginger discussed alternative seating options in their classrooms. Tammy had a student on the edge of a breakdown who had learned to use the “little kid beach chair,” which forces them to sit back in a relaxed position. The boy would direct himself to the chair until he was calm and would rejoin the group. Ginger and a fellow teacher utilized a therapy device called a blueberry, where a student would climb inside until calm. Ella preferred alternate learning activities for overwrought students, such as the reading and writing centers in the room,

Just for them to be able to manage their emotions and learn. Even though they’re not on the rug listening (to her lesson), they’re still hearing and they’re still learning. We have just got to meet them where they are.

Interventions. The third subtheme to emerge from the major theme of *essential student needs* was interventions. The teachers referred to many different interventions which provided support for trauma-affected students. Joanie pointed out the importance of identifying the emotional need of the student whose behavior is breaking down in class and “coming up with productive ways to deal with it.”

The most common classroom intervention was a calm-down area, typically in a quiet corner. The teacher filled the area with purposefully chosen items to support specific student needs. For example, teachers selected soft chairs and blankets with familiar storybooks for students needing a private place to cry. Teachers chose telephones for students needing to talk

with a parent and writing supplies for notes expressing feelings. For those needing to let off steam, there was paper for tearing and things for hitting, along with wobble chairs and beanbag-type chairs, which allowed for a sensory seating experience. Joanie emphasized that it is “really important that students start taking ownership of their own emotions” and becoming clear about what they feel and need, which was seconded by Tammy, who added soundproof headphones to her calming area, which quieted the world around students and stopped distracting stimuli. Calm-down corners also included a feelings chart where students identified facial emotions and related colors to help them attach meaning and vocabulary to how they felt. Teaching students strategies to identify and manage emotions, especially anger, was the most common concern among interviewees.

Ella pointed out the importance of identifying the specific emotional needs of trauma-affected students and used a frequency chart to track a student’s behavior. According to Ella, frequency charts identify factors that trigger a child’s behavior and note the time of day, location, and other circumstances relative to the behavior. Ella used the chart to “accommodate a change that seems to work” for the child, such as allowing the extra workspace to avoid the interruptions of other students or allowing the child to work in a favorite seat or with a favorite toy. Ella may use the chart to create a behavior plan where small rewards help a child through difficult times of the day. These rewards include sitting by a teacher, getting a hug in the hallway, or helping the teacher with small jobs in the room. Ella felt the most important factor was flexible interventions “that keep them busy and happy, and they feel wanted and needed.” Ella provided parallel learning opportunities for trauma-affected students. They may leave the student circle and find an unpopulated workspace to continue the lesson, such as a reading or writing center.

Lina's students struggled with anxiety related to food insecurity. Her purchase of a classroom refrigerator established an intervention where students could identify and deal with their needs. For example, students who rushed to eat lunch for fear of losing their food were allowed to save unfinished food and store it in the class refrigerator for safekeeping. Lina also bought snacks for the refrigerator so students could see there was more to eat later in case they became hungry. Lina's self-funded intervention made the class snack available to everyone, careful not to single one student out as receiving food. The flexibility and ready access to food provided calm security for her students, who showed academic growth throughout that school year.

Teachers pointed to the importance of graduated interventions, such as Amy Jo, whose student experienced severe anxiety when required to attend aftercare. The student equated aftercare with being abandoned by caregivers and would panic when asked to leave the classroom. Amy Jo gathered a series of supports that she could alter over time. She outfitted the student in noise-canceling headphones, a favorite stuffed toy, and a paraprofessional he knew and trusted. The child and the paraprofessional practiced the route to the aftercare room in advance, allowing the child to discuss his concerns. Over time, the child became comfortable walking to aftercare and could conquer his fear and establish independence.

Joanie felt that an essential and often overlooked intervention is the need for immediate positive affirmation. Trauma-affected children need to have their intrinsic motivation built up, and see constant modeling of the appropriate behavior, says Joanie, who felt that traumatized students never received class rewards. "I'm over the top in my teaching style," said Joanie, whose cartoon-like responses to good behavior were immediate and personal. For example, she

always used student names and praises, specifically, “I’m so proud of you. You’re just like a rockstar. I wanna keep seeing (specific behavior).”

Theme: Covid-19

The fourth major theme to emerge was Covid-19. Half of the study participants referred to the Covid-19 pandemic, quarantines, or difficult behaviors of incoming students within the last two years. Two years ago, in March 2020, students were dismissed from classrooms to attend school virtually in their home setting. As quarantines continued the following year, school districts offered families the option to continue virtual schooling from home. The PreK to first-grade teachers participating in this study reported a significant impact on the social awareness of incoming students stemming from the lack of interaction with peers during these months. The poor social interaction with peers further compounded the antisocial behaviors characteristic of trauma-affected children, according to Mallory, whose students have struggled with transitioning from home to school. Joanie pointed out that her PreK students that started school in the fall of 2021 “have never even been out of their house that they can remember” due to Covid-19 starting when they were toddlers. “They don’t have conscious memories of anything except their house,” she said. Trauma-affected behaviors stem from the home environment, according to Joanie, who pointed to bad behavioral habits modeled by family members, “It exacerbated the problem because the students are staying home and if they’re seeing negative behavior or experiencing negative behavior then they don’t have an escape from it.” Students who would have had a reprieve from traumatizing circumstances at home had no choice but to remain in the home environment exclusively.

Several teachers spoke about the universality of Covid-19 limitations on interactions such as grocery shopping, library visits, trips to the park, and childcare. These are critical times in the

first years of a child's life when they learn to pursue friendships and independence. "The biggest thing is that they have not been out in the world a whole lot and their general social skills and their independence—there's just not any of that," said Ginger, whose observations Mallory seconded, "They're clingy to mom and dad, because mom and dad's all they've known for the last 5 years of their lives." Mallory contrasted these student behaviors with those before Covid-19, where students "would have known how to interact, how to talk to people, how to express themselves." Mallory felt that because children faced isolation with family members who intuit one another's emotional responses, they have not used words to express how they feel or what they want or need. "Through the Covid years, we've seen this in my age group because they went through the first couple of years of life not being able to go to a playground, not being able to go to settings where other children—where they're together," said Tanya. She noted unusual self-absorption as a product of Covid-19 quarantines, "A lot of times they play alone. One will be in a swing, and I'll ask another child, can you push the child in the swing? We're having to learn interactive games with being with each other." Ginger also mentioned the lack of interaction,

I think there's probably too much electronics, too much iPad time. I don't think they're getting spoken to. They're not getting games played with them. Just in the last couple of years. I thought in the back of my mind that Covid might help that with everybody being home. That maybe stuff would get better. But it really hasn't. I think it just made technology get that much stronger.

Tanya pointed out the value of social interactions in the first years of life "learning how to be kind, how to be respectful of each other and to the adults, and how to play with each other." In the home and environmental settings, these behaviors are taught unconsciously through a

child's observations and interactions with family and friends. The lack of social learning has fostered negative behaviors, said Tanya,

It usually comes out as their being rude to each other. It's very difficult to share. And so, we're having to learn to how to ask nicely. They feel like they should be able to play with it (toys) anytime they want.

Tanya mentioned spending much time teaching kindness, respectfulness, and caring for each other. Teachers pointed out that students do not see their actions in relationship to a group, such as the need to keep their voices down or stay in an assigned area. "The only experience they've ever had their entire life is, this is *my* world," said Joanie, which Tanya seconded, "I have found they want to play alone. When somebody does try to come and play with them, they don't know how to accept that person to play." Mallory pointed to a trauma-affected child whose entrance into kindergarten was worse due to quarantines, "He had a rough start in kindergarten, because he was young, and coming out of the Covid stuff where I think most of the kids played on iPads or just really didn't do anything. They never went anywhere. So, coming into a school setting was difficult to begin with." Joanie also stated,

They have no social experience. Then we have these parents who are like, "I'm tired of you. Here's an iPad." So, we've had an uptick in speech problems—the kids who've never really talked before.

Tanya pointed out the need for students' most essential social-emotional skills "The interaction with other children, learning how to be kind, how to be respectful to each other and to the adults and how to play with each other." Tanya pointed to the recent loss of these skills and her efforts to encourage these skill-building interactions during the school day. Other teachers who purposefully praise, and model quality social-emotional skills seconded Tanya's opinions.

Joanie stated that things are improving with time, with new students having less Covid-19 influence as routine social and school activities are resumed.

Teachers are turning to a curriculum that focuses on social stories with interactive aspects, such as puppets that model social behaviors, such as kindness. For example, one curriculum allows the class to listen to a story with a problem and give opinions about how characters should respond, allowing for class discussion. In addition, teachers are utilizing the supports offered through the Positive Behavior Interventions System provided through the state of Georgia. This system is a school-wide matrix of student expectations and rewards that encourage positive social behaviors.

Research Question Responses

The design of the research questions in this study provided for an opportunity to discover the experiences of PreK to first-grade teachers as they engaged students exhibiting trauma-related behaviors in the classroom. The questions were grounded in the theory of cognitive development (Piaget, 1928), emotional development theory (DuPont, 1994), and ecological systems model (Bronfenbrenner, 1979). The first research question examined the teachers' lived experiences as they educated traumatized children, the second question examined the teacher's competency in the classroom, and the third question examined the teacher's perception of students' social-emotional needs. The data are applied to the three research questions in the following section.

Research Question Responses: RQ1

The central research question for this study was the following: How do early educators describe their experiences engaging students who exhibit trauma-related behaviors in a school setting? The theme of heightened responses with the subthemes of types of behavior and home

culture answered this question. The shared teacher experiences revealed a phenomenon from the 12 interviews. All the teacher participants were helpful and open in revealing their experiences and views of the phenomenon. During the process, memoing and member checking provided a complete and accurate depiction of the interactions with teacher participants.

All participants found that teaching trauma-affected students should be a high priority. The teachers felt there was minimal training for them to work with trauma-affected students, giving them a sense of futility. Tammy referred to a student from her early days as a teacher, “He’s obviously not in a place that he’s ready to learn, but he’s affecting other kiddos’ learning and he needs someone who can help him more than I can.” PreK teacher Ella said, “It depends on the day, you know, sometimes a big hug was all they needed and they’re good to go again. Sometimes you give them that hug and then they turn around and kick you, you know?” Ella turned to her faith for strength and wisdom, “Honestly, as a Christian for me, I just pray and ask God for wisdom. You know, I just say God, like, I, I do not know what to do. And that’s a lot of my day, you know.”

Research Question Responses: RQ2

The second research question was the following: How do early educators describe their application and/or knowledge of teacher competencies related to student well-being as presented in the NEA Teacher Leadership competencies (Barnett et al., 2018)? Teacher participants displayed knowledge of critical aspects of the teacher competencies related to students’ well-being. The competencies include the need to recognize and advocate for the unique needs of students, consider student needs within culture and context, allow for individual standards of success, and collaborate with student support networks.

Recognize and Advocate for the Unique Needs of Students. Joanie advocated for flexibility in the daily curriculum to meet the unique social-emotional needs of trauma-affected students. “Sometimes you don’t know you have to teach something until it happens,” she said, pointing out the need for timeliness in teaching basic social skills, such as sitting in a chair and waiting for a turn. She stated the need to stop during a math lesson and direct students in social skills without being criticized by the administration for wasting time. Joanie felt that administrators often adhere to state standards while being detached from students’ real-world needs of students. Joanie recalled seeing an administrator only twice throughout the school year who seemed to care only about test scores. “Once we stop treating children as humans with human emotions and human reactions, it’s just going to go down the drain.”

Consider Student Needs Within Culture and Context. Sandra recognized student needs within culture and context and pursued a strong understanding of the home environment. For example, Sandra pointed to a non-traditional home where a student lived with an emotionally weak grandmother while his dad traveled during the week. When dad arrived on the weekends, the grandmother accepted his angry and violent behaviors. “I think that affects his (the student’s) view on men and women. In his mind, he sees dad as not violent,” said Sandra, who recognized that the boy’s outbursts in class on Mondays reflected the weekend when he observed his father’s behavior. Sandra responded to his needs by providing a stable classroom environment where expectations were consistent but reasonable.

Allow for Individual Standards of Success. Although the teachers held students to ideals of academic and behavioral standards, they constantly created interventions to make trauma-affected students successful individually. Tanya emphasized the need to tap into traumatized students’ natural gifts and interests to create valid interventions and help students

reach their goals. She used student interests, like art, to teach patience and perseverance, which transferred to academic areas. Kenzie seconded the idea of student interests by engaging a student in a shared love of science. She used the topic to build self-regulation skills, later revealing the student's exceptional academic gifts.

Collaborate with Student Support Networks. Participants rated the value of collaborating with colleagues and support staff as the best source for successful interventions. Lina stated, "I learned best from getting to share experiences and seeing what helps other colleagues." While teachers valued the provided training in professional development activities, it was not offered very often and consisted of minimal information. Fellow teachers who had tried different approaches over time found the most practical and effective activities. Supportive administrative staff who allowed for flexibility in classroom presentation and fostered school resources of food, mentors, and sensory rooms were also valued by teachers because they utilized the entire student support network provided through the school.

Teachers could collaborate sometimes with parents and other caregivers to establish interventions. Supportive caregivers provided background information on the child's traumatic experiences and any previous attempts at intervention. Teachers could network with these caregivers to establish daily behavior plans supported at home, providing a consistent framework for expectations and rewards throughout the child's day. Teachers mentioned the need for parent resources and training in parenting skills and in dealing with childhood trauma.

Research Question Responses: RQ3

The third research question was: What is the early educators' perception of the social-emotional needs of their students? The teacher participants highlighted the importance of a positive, affirming relationship with students as the most crucial social-emotional need. Students

connect with a teacher who genuinely cares about them, listens to their concerns, respects their needs, and models the desired classroom behaviors (Domitrovich et al., 2017; Schonert-Reichl, 2017). In addition, this relationship lays the groundwork for another critical social-emotional need, stability (Choi et al., 2019; Syrjämäki et al., 2019). A stable environment where safe student choices are allowed within predictable classroom routines provides a haven for a child in turmoil.

One participant fostered a stable environment for her trauma-affected student by allowing exit strategy choices within the classroom. She observed that when students were bunched together for an activity, her traumatized student exhibited high anxiety and aggression. She assigned him a seat on the group's perimeter with a clear path to his safe areas, such as the reading or writing centers, where he could manage his emotions and still hear the lesson. This flexibility and understanding on the part of the teacher allowed a trauma-affected child to feel secure in the classroom while maintaining his dignity and still being actively engaged in learning with his peers.

Participant responses to this third research question led to the unexpected theme, the impact of Covid-19. As teachers commented on the social-emotional needs of relationships and stability, they expressed concerns about students being able to reciprocate those emotions, to understand that other people have those exact needs. The requirements of Covid-19 quarantines limited the social interaction with peers that children would have had prior to attending school. Teachers reported that students could not express their needs or feelings, remaining silent until rudely demanding their wishes. Students had not played games and did not know how to take turns, share, or invite someone to play with them. School interactions have been a culture shock

for these children, and teachers have been overwhelmed with the need to teach fundamental human interaction skills.

Summary

In this chapter, the experiences of early educators as they engaged traumatized students were the focus of this research study. This chapter detailed the demographics of the teacher participants, listing their pseudonyms, age, gender, years of experience, and current grade assignments. This chapter illustrated the analysis of data gathered from the 12 interviews, the research questions, and the emerging themes. The research revealed four themes and eight subthemes. Research findings allowed further reflection on the research questions and the ensuing discussion. These findings provided the essence of the experience of early educators as they fulfill their role in teaching trauma-affected children in a classroom setting.

Chapter Five: Conclusion

Overview

The purpose of this transcendental phenomenological study was to identify perspectives not fully explored regarding PreK to first-grade teachers in identifying and assisting students exhibiting trauma-related behaviors. In addition, this study provided educators, school administrative staff, and district leaders with an awareness of the emotional and behavioral intensity experienced by classroom teachers while educating trauma-affected students. This chapter summarizes the findings and discusses the research and its connection to the empirical and theoretical literature. This chapter includes the implications, followed by delimitations, limitations, and recommendations for future research.

Summary of Findings

The purpose of this transcendental phenomenological study was to identify perspectives not fully explored regarding PreK to first-grade teachers in identifying and assisting students exhibiting trauma-related behaviors. Twelve PreK to first-grade classroom teacher participants shared their experience of the phenomenon in online interviews and follow-up questions. Data analysis and interpretation, using Moustakas' transcendental phenomenological method, resulted in four themes of *heightened responses*, *support and training*, *essential student needs*, and *impact of Covid-19*.

The design of the three research questions guiding this study provided an opportunity to understand the teachers' experiences engaging trauma-affected students in a classroom setting. The first research question was: How do early educators describe their experiences engaging students who exhibit trauma-related behaviors in a school setting? The second research question was: How do early educators describe their application and/or knowledge of teacher

competencies related to student well-being as presented in the NEA Teacher Leadership competencies? Finally, the third research question was: What is the early educators' perception of the social-emotional needs of their students?

The theme *heightened responses* addressed the first research question: How do early educators describe their experiences engaging students who exhibit trauma-related behaviors in a school setting? In this theme, teachers provided a rich description of trauma-affected student behaviors. Teachers described heightened responses ranging from extreme aggression to severe social withdrawal exhibited by trauma-affected children as they interacted with peers and engaged in lesson activities. The types of behavior described included high irritability, anxiety, and anger manifesting in verbal and physical aggression toward the teacher and other students. In addition, teachers linked these behaviors to the students' home cultures, highlighting the importance of understanding the child's life context.

The theme of *support and training* addressed the second research question: How do early educators describe their application and/or knowledge of teacher competencies related to student well-being as presented in the NEA Teacher Leadership competencies? Information revealed a focus on competent teaching practices, which included advocacy, student culture and context, standards of success, and support networks. Participants affirmed the teaching competencies but expressed limited knowledge in applying these practices to trauma-affected children. Teacher participants stated a lack of training in child trauma from their collegiate programs and professional development at the district and school levels. Participants cited the importance of collaborating with peers as a primary source of interventions in the absence of specific training. Other supporting resources included school counselors and administrators who provided mentorship and positive school-wide incentives.

The theme of *essential student needs* supports the third research question: What is the early educators' perception of the social-emotional needs of their students? Teachers shared the importance of a stable environment of positive relationships, classroom interventions, and provision of food and clothing. Teachers shared that existing positive affirming relationships in a stable classroom environment created a sense of safety where students could focus on learning rather than survival. Teachers were proactive in pursuing interventions that supported both the academic interests and the physical needs of trauma-affected students. Teachers described their experiences using a variety of interventions, including a calm-down corner, alternate lesson activities, and flexible seating.

The third research question led to an unexpected theme, *the impact of Covid-19*. In the teacher descriptions of the social-emotional needs of students, several commented on the marked difference of incoming students coming from Covid-19 quarantines who have minimal ability to express their feelings and a lack of interest in playing with peers. School interactions have been a culture shock for these children, and teachers have been overwhelmed with the need to teach fundamental human interaction skills. Teachers shared that quarantined families worked online, and the children played on virtual devices, unable to participate in typical social interactions, such as grocery shopping, library visits, childcare, or neighborhood playgrounds. As a result, teachers are turning toward a curriculum that focuses on social interactions where puppets and other fictional characters model positive character.

Discussion

The following discussion illustrates the results of this study and how they related to the empirical and theoretical literature from Chapter Two. Later paragraphs discuss how the results add to the current empirical literature regarding PreK to first-grade teachers and the need for

training in child trauma. The final section elaborates on this study's contributions to the theoretical literature.

Empirical Literature

This study on teacher experiences with trauma-affected students confirmed the literature on definitions for maltreatment and trauma, trauma in the classroom, and trauma and the teacher. Teacher participants noted the challenges of understanding the traumatic circumstances of children and attempting to meet their social and academic needs. Teachers supported previous research calling for more training and interventions to engage trauma in the classroom.

Definitions for Maltreatment and Trauma

The participants in this study substantiated current literature defining maltreatment and trauma. The 12 teacher participants shared that trauma-affected students had histories of child maltreatment. Their stories aligned with Rebbe's (2018) and the World Health Organization's (2020) definitions of child maltreatment: the failure to provide essential food, clothing, and shelter, along with reasonable protection from harmful circumstances. The types of maltreatment shared in this study were comparable to Levitt and Eagleson (2018) and the National Council on the Developing Child (2020), whose studies on neglect and abuse include emotional and physical ill-treatment, along with physical and sexual abuse. While teachers' descriptions coincide with the DSM-5 definition of trauma as "actual or threatened death, serious injury, or sexual violence" [10] (p.271), they also included nonviolent traumatizing events noted by Stebnicki (2016), such as family separation, poverty, and natural disasters.

Hoffer et al. (2018) found that insecure attachment to caregivers results in unhealthy feelings of abandonment, jealousy, and aggression. Zimmer-Gembeck et al. (2017) added that poor self-regulation and the inability to handle stress indicates poor attachment. The teacher

participants confirmed the literature noting that students from volatile home situations could not respond empathetically to the needs of other students nor self-soothe during challenging times. Opendak et al. (2017) found that insecure attachment to caregivers may cause a child's survival response to dominate social interactions and impair social behaviors. Teachers in this study agreed, pointing to consistently aggressive, self-serving behaviors of children from traumatized pasts. Kindergarten teacher Joanie described children of impoverished homes who would gorge on food and have poor hygiene, citing "extreme emotional imbalance" and "antisocial behaviors, withdrawing into themselves" as well as "rages or extreme crying . . . wetting themselves."

In Chapter Two, Hodgdon et al. (2018) noted that the trauma of psychological maltreatment compounds and even exceeds the negative trauma of physical maltreatment. Baker et al. (2021) added the subtleties of psychological manipulation as conflicting parental caregivers may use a child to meet their agenda. For example, one PreK teacher discussed a student whose behavior was defiant and physically harmful to her and her classmates. Through knowing the parents, the teacher learned the mom hated the macho biological father to the point of encouraging the very boyish son to be more feminine to "get back" at the father. Caught between parental agendas, the boy's behavior was oppositional defiant, and aggressively harmful to his peers. In addition, the teacher learned that the dad had spent time in jail and that the boy's sister had a severe emotional disorder diagnosis. Arslan (2017) notes that younger children are more susceptible to psychological maltreatment, especially if combined with a history of multiple traumas.

Another important aspect of trauma-affected students is the co-occurrence of maltreatment and the combined effect of cumulative trauma noted by Brown et al. (2020) and Kim et al. (2017). Child trauma investigations typically consider the perpetrator, the

maltreatment, and the child's age but fail to consider the combined effect of the child's total experience. Teachers echoed this sentiment when discussing the home culture of their students and the unpredictable nature of those environments. For example, PreK teacher Sandra discussed a boy who routinely ran and hid in the school environment, frightening her and his supporting teachers with his disappearance. She discovered the boy lived in a tent with eight siblings, exposed to lightning, storms, parental arguments, and physical fights from older siblings. The unpredictable nature of his home had taught him to deal with stressful situations by running away.

Trauma in the Classroom

The teacher participants also confirmed current research on trauma-affected students in the classroom. For example, the National Scientific Council on the Developing Child (2020) notes that a child's trauma history impacts cognitive growth and the ability to focus and self-regulate in a classroom setting. In addition, teachers indicated that most trauma-affected students struggled to adapt to the formality of classroom lessons and the interaction with peers and often lag behind classmates in functional abilities.

Levitt and Eagleson (2018) note that a stressful home environment causes physiological stress and high anxiety levels, which may cause poor school performance. Teachers described trauma-affected students showing signs of avoidance, poor concentration, disruptive behaviors, and other signs of anxiety. Cabrera et al. (2020) point to the impact of child maltreatment on working memory, language skills, and the ability to process information. Teachers described the changing and unfamiliar classroom circumstances as challenging to a traumatized child's ability to function socially and academically. According to Carvalho et al. (2016), failure to function in these two areas is a consequence of the maltreatment the child has experienced, including

intrafamilial abuse, violence, and poverty. Students who have lived in these circumstances may focus on immediate survival needs, such as finding food or avoiding danger and will struggle to focus on theoretical academic information. Teacher participants described intense student responses indicative of hyper-arousal, such as anger, impulsivity, and aggression toward self or others. Teachers explained the range of responses to routine class activity, from “unexpected outbursts” to stubborn refusal to cooperate. One teacher described a trauma-affected student who “would hit himself in the face and hit his head against the wall and make himself fall out of his chair and yell and scream,” behaviors out of proportion to the academic and social requirements of the situation.

Jacobson (2021) noted the connection between child maltreatment and aggression, poor school skills, and mistrust of teachers and classmates. Students who have learned to behave aggressively have lacked examples of healthy socialization that would teach them new, acceptable behaviors. Teachers confirmed current research reporting that students with trauma histories have hostile and aggressive responses to routine school activities, such as sharing crayons, sitting near other students, and taking turns. Galinsky (2020) discussed the aspects of the typical classroom environment that may unwittingly trigger a traumatized child, including transitions, mealtimes, and times of change. PreK teacher Lina discussed a child who would scatter things, run, and hide when the class washed hands, learning that his abuser burned him with water. Kindergarten teacher Patricia discussed a girl who became violent, screaming and kicking in response to bathroom use, fearing the sound of the flushing toilet and consistently urinating on herself.

Tejada and Linder (2018) found that younger students may also respond with extreme passivity or internalized behaviors to negative activity in the classroom environment. Hébert et

al. (2020) found that young children and adolescents showing dissociation symptoms may struggle to regulate intense emotions and be powerless to help themselves. Teacher comments supported current literature stating that emotionally overwhelmed students may shut down verbally, unable to identify and share their feelings. For example, one kindergarten teacher discussed that a girl with an incarcerated mom would withdraw within herself and cry passively when the teacher tried to work with her. Another kindergarten teacher noted silent students refusing to speak or play, who may eventually spit or hit others. This teacher felt that early grades have undiagnosed speech problems, which compound traumatized students' inability to express themselves.

Wubs et al. (2018) found that unexpressed trauma may find an outlet through routine play activities. Ebrahimi et al. (2019) noted that in early years, children lack logical abilities and may use play activities or artwork to express strong feelings as a substitute for complex thinking. RB-Banks and Meyer (2017) found that sensory activities such as sand play allow children to relieve stress and process thoughts that they cannot verbalize. This study aligns with current research, as teacher-provided cool-down corners with items for punching, papers for tearing, and art supplies for angry scribbling were an outlet for student emotions. PreK teacher Joanie coached students on productive ways to deal with anger, stating that it was “really important that students start taking ownership of their own emotions” and become clear about what they feel and need.

Children experience victimization through many sources of adversity (CWIG, 2019). Lipari et al. (2017) noted that trauma-affected students are often from homes of substance abuse, economic stress, homelessness, parental separation, and mental illness. Throughout this study, teachers confirmed these stressors as evident in the home environment as they worked with trauma-affected students and their families. “A lot of them are coming from high poverty situations. Some students have parents that are currently incarcerated . . . it’s actually uncommon for kiddos to be in two parent homes,” said Tammy. Simone added that some of her students became homeless due to parental incarceration, the death of a family caregiver, and, once, a house fire. In addition, incarceration for substance abuse was not limited to the child’s parents, but in some cases, to the child’s grandparents.

Trauma and the Teacher

Murano et al. (2019) noted that teachers need formal training in identifying and supporting the social-emotional needs of students. This study confirms the literature in that all teachers expressed a lack of formal training in their preparation programs and district development. Desta et al. (2017) found that teacher training increased accuracy in identifying student problems. Kindergarten teacher Tammy stated,

I think back to my first-year experience with the kids who kept yelling “I wanna die. I want God to kill me.” That kind of stuff. They just kept yelling it out. I was like—I need a counselor in here. I don’t know how to deal with that. I’m not trying to be a trauma counselor. I’m trying to be an educator. I don’t feel like I was equipped for this.

According to Delahooke (2019), teachers must know children’s social engagement system to cope with their circumstances and establish relationships. Teachers expressed limited understanding of children’s coping mechanisms and ways to create a sense of security for

traumatized children. Kindergarten teacher Simone discussed a child from foster care who shut down if her work was imperfect, becoming angry with herself,

She would shut down . . . it was this tension inside of her. Whether it was what I asked her to do or life in general, she didn't have it. If you're not coming from a place of trauma, what seems normal and reasonable to somebody else is not.

The literature stated that a child's social engagement system allows for a sense of safety, in which a child can experience curiosity and begin the learning process (Dana, 2018). Teachers affirmed current research describing their experiences setting up their classrooms for safe social connections for students. Teachers provided a quiet, calm learning environment where scheduled activities were predictable, and students perceived interactions as non-threatening. Trauma-affected students responded to the mixture of playful yet calming activities that stimulated academic growth. Thirty-year veteran PreK teacher Tanya worked with a traumatized student for months before finding that completing one-on-one puzzles was the only way to calm his spirit and to have any interaction with the child.

Barnett et al. (2018) noted the importance of peer collaboration and ongoing support for teachers within their schools. Teacher participants expressed the need for peer collaboration as well. Kindergarten teacher Lina pointed to ideas from veteran teachers that resolved student issues and stated,

Besides support from colleagues and experience, there's not much training that I've had with dealing with students that have come from traumatic home environments. More experienced teachers might have had more trauma students that they can share some of their experiences and how they've dealt with things.

The study participants expressed futility in engaging trauma-affected children early in their careers. However, collaboration and experience taught them the benefit of a quick response, flexibility, and ready resources to meet student needs. Two teachers expressed frustration in previous employment, where asking for help was ignored or a sign of inadequacy. One teacher stated that, in working with her trauma-affected student, the administration refused to provide needed training and would not answer her calls; the other teacher stated,

You were almost looked down upon for trying to ask for help or to get them help because it was pointed back to you like, oh, what are you doing wrong? Or why can't you handle this?

Nicholson et al. (2018) noted the importance of teacher awareness and the implementation of effective interventions. Teachers seconded this priority through their comments. "I really don't really know a lot of strategies to use with them, so I would definitely be open to more training in that," said Patricia, and seconded by 30-year veteran Tanya, who expressed interest in more information like childhood trauma and the redirection of trauma-affected behavior. In the absence of training, several teachers have read books and articles on trauma, one even enrolling in a mental health first aid course. With peer input, teachers set up cool-down corners, custom seating, flexible workspaces, and alternate materials to allow trauma-affected students choices in the classroom, which they have learned from their study, and collaboration provides a healthy emotional outlet. Kindergarten teacher Tammy expressed frustration at the futility,

I've also read my own books and done my own research. Because I continue to get more kiddos of trauma in my room. We need a new diagnosis for these kiddos because they are

showing up with ODD or ADHD—all these different behaviors, but we are trying to treat those symptoms.

Isaksson et al. (2017) noted the consistent support of parents and school staff in meeting the needs of trauma-affected children. Nicholson et al. (2018) pointed to teachers and staff working together to create a positive, supportive school environment. The literature cited the importance of multiple intervention points for students in the form of school-wide mentorship, and the teachers reported that the benefit also applied to them. Joanie reported that her administrator regularly visited her classroom “to get to know the students” and to offer the support she needed. Lina mentioned that her students left class for a scheduled time to visit with their school-based mentor whom they keep throughout primary grades, “I think that really benefits trauma students as they can use that to go and talk.” Teachers discussed how mentors networked with them to help children have a healthy mindset to start the school day. Kenzie and Simone pointed to the caring nature of their paraprofessionals, who would take hyper-aroused students to the hallway to “get out and walk and take a deep breath” to separate from the situation causing them to feel upset. Simone values the input of the school counselor, who gave “advice on how to handle situations and how to recognize traumatic situations.” Tammy felt that the school resources should extend this support to caregivers by offering training in parenting skills and dealing with childhood trauma.

Lipscomb et al. (2021) noted that the relationships between students and early childhood teachers protect against mental health problems. Kindergarten and first-grade teachers supported this assertion, stating that students who separated from school relationships due to quarantines re-entered school with antisocial behaviors and an inability to relate to peers. PreK teachers stated that first-time students in the fall of 2021 “have never even been out of their house that

they can remember,” and lacked the social skills of incoming classes from previous years. Considering Bronfenbrenner’s (1979) assertion that the child’s community shapes their view of the world, Covid-19 quarantines reduced the student’s world to their home environment alone.

Quarantine restrictions prevented organic social interactions at grocery stores, youth sports, and public venues like the library or park, where children learn to interact with others and express their needs. Joanie pointed to bad behavioral habits modeled by family members, “It exacerbated the problem because the students are staying home. And, if they're seeing negative behavior or experiencing negative behavior, then they don't have an escape from it.” Tanya seconded the thought, stating that children are very self-absorbed with little consideration for others,

It usually comes out as their being rude to each other. It’s very difficult to share. And so we’re having to learn to how to ask nicely. They feel like they should be able to play with it (toys) anytime they want.

Tanya and others reached out to the extended student support network, utilizing school funding to purchase a curriculum emphasizing social skills. The program featured puppets and activities that modeled social behaviors and storybooks with open endings for students to consider right and wrong responses. Administrators offered additional support by implementing the Positive Behavior Interventions System that offered behavior incentives throughout the grades.

Theoretical Literature

This study was grounded in three different theories, Piaget’s (1928) theory of cognitive development, DuPont’s (1994) emotional development theory, and Bronfenbrenner’s (1979) ecological systems model.

Piaget's Theory of Cognitive Development

Piaget's (1928) theory of cognitive development provided an understanding of how a child learns about the world and the impact of essential caregivers during those years. VanMeter et al. (2020) found that maltreatment at the hands of a caregiver is a source of maladaptive behavior when a child participates in school. Teachers discussed the maladaptive behaviors of students from trauma-affected home environments and the negative impact on academic and social performance.

Prekindergarten teacher Sandra described a home context where a student lived with his grandmother and dad. When dad returned on weekends from business travel, the grandmother passively accepted his angry and violent behaviors. Sandra recognized that the boy's aggressive outbursts toward other students reflected his father's behavior.

DuPont's Emotional Development Theory

DuPont's emotional development theory provided an understanding of a child's emotions as a changing personal-social construction based on the child's value system (DuPont, 1994). Because social experience constructs a child's emotions, the child may adapt and choose alternate value systems, such as those modeled in the classroom, playground, and other school areas. Teachers discussed the positive influence on the behaviors of trauma-affected students as they modeled healthy behaviors in the classroom.

Kindergarten teacher Tammy modeled emotional self-regulation by teaching students to use a cool-down corner in her classroom. Tammy chose a kid-sized beach chair and taught the students to sit back in a relaxed position when overwrought. Then, using items such as a feelings chart, a mirror, and soundproof headphones, Tammy's students continued to self-soothe until they could rejoin their classmates.

Bronfenbrenner's Ecology Theory

Bronfenbrenner's ecology theory provided an understanding of the interactive systems of a child's environment (Bronfenbrenner, 1979). These interactive systems of family, friends, peers, and school influence the child's value systems and behaviors. Teachers discussed the benefits of engaging a student's comprehensive support network by collaborating with peers and mentors to offer additional support.

Kindergarten teacher Simone collaborated with mentors throughout her school by pairing trauma-affected students with staff members. The mentors would touch base with students at predictable times, giving students small goals throughout the day. Students would look forward to the visit, knowing the mentor was their advocate and friend.

Implications

This study extends our knowledge of the perspectives of PreK to first-grade educators as they engage trauma-affected students in the classroom setting, building on the research on childhood trauma and its impact in the classroom. In addition, the practical implications of this study relate to the following: 1) teacher training at the district and college levels, 2) teacher collaboration on interventions, and 3) the impact of Covid-19 quarantines. Finally, the practical implications are relevant to school leadership and teacher education programs.

Teacher Training

Following the research of Murano et al. (2019), citing the importance of teachers identifying and supporting the social-emotional needs of maltreated students, this study points to the universal teacher request to receive formal training in childhood trauma. Desta et al. (2017) found that trained teachers had greater accuracy in identifying student needs. PreK to first-grade teachers expressed a need for a greater understanding of the circumstances of childhood trauma

to prepare for and engage student needs adequately. Following Delahooke (2019), teachers need knowledge of the coping mechanisms of traumatized children to establish a safe classroom environment and approach traumatized children in a supportive, non-threatening way. While teachers stated they received some general trauma-related information during their district in-service, the training was limited to the mandate reporter process and ways to keep a calm and positive mindset during the conflict. Future in-service activities can support teachers in explaining the coping mechanisms of traumatized children and providing practical ways to make students feel secure and accepted in the classroom environment. For example, following Dana (2018), appealing to a child's social engagement system allows for safe social connections, curiosity, and learning. Training teachers to establish a trauma-sensitive classroom and ways to respond to negative behaviors lay the foundation for a successful early school experience for trauma-affected children.

Additionally, this study shows that collegiate certification programs have not prepared teachers to engage children affected by trauma. These echoed McIntyre et al. (2019) conclusions that educators have little preparation or training in trauma-informed practices. Study participants recalled trauma being discussed "once or twice" among many topics in college coursework. A 5-year teacher stated that her knowledge of trauma only extended to mandate reporting. Teachers need to enter the profession with a strong understanding of the circumstances of complex trauma (Hodgdon et al., 2018) and of positive interventions that build social skills (Haslip et al., 2019). Practical options, such as cool-down corners and sensory seating, can be in place before students arrive, along with flexible lesson plans and options for student choice. This type of practical knowledge prepares new teachers for the realities of the modern classroom and provides real-time solutions within a busy classroom.

Teacher Collaboration on Interventions

The research noted the importance of ongoing support and peer collaboration as teachers engage trauma-affected students (Barnett et al., 2018). Teachers in this study placed a premium on the advice from veteran teachers, including practical suggestions for interventions and a greater cultural understanding of their students. Additionally, some teachers discussed leaving previous school employment where they viewed the administrators as unsupportive and seeking peer support as incompetency. Nicholson et al. (2018) pointed to the corporate wisdom of teachers and staff working together to create a positive and supportive school environment. Teachers pointed to the value of multiple intervention points in forming a school-wide mentorship to benefit the trauma-affected student and the classroom teacher. School leadership should encourage ongoing collaboration beginning in district in-service and continuing throughout the school year.

Impact of Covid-19 Quarantines

Children below school age were tremendously affected by the Covid-19 quarantines, and children enrolled in schools. Lipscomb et al. (2021) found that a positive relationship with early childhood teachers mitigates student mental health problems. This study supported the research as teachers discussed unusual antisocial behaviors from those entering school as first-time students or returning students after the quarantines. Teachers reported that students were not allowed to participate in typical community interactions, such as team sports, public parks, and libraries, where they would have learned about taking turns, sharing with others, and asking for what they want. The Covid-19 quarantines reduced the students' understanding of the world to their home environment (Bronfenbrenner, 1979). Limited and negative social behaviors modeled in the home became the students' primary means of understanding the world around them.

This study offers practical implications for current and future teachers in primary grades. The data showed how teachers proactively sought information on childhood trauma and discussed intervention options with peers. In addition, teachers can benefit from the voices of the 12 participants of this study. These are the recommendations for working with trauma-affected students:

- Find supportive teaching peers
- Seek ongoing training in trauma
- Evaluate your approach and be flexible
- Set up a cool-down corner and a simple plan for using it
- Provide student choices in seating and timeframe
- Keep flexible standards for success

Christian Worldview

The secular nature of the public school setting did not allow for the addition of a Christian worldview; however, one participant briefly mentioned seeking Christ's wisdom as she considered interventions for a trauma-affected student. Ephesians 4:6 (*King James Bible*, 1769/2017) clearly points to "One God and Father of all, who is above all, and through all, and in you all." The Scripture goes on to state in Hebrews 11:6 that one must embrace such a reality through faith: "But without faith it is impossible to please him: for he that cometh to God must believe that he is, and that he is a rewarder of them that diligently seek him." The Christian worldview acknowledges the divine authorship of God and that peace with God originates through faith.

One study finding is the teacher observations of heightened responses related to anger and anxiety exhibited by trauma-affected students. Within a Christian worldview, we see Christ's

ownership of all things, even broken things, and His love can heal the deepest neglect and abuse. The teachers' care for students and endeavors to repair and restore their relationships with peers and to the learning process points to the healing process of Psalm 147:3 (*King James Bible*, 1769/2017) "He healeth the broken in heart, and bindeth up their wounds." While there are many different value systems in the teaching profession, the act of faith portrayed as teachers engage trauma-affected students in refusing to be offended and giving their lives away exemplifies the very picture of the Gospel of Christ.

Delimitations and Limitations

The following delimitations and limitations support the study's validity by noting exclusions or limitations (Ross & Zaidi, 2019). These will highlight areas of future study and needs for research. Future research should seek to address the excluded areas.

Delimitations

A delimitation of this study was that teachers must have had a minimum of 3 years of public elementary classroom teaching experience based on Georgia's three-year probationary period required for teacher tenure (Georgia's Teacher Keys Effectiveness System, n.d.). This delimitation ensured a minimum of a 3-year history, teaching students in early grades, and the participants' ability to address an adequate number of teaching experiences with students.

Another delimitation of this study was that teachers must be currently employed in a public school as PreK to first-grade general education teachers in one of the two contiguous Georgia counties where this study occurred. This delimitation focused the discussions on the behaviors of trauma-affected students in PreK to first-grade students in a similar demographic area.

A final delimitation of this study was to require that participants be able to identify one or more students exhibiting trauma-related behaviors in the classroom setting and have taken action to support student needs. This delimitation allowed for a rich description of teacher observations of trauma-affected students in the classroom setting. In addition, this delimitation ensured that I was interviewing people who had these experiences with trauma-affected students.

Limitations

The following limitations of this qualitative phenomenological study define the flaws and limits of this research. A limitation was the uniformity of participants. All participants were Caucasian females. While a more diverse population would have been desirable, those responding to the recruitment flier were all Caucasian females. The second uniformity was that all participants were from two contiguous counties in northwest Georgia with similar school resources of funding and personnel. It is difficult to state whether the type and extent of these resources would transfer to other schools and areas of the country.

Another limitation is the use of snowball sampling to recruit participants. The recruitment flier promoted the study as pertinent to experienced teachers with knowledge of trauma in the classroom. This statement drew participants with current firsthand knowledge of trauma. This firsthand knowledge may limit the transferability to other teachers in other areas.

Recommendations for Future Research

This study sought to examine the lived experiences of PreK to first-grade teachers as they engage students exhibiting trauma-related behaviors. The previous discussion of implications and limitations is the basis for these recommendations for future research. In addition, the recommendations consider the need in collegiate preparation, in-service training, effective interventions, and interactive social-emotional curriculum.

Future research needs to evaluate the coursework required in teacher preparation programs focusing on childhood trauma, particularly in early childhood education. Research should raise awareness of the knowledge of complex trauma and training in trauma-informed care expected of teacher degree programs. New teachers must enter the classroom prepared to engage child trauma at the outset, providing effective interventions and avoiding re-traumatizing students.

In addition, research must focus on writing and evaluating training programs for teachers working with our youngest students. Training must focus on early language development and the unique needs of traumatized children experiencing the school environment for the first time. Effective programs are essential to establishing a trauma-informed practice in the classroom and throughout the school.

There is also a need to evaluate the interventions commonly used in PreK to first-grade classrooms for effectiveness and universal applicability. Most study participants sought peer collaborations for interventions shared by word-of-mouth. Researchers should record the interventions for use in classrooms lacking such collaborative resources.

Finally, future research should also evaluate an interactive social-emotional curriculum applicable to students' exiting quarantines, such as Covid-19. An interactive curriculum allows for role-playing modeling of positive behaviors, allowing students to construct emotional responses based on learned social interaction. Researchers need to expand these interactions to include a diversity of cultures, races, and demographic localities.

Summary

The purpose of this transcendental phenomenological study is to identify perspectives not fully explored regarding PreK to first-grade teachers in identifying and assisting students exhibiting trauma-related behaviors.

The transcendental phenomenological methodology allowed teachers to voice their observations of the behaviors of trauma-affected students, their responses engaging student behaviors, and their needs to help students succeed in the classroom. As a result, four themes and eight subthemes emerged from the study. The major themes were *heightened responses*, *support and training*, *essential student needs*, and *impact of Covid-19*. These themes aligned with theoretical literature, as children learn maladaptive behaviors through abuse and neglect experienced in their home culture.

The first major theme was *heightened responses*. All teacher participants experienced heightened responses as students engaged with classmates and activities. In the first subtheme, types of behavior, teachers discussed behaviors of trauma-affected students presenting a wide range of differences. Teachers recounted violent physical aggression toward other students, destruction of classroom materials and property, running through and from the classroom, and students who withdrew, refused to speak, and hid inside themselves, sometimes crying. The second subtheme, home culture, revealed that these behaviors reflected maltreatment experiences in the child's home of origin. The study showed that children reflected the emotional outlook of their home culture and brought maladaptive behaviors into the classroom setting. For example, teachers described their communications with the caregivers at home and ways they sought to influence values and behavior patterns through the home-to-school connection.

The second major theme was *support and training*. In this theme, teachers described their experiences upholding competent teaching practices with trauma-affected students. Teachers struggled to meet unique student needs and sought help from peers and the child's support network. In the first subtheme, lack of training, teachers described their lack of training in child trauma on the collegiate or school district levels. All participants expressed feeling unprepared when encountering trauma-affected students for the first time. In the second subtheme, collaboration, teachers stated that their most valued resource was collaborating with peers to find interventions to help their students. The wisdom of veteran teachers and the trial-and-error process revealed to most effective and practical options for intervention. In the third subtheme, resources, teachers discussed the value of school resources in the students' comprehensive support network. Supportive administrators, counselors, and mentors played an essential role in building relationships and incentivizing trauma-affected students.

The third major theme was *essential student needs*. In this theme, teachers strongly encouraged social-emotional learning, beginning with basic physical needs, and feelings of safety and support. In the first subtheme, environmental/physical needs, teachers discussed the importance of providing food and clothing essentials that students needed in cases of food insecurity or poverty. Teachers stored food in their rooms to ensure students there was plenty, and they did not need to gorge during lunch. Counselors provided backpack snacks for teachers to send home with students to ensure an evening meal. In the second subtheme, acceptance, and belonging, teachers discussed the importance of trauma-affected students feeling welcome and valued in the classroom. Teachers pointed out that students' maladaptive behaviors can alienate them from friendships and feelings of success. Teachers stated the need to tap into the gifts of trauma-affected students and help them succeed in their way. In the third subtheme,

interventions, teachers stated the value of discussing interventions with veteran teachers.

Teachers had tried many different interventions, tailoring them to unique student needs. Teachers easily implemented many interventions accessible through classroom supplies.

The final theme was the *impact of Covid-19*. Teachers commented on the marked difference in incoming students coming from Covid-19 quarantines who have minimal ability to express their feelings and lack interest playing with peers. School interactions have been a culture shock for these children, and teachers have been overwhelmed with the need to teach fundamental human interaction skills. Teachers shared that quarantined families worked online, and the children played on virtual devices, unable to participate in typical social interactions, such as grocery shopping, library visits, childcare, or neighborhood playgrounds. As a result, teachers are turning toward a curriculum that focuses on social interactions where puppets and other fictional characters model positive character.

This study showed that PreK to first-grade teachers in these Georgia counties proactively engaged trauma-affected students in the classroom setting and sought greater knowledge of child trauma. Through interacting with trauma-affected students, teachers developed interventions to meet student needs. This study showed that classroom teachers craved to learn new ways to reach children in need and establish safe and thriving classrooms for trauma-affected students. For current and future classroom teachers, this study is the voice of those in your field. PreK to first-grade classroom teachers have given their lives away for the children in their classrooms. They sought resources on child trauma long before the term “trauma” was published. These teachers proactively helped their peers and trauma-affected students, and their caregivers. This study gives voice to their needs and concerns. They need training and practical interventions in child trauma to support their students effectively.

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APPENDICES

Appendix A: Institutional Review Board Approval Letter

Consent

Title of the Project: Teaching Trauma-Affected Students: A Qualitative Investigation of Teacher Perceptions

Principal Investigator: Cheryl Haynes, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be currently employed as a full-time, PreK, Kindergarten, or first-grade, certified, general education classroom teacher with a minimum of three years of professional experience in that role. You must also be able to identify at least one experience working with a child exhibiting trauma-related behaviors, such as high levels of irritability, high anxiety, inability to self-regulate, oppositional defiance, or extreme withdrawal/passivity. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to understand teachers' perspectives in supporting trauma-affected students in a classroom setting.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Complete a confidential, audio-recorded, Zoom interview. (Time estimate: 1 hour)
2. Review the transcript of your interview for accuracy. (Time estimate: 15 minutes)
3. Answer any follow-up questions, if necessary. (Time estimate: 15 minutes)

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include supporting school systems nationwide in providing further insight into teachers' perceptions of social-emotional learning, the needs of traumatized children, and the support teachers receive in the school environment. This insight is important because it aids in increasing support for social-emotional learning and trauma-informed classrooms.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study include the risk of secondary trauma to teachers as they recount the students' traumatic circumstances. Because the researcher is a mandated reporter, participants are at risk of disclosing information initiating mandatory reporting requirements for child abuse, child neglect, or intent to harm self or others.

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IRB-FY21-22-966
Approved on 8-26-2022

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

- Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews will be audio-recorded and transcribed. Recordings will be stored on a password-locked computer for three years and then erased. Only the researcher will have access to these recordings.

How will you be compensated for being part of this study?

Participants will be compensated for participating in this study. Participants completing the study will be emailed a \$50 Amazon gift card after they review the transcript of their interview and answer any follow-up questions.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Cheryl Haynes. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Robert Pincus, at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the researcher using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

Printed Subject Name

Signature & Date

Liberty University
IRB-FY21-22-966
Approved on 8-26-2022

Appendix B: Superintendent Permission Letters

Chance Nix, Superintendent

Every child, every day, without exception!

PUBLIC SCHOOLS

A Georgia Charter System



April 14, 2022

Mrs. Cheryl Haynes
306 Wolverine Drive
Trenton GA 30752

Dear Mrs. Haynes:

Based on my review of your research proposal, the system grants you permission to conduct the study entitled "Early Educator Perspectives Supporting Trauma-Affected Students" within the [REDACTED] Public Schools organization.

This permission is granted with the understanding she will seek approval of individual principals before involving staff from his or her school. The school principal will establish procedures to ensure that the privacy of staff is maintained and that this study will not involve children, only certified teachers via online meetings. As Georgia educators, we are also all required to follow the standards established in the Georgia Professional Standards Commission Code of Ethics. We reserve the right to withdraw from the study at any time if our circumstances change.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the research team without permission from the Liberty University Institutional Review Board (IRB).

Sincerely,

[REDACTED]
Gina Haynes
Director of Elementary School Improvement
[REDACTED] Public Schools

[REDACTED]



"READY FOR COLLEGE, READY FOR WORK, READY FOR LIFE"

SCHOOLS

Department of Human Resources

September 30, 2021

Dear Liberty University Institutional Review Board Committee:

As Director of Personnel of the [redacted] Board of Education, I give my permission for Cheryl Haynes (a counselor from [redacted] Elementary School in [redacted] Georgia) to conduct her dissertation research entitled, "Early Educators' Perspectives Teaching Students Exhibiting Trauma-Related Behaviors" in [redacted] Schools.

I understand she will seek approval of individual principals before involving staff from their school, and that she will be gathering data from faculty through focus groups and meetings as it relates to her study.

I understand that this study will not involve children, only certified teachers via online meetings, and will be conducted after school hours.

Please let me know if I can be of any other assistance throughout this process.

Sincerely,

Heather H. Holloway
Director of Personnel
[redacted] Board of Education

Appendix C: Recruitment Letter for Teacher Participants

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to understand teacher perspectives working with trauma-affected students, and I am writing to invite eligible participants to join my study and be reimbursed with a \$50 Amazon gift card.

Participants must be PreK, Kindergarten, or first-grade, full-time, certified public school classroom teachers with three or more years in that role and able to identify an experience working with a student exhibiting trauma-affected behaviors, such as high irritability, high anxiety, inability to self-regulate, oppositional defiance, or extreme withdrawal/passivity.

Participants will be asked to complete a confidential Zoom interview lasting roughly one hour.

To participate, please go to https://liberty.co1.qualtrics.com/jfe/form/SV_bP1JXzITpJo6b6m

██████████ and ██████████ County schools have approved the sharing of my study with their respective schools. Complete study information has also been emailed to your principal.

Sincerely,

Cheryl Haynes

Doctoral Candidate

██

████████████████

Appendix D: Qualtrics Survey

3/8/23, 1:33 PM

Qualtrics Survey | Qualtrics Experience Management

This study focuses on the experiences of current full-time certified general education Pre-Kindergarten, Kindergarten, and/or First Grade classroom teachers with three or more years' experience in that role.

1. Please write your name and email address as your contact information.

2. Are you a current full-time certified general education public school teacher with three or more years' full-time general education teaching experience in Pre-Kindergarten, Kindergarten, and/or first grade?

Yes

No

3. Have you worked with a child in your classroom who exhibited trauma-affected behaviors, such as high irritability, anxiety, inability to self-regulate, oppositional defiance, or extreme withdrawal/passivity?

Yes

No

3/8/23, 1:33 PM

Qualtrics Survey | Qualtrics Experience Management

Please identify a date and time you are available for a confidential recorded Zoom interview lasting approximately one hour. The interview questions will seek to understand your experiences with trauma-affected children in the classroom setting.

Thank you for your time in submitting these credentials. Eligible participants will be contacted by the researcher via email to verify the date and time for an interview.

Powered by Qualtrics 