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Early Childhood Teachers' Perspectives Regarding Training to Address the Needs of Children Who Experience Trauma

Jordan Sager
Walden University

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Walden University

College of Education and Human Sciences

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Jordan Sager

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the review committee have been made.

Review Committee

Dr. Donald Yarosz, Committee Chairperson, Education Faculty

Dr. Grace Lappin, Committee Member, Education Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University

2024

Abstract

Early Childhood Teachers' Perspectives Regarding Training to Address the Needs of
Children Who Experience Trauma

by

Jordan Sager

MA, Walden University, 2018

BS, Jacksonville State University, 2014

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

PhD in Education

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August 2024

Abstract

An increased number of children are entering the classroom with an exposure to various types of trauma. Early childhood educators are faced with the reality that they have to be prepared to meet the educational needs of the students. The problem that prompted this study is the potential lack of effective training provided to early childhood educators with regards to children who have faced traumas. The purpose of this basic qualitative study was to explore the perspectives of early childhood educators regarding to potential lack of training to address the needs of children who experience trauma. The theory of social constructivism is the conceptual framework for this study. Two theories provided the framework for this basic qualitative study; they are Bandura's theory of self-efficacy and Bronfenbrenner's ecological theory. Purposeful sampling was used to select 12-15 early childhood educators to share their perspectives through semi-structured interviews. Participants included K-3 teachers with experience teaching children that have been exposed to trauma. In vivo and pattern coding were used to analyze the data. The findings emerged that that educators feel they are teaching children impacted by trauma and they do not feel adequately trained to meet the needs of children who have experienced trauma. They desire additional support and resources. This study can contribute to positive social change by providing some evidence for the need to address educators' needs for additional resources when it comes to childhood trauma as well for the need for future research on this important topic.

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Dedication

This dissertation is dedicated to my sister, Katelyn Schneider. She has always been my biggest supporter. I have spent many hours talking about my study and my career goals. She has always listened and encouraged me. She believes that I can do anything I put my mind to and she has helped me stick to it. This dissertation is for everything we have been through together and helping other children get through those things. I would not be here without my little sister.

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Chapter 1: Introduction

In-service training provides educators with opportunities to learn new teaching strategies, meet new people, and grow professionally. In order for educators to keep their teaching certificates up to date, they are required to attend a certain number of training sessions each year (State Requirements, 2023). According to State Requirements (2023), the requirement to keep a teacher's license valid varies from state to state. However, research shows that a large majority of educators believe that the training provided to them is not helpful when it comes to meeting the needs of children that have experienced trauma (Holland & Tate, 2022). The lack of awareness about building a social connection with children due to the lack of knowledge about how to help them through social situations is specifically addressed (Holland & Tate, 2022).

According to recent studies, the current practices around trauma informed teaching and the education provided to educators is considered to be less established (Almeida et al, 2022; Bright et al., 2022; Pierce et al., 2022; Thomas et al., 2019,). The literature states the importance of changing practices within schools in order to better understand and serve traumatized children (Herrenkohl, 2019). Despite the fact that literature states the importance of changing practices, schools remain poorly prepared to address the needs of these children (Herrenkohl, 2019; Holland &Tate, 2022). Changing practices within schools so that vulnerable and traumatized children are better understood and more compassionately served is a goal shared by many school professionals, yet schools remain poorly equipped to address the needs of these children (Thomas et al., 2019). The problem or situation that prompted me to search the literature is the lack of

effective training provided to early childhood educators regarding children who have faced traumatic events.

This study could inform positive societal changes within the field of education. Understanding the perspectives of early childhood educators regarding training on children who have faced traumatic events could be beneficial to both educators and children by informing the field about possible additional training needed, the quality of current training, and possible ways to improve it.

Background

In 2001, President George Bush signed the No Child Left Behind Act, which began to hold schools more accountable for their performance on standardized assessments (Moyer, 2020). As a result, classroom strategies began to focus more on things such as standardized testing and test taking strategies (Shin, 2022). Teachers are expected to spend more time on instruction rather than attending the emotional well-being of their students even though literature appears to provide differing evidence on the effects it has on the overall educational performance of students (Diorio, 2020, Moyer, 2020). In 2015, President Barack Obama signed the Every Student Succeeds which preserved state mandated testing, but eliminated consequences for school districts and states that do not perform as well on the assessments and allows for accountability goals to be set by individual states (Baskin, 2022).

As numbers continue to increase for students impacted by trauma, there is an increase need for trauma informed education, (L'Estrange & Howard, 2022). According

to the National Council of State Education Associations, there is not very much reliable data to measure the problem of trauma in schools; however, educators are aware of the rise in trauma and trauma related behavior issues, (Fujara, 2019). Adverse childhood experiences (ACEs) are identified as factors that contributed to having long-term social and emotional effects on children (Koball et al., 2021).

This basic qualitative research study addressed the gap of lack of effective training for early childhood educators with regard to children who have faced traumatic events. Despite the knowledge of this issue, educators may not be provided with applicable, authentic trainings that can be applied in a 21st century classroom (Rishel et al., 2019). This study examined the perspectives of early childhood educators regarding the possible lack of training with regard to children who have faced traumatic events and determined what steps may need to be taken next. An understanding of early childhood educator perspectives regarding training provide a positive impact on society.

Problem Statement

The problem is the potential lack of effective training provided to early childhood educators with regards to children who have faced trauma.

Purpose of the Study

The purpose of this basic qualitative study was to explore the perspectives of early childhood educators on the possible lack of training provided to early childhood educators with regard to children who have faced traumatic events.

Research Questions

These two research questions that informed this basic qualitative study.

RQ1: What are ECEs' perspectives regarding training to address the needs of children who experience trauma?

RQ2: What are ECEs' perspectives regarding support systems needed to address the needs of children who experience trauma?

Conceptual Framework

The conceptual framework of the basic qualitative study was obtained from Bandura's theory of self-efficacy (1989) and Bronfenbrenner's ecological theory (1994). Bandura's theory of self-efficacy can be applied when attempting to determine how to feel about a situation. (Bandura, 1989). An individual's belief in their ability to execute appropriate behaviors is self-efficacy. Bandura's theory of self-efficacy can potentially be used to inform the development of an interview protocol and analyses of transcribed interviews about the possible lack of training received in regard to children who have faced trauma. In this study, I will examine early childhood education teachers' perspectives of early childhood educators regarding training to address the needs of children who experience trauma.

Bronfenbrenner's ecological theory can be considered when determining the influence the environment can have on an individual. The environment in which an early childhood teacher works has the potential to impact the strategies and methods that are used in the classroom setting. For example, if working in a high stress environment with

little to no resources may impact the way the early childhood educator behaves. These theories will help me determine the perspectives of early childhood educators on the lack of training they receive with regard to children who have faced traumatic issues.

Nature of the Study

In this study, I adopted a basic qualitative design. I utilized semistructured interview questions in order to gather the perspectives of 12-15 early childhood educators in regard to the lack of training and support systems to best address the needs of children who experience trauma. This methodology allowed for a greater understanding of this gap. The gap in the literature was the possible lack of effective training to address the needs of children who experience trauma. The semi-structured interviews allowed the researcher to gather the perspectives of 12-15 early childhood educators on the possible lack of training with regard to children who have experienced trauma.

Definitions

Adverse childhood experiences (ACE): ACEs are considered to be a group of childhood conditions that have been associated with various long-term effects such as physical health problems, substance abuse, incarceration, and more (Finkelhor, 2020).

Trauma informed care: is designed to treat individuals that are survivors of physical, mental, and emotional trauma. Trauma informed care is meant to provide survivors with a type of treatment for their trauma (Dziak, 2020).

Assumptions

One assumption is that participants were honest and forthcoming with their opinions. Another assumption is that participants answered each semi-structured open-ended interview question to the best of their ability. I assumed they did not withhold information because they trust that their identity will be protected. I also assumed that I will be able to gather 12-15 participants for this study. Another assumption was that participants will see effective training with regard to children who have faced traumatic issues as an important topic of discussion

Scope and Delimitations

The study's purpose was to determine the perspectives of early childhood educators on the lack of effective training with regard to children who have faced traumatic events. For this reason, the scope of the study will only include early childhood educators. The study included 12 early childhood educators selected from elementary schools in Central Georgia. These semi-structured interviews took place through a virtual platform.

This study was designed only to determine the perspectives of existing educators. From that point, next steps can be determined. However, this study will not solve the potential issue of lack of training only call further attention to it. The purpose was to determine whether or not a problem exists. The study can be limited by the number of participants and their willingness to be honest and forthcoming about their experiences.

The results of this study may inform local policy change and require the implementation of a mandatory trauma professional development for all early childhood educators. This trauma professional development should be detailed and specific for each type of adverse childhood experience. Some form of annual survey should be implemented in order to determine the emotional state of children. The training could be based on the survey data that are collected.

Limitations

During the implementation of this study, there are several potential limitations. One limitation is sample size. In order to get accurate results there needs to be enough data in order to ensure that the information gathered is reliable. The goal was to interview between 12-15 early childhood educators or until data saturation occurred. Twelve early childhood educators were interviewed.

Another possible limitation of this study was bias. As an individual that experienced various forms of trauma throughout childhood, it is important that I took steps to be unbiased throughout the study. During the research process, I followed interview protocols. I asked open ended and follow up questions throughout the interview process. This allowed me to remain unbiased throughout the research process. I followed an interview protocol and ask open ended questions in order to limit bias. I will also keep a reflective journal throughout the process in order to keep recorder of any potential bias.

Significance

A general survey given to the U.S. population in 2020 showed that over 80% of adults feel that the well-being of children has decreased over time (Finkelhor, 2020). According to this study, this is a result of the lack of awareness on how to handle the serious challenges that children face (Finkelhor, 2020). This qualitative study would be significant if it reveals data that can be used to inform future teacher training. By completing this qualitative study, research will be gathered on the perspectives of early childhood educators on the possible lack of effective training in regards to children who have faced traumatic events. The study will reveal the perspectives of a group of early childhood educators in Middle Georgia.

There is the possibility for policy changes at a local level. For example, an implementation of a mandatory training for early childhood educators in regard to various forms of trauma training could be contemplated. The success of the training could be piloted in various elementary schools. The ultimate goal will be to understand the perspectives of a small group of educators on this topic.

Summary

Research showed that in recent years' adverse childhood experiences are having an increased impact on the development of children (Bryant et al., 2020, Merrick et al., 2020, Sahle et at., 2021). For this reason, it was important to study the possible lack of effective training for early childhood educators with regard to children who have faced

trauma. As these experiences are becoming more frequent and present it is crucial that individuals that encounter these children on a daily basis know how to best guide them.

Chapter 2: Literature Review

As children continue to be influenced by adverse childhood experiences, the need for exposure to adequate training programs becomes pertinent (L'Estrange & Howard, 2022). The problem addressed in this study was the lack of effective training provided to early childhood educators with regard to children who have faced traumatic events. Currently, literature primarily focuses on the need for some form of trauma informed care as a result of the long-term effects of adverse childhood experiences (Almeida et al, 2022, Bright et al., 2022, Pierce et al., 2022). Furthermore, while literature also shows that trauma informed care programs do exist and are being used (Bailey 2022, Gavin et al., 2022) it is clear that not all education programs take advantage of existing training programs (Berger, 2019 & McIntyre et al., 2019). For this reason, it is necessary to determine the perspectives of early childhood educators regarding training to address the needs of children who experience trauma.

For this literature review, I included studies in which the definition of trauma was explored, information on children exposed to traumatic events, children suffering from traumatic events, the lasting effect trauma may have on them, and the lack of training provided to early childhood educators and existing systems that are in place. The literature review also includes an explanation of the conceptual framework and an overview of Bronfenbrenner's (1994) ecological systems theory and Bandura's (1989) theory of self-efficacy.

Literature Search Strategy

To find the appropriate resources, I accessed the following databases: Educational Psychology, Science Direct, APA Psych Net, and ERIC. I accessed these databases through Walden University's Library Portal. In order to find these resources, I completed an advanced search for resources that were published within the last five years. These are peer reviewed journals that are relevant to my topic of study. I also used Google Scholar as a resource. I grouped my research into three subtopics that are relevant to my research question. I then searched the database using the keywords: adverse childhood experiences, trauma, early childhood educators, trauma, impact, effect, presence, lack of training, professional development, definition of trauma, trauma informed care, maltreatment, and adolescents. The keywords were grouped into three subtopics that are listed below:

- The definition of trauma as it relates to early childhood educators.
- The presence of trauma within children and the lasting effect it may have on them.
- The lack of training provided to early childhood educators and existing systems that are in place.

The first group of studies included various definitions of trauma as it relates to early childhood educators. Trauma is defined as a response to stressful events (Ryder, 2022). Trauma can also be defined as a response to a deeply disturbing event (Onderko, 2018).

These studies were found using the following key words trauma, adverse childhood experiences, maltreatment, educators, instructors, teachers, define, meaning, and explain. The second group of studies included the presence of trauma within children and the lasting effect it may have on them. These studies were found using the following key words trauma, adverse childhood experiences, impact, influence, or effect. The third group of studies included the lack of training provided to early childhood educators and existing systems that are in place. These studies were found using the following key words: lack, insufficient, early childhood educators, instructors, teachers, training, and development.

I utilized a literature review matrix to organize the studies I gathered for each subtopic. The literature review matrix allowed for easy organization of research questions, methodology, results, limitations, and more. To keep track of my different subtopics, I color coded the literature review matrix. The literature review matrix allowed me to see common key words. Those were the key words that were ultimately used when searching the databases. This is how I grouped the key words for each of those subtopics;

1. The definition of trauma as it relates to early childhood educators.
 - a. Trauma informed care or trauma informed practice or trauma or trauma informed approach
 - b. Educators or instructors or teachers
 - c. Definition or define or meaning or description
2. The presence of trauma within children and the lasting effect it may have on them.

- a. Trauma or abuse or adverse childhood experiences or childhood trauma or maltreatment
 - b. Children or adolescents or youth or child or teenager
 - c. Impact or effect or influence
3. The lack of training provided to early childhood educators and existing systems that are in place.
- a. Training or education or development or learning
 - b. Early childhood educators or teachers or educators
 - c. Trauma informed care or trauma informed practice or trauma or trauma informed approach

Results of the literature search varied based on the addition or substitution of various words to the search box. During the search process, I discovered how many various terms are utilized for the academic language applicable to my study. For example, instead of just using the word *trauma*, I also used words such as adverse childhood experiences and maltreatment. The addition of these synonyms by adding the word “or” increased the amount of research that I was able to find on each topic. I also did this for the word *educator* and *children*.

Due to the large amount of research present, I felt it was necessary for each of my categories to have subcategories. By including subcategories, I was able to represent a major portion of the present research. The first category is the definition of trauma as it relates to early childhood educators. The subcategories would include Trauma Informed Care and Desire to Learn about Trauma. The second category is the presence of trauma

within children and the lasting effect it may have on them. The subcategories will include trauma experienced by a certain race, gender, or ethnicity, and trauma experienced by teachers. The third category is the lack of training provided to early childhood educators and existing systems that are in place. The subcategories will include trauma practices that exist, lack of training programs, and perceptions of teachers regarding trauma programs. The theories that ground this basic qualitative study are Bronfenbrenner's ecological systems theory and Bandura's self-efficacy theory. The table below is a visual representation of literature search process.

Table 1

Organization of Literature Review

1 st Category	2 nd Category	3 rd Category
<p>The definition of trauma as it relates to early childhood educators.</p> <ul style="list-style-type: none"> • ^aTrauma Informed Care (TIC) • Desire to Learn about Trauma 	<p>Presence of trauma within children and the lasting effect it may have on them.</p> <ul style="list-style-type: none"> • Race • Gender • Ethnicity • Trauma experienced by teachers 	<p>Lack of Training provided to early childhood educators and existing systems in place</p> <ul style="list-style-type: none"> • Trauma practices that exist • Lack of training programs • Perceptions of teachers regarding trauma programs

Note. Subcategories are bulleted in the table above

^aTrauma Informed Care is used to recognize, understand, and empathize the impact of trauma (O'Connor & Sievers, 2023).

Chapter 2 begins with a thorough explanation of Bronfenbrenner's ecological theory (1977) and Bandura's (1997) self-efficacy theory. These are the theories used to guide this basic qualitative study. An explanation of how these theories will connect to this study is also included. As the chapter continues, the literature review begins. The literature review is divided into three sections. Those sections are: (a) the definition of trauma as it relates to early childhood educators, (b) the presence of trauma within children and the lasting effect it may have on them, and (c) the potential lack of training provided to early childhood educators and existing systems that are in place. Each of those sections are organized into subcategories and discussed further.

Conceptual Framework

Both Bronfenbrenner's (1977) ecological systems theory and Bandura's (1997) self-efficacy theory were used as a guide when finding the appropriate literature. Bandura's self-efficacy theory shows an individual's awareness about their beliefs and their own achievement. Bronfenbrenner's ecological systems theory describes the relationship between each ecological level and how those levels are impacted by the environment.

Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner's (1977) ecological systems theory considers the multiple levels of child development and how those levels are impacted by the environment, which surrounds them. According to Bronfenbrenner, there are five interrelated systems that

effect a child's development. Each system impacts the other system. Those systems are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

Microsystem

All things that can be found within the microsystem are those things that have direct contact with children. For example, parents, teachers, peers, and siblings. It is said that children that have nurturing relationships with their parents or guardians show positive effects (Guy-Evans, 2020).

Mesosystem

The mesosystem is the second system of Bronfenbrenner's five systems. This system includes interactions amongst anything in the microsystem. For example, parents communicating with the child's teacher. When the interactions within the mesosystem are positive, the effects on children are positive (Guy-Evans, 2020).

Exosystem

The next system is the exosystem. This system includes components that indirectly impact the life a child. Such as the media or their parent's economic situation. For example, a child's development may be effected their parent after they have had a bad day after work.

Macrosystem

The next system is the macrosystem. This system includes cultural elements such socioeconomic status, wealth, geographic location, and how those components impact students. If a child lives in poverty, it is likely that this will impact their well-being (Guy-Evans, 2020). According to Bronfenbrenner's ecological system's theory economic stress

and geographic location have the potential to impact a child's macrosystem (Guy-Evans, 2020).

Chronosystem

The final system is referred to as the chronosystem. This level refers to environmental changes that occur throughout a child's lifetime that have a potential that impact their development. An example might be divorce. Bronfenbrenner's ecological systems theory is a framework utilized by professionals studying child development.

Since its original proposal in the 1970s, Bronfenbrenner's ecological systems theory has been through considerable changes (Lukasik, 2021). As a result of these changes, it is hypothesized that many professional ignore changes that have been made to this theory over the years (Lukasik, 2021). Lukasik (2021) believed that professionals only consider the context of a situation when determining its influence on a child. For example, focusing only on the setting of an event rather than the individual's personal characteristics and how those influence the event. The changes in Bronfenbrenner's ecological systems theory make the connection between the environment and the influence it has on a child.

Bronfenbrenner's ecological systems theory is important to consider when addressing the lack of effective training provided to early childhood educators with regard to children who have faced traumatic events. Early childhood educators play a role within the *ecological system*. Early childhood educators have direct contact with children. Therefore, educators have the potential to impact children, their families, their environment, and more.

Bandura's Self Efficacy Theory

Bandura's (1997) self-efficacy theory is considered to be related to an individual's awareness and their beliefs about their own achievement and performance. This theory can be applied to an educator's ability to achieve despite the lack of effective training provided to early childhood educators with regard to children who have faced traumatic events. Rahami (2021) pointed out that there is a clear need for trauma informed care in schools. The authors also stated that there is an awareness amongst educators that there is a need for it.

One major hypothesis of Bandura's self-efficacy theory is that self-efficacy influences an individual's persistence, effort, and choice when it comes to activities. This theory is said to be connected to Bandura's larger broader Social cognitive theory (Schunk & Dibenedetto, 2020). Social cognitive theory (2020) explores an individual's experiences, the influence of the environment on a person's behavior, and the actions of others. Another hypothesis is that these factors impact self-efficacy. For example, an educator's personal experiences might impact their perception of personal capabilities.

Bandura's (1997) self-efficacy theory is important to consider when addressing the lack of effective training provided to early childhood educators with regard to children who have faced traumatic events. It is important to consider because some early childhood educators may feel they can be successful despite the lack of training. They may also feel a lack of self-efficiency due to a lack of training. This theory can inform the development of the interview protocol as well as the analyses the transcription of open

ended interviews. It will inform the study by creating an understanding of early childhood educator perspectives after transcripts have been transcribed and analyzed.

Literature Review

The literature section discusses three different concepts that are related to the research questions of this study: (a) the definition of trauma as it relates to early childhood educators, (b) the presence of trauma within children and the lasting effect it may have on them, and (c) the potential lack of training provided to early childhood educators and existing systems that are in place. The literature is discussed within each group using the conceptual framework of Bandura's (1997) self-efficacy theory and Bronfenbrenner's ecological systems theory.

Definitions of Trauma

Tappan (2022) defined trauma as an adverse experience, violation, or persistent stress in one's life. Trauma can overwhelm an individual's capacity to cope, and has the potential to have long-term emotional, psychological, and physical consequences. (Tappan, 2022). When studying trauma in the United States, it seems as if professionals are approaching the topic from a few different points of view (Christian et al., 2020; Thomas et al., 2019). Those points of view are trauma informed care (TIC), adverse childhood experiences, and an individual's desire or lack thereof to further their understanding of trauma (Christian et al., 2020; Thomas et al., 2019). These are some of the different terms used to define trauma.

Trauma Informed Care

TIC was originally introduced in the 1970s as a way to meet the needs of Vietnam War veterans experiencing post-traumatic stress disorder (PTSD) (Thomas et al., 2019). As the awareness of trauma increased, Trauma Informed Care became more widely studied (Thomas et al., 2019). As a result, in 2001, the United States Congress and the Substance Abuse and Mental Health Services Administration (SAMHSA) established the Donald J. Cohen National Child Traumatic Stress Initiative, and the National Child Traumatic Stress Network (Thomas et al., 2019). Due to these initiatives, the nation began to focus more on trauma informed care in both pediatrics and education (Thomas et al., 2019).

Although, the impact of trauma appears to be clear, the approach to implementing trauma informed care systems is not as clear (Berger, 2019; Racine et al., 2020). Professionals have identified five themes found within trauma informed care (Wassink-de Stigter et al., 2022). Those themes are professional development, implementation planning, leadership support, engaging stakeholders, and community buy in (Wassink-de Stigter et al., 2022). A combined use of these five themes helps to manage the implementation process of trauma-informed approaches in schools (Wassink-de Stigter et al., 2022).

TIC is something that is recommended, but not required (Thomas et al., 2019). Research was completed in order to show what types of resources already exist (Thomas et al., 2019). State Department of Education (DOE) websites were analyzed for tools,

relevant resources, and information. (Maynard et al., 2019) Some DOE websites contained very little information pertaining to trauma informed care. While other websites contain information on the partnerships they have with universities, nonprofit organizations, and state and federal grant programs (Grossman, 2020). It is clear that some State Departments of Education are making genuine efforts towards the implementation of trauma informed practices (Grossman, 2020).

Trauma can come in various different forms. Trauma informed care can be approached differently within different school systems (Fondren et al. 2020). Researchers do seem to agree on the fact that schools are integral parts of a child's success (Baez et al., 2019; Maynard et al., 2019; Thomas et al., 2019). Trauma informed care exists as a current resource, but it is not used by all (Grossman, 2020, Maynard et al., 2019; Thomas et al., 2019). This addresses the potential lack of training regarding children who have experienced trauma.

Desire to Learn about Trauma

Approximately 45% of the United States population of children have experienced at least one adverse childhood experience (Murphey & Sacks, 2019). Although this is almost half of the population of children, educators are still not provided with the appropriate strategies or trainings needed in order to help these children (Burkhardt, 2022). Research shows that trauma informed care has a high impact on the social skills of both educators and students (Carter & Blanch, 2019). For this reason, there has been an increased desire from educators to learn about trauma (Carter & Blanch, 2019). This can

be done through a universal screener (Pataky et al., 2019). Universal screeners are brief assessments often used to provide educators with quick information (Pataky et al., 2019). These were developed in an effort to treat and help prevent trauma in children. These are recommended when implementing trauma informed care in school (Pataky et al., 2019).

Current research identifies techniques utilized to respond to and identify trauma within children (Thomas et al., 2019, Berger, 2019). Children who have experienced trauma often times struggle academically (Hanlon, 2022) They also struggle with areas such as emotion control, problem solving, memory, and more (Hanlon, 2022). In some cases, the social problems presented by these children are misdiagnosed (Carter & Blanch, 2019). These incorrect diagnosis lead to ineffective interventions (Carter & Blanch, 2019). Ultimately, it appears that many researchers and educators believe that there would be some benefit from embed trauma informed practices within schools that focus on modeling adaptive behaviors (Crosby et al., 2020).

ACEs

ACEs are defined as any traumatic events that occur before a child reaches the age of 18 (Finkelhor, 2020). Some examples of ACEs are parental separation or incarceration, alcohol or drug use within the home, mental health issues, or being subjected to any form of abuse (Walensky, 2022). ACEs are considered to be widespread and have long lasting effects (Zhang et al., 2023). This is even more likely if multiple ACEs are experienced. According to literature, most individuals have experienced at least one ACEs in their life (Merrick et al., 2020). Research is conflicting on whether or not

women or men are more likely to experience an ACE (Chang et al., 2019, Merrick et al., 2020). Multiracial individuals have an increased chance of experiencing ACEs (Merrick et al., 2020). The literature also states that those with a higher income and education level have a lower ACE score (Merrick et al., 2020). Ultimately, it is clear that socioeconomic status plays a role when it comes to ACEs.

ACE's are a factor that impact the healthy development of a child (Scully et al., 2020). ACEs are said to be associated with stress, lack of sleep, and depression (Chang et al., 2019). ACEs contribute to a variety of diseases and a range of mental health disorders (Change at al., 2019). For example, an ACE could possibly lead to illicit drug use or addiction, mental illness, suicidal tendencies, or kidney disease (Anda et al., 2020). Literature shows that individuals who report experiencing three or more ACEs have an increased chance of using opioids without a prescription, for the feeling they may cause, or more than prescribed (Merrick et al., 2020). Ultimately, risks are dependent on the ACE that an individual may have experienced (Merrick et al., 2020). For example, exposure to domestic and family violence as a child increase the likelihood that the individual will have severe health and development issues (Noble-Carr et al., 2020).

ACEs have the ability to effect an individual into their adult life. They are known to impact the physical, psychological, and socioeconomic well-being of an adult (Downing et al., 2021). If a child comes from a lower socioeconomic position, then they are more likely to experience ACEs (Misiak et al., 2019; Schuler et al., 2021; Walsh et al., 2019). Socioeconomic status is said to predict a family's access to certain resources, such as education and proper healthcare (Anderson et al., 2022). It is believed that given

the advantages of someone from a higher economic class (i.e. education, income, healthcare), the chances of exposure to ACEs are not as likely (Anderson et al., 2022; Lacey et al., 2022). The cumulative effect of ACEs has the likelihood of altering an individual's life course (Bryce et al., 2023).

Presence of Trauma

Trauma is an emotional reaction to life threatening or dangerous event (Krupnik, 2019). As a result of these events, lasting adverse effects on the individuals mental, physical, social, emotional and/or spiritual well-being may occur (Krupnik, 2019). There are several types of trauma. Those types of trauma are acute, chronic, and complex.

Acute Trauma

Acute trauma usually occurs as a result of one event. This event is extraordinary enough to cause an individual to feel threatened. (Allarakha, 2021). A natural disaster, rape, and/or assault would qualify as acute trauma. Post-Traumatic Stress Disorder can occur as a result of acute trauma (Meiser-Stedman et al., 2019). PTSD is not always persistent in victims of acute trauma (Meiser-Stedman et al., 2019). Some victims go on to recover from the trauma naturally (Meiser-Stedman et al., 2019). Meiser-Stedman et al., (2019) study notated that life stressors, social support, self-blame, and other psychosocial factors were not related to individuals that appear to have PTSD.

Chronic Trauma

The next type of trauma is chronic trauma. Chronic trauma refers to repeated or prolonged trauma (Bence, 2021). Chronic trauma is said to have a deeper hold than acute trauma (Allarakha, 2021). Chronic trauma can occur as a result of early life stressors (Motsan et al., 2022). Physical symptoms such as headaches, nausea, fatigue, and body aches can occur as a result of chronic trauma (Leonard, 2020). Emotional or psychological symptoms such as anger, anxiety, outbursts, and addictive behaviors can occur as a result of chronic trauma. According to studies, children that are exposed to chronic trauma have a higher risk of mental health disorders, poor academic achievement, and becoming a juvenile offender (Bence, 2021). Chronic trauma has a lasting effect on children, (Motsan et al., 2022).

Complex Trauma

Complex trauma happens when individuals are exposed to multiple traumatic events (Bence, 2021). Individuals that have experienced complex trauma may have experienced childhood abuse, neglect, domestic violence, and other repetitive situations (Bence, 2021). Complex trauma reports behavioral and emotional symptoms (Motsan et al., 2022). Those symptoms include impulsivity, acting out sexually, aggressiveness, rage, depression, and self-destructive behavior (Motsan et al., 2022). According to Watson et al., (2022) life altering traumatic experiences can be dealt with when properly addressed by mental health professional.

Symptoms of Trauma

Trauma symptoms can present themselves in a variety of different ways. The symptoms can be emotional, psychological, and physical. These symptoms present themselves differently depending on the victim (Leonard, 2020).

Emotional or Psychological Symptoms

Emotional or psychological symptoms include anger, confusion, anxiety, depression, fear, denial, and difficulty concentrating (Leonard, 2020). Victims who present symptoms of emotional and psychological trauma may internalize those symptoms (Yang et al., 2022). Yang et al., (2022) states that internalizing symptoms decreases that chances of acceptance. Emotional trauma can be acute, chronic, or complex (Allarakha, 2021).

Physical Symptoms

Physical symptoms could include headaches, fatigue, sweating, digestive symptoms, and Post-Traumatic Stress Disorder (Leonard, 2020). PTSD is a psychological disorder that can be experienced by children, adolescents or adults. It usually occurs after a stressful experience such as accidents, sexual or nonsexual violence, or natural disasters (Steil & Rosner, 2022). It is not very common for trauma victims to have persistent PTSD (Meisser-Stedman et al., 2019). Unlike emotional or psychological trauma, physical trauma is usually just defined as serious bodily harmed (Allarakha, 2021). Frequency, is not included in the definition. Trauma does not always present itself in the

same way within the same individuals. Age and the type of trauma has to be considered when it comes to trauma. For example, childhood trauma can disrupt the natural brain development (Leonard, 2020). Therefore, a child's long-term emotional, mental, physical, and behavioral development can be impacted (Leonard, 2020).

Trauma may also lead to certain coping strategies. Childhood trauma survivors report using alcohol and drugs as ways to cope with the negative impact their trauma has had on them (Downey & Crummy, 2022). Birkeland et al. (2022) believes that understanding the type of trauma that an individual is exposed to and the different symptom frequencies will help to design an evidence-based personalized psychological treatment for that individual.

Who Experiences Trauma

Trauma is something that can be experienced by anyone. However, it finds itself to be more common amongst certain individuals. Individuals that experience substance abuse, homelessness, are members of the LGBTQ community, individuals who have intellectual or development disabilities, individuals that experience economic stress, or are members of the military or have veteran family members are found to be more likely to experience trauma (Peterson, 2023). These various individuals are all individuals that have the potential to interact with children on a daily basis.

Substance Abuse

Research exists on the connection between substance abuse and trauma (Cicchetti & Handley, 2019 & Somer et al., 2019). Schimmenti et al., (2022) believes that substance abuse occurs because an individual has difficulty processing childhood neglect

or abuse. Substance abuse is considered to be an epidemic within the United States (Mansoor et al., 2023). If a child is growing up in a home where substance abuse is taking place, there is a chance that neglect is occurring (Winstanley & Stover, 2019).

Trauma within the Homeless Population

The United States has a homeless population greater than 550,000 people (Skicki et al., 2022). Not much research has been done on the connection between the homeless population and trauma (Skicki et al., 2022). Individuals who experience homelessness have often experienced some form of trauma. The process of losing your home in itself is a traumatic experience (Pope et al., 2020) Pope et al., (2020) describes the process of living on the streets or in a homeless shelter as traumatic. Individuals who have experienced homelessness often experience reoccurring homelessness (Pope et al., 2020). Pope et al., (2020) describes the need for supportive services regarding homelessness (Pope et al., 2020).

Covid-19 Pandemic Victims

The Covid-19 pandemic led to a period of economic stress for a variety of individuals (Bountress et al., 2021). This period of time led to physical distancing, job loss, food insecurity, and housing challenges (Bountress et al., 2021). Those demands increased economic stress on individuals throughout the world. The Covid-19 pandemic created a fear of death amongst individuals (Kira et al., 2021). This fear increased isolation and economic hardships (Kira et al., 2021) The study completed by Kira et al., (2021) showed increased levels of trauma, anxiety, depression, and PTSD amongst the individuals that were experiencing these economic hardships as a result of the Covid -19

pandemic. The Covid- 19 pandemic led to a rise in trauma amongst adults and children (Bountress et al., 2021).

LGBTQ Community

Another group of people that seems to experience trauma as a community is the LGBTQ community. Research states that the trauma inflicted on the community can be self-inflicted, hate crime related, or as a result of political battles over hate crimes (Kelly et al., 2020). Dym et al., (2019) describes the recovery process for individuals of this community after the trauma they are exposed to when coming out as lesbian, homosexual, etc.

Veterans and Family Members

Veterans and their family members are another group of people that often experience trauma. Families might experience trauma when they experience the loss or grief of losing a loved one as a result of them being a member of the military (Chin et al., 2020) In some cases this feeling, can turn into a misunderstanding or a rational of “why me.” (Chin et al., 2020) Veterans themselves are prone to various forms of trauma such as traumatic brain injury, PTSD, and other deployment stressors (Paige et al., 2019). It is common for service members to seek help for their stressors (Paige et al., 2019). The study completed by Paige et al., (2019) showed that service members who reported greater traumatic experiences were less likely to seek treatment.

All of the individuals listed above are examples of people that may experience trauma. They are examples of individuals that experience trauma, and they have potential to be changed by the trauma they experience. It can either affect them negatively or

positively. Some are examples of how trauma can affect you negatively are chronic severe stress and PTSD (Ali et al., 2023). Some examples of the positive outcomes as a result of trauma is resilience and growth (Ali et al., 2023). The information provide shows the variation of trauma victims that exist.

Trauma Biases within a Certain Race, Gender, or Ethnicity

Trauma is something that has the potential to impact all individuals, however studies show that African Americans are disproportionately impacted by adverse childhood experiences (Pumariega et al., 2022 & Hampton-Anderson et al., 2021). Apparently, this occurs as a result of historical systematic oppression (Pumariega et al., 2022). Some researchers believe that race is something that needs to be considered when approaching trauma informed care (Dutil, 2020; Joseph et al., 2020; Quiros et al., 2020). Research shows that there is a generational trauma that occurs among African Americans (Hampton-Anderson et al., 2021). These experiences might include family and community violence and discrimination (Hampton-Anderson et al., 2021). Not only are they more likely to experience it, they are effected by negative consequences (Saleem et al., 2022). One of the place where children frequent is school. Research exists on the importance of addressing trauma, but less is known about racism related trauma and systemic racism (Adames et al., 2022).

Trauma is something that can also occur in educators. Educator stress is a prominent issue in today's educational climate (Eyal et al., 2019) According to Eyal et al., (2019) some of this stress stems from trauma-related behaviors in the classroom. Educators that work with children who have traumatic histories are at risk for

experiencing negative outcomes (Heck et al., 2023). Those negative outcomes include chronic emotional exhaustion, teacher burnout, and leaving the profession within the first five years (Kim et al., 2021). This emotional exhaustion threatens the quality of the instruction provided to students (Kim et al., 2021). Due to the increase in childhood trauma combined with the potential lack of effective trauma-informed training available to teachers, high stress on educators is created (Heck et al., 2023 & Kim et al., 2021). This can be even more likely to occur when educators work in schools where students experience poverty or low achievement is common (Loomis & Felt, 2021). Educators report increased stress as a result of helping children through their trauma related stress (Barrett & Berger, 2021). Educators report a lack of training regarding trauma (Heck et al., 2023). In order to decrease the amount of stressed placed on educators' further focus on training could prove to be beneficial (Mayor, 2019).

Trauma Training

Attention has focused on the need for trauma-informed care and recognizing childhood trauma within school systems (Thomas et al., 2019). The attention on these subjects has increased the discourse of overall school climate, teaching practices, and the way trauma-related education is delivered. However, these subjects are not fully established (Thomas et al., 2019). Although not fully established some schools have attempted to implement trauma informed care and teacher education is desired. Currently, within the education field educators are experiencing a lack of training, a variety of systems in place, and various forms of trauma treatment (Garay et al., 2022, Heck et al., 2023, Mayor, 2019, Loomis & Felt, 2021, Berger et al., 2022, and Thomas, 2019).

Lack of Training

The terms used to address children who have experienced adverse experiences are “trauma-aware” and “trauma-informed” (Garay et al., 2022). The same study that identified those terms determined that there is a lack of practical training for teachers regarding childhood trauma (Garay et al., 2022). Teachers have reported that there is limited training and school-wide policies on student trauma (Heck et al., 2023). Although the need for trauma informed learning has rapidly grown in North America, teachers are not recognized as individuals that need information on trauma informed interventions (Mayor, 2019). Researchers focus on understanding the perspective of psychologists rather than educators. Instead of educators being trained on how to support students that have been traumatized, training primarily focuses on the process of mandated reporting.

The individuals that are often responsible for training and the resources allocated to schools are the school leaders (Berger et al., 2022). School leaders include the principal, assistant principal, or program director. The success of the resources and trainings also often falls back on the support provided by leadership. School leaders report mental restraint as a result due to inadequate training despite being the individuals often responsible to determining those trainings. High expectations are placed on leaders of schools by both the community and society to meet the demanding needs of students who have experienced trauma.

Due to the restricted amount of training and policies, students report an unwillingness to trust school staff members (Heck et al., 2023) As a result, students don’t express their emotions in a healthy way. They often express emotions through aggression,

avoidance, shutting down, or other behaviors that can be considered off-putting by educators (Minahan, 2019). These behaviors can feel especially hostile when the root cause is not understood. This can lead to misunderstandings between the educator and students, missed educational opportunities, and ineffective interventions.

Systems in Place

There are some systems in place designed to help children with trauma. Trauma-Informed Elementary Schools (TIES) exist in order to service elementary schools (Rishel et al., 2019). However, not all elementary schools are identified as TIES. TIES promote and practice trauma informed care (Thomas, 2019). Trauma sensitive schools are another system that are in place in order to help schools become more trauma aware. Trauma sensitive schools are based on an understanding of trauma and the impact it has on children (Rishel et al., 2019). Trauma sensitive school training packages are available for purchase. These packages offer administrators a framework for adopting a trauma sensitive approach. The package includes a variety of resources that can be used to educate staff members on the step-by-step process of implementing a universal trauma informed approach. Schools are encouraged to purchase these packages, but not required.

The Department of Education websites provides educators with answers to frequently asked questions. It also lists strategies and resources that can be used to help children that have experienced trauma (Grossman, 2020). There are district and educator specific resources and strategies available. The website places a focus on the Covid-19 pandemic and the impacts it had on the social and emotional well-being of students. The website describes resources used to support social emotional learning. It also describes

grant opportunities that are available for educators to further the quality of themselves as educators. The U.S. Department of Education contains reports of funded programs and initiatives being utilized by various elementary schools (Maynard, 2019). However, trauma informed programs are not mandatory do to the lack of research that has been collected regarding them.

Treatment of Trauma

Educators report a lack of training on the effective ways to support the needs of children that have experienced trauma (Loomis & Felt, 2021). When students experience poverty or low achievement, they are reported to be more likely to experience at least one adverse childhood experience. When educators work with the students that experience low achievement and poverty, they are at risk for feeling more stressed. This has a tendency to impact an educator's overall opinion about trauma informed care. Therefore, impacting the desire to use the strategies, if they have been taught the strategies. Trauma is often misdiagnosed; therefore, it is mistreated. When students' express aggression, avoidance, or other misbehaviors educators do not always know what to do (Mayor, 2019). Students are regularly punished or ignored by the school system when displaying signs of trauma (Mayor, 2019). As a result, tension can grow between educators and students creating a mistrust and impacting treatment (Heck et al., 2023).

This tension between educators and students can be connected to Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1977). Educators and children interact within the Microsystem of Bronfenbrenner's Ecological Systems. Children can be impacted by the characteristics of caregivers during school settings

(Bronfenbrenner, 1977). Confidence and competence can also affect the quality of an interaction with a caregiver. This can be connected to the Mesosystem of Bronfenbrenner's Ecological Systems. Guy- Evans (2020) states that when the interactions are positive the effects are positive. Tension can also be connected to Bandura's self-efficacy theory because tension shows an individual's awareness of their beliefs (Bandura, 1997).

Summary and Conclusions

By examining how Early Childhood Educators view the potential inadequacy of training offered to educators regarding children who have experienced traumatic events aligns with an exploration of trauma's definition, its occurrence in children, the enduring impact it has on them, and the existing training deficiencies and systems in place. Literature shows that most individuals have experienced at least one adverse childhood experience during their life (Giano et al., 2020). Giano et al., (2020) believes that individuals with a high income and educational attainment have a lower chance of experiencing ACEs. Whereas lower income and educational attainment have a higher chance of experiencing ACEs. Ultimately, it has been determined that identifying adverse childhood experiences is essential to improving the overall health and life of individuals.

The purpose of this basic qualitative study was to explore the perspectives of Early Childhood Educators on the possible lack of effective training provided to Early Childhood Educators with regard to children who have faced traumatic events. Research places a large amount of attention on the need for recognizing trauma within school

(Thomas et al., 2019). Educators all over the United States report a lack of practical training for teachers regarding childhood trauma (Garay et al., 2022). However, there was a lack of existing literature on the various types of training utilized.

This study was designed as a basic qualitative study that will allow teachers to answer questions about their perspectives regarding the lack of effective training provided to early childhood educators with regard to children who have faced trauma. The semi-structured interview questions were open-ended questions. In the following Chapter 3, I explained in detail the methodology for this research.

Chapter 3: Research Method

Introduction

The purpose of this basic qualitative study was to explore the perspectives of early childhood educators on the possible lack of training provided to early childhood educators with regard to children who have faced traumatic events. In Chapter 2, I provided a review of the literature regarding existing training, adverse childhood experiences, and the impact of trauma on children. My review of the literature has established a large amount of existing literature on the presence of trauma within children (Anda et al., 2020; Anderson et al., 2022; Bright et al., 2022; Downing et al., 2021; Finkelhor, 2020; Koball et al., 2021). My review of the literature has also established a restricted amount of training and policies regarding children who have faced trauma (Heck et al., 2023). This chapter outlines the research design for my basic qualitative study. It also outlines the reasoning for my methodology.

Research Design and Rational

To explore the perspectives of early childhood educators on the possible lack of effective training provided to early childhood educators with regard to children who have faced traumatic events, the following research questions were developed:

RQ1 What are ECEs' perspectives regarding training to address the needs of children who experience trauma?

RQ2 What are ECEs' perspectives regarding support systems needed to address the needs of children who experience trauma?

The gap of this study was the potential lack of effective training provided to early childhood educators with regard to children who have experienced trauma. These concerns were indicated in the literature review, as well as the large presence of trauma within children (Anda et al., 2020; Anderson et al., 2022; Bright et al., 2022; Downing et al., 2021; Finkelhor, 2020; Koball et al., 2021). The research tradition that was used is a basic qualitative study. Basic qualitative studies strive to fully understand the question, (Tomaszewski et al., 2020). The other qualitative research approaches are bounded case study, grounded theory, and phenomenology. A basic qualitative case study best meets the needs of my study.

Role of the Researcher

As the researcher, I played a significant role in all stages throughout the research process. I selected the participants and then interviewed those participants. The interviews were transcribed using MAXQDA. I coded and analyzed the data. Once approved by the Monroe County Superintendent, the participants were recruited from Monroe county elementary schools in that district. There are three elementary schools in Monroe County School district. Participants were recruited through email. The participants must have at least a year worth of experience, teach kindergarten-third grade, and have some form of experience teaching children that have been exposed to trauma. The goal was to interview 12-15 educators or interview until I reached data saturation. As an employee of Monroe County Schools, it was important for me to maintain professionalism throughout the study. This study was completed within my own work

environment. It is possible that I would interview individuals that work in the same school with me. This is a school system that I have worked in for approximately two years. Therefore, I am not very familiar with any of the potential participants because I teach an upper grade level. However, just in case I managed my biases by allowing the interviewees to control the interview. When I say that I mean, allowing the interviewees to do most of the talking during the interview. I kept my personal experiences as an educator and a victim of trauma to myself. I used the interview questions as a guide. I asked clarifying probes when need be. I refrained from stating my opinion or sharing stories throughout the interview process. By allowing the interviewees to select how they would like to complete the interview, I put the interview in their control. I used a reflective journal in order express my emotions and opinions after each interview. As the researcher, it was critical that I maintained neutral throughout this basic qualitative study.

Methodology

Participant Selection

A basic qualitative design was used for this research study. Participants were selected for this study through email. The participants were early child educators with experience teaching kindergarten through third grade. The early childhood educators were selected from a district located in the South Central portion of Georgia. Early childhood education is the period of education that takes place from birth to age eight (Lauricella et al., 2020). The participants were familiar with the school's or district's policies when it comes to training with regard to children who have experienced trauma.

The participants were able to identify any classroom programs or aides that are provided to them. They were able to describe training they have attended with regard to child who have experienced trauma.

In order to gather participants, I emailed the superintendent of the Monroe County school district to gain permission to conduct my research. Once I was given permission from the superintendent, I reached out to the three elementary schools in the district in order to recruit participants. In order to participate in this study, the participants must be an early childhood teacher or have experience teaching kindergarten, first, second, or third grade. Participants should also have some experience teaching children who have experienced trauma. The early childhood educator should have at least one year of experience in the classroom. I sent emails to the potential participants stating the purpose of the research study, the criteria to participate, and my contact information. I asked interested participants to respond to the email. This continued until I gathered 12-15 participants or until data saturation occurred. I will know that data saturation has occurred once I begin hearing similar comments repeatedly. If I could not gather all participants through e-mail, then I would have used snowball sampling. Snowball sampling is a technique used in which participants will help the researchers (Ravitch & Carl, 2021). If I could not gather all the participants I needed through email, then I would have asked my participants if they know of educators who meet the criteria that work in the Monroe County district. I will make sure participants understand that they will be participating in a semi-structured interview that will be audio recorded. I informed the participants of

their rights to confidentiality. Their names and exact location of employment were kept confidential. If they still wish to participate, we will move forward with the process.

Instrumentation

The interview protocol utilized in this study is self-designed. I used semi-structured interviews to collect data for my basic qualitative study. Semi-structured interviews can evolve based on the participants that are completing them (Magaldi & Berler, 2020). As the researcher, one of my roles was to collect data through the completion of these semi-structured interviews. I created an interview protocol (see Appendix A) that was used to guide the interviews. The interview protocol contains a welcome message and it is followed by the details of the study. Once the welcome message and purpose of the study has been read, the question process will begin. The interview questions that are used are open ended. Open ended questions allow for stimulating conversation lead by an individual's concerns (Roberts, 2020). These questions allowed the researcher to gather as much data as possible. Clarifying probes were used if they were needed at any point. The interview protocol in Appendix A identifies some clarifying probes that could be used. After the interview process has concluded, I will read a concluding statement from the interview protocol. The concluding statement states that the interview process has come to an end. It also states that the interview will be transcribed and a summary will be sent to the participants. The participant should review the summary and make sure their thoughts have been accurately and adequately recorded. The interview protocol lets participants know that they will receive a summary of the findings from the study. All interviews will be audio

recorded and then transcribed using MAXQDA. The interviews will take approximately 30 minutes and will be conducted over the phone or via Google Meets depending on the needs of the participants. I will take notes during the interview process in order to reference them later. The audio recordings will also be a tool used for later reference. The interview questions were created in order to gain an understanding on the perspectives of early childhood educators on the potential lack of training provided to early childhood educators with regard to children who have faced traumatic events. Nine research questions were formed for this research study. These questions were aligned to answer the main research questions of this study. The open-ended questions were designed to create a steady dialogue between the researcher and the participants. The questions were designed for participants to share their views and experiences. The participant's responses to the semi-structured interview questions were transcribed using MAXQDA. The interviews will be immediately transcribed. This process will occur immediately because the interview is fresh on the researcher's mind.

Procedures and Data Collection

I will begin the data collection process by gaining permission from the Walden University Institutional Review Board (IRB) to conduct my research study. Once I was given permission, I reached out to the Monroe County District Superintendent. The Superintendent had already informed me that he would need a description of my research study from the University. Once I have received permission from the district superintendent, I would begin the process of reaching out to the three elementary schools within the Monroe County School district. I used the school websites in order to gather

the email addresses of the early childhood educators that work at these three elementary schools. I sent emails to early childhood educators that work at these three elementary schools in an attempt to recruit participants for my basic qualitative study. The email will act as an invitation to participate in the study. The email will include details of the study, study criteria, and my contact information. If an individual has any interest in participating, they were asked to respond. Any individual who meets the inclusion criteria was emailed a consent form. Each individual also received an explanation of how their identity will remain anonymous throughout the process. The consent form outlines the details of the interview sessions. The consent form provides an explanation of the research study, rights to privacy, and the fact that participants will be audio recorded. I used semi-structured interview questions in order to collect data for this research study. Once participants have signed their consent forms, an interview was scheduled. Interviews took place at an agreed upon time over the phone or via Google Meets. The interviews lasted for approximately 30 minutes. The questions used in those interviews were open ended. Those questions were designed to gather the perspectives of early childhood educators on the potential lack of training with regard to children who have experienced trauma. The responses were audio recorded. I took notes throughout the interview process. Clarifying probes were utilized in an effort to gather more information. The interviews concluded with the reading of the conclusion statement from the interview protocol. The conclusion statement included a thanks for the participation process and information about future data they will receive.

Data Analysis Plan

I began this process with transcribing all the semi-structured interviews. I then read the transcriptions, listened to the audio recordings, and reviewed my interview notes. After I collected data via the transcripts, I began analyzing the data. I analyzed the data using in vivo coding. In vivo coding allowed me to break down the qualitative data that I have collected, examine it closely, and find similarities and differences within the data (Saldana, 2021). This initial coding process allowed me to find a direction for the data that I collected (Saldana, 2021). The initial coding process is referred to as first cycle coding. During this stage, I highlighted words and phrases that were often repeated. I created general initial codes using this information.

For the second cycle of coding, I used pattern coding. Pattern coding allowed me to categorize the coded data (Saldana, 2021). The process of creating codes provided precise groups for the codes. I then conducted a data analysis on the categories by searching for emerging patterns, themes, or relationships. I then reviewed any themes that emerge from the data. I checked for subthemes, and any other possible themes. I determined whether or not those themes are relevant to the research questions. I then provide a detailed description of my findings in relation to the research questions and my thematic analysis.

Since this is a highly sensitive case, I anticipated encountering some participant stress along the way. Stress might occur as result of sharing personal feelings or opinions regarding training or the potential lack of training that is or is not present at their school. Stress might also occur as a result of the fear that comes along with sharing their honest

opinion about their workplace. A participant may or may not experience stress as a result of sharing their opinion. In order to ensure that participants did not feel stress, I made sure that they understood that they will remain anonymous throughout the process. Participants were identified using a letter of the alphabet. For example, Participant A, Participant B, and so on. The participants were referred to by this during the coding and data analysis process. This provided them with anonymity throughout the process. During this process, participants had the freedom to express themselves without the stress of their leadership knowing who said what and why they said it.

In order to remain unbiased throughout this process, I used my interview protocol as a guide. I stuck to the established questions and used clarifying probes when necessary. I used a reflective journal to record my personal opinions and thoughts. This basic qualitative research study took place in the same county in which I work. However, due to my recent employment and placement in an upper grade, I did not have any relationships formed with any kindergarten-third grade teachers. For this reason, I did not have any issues. I believe these strategies reduced the presence of bias within this study.

Issues of Trustworthiness

During the data collection process, it was crucial that I maintained trustworthiness as the data was produced. In order for data to be considered trustworthy it must be evaluated for credibility, transferability, dependability, and confirmability (Adler, 2022). Credibility can be achieved by talking to experts who are knowledgeable in my area of research (Santana et al., 2021). I did this by talking to educators. I talked to the early

childhood educators about their experiences regarding children who have experienced trauma. I talked to early childhood educators about any training they have received regarding trauma and how to manage it in their classrooms. This process took place during the interviews. I addressed issues of credibility in this study by using multiple data collection tools. I used interview recordings, transcripts, and reflective journals. When I finished the semi-structured interviews, I sent the participants a summary of the findings. I also asked them to report any questions they have about the data. Transferability is also used to measure the trustworthiness of research. Transferability refers to the researchers ability to apply the findings of the study to other situations, populations, or contexts (Makel et al., 2022). In order to ensure transferability, I established boundaries. For example, the number of participants, data collection methods, and setting. This basic qualitative study could be considered transferable if applied to approximately the same number of early childhood educators. It could also be considered transferable if the data was collected using semi-structured interview questions.

This information will allow other researchers to generalize the findings of the study. Dependability was also used to establish trustworthiness. Dependability in qualitative research is synonymous with consistency (Janis, 2022). In order to establish consistency, I collected data in several ways. My participants completed a semi-structured interview, the interview was recorded, and participants received a copy of the results. I also kept a reflective journal throughout the process. This allowed for consistency throughout the process. The interview process differed from participant to participant because some interviews took place over the phone and others took place via

Google Meets. The final measure of trustworthiness is confirmability. Confirmability ensures that the findings from the research are derived from the data and not the researchers (Eldh et al., 2020). In order to ensure confirmability, I had to put my opinions about the potential effect of trauma on children, and the need for training aside. The semi-structured interview transcripts and recordings were used during the research process. I used a reflective journal to record any biases I had during the data collection process. I used the interview protocol to guide the interview and used clarifying probes if need be. I stuck to the interview protocol in order to keep any bias out of the research study. In order for research to be relevant it must be trustworthy (Adler, 2022). This will allowed for the study to be more trustworthy.

Ethical Procedures

It is important to consider ethical issues when performing qualitative research. Researchers have ethical guidelines they must consider when completing qualitative research (Husband, 2020). First, I had to obtain approval from the Walden University IRB. Once I received IRB approval, I then sought approval from the Monroe County School District. This approval allowed early childhood educators from the three elementary schools in the district to participate in my study. I selected participants from the three elementary schools in this school district. The participants must have at least one-year worth of teaching experience, be a kindergarten-third grade teacher, and have some sort of experience with children who have experienced some form of trauma. I then sent emails to early childhood educators at these elementary schools, if they wished to participant in the study, they responded to my email. If they meet the criterion, they

received an informed consent form. This form included the purpose of the study, data collection process, and analysis procedures. Participants were notified of their rights to privacy. During the interview and data analysis process, participants were referred to with a letter after the word participant. For example, Participant A or Participant B. This allowed participants to remain anonymous throughout the interview and data analysis process. They were informed of the fact that participation is voluntary and they have the right to withdraw at any time. Once participants have reviewed this information, interviews were scheduled. This information was discussed again prior to the beginning of each interview. I maintained my participants' confidentiality during the research process by removing any identifiable information. I assigned each participant a letter of the alphabet. During this research process, I was the only one collecting data. Due to the high stress that comes along with this study, participants were reminded of their anonymity in order to feel confident expressing their honest opinions. This research will be made available to educators, counselors, and members with leadership roles within a school.

Summary

In Chapter 3, I provided information about the research design and the methodology of this study on the perspectives of early childhood educators when it comes to the potential lack of effective training with regard to children who have faced trauma. I included what my role will be as the researcher. I included the purpose and the rationale for conducting this basic qualitative study. I described my data collection

method, how the information was stored, and how it was provided to participants. I explained how I analyze the semi-structured interview transcripts. Chapter 3 also describes how I plan to maintain trustworthiness and ethical procedures throughout the study. Chapter 4 will include an in-depth discussion of the findings.

Chapter 4: Results

Introduction

The purpose of this basic qualitative study was to explore the perspectives of early childhood educators on the possible lack of training provided to early childhood educators with regard to children who have faced traumatic events. The following research questions guided the data collection, analysis, and interpretation of the data:

RQ1: What are ECEs' perspectives regarding training to address the needs of children who experience trauma?

RQ2: What are ECEs' perspectives regarding support systems needed to address the needs of children who experience trauma?

In this chapter, I will begin with providing an overview of the setting and demographics of the study. Next, I will explain the data collection and analysis process. I will describe the trustworthiness of the data collection and analysis process. I will then give an explanation of the results gathered from the research process. I will describe the coding and organization of the data. The chapter will conclude with a summary.

Setting

This study took place in a school district located in South Central Georgia. There are six schools located in this district. Three of the schools in this district are elementary schools. The participants selected for this study were from the three elementary schools within the district. This data collection process began after receiving approval from the Institutional Review Board and from the district superintendent. In my first attempt to

gather participants, I used the school websites to obtain email addresses. I originally emailed fifty teachers from the three different schools in order to gather participants. I only emailed Kindergarten through 3rd grade teachers. The first attempt to gather participants resulted in three participants agreeing to be interviewed. These participants are all individuals who currently teach Kindergarten, First, Second, or Third grade. Each of these teachers met the inclusion criteria. After waiting about a week, I realized that I needed to include email addresses of all educators from these three elementary schools. By doing this, I was able to gather more participants. Some of these participants were individuals that no longer teach grades Kindergarten through 3rd grade, but at some point in their teaching career, they did. These participants still met the inclusion criteria for the study. This second round of emails allowed me to gather nine more participants. The data for this basic qualitative study was collected using Google Meets and phone calls. I completed twelve interviews. Three of the interviews took place over Google Meets and the other nine over telephone. I was in my classroom for ten of the interviews and at home for the other two. One participant was at home, one was in her office, and the other ten were in their classrooms when the interviews took place. All twelve interviews took place within a span of three weeks. All interviews were audio recorded.

Demographics

Twelve educators agreed to participate in this basic qualitative study. The participants were from the three different elementary schools in the district. The participants have taught in various grade levels. All participants have some form of

experience in early childhood education. Although several of the participants are no longer early childhood educators, they were at one point in their career. One participant had teaching experience in grades K-3, but now she is the school counselor. Another participant previously taught first grade, but now she is the Special Education teacher for 5th grade. I was able to interview participants who had experience in each of the early childhood education levels. The participants had a wide range of teaching experience. In order to meet the inclusion criteria, participants only needed one year of teaching experience. The number of years teaching ranged from 3 years to 30 years. Eight of the participants reported having 13 or more years of teaching experience. The other four participants each had less than ten years of experience. All of the participants interviewed for this study were female. The participants reported having varying levels of education.

Table 1 displays the demographics for each of the participants. Those demographics include the participant number they have been assigned, current position, number of years teaching, grades taught, and level of education. Each participant was assigned a number in order to ensure confidentiality.

Table 2*Participant Demographics*

	Position	Number of Years Teaching	Grades Taught	Level of Education
P1	3 rd grade teacher	13 years	3 rd grade	Bachelor's Degree
P2	Kindergarten teacher	27 years	K, 1, 2, and 3	Bachelor's Degree
P3	1 st grade teacher	23 years	K, 1, 2, and 5	Specialist Degree
P 4	5 th grade teacher	9 years	5 th , 2, and 5	Specialist Degree
P 5	5 th grade teacher	23 years	1, 2, 4, and 5	Specialist Degree
P 6	2 nd grade teacher	17 years	PK, K, 1, 3, and hybrid 5 th	Master's Degree
P7	Counselor	28 years	K-3, EIP 3-5,	Master's Degree
P8	SPED teacher	15 years	counselor	Specialist Degree
P9	3 rd grade teacher	8 years	1st, 4th, and 5th PK,	Specialist Degree
P10	Gifted teacher K-5	30 years	K, and 3rd Gifted K-5	Specialist Degree
P11	1 st grade teacher	5 years	1st grade	Specialist Degree
P12	1 st grade teacher	3 years	1st grade	Master's Degree
				Master's Degree
				Bachelor's Degree
				Bachelor's Degree

Data Collection

Twelve participants took part in this interview. To recruit participants, I sent fifty email invitations on two separate occasions. The first batch of email invitations were sent to early childhood educators at the three elementary schools within the district. From this batch of emails, I gathered three participants. After a week passed, I sent out 50 more

email invitations. I opened up my emails to any educator who had experience teaching K-3rd grade not just the ones that currently teach K-3rd. By doing this, I was able to gather nine more participants. Once participants expressed interest in the study, I shared the consent form with them. Participants who agreed to participate indicated their consent by replying to the email with the words, "I consent." The consent form is outlined in Appendix B. The interview process took a total of three weeks. Three of the interviews took place over Google Meets. They were audio-recorded and transcribed through Google Meets. Audio-recordings and transcriptions were downloaded to a secure flash drive. I then deleted them from Google Drive. The other nine interviews took place over the phone. I recorded the phone interviews through an application called Voice. I downloaded the audio-recordings and then transcribed them on the application. I saved them to a secure flash drive. Once they were saved on a secure flash drive, the application was removed from my phone. Each of the interviews lasted between 20 and 40 minutes depending on the participant. Each interview followed the interview protocol and the interview questions outlined in Appendix A were used. Some interviews required clarifying questions. For example, question seven states, what training or professional development on supporting children who experience trauma have you received?

Participant 7 answered by saying,

I have been to a couple of trauma training sessions. I think one of them was Trauma 101. I have been able to attend those training sessions. They have been helpful in the fact that behavior comes from somewhere I mean it does not just happen so just being able to understand and being able to look at it from that

perspective. So I think experiences and I think being able to make connections with kids relationships with families also having some of that training and in the area of trauma significantly.

Participant 7's answer lead me to this clarifying probe, "Were those trainings offered to just counselors or something that anybody could take advantage of?" Participant 7 then stated,

Anybody can take advantage of it you just have to know about it. I think probably what we need to do is get the word out there. Therefore, those teachers are more aware of these trainings. They are also like SEL curriculum that teachers. That definitely has been helpful like I said going into training and then being able to come back and apply what I've learned has been helpful but that training that we need to make teachers more aware of.

All transcriptions and audio recordings were uploaded onto a Software program call MAXQDA. This program is installed on a password-protected device. I reread each interview on MAXQDA and fixed grammatical errors that were visible. I did not have to ask any follow up questions after transcriptions were formed. I wrote summaries using the transcriptions and provided the participants with the summary of the interview. The interviews and transcripts provided consistent information. During the interview process, there were no unusual circumstances.

Data Analysis

After IRB approval was received (03-19-24-0744362), the first step in the data analysis process was transcribing the interviews. Three of the transcripts were created using Google Meets. The other nine transcripts I created using the Voice application. I read each transcript and proofread it for any grammatical errors or sections that were missed during the audio recording portion. I saved the transcripts on a secure flash drive. The transcripts and audio-recordings were then loaded into the MAXQDA software. While in the MAXQDA software, I reread each transcript in order to become more familiar with them. I did this several times in order to ensure the accuracy of the data. I took notes throughout this process. I assigned the participants a number in order to ensure confidentiality.

The next step in the process was to analyze the data. First, I analyzed the data using in vivo coding. In vivo coding is a technique used that involves using the participant's exact words as codes to capture their experiences and perspectives (Limna, 2023). I went through each transcript in the MAXQDA software and highlighted words and phrases that I saw repeatedly. I highlighted phrases like, "Recently, I have had no training", "I don't feel trained", and "The option to attend more trainings would be beneficial." The in vivo codes that were identified were organized based on the two research questions that have guided this study.

The second cycle of coding used was pattern coding. Pattern coding allows the researcher to find patterns or relationships among data that has already been coded (Riazi et al., 2023). By using pattern coding, I was able to categorize previously coded data. I

coded the data using phrases such as lack of training, not trained, additional resources, and exposure to trauma. By coding these data, I was able to formulate themes based on the two research questions that have guided this basic qualitative study. This information is detailed in a mind map in Appendix C.

Next, I began thematic analysis. When analyzing the data, I identified information that was relevant to the research questions that have guided my basic qualitative study. Based on this information, I generated five themes. Those themes are as follows:

Theme 1: Insufficient Training.

Theme 2: Lack of Access to Training

Theme 3: Need for Support

The first two themes address RQ1. Table 3 shows the in vivo codes, participant numbers, and excerpts that align with themes 1 and 2

Table 3*In Vivo Codes and Themes for RQ1*

In Vivo Code	Participant	Excerpt	Theme
I do not feel like we have been trained to deal with it.	P2	“I don’t feel prepared”	Theme 1: Insufficient Training
Recently, I have had no training.	P9	“Recently, I have not had any training, however I did when	Theme 2: Lack of Access to Training
Lack of formal training	P8	I was in another county, but it was a mindset training. “I don’t think that we have formal training”	

Table 4 shows the pattern codes, participant number, and excerpts that aligns with themes

1-2.

Table 4*Pattern Codes and Themes for RQ1*

Pattern Coding	Participant	Excerpt	Theme
Lack of training	P5	“Honestly, in 23 years I do not feel like I’ve been trained enough on this topic”	Theme 1: Insufficient Training
Not trained	P2	“ I don’t feel like I’ve been trained to deal with the trauma that I’ve been exposed to and I don’t think we are recognizing it”	

Theme three is aligned with research question two. Table 5 shows the in vivo codes, participant number, and excerpts that align with theme three.

Table 5*In Vivo Codes and Theme for RQ2*

In Vivo Coding	Participant	Excerpt	Theme
We need another counselor. Maybe a man and a woman.	P4	“We currently have one counselor. We for sure need another school counselor”	Theme 3: Need for Support
Educators think we need separate support systems for mental health.	P4	“I think we need something separate for mental health, like something separate for major types of trauma like abuse.”	
The option to attend more trainings would be beneficial.	P12	“Maybe attend more trainings. Even out of the county because other schools have different things going on.”	

Table 6 shows the pattern codes, participant number, and excerpt that aligns with theme three.

Table 6*Pattern Codes and Theme for RQ2*

Pattern Coding	Participant	Excerpt	Theme
Counselor	P5	“We have one counselor and I think she has her hands tied a lot with meetings”	Theme 3: Need for Support
Mental health support	P4	“I think we need something separate for mental health, like something separate for major types of trauma like abuse.”	
Additional resources	P6	“I think some sort of protocol that allows them to have modifications where they are able to cope with situations until they are able to work through the trauma.”	

In regard to discrepant cases, P7 was the only participant that described feeling well trained and attending several trainings in regards to trauma specifically. This participant is now a counselor and expressed that she feels like she is now more aware of trainings then when she was a regular education teacher. She still expressed a desire to attend more trainings. The one other discrepancy was P10 describing that although she

wants more resources, she does not know that it is the teacher's job to address trauma in the classroom. These were the only discrepancies that I identified within the study. I used member checking during the data collect phase. I emailed the transcript and a summary of the data collected to each of the participants after the interviews took place. I asked the participants to review the information and respond to the emails within a week. I needed to know whether the participants felt like their thoughts and opinions had been accurately expressed.

Evidence of Trustworthiness

During the data collection and analysis process, I had to maintain credibility, transferability, dependability, and confirmability. I maintained credibility by speaking with experts about their experiences regarding children who have experienced trauma. I also asked them about any trainings regarding trauma they have received. This took place during the interview process. I also maintained credibility by using member checking. Member checking is a process by which researchers present participants with transcripts and summaries of data collected (McKim, 2023).

I maintained transferability by providing a very clear description of the setting, participant guidelines, data collection process, data analysis, and ethical procedures. These guidelines will allow this study to be applied in other areas. If the data is collected in the same way with approximately the same number of early childhood educators, I believe the study could be consider transferable.

Dependability also ensures trustworthiness. Dependability refers to the consistency of data across different study situations (Haq et al., 2023) Although the interview process was not exactly the same for each participant, an interview protocol was still used to guide the interviews. Three participants were interviewed using Google Meets and the nine other participants were interviewed over the phone. The protocol allowed these interviews to be consistent.

The final way I ensured trustworthiness was through confirmability. In order to ensure confirmability, the researcher must minimize any personal biases (Ahmed, 2024). I did this by using the interview protocol to guide each semi-structure interview. I only had to ask clarifying questions two times during the data collection process. I also used a reflective journal during the data collection process in order to record any biases I had. This ensures that the findings from this basic qualitative study are derived from the data and not the researcher (Eldh et al., 2020).

Results

The purpose of this basic qualitative study is to explore the perspectives of early childhood educators on the possible lack of training provided to early childhood educators with regard to children who have faced traumatic events. In this section, I presented the findings of the basic qualitative study in relation to the two research questions that have guided the study. I identified patterns during the coding process. I organized the codes into themes. Two themes are related to the first research question:

What are ECEs' perspectives regarding training to address the needs of children who experience trauma? Those themes are:

Theme 1: Insufficient Training

Theme 2: Lack of Access to Training

One additional theme aligns with the second research question: What are ECEs' perspectives regarding support systems needed to address the needs of children who experience trauma? That theme is:

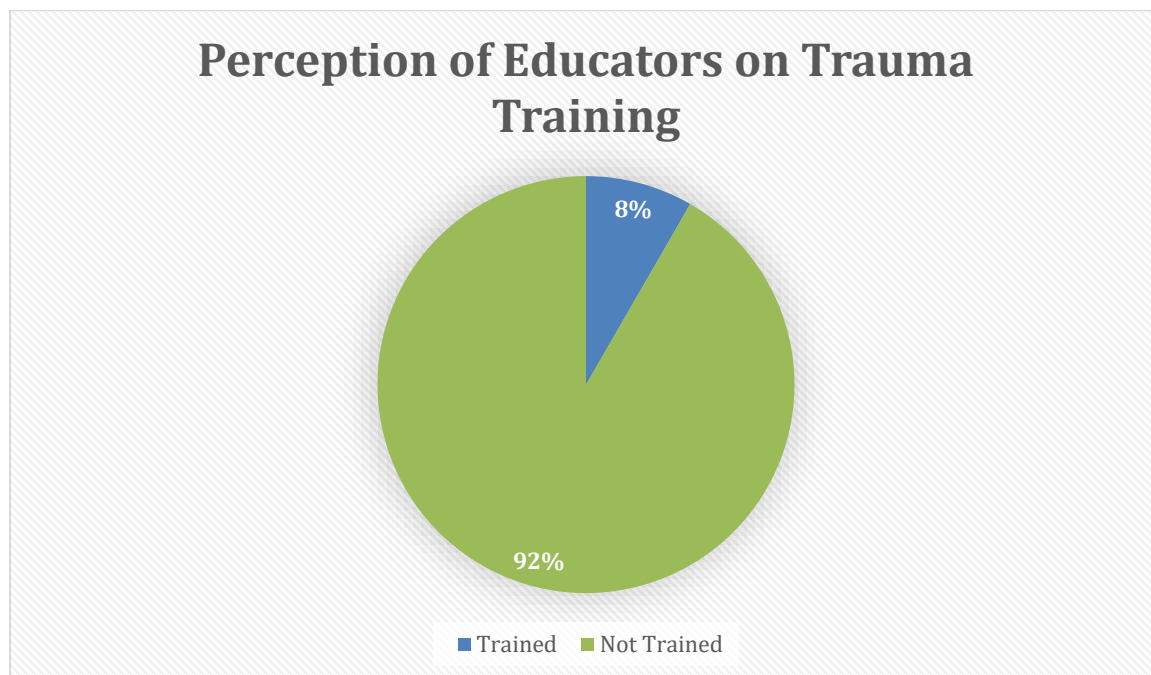
Theme 3: Need for Support

Theme 1: Insufficient Training

Early childhood educators report not feeling effectively trained to address the needs of children who experience trauma. This theme aligns with RQ1: What are ECEs' perspectives regarding training to address the needs of children who experience trauma? Figure 1 shows that 92% of the participants report feeling inadequately prepared to handle children who experience trauma. When asked, "In what ways do you feel prepared to meet the needs of your children who have experienced trauma?" P4 said, "I don't feel prepared." P6 stated, "Usually were never prepared for it." P7 is the 8% represented in Figure 1 that feels like she has been trained to support children that have experienced trauma. P7 is one of the discrepancies. The other discrepancy is P10. P10 described the need for my training, but believes that teachers should not be the individuals responsible for helping children with their trauma. This theme aligns with RQ1 because at least within the grounds of this study early childhood educators report not feeling effectively trained when it comes to addressing the needs of children who have experienced trauma.

Figure 1

Perceptions of Educators on Training



Theme 2: Lack of Access to Training

Early childhood educators admit not knowing whether the district offers formal training in order to address the needs of children who have experienced trauma. This theme aligns with RQ1: What are ECEs' perspectives regarding training to address the needs of children who experience trauma? One of the interview questions that I asked the participants was “What services are in place within your school or within the county that address teaching children who have experienced trauma? Can you describe them?” P8 stated, “I don’t know if we have formal training.” All other participants listed examples how those situations are handled now. The most common answer was that the counselor is alerted. The one discrepancy was that P7 mentioned formal trainings that she has

experienced. As stated previously, P7 is now a counselor and believes she is at an advantage when it comes to an awareness of training. However, P7 states that anyone has access; the trainings are just are not common knowledge. This theme aligns with RQ1 because early childhood educators are expressing their perspectives regarding training.

Theme 3: Need for Support

Early childhood educators describe the need for additional support systems to be in place in order to meet the needs of children who experience trauma. This aligns with RQ2: What are ECEs' perspectives regarding support systems needed to address the needs of children who experience trauma? All 12 participants mention the need for additional resources. Five different participants believe that having an additional counselor would be beneficial. P4 says, "I think we also need to have a team of professional counselors outside of the school system that can be used for students who need additional support or families who need counseling together." P6 describes "Some form of 504 protocol that allows them to have trauma modifications until they are able to cope with situations. P8 mentions trainings that educators receive at the beginning of the school year, but they are more about identifying and referring children that have or are currently experiencing trauma. P8 says were are not told how to help only how to refer. When asked, "What additional services or referral mechanisms would you like to see implemented in your school or county local setting to address teaching children who have experienced trauma ?" P10 states, "I honestly just believe professional development from mental health counselors." P4 believes, "we need something separate for kids who have major types of trauma." This theme aligns with RQ2 because participants all the

participants within the study share their perspective regarding the need for additional support systems. Each participant describes need for additional support and some shared some of their own ideas.

Summary

I provided a review of the purpose and the two research questions for the qualitative study. I provided a description of the setting, demographics of the participants, and steps that I took to promote trustworthiness. I included detailed descriptions of the data collection and data analysis. The data analysis process presented five key themes. The themes along with data to support each finding answered the research questions. The key findings from the study indicated that early childhood educators report not feeling adequately trained when it comes to children who experience trauma. Early childhood educators also report a desire to attend more trainings in regards to children who experience trauma.

In Chapter 5, I will address the interpretation of the findings, limitations of the study, recommendations for future research, and potential implications for positive social change. I will also provide a conclusion for the study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this basic qualitative study was to explore the perspectives of early childhood educators on the possible lack of training provided to early childhood educators with regard to children who have faced traumatic events. A review of the literature regarding trauma within children, potential lack of training for early childhood educators, who experiences trauma, systems in place to address trauma, and impacts of trauma was completed. This literature review highlighted gaps within the literature. I designed this study to address the gap of lack of effective training for early childhood educators with regard to children who have faced traumatic events.

The key findings of this study are that early child educators report teaching children that experience a variety of trauma. They report not feeling effectively trained to deal with that trauma. Early childhood educators desire more training in order to be better prepared to help children who have experienced trauma. Lastly, early childhood educators desire the availability of additional resources in order to help children who have experienced trauma.

Interpretation of the Finding

The interpretation of this basic qualitative study's finding were determined based on the conceptual framework, reviewing research presented in the literature review, and examining that transcription data based on 12 semi structured interviews. These interpretations informed through a conceptual framework using the theories of

Bronfenbrenner's (1977) ecological systems theory and Bandura's (1997) self-efficacy theory. These theories help establish an understanding of how educators should approach trauma training in their classrooms. The interpretations of these findings are organized based on the relationship with the research questions. These findings are based on the two research questions that have guided this basic qualitative study. The first two themes relate to RQ1: What are ECEs' perspectives regarding training to address the needs of children who experience trauma? The final theme relates to RQ2: What are ECEs' perspectives regarding support systems needed to address the needs of children who experience trauma?

Theme 1- Insufficient Training: Early childhood educators report not feeling effectively trained to address the needs of children who experience trauma. Theme 1 is consistent with the information gathered during the literature review. According to the information gathered in the literature review, educators from all over the United States report a lack of training regarding childhood trauma (Garay et al., 2022). Teachers report a lack of policies within the school setting and limited training on student trauma (Heck et al., 2023). The findings of the research study supports this information.

Bandura's (1997) self-efficacy theory can be applied to theme 1. This theory can be applied because of the early childhood educator's attempts to help children that have experienced trauma despite not feeling effectively trained. P9 stated, "Honestly, I don't feel prepared however I do think relationships are very important in the classroom. So being a mom and being a teacher, I am nurturer. All I can do is talk to them and listen to them." P9 builds relationships with students in order to help them through their trauma.

Educator's are aware that trauma impacts the performance and achievement of children in their classrooms.

Theme 2- Lack of Access to Training: Early childhood educators admit not knowing whether the district offers formal training in order to address the needs of children who have experienced trauma. This theme is consistent with the information gathered during the literature review. During the literature review, I gathered that research has been completed to show that types of resources already exist (Thomas et al., 2019). State Department of Education websites have been searched and analyzed for information regarding trauma. Some websites have information about nonprofit organizations; partnerships with universities, state and federal grant programs while other contain little information (Grossman, 2020). When investigating what was available in the district in which this study took place, I could not find any trauma trainings on the resources provided to me by the assistant superintendent. However, P7 showed me and described trainings she has taken part in throughout her career. As stated in Chapter 2, there is a clear impact of trauma, but the approach to implementing trauma informed care is not so clear (Berger, 2019; Racine et al., 2020).

Bandura's (1997) self-efficacy theory can be related to theme 2. Bandura's (1997) self-efficacy theory is related to an individual's awareness of their ability to achieve despite feeling effecting trained. Participants have admitted to not feeling trained and not knowing if the district offers formal trainings. However, they still attempt to address trauma in the classroom.

Theme 3- Need for Support: Early childhood educators describe the need for additional support systems to be in place in order to meet the needs of children who experience trauma. Research shows that trauma has a high impact on children (Carter & Blanch, 2019). For this reason, educators have expressed the desire to learn more about trauma (Carter & Blanch, 2019). During the literature review, universal screeners are mentioned as an optional resource that can be used for additional support. Universal screeners were developed in an effort to treat and help prevent trauma (Pataky et AL., 2019). Early childhood educators also describe the desire to attend more professional trainings regarding ways to meet the needs of children who experience trauma. This is consistent with information gathered in the literature review. Educators report not being provided with the appropriate strategies or trainings needed in order to help children (Burkhardt, 2022).

This theme is connected to Bandura's (1997) self-efficacy theory. Bandura's (1997) self-efficacy theory is considered to be related to an individual's awareness and their beliefs about their own achievement and performance. Participants admit to needing additional support. They are aware of the fact that they need more in order to be successful. For this reason, I believe it can be related to theme 3.

Limitation of Study

One limitation of this study is the fact that it represents a very small demographic. The sample size was only 12 participants. However, data saturation did occur. All participants represented individuals with experience in grades kindergarten through 3rd grade. This excludes middle school, high school, as well as 4th and 5th grades. This limits

the possibility of being able to transfer the data to those school settings. Additionally, all participants were individuals working within the same school district.

Another limitation of the study was researcher bias. This is a topic that I have grown to become very passionate about throughout the years. In order to remain unbiased throughout the research process, it was important for me to take appropriate steps. One of those steps was sticking to the interview protocol. There were times in which I wanted to respond to participants with my personal opinions when they shared their answers to interview questions. The interview protocol helped me to stick to the questions and clarifying probes. The fact that the questions were open ended helped with this process. I also kept a reflective journal throughout the process to keep a record of any of the potential bias that I had.

Recommendations

After reviewing the interpretation of this study's findings, I recommend additional research being completed in a couple areas. The recommendations provided are based on and grounded in the strength and limitations of this study and the literature reviewed in Chapter 2. First, I recommend studying this topic with a larger number of participants. I believe the participants should be teachers of grades other than Kindergarten through third grade. I recommend this because it is one of the limitations of the study. I also recommend exploring the professional development needs of early childhood educators when it comes to children who experience trauma. I also recommend some steps to be taken in order for there to be additional resources in place for teachers to help children deal with trauma. Those resources could include knowledge of potential trainings

available, additional support available to come in the classroom, or other optional resources. I believe these recommendations would be beneficial to the study.

Implications

As I investigated the potential lack of training provided to early childhood educators with regard to children who have experienced trauma, it was determined that educators feel unprepared when it comes to this topic (Garay et al., 2022, Heck et al., 2023, Mayor, 2019, Loomis & Felt, 2021, Berger et al., 2022, and Thomas, 2019). The purpose of this basic qualitative study is to explore the perspectives of early childhood educators on the possible lack of training provided to early childhood educators with regard to children who have faced traumatic events.

My review of the results from this study indicate that early childhood educators do not feel adequately trained to meet the needs of children who have experienced trauma, they desire additional support and resources, and early childhood educators feel they are teaching children impacted by trauma.

This study could bring about a significant level of positive social change by encouraging school districts to increase their training or professional development regarding trauma and children that experience it. This could happen by providing educators with a choice on what trainings they feel they need. This could happen by providing more information on trauma trainings that exist. Oftentimes, educators are provided with a choice of trainings they would like to attend. Trauma trainings could be added to the list of possible trainings.

This study could also bring about a significant level of positive social change by addressing educators needs for additional resources when it comes to childhood trauma. This study provided educators with an opportunity to share some resources they think would be beneficial. For example, several participants feel that an additional counselor would be beneficial. Naturally, this is something that school district has to be able to afford, but if they cannot do this maybe there are some other resources available to the teachers. For example, guest counselors or weekly small groups.

Conclusion

In this study, I explored the perceptions of early childhood educators as it relates to the potential lack of training with regards to children who have experienced trauma. The result determined that early childhood educators feel unprepared to help their students cope with traumas they have experienced. The desire additional training and resources. One of the participants in this study mentioned the whole-child approach. This approach to teaching requires educators to recognize and support all areas of learning and development. Those areas include social emotional and cognitive skills (DePaoli, 2022). In order to be successful in the classroom, we must consider all parts of a child and be properly prepared to teach them.

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Appendix A:

Interview Protocol and Interview Questions for Educators

Participant Data

Date:

Time:

Location:

Participants Number:

Grade or Grades Taught:

Number of years teaching:

Opening Statement [Read to interviewee] Thank you for taking time out of your

schedule and agreeing to discuss early childhood educators' perspectives on the training provided to early childhood educators with regard to children who have faced traumatic events. I will be conducting interviews with early childhood educators. Participation in this interview is voluntary. If at any time during the process, you wish to opt-out or decline to answer a question just let me know. All interviews will be audio recorded. Each participant will be assigned a participant number in order to protect all personal information. After the interview has been completed, a summary of the data will be sent to you to review for accuracy. The purpose of this basic Qualitative study is to explore the perspectives of early childhood educators on the training provided to early childhood educators with regard to children who have faced traumatic events.

RQ1: What are ECEs' perspectives regarding training to address the needs of children who experience trauma?

RQ2: What are ECEs' perspectives regarding support systems needed to address the needs of children who experience trauma?

Clarifying Probes:

- Can you explain that further?
- Can you give me a specific example?
- Can you provide me with more details?
- How did that make you feel?

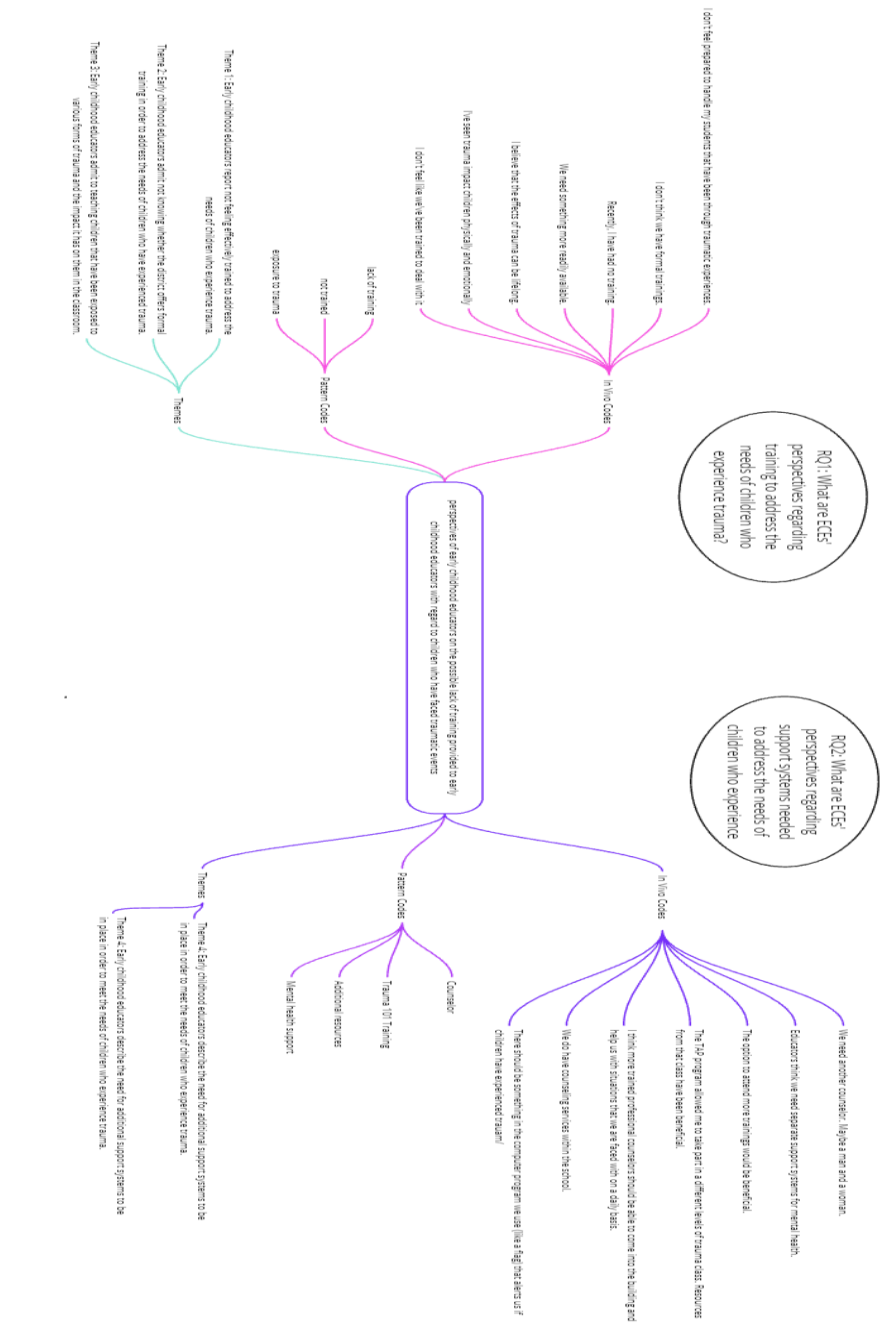
Interview Questions:

1. How long have you been an early childhood teacher and what is your current level of education?
2. What comes to your mind when you hear the word trauma?
3. What are your thoughts about the effects of trauma on young children?
4. Would you say that you have experience teaching children that have experienced trauma? Follow-up question: Tell me about your experiences teaching children that have experienced trauma.
5. Describe some of the challenges that go along with teaching children who have experienced trauma.
 - A. How do these challenges affect them academically?
 - B. How do these challenges affect them socially?
 - C. How do these challenges affect them emotionally?

6. In what ways do you feel prepared to help meet the needs of your children who have experienced trauma?
7. What training or professional development on supporting children who experience trauma have you received?
8. What further preparation do you feel you may need to help meet the needs of your children who have experienced trauma?
9. What specific training, materials, or policies would you like to see presented for teachers who feel challenged to support the needs of children who have experienced trauma?
10. What services are in place within your school or within the county that address teaching children who have experienced trauma? Can you describe them?
11. What additional services or referral mechanisms would you like to see implemented in your school or county local setting to address teaching children who have experienced trauma?
12. Is there anything else you would like to share regarding this topic or anything I may have missed? Thank you!

We have reached the end of the interview. I want to thank you again for taking the time to meet with me today. The information you have provided me with is very important. This interview will be transcribed and I will send you a summary. Please, review the transcription to ensure your thoughts have been accurately and adequately recorder. There is a possibility that I may need to contact you with clarifying questions if they arise during the transcription process. Thank you so much and feel free to contact me if you have any questions.

Appendix B:



all direct identifiers such as names, addresses, or telephone numbers from the raw data