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Early Childhood Teacher Perspectives Regarding Preparedness to Teach Children Experiencing Trauma

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Walden University
2019

Abstract

Early Childhood Teacher Perspectives Regarding Preparedness to Teach Children

Experiencing Trauma

by

Christina Lombardi

MA, Walden University, 2014

BS, Westfield State University, 1990

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Early Childhood Education

Walden University

December 2019

Abstract

In the United States, approximately 26% of children will witness or experience a traumatic event before they turn 4 years old. Therefore, teachers must be prepared to meet the individual needs of children who exhibit symptoms of trauma. However, there is a gap in research regarding teachers' perspectives about how teacher preparation experiences influence teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. Using Bandura's theory of self-efficacy, the purpose of this basic qualitative study was to explore how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. In-depth interviews were used to collect data from 10 preschool teachers from a southern state who had varying teaching experience, degrees, and preparation experiences. The continuous data analysis process included organizing the data, reflecting on meaning, and identifying and coding key words and themes to answer the research questions. Results indicated that teacher preparation experiences influenced the participants' teaching strategies and the creation of supportive environments. However, the results also suggested a need for more content specific teacher preparation experiences. Potential social implications of this study include (a) improving teacher preparation opportunities, (b) an increase in teacher self-efficacy, (c) an increase in child development outcomes, and (d) adding to the current literature on teacher preparation and childhood trauma.

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Dedication

I dedicate this research to my husband Scott, my parents Jeanne and John Lombardi, my English bulldogs Brooklyn and Boston, my family, friends, and colleagues who all provided me with support and inspiration throughout my journey, as well as my grandparents and Uncle Anthony who provided guidance and support from above.

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Chapter 1: Introduction to the Study

Introduction

In the United States, it is estimated that 26% of children will witness or experience a traumatic event before they turn four years old (National Center for Mental Health Promotion and Youth Violence Prevention, 2012). Therefore, teachers must be prepared to meet the individual needs of children who exhibit symptoms of trauma. Supporting the development of children may depend on elements such as school resources and teacher knowledge and pre-service training regarding children experiencing trauma. However, there is a gap in literature regarding teachers' perspectives about how teacher preparation—trainings, college courses, and professional development opportunities—influences the strategies used to teach and support preschool children who have experienced trauma.

Children enter elementary school environments with varied experiences, memories, and cultural influences. According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), more than two-thirds of children reported at least one traumatic event by the age of 16. The effects of these traumatic events can persist past childhood and may include the following: (a) an increase in learning challenges, (b) an increase of suspensions and expulsions, (c) an increase in health and mental services, (d) an increased association with child welfare and juvenile justice systems, and (e) an increase in long-term health problems. Additionally, a child's environment and individual experiences are the foundation for marked disparities in social, emotional, behavioral, and academic growth and development (National

Association for the Education of Young Children [NAEYC], 2015). In a time when young children are experiencing an extraordinary amount of toxic stress, the atmosphere in which the children are learning is critical (Collaborative for Academic, Social, and Emotional Learning [CASEL], n.d). The purpose of this study was to explore how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and in creating supportive environments for preschool children who have experienced trauma. Potential social implications of the study include (a) improving teacher preparation opportunities, (b) an increase in teacher self-efficacy, (c) an increase in child development outcomes, and (d) adding to the current literature on teacher preparation and childhood trauma.

The background section of this chapter includes a summary of current literature including the effects of teacher knowledge on a student achievement, how teacher collaboration and communication relate to teaching abilities and strategies, how teacher preparation experiences affects the confidence and abilities of teachers, and how the use of environmental supports influences both children's learning and teachers' abilities and strategies. A review of the literature revealed a gap in research regarding how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. Following the discussion of the background for this study, I discuss the problem statement and purpose of the study, as well as Bandura's theory of self-efficacy as the conceptual framework for the study. I then describe the nature of the study, the

definitions of key terms, assumptions, scope and delimitations and, limitations. The potential contributions of this study are identified at the end of the chapter.

Background

A teacher's knowledge can affect a child's motivation, achievement, and successes. In their study of 51 participants who responded to a survey, Paquette and Rieg (2016) identified stressors, described coping strategies, and determined methods in which university supervisors could assist early childhood/special education preservice teachers in performing student teacher responsibilities. Although the results indicated that the strategies of relationships, exercise, time management, and down time were used for reducing the stressors of workload, being observed, helping students with emotional/behavioral challenges, striking balance, and preparation, the education students reported that university supervisors could further assist them by being available, giving constructive feedback, and communicating clear expectations. Kunter et al. (2013) examined how teachers' pedagogical content knowledge, professional values, work-related inspiration, and self-regulation influences student achievements by gathering data from the Cognitively Activating Instruction, and Development of Students Mathematical Literacy study, which used a national sampling of 194 German secondary school math teachers. Several methods were used to measure competence, instructional quality, and student success and enthusiasm. Outcomes of this study showed that teachers' pedagogical content knowledge, motivation, self-regulation skills, and instructional quality affected student outcomes while the teachers' academic ability did not affect classroom instruction.

Teacher support and communication regarding children's successes and developmental growth enhance teachers' abilities (Baweja et al., 2016; Kinsser, Christensen, & Torres, 2016). In their qualitative study, Baweja et al. (2016) conducted 40 semi-structured telephone interviews with school staff throughout three geographic areas in the United States to describe factors that affect teachers' support and involvement in successful execution of early intervention, school-based trauma program, Cognitive Behavioral Intervention for Trauma in Schools. Results indicated that support for the program was related to the teachers' perceived need for a trauma program and the teachers' desire for more trauma education, as well as revealed that need for advancements in academic performance after the intervention should be communicated with teachers as a means of teacher support. Kinsser et al. (2016) surveyed 120 teachers to explore how the supports implemented for children's social emotional learning at the center-level are associated with teachers' psychological health and workplace experiences. Findings indicated a need for discussions regarding supporting both children's and teachers' social emotional well-being and developing and retaining a high-quality early childhood workforce.

Preservice students' prior teaching experience may affect confidence, with students who have more experience showing higher confidence levels (Arthur-Kelly et al., 2017; Wee, Weber, & Park, 2014). Wee et al. (2014) used questionnaires to measure confidence levels and interviews to clarify and expand the information gathered from 40 early childhood preservice students to investigate early childhood practicum student perspectives as they reflected upon confidence levels and their field experiences. Arthur-

Kelly et al. (2017) assessed the success of professional learning and a capacity building program designed for early childhood professionals working with children with challenging behaviors or “at-risk” children. The data implied that outcomes participants believed to be valuable in improving their best practices were generated by combining a solid theoretical framework with a practical case-based approach to implementation and allowing for specific, preplanned between session interactions, and coaching and cumulative learning.

Lees and Kennedy (2017) used interviews and focus groups from 12 representatives from five partnering organizations to explore collaborative experiences with community partners, and to observe to what degree collaborative activities reflected and impacted their practice. Findings indicated that although the partners believed the collaborative activities should have been spread out over a longer period, the partners developed a new awareness of their own professional skills and understood the need to maintain alignment to teacher education and accreditation standards, with field-based models being continually adaptable to the changing contexts in which young children and families are served. This finding offered insight into strategies for the interviews in my study, consideration regarding the importance of community partners, and the creation of new preparations for teachers who work with children and families who have experienced trauma.

Researchers have provided an awareness of how changes to environment can alter a child’s actions, as well as demonstrated a need for mastery-oriented learning environments that help children to develop skills and positive experiences (see Acer,

Gozen, Firat, Kefeli, & Aslan, 2016; Ryan, Lane, & Powers, 2017; Tsiakara & Digelidis, 2015). The work of these researchers enabled me to investigate teachers' perspectives regarding goals and environments with children who have experienced trauma . In order for children who have experienced trauma to have positive educational experiences, teachers need to consider developing an environment that (a) promotes safety, (b) is predictable with consistent routines, (c) communicates clear expectations, (d) considers the overwhelming stress levels of the children, and (e) provides opportunities for play and sensory activities that allow children to learn through trial and error (Ryan et al., 2017). Acer et al. (2016) examined the play behavior among children attending nursery school from the perspective of how play behavior is affected by the classroom environment. Over a period of 21 weeks, the author used classroom observations before the redesign of the classroom and after the redesign of the classroom. Outcomes of the observations indicated positive changes occurred in children's play following the redesign. will likely If settings are designed to meet children's interests and needs, it is likely that the classroom environment will improve children's psychosocial and psychomotor development and enable them to use their own potential. Tsiakara and Digelidis (2015) measured how goals and environment affect a child's perception of performance, perfection, and satisfaction by assessing 56 children using a survey with three choices. Outcomes showed that the children had a higher level of performance and satisfaction when a game was played with other classmates regardless of the goals that had been predetermined by the researchers. Additionally, a larger number of the preschool children rated their performance as very good and reported they felt content in each scenario.

Although there is adequate research related to childhood trauma, teacher self-efficacy, and teacher preparation, there is limited research regarding how teachers' perspectives about teacher preparation experiences influences their teaching strategies and the creation of supportive environments preschool children who have experienced trauma. My study may contribute to the gap of knowledge in this area and lead to positive social outcomes for teachers and children. Outcomes from interviews with preschool teachers could provide data regarding teacher preparation experiences for teachers educating children who have experienced trauma that may encourage the creation of teacher preparation experiences specific to understanding the effects of trauma and creating environments that will better support children who have experienced trauma.

Purpose of the Study

The purpose of this qualitative study was to explore how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. A gap exists in the research regarding teachers' perspectives about how teacher preparation influences the strategies used to teach and support preschool children who have experienced trauma. I used interviews to gather and analyze data about how teachers' perspectives of teacher preparation experiences influence their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. This study may offer insights on what preschool teachers believe is needed to be prepared and successful in educating children who have experienced trauma, increase the

number of teacher preparation experiences, and enhance the self-efficacy of teachers teaching children experiencing trauma.

Research Questions

In my research I explored how teachers' perspectives about teacher preparation experiences (trainings, college courses and professional development) influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. The following research questions guided my study:

RQ1: How do teacher perspectives about teacher preparation experiences (trainings, college courses and professional development) influence their teaching strategies for working with preschool children who have experienced trauma?

RQ2: How do teachers' perspectives of their teacher preparation experiences influence the creation of environments that support teaching preschool children who have experienced trauma?

Conceptual Framework for the Study

The conceptual base in this study was derived from Bandura's (1977) theory of self-efficacy. Self-efficacy is defined as one's perception of his or her ability to achieve a sequence of events needed to attain specified forms of functioning (Bandura, 1989, 1997b). Bandura (1997a) stated that the level of self-efficacy possessed by individuals is shaped by experiences, individual traits, and social support. Low levels of self-efficacy may cause deficient functioning which may lead to reduced behavioral outcomes (Bandura, 1989). High levels of self-efficacy, or confidence about the topic and access to resources, encourage the ability to manage stressful circumstances minus the harmful

reactions, consequently causing more positive behavioral outcomes (Bandura, 1989). Self-efficacy has the potential to influence behaviors like self-regulation, accomplishment determined, academic devotion and success, coping, selection of occupation prospects, and workplace proficiency (Bandura, 1997a). Using constructs from Bandura's (1977) theory, I examined teachers' perspectives of their own teacher preparation experiences and how these experiences influenced the strategies used to teach and create a supportive environment for preschool children who have experienced trauma.

The research questions addressed the gap in understanding and guided the interview questions. The exploration of teacher perspectives regarding teacher preparation could enhance the number of preparation experiences and potentially increase the self-efficacy of preschool teachers. In Chapter 2, I provide a more thorough explanation of connections between Bandura's theory of self-efficacy and teachers' perspectives of their own teacher preparation experiences and how these experiences influence the strategies used to teach and create a supportive environment for preschool children who have experienced trauma.

Nature of the Study

In this qualitative study, I used interviews to gather data from preschool teachers with experience teaching children who have experienced trauma. Basic qualitative research originates with conjectures and the use of informational outlines that identify research problems (Creswell, 2013; Merriam & Tisdell, 2015; Ravitch & Carl, 2016). Investigating problems requires the qualitative researcher to use a continually developing system of examination and collecting data in a natural environment with consideration

placed on the individuals and settings being researched. Data analysis is empirical, finding patterns and themes. The conclusions of basic qualitative research are comprised of declarations from the participants who illustrate a complete and clear understanding and explanation of the research problem, what the study will add to the literature, and an appeal for social change, if warranted. The methods related to this study aligned with processes essential to pursuing a richer understanding of a topic and making sense of the phenomena in its natural setting (Creswell, 2013; Merriam & Tisdell, 2015; Ravitch & Carl, 2016).

Using individual interviews with preschool teachers, I examined teacher preparation experiences from teachers in a large county in a southern state who have taught children who experienced trauma. These in-depth interviews allowed me to use open-ended questions to gather valuable and comprehensive information (Rubin & Rubin, 2012). I generated meaning from and interpreted the outcomes of interviews regarding how the teachers perceived their teacher preparation experiences affected their strategies to teach and influence the creation of supportive environments for children who have experienced trauma. Primary data analysis included the identification of types of teacher preparation experiences of the teachers and how the teacher preparation experiences influenced the teachers' teaching strategies and the creation of environments to support children who have experienced trauma. I examined the similarities and differences between the teacher preparation experiences and the links between teacher preparation and self-efficacy.

Definitions

The following definitions are presented to assist the reader understand educational terms and components of trauma in the early childhood setting.

Early childhood education: This term refers to the activities or experiences that are purposely planned to impact developmental transformation in children before their admission into the third grade (Encyclopedia of Children's Health, 2015).

Early childhood teacher/educator: This term refers to any person who works with young children and their families to purposely plan opportunities or experiences to impact the developmental transformation in children before their admission into the third grade (Encyclopedia of Children's Health, 2015).

Self-efficacy: This is a person's belief in his or her ability to affect a life, achieve goals, or produce desired results (Bandura, 1997b).

Toxic stress: Toxic stress can occur when a child experiences strong, frequent, or prolonged adversity, such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, or the accumulated burdens of family economic hardship without adequate adult support (Center on the Developing Child Harvard University, 2018).

Trauma: This term refers to the long-term negative effects on an individual's well-being that result from exposure to a single event, multiple experiences, or conditions that produce a strong physical, emotional, or stress response (SAMHSA, 2014).

Assumptions

Assumptions are components, elements, and circumstances of the study that are understood to be true (Marshall & Rossman, 2016). In this study I used in-depth interviews to explore and describe how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. In this study, I assumed that participant responses to the interview questions would be truthful and would be offered to the maximum degree of the participants' knowledge. This assumption postulated a basis for data validity.

Scope and Delimitations

The purpose of this study was to understand how teachers' perspectives about teacher preparation experience influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. The topic of this study was chosen to gain knowledge of teacher perspectives regarding which teacher preparation experiences were helpful in creating strategies and supportive environments while building teacher self-efficacy, as well as what teachers believed was needed for creating teaching strategies and supportive environments and enhancing self-efficacy. This study was restricted to preschool teachers from a southern state who had at least one year of experience with teaching children who experienced trauma. Invitations to participate in my study included emails, flyers, and phone calls. My participant pool included a sample of 10 purposefully chosen preschool teachers. This allowed for an effective analysis of the data collected. Names of the participants remained confidential,

but gender and years of experience were documented. No compensation was provided for participation in this study. Findings from this study are not generalizable to the larger population due to the small sample size and the specific focus on teacher preparation experiences and childhood trauma.

Limitations

Limitations within research are potential weaknesses identified by the researcher (Creswell, 2012). Addressing the limitations of the study allows the reader to determine the level of transferability of findings. Possible limitations in this study included location of the interviews, sample size, and researcher bias. I limited data collection to a specific county in one southern state. Additional research will need to be conducted to improve the generalizability of the findings. The use of purposeful sampling created a limitation because the findings only represent the perspectives of preschool teachers who specifically have at least one year of experience with children who have experienced trauma, and not the greater population of preschool teachers. The small number of participants hindered the transferability of findings. Regarding researcher bias, I am a preschool director in the county where the study took place. A majority of the children and families at the center I manage have experienced trauma. My passion for working with preschool children who have experienced trauma and teacher preparation drove this study. My role as researcher and preschool director could have influenced my interpretation of the results. It was important that I did not manipulate the participants' responses to the interview questions. Several techniques were used to minimize the potential effects of the limitations of this study. A researcher journal allowed me to

document the process. A review of transcripts and findings with participants helped me to avoid bias, misrepresentations, and omissions of relevant information.

Significance

This research might add to the field of education new knowledge about teachers' perspectives of how teacher preparation influenced the strategies used to teach and support children who have experienced trauma. Chafouleas, Johnson, Overstreet, and Santos (2016) acknowledged recent efforts to expand educator ability to address childhood trauma in schools, "Controlled studies have yet demonstrated whether professional development and training and organizational support build consensus or competence in trauma-informed approaches" (p. 159). Without a variety of teacher preparation opportunities, teachers will not receive the support they need to reach their fullest potential. Hattie (2012) advocated that educators' perspectives of their role in child learning is critical; teachers must perceive that they can make a difference and that students can overcome obstacles. This study could contribute to positive social change by leading to better teacher preparedness, an increased self-efficacy for teachers of children who have experienced trauma, and an increase in child developmental achievement outcomes. The findings of this research could increase teacher preparation opportunities across the country and encourage improved guidelines for preservice programs regarding teacher preparation, which may also promote more professional development in schools. Furthermore, the achievement of developmental milestones for children who have experienced trauma could increase along with the generation of teacher preparation experiences through college courses specific to understanding the effects of trauma and

professional development opportunities to support teachers in developing supportive environments.

Summary

The purpose of this study was to address a gap in research about how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and beliefs about the need for supportive environments for preschool children who have experienced trauma. To address this gap, I used a qualitative design and employed in-depth individual interviews to examine teachers' perspectives about how teacher preparation experiences influenced their teaching strategies. The implications for social change could include providing teachers with a voice to evaluate teacher preparation experiences, which might contribute to the addition or creation of new teacher preparation opportunities focused specifically on trauma and young children. Focusing on this issue could increase teacher knowledge and self-efficacy, as well as address children's individual developmental needs and milestones.

In Chapter 1, I presented the research problem, background of the study, purpose of the study, the research question, conceptual framework, nature of the study, definition of terms, assumptions, scope and delimitations, limitations, and significance of the study. Chapter 2 includes a review of the literature addressing trauma and its effects of children and teachers, Bandura's theory of self-efficacy, and teacher preparation.

Chapter 2: Literature Review

Introduction

Trauma in young children is often displayed as disruptive behaviors, failure to self-regulate, and disparities in development achievements. With the increase of trauma in young children, it is necessary for teachers to have preparation experiences that focus on specific content knowledge to effectively teach and support children who have experienced trauma (Souers & Hall, 2016). In addition to trauma specific training, it is imperative to understand what teachers believe they need to teach children (Bautista, Ng, Múñez, & Bull, 2016).

There is a need for teacher preparation experiences that focus on trauma, the influence of trauma on children and teachers, and techniques to help children and teachers become successful. The absence of teacher preparation on how trauma impacts students, trauma-sensitive instruction, and how to manage the social-emotional welfare of students, forces teachers to learn how to appropriately and calmly respond to difficult student behaviors while on the job (Phifer & Hull, 2016). The knowledge possessed by teachers and the methods they use to respond to trauma have the potential to positively or negatively impact traumatized children (Cole, Eisner, Gregory, & Ristuccia, 2013). It is important for teachers to understand the connections between decreased learning, academic achievement, and childhood mental health problems caused by trauma (Wong, 2008).

Teacher preparation experiences are significant for promoting professional growth and self-efficacy in teachers (Bautista & Ortega-Ruíz, 2015). Delale-O'Connor, Alvarez,

Murray, and Milner (2017) stressed the significance of developing teachers' self-efficacy and using feelings of self-efficacy to express their teaching strategies, supports and decisions. In their study, Delale-O'Connor et al. (2017) explained the key to increasing teachers' sense of efficacy includes understanding the importance of creating and sustaining relationships with children, developing an awareness of outside of school contexts that children encounter, and identifying and acceptably reacting to the traumatic experiences of children. When teachers comprehend how trauma affects children, they can work with children more effectively and the teachers' confidence level in their capability to recognize the symptoms of the trauma increases.

Although literature exists on childhood trauma and teacher preparation, there is a gap in the literature regarding how teachers' perspectives on their teacher preparation experiences influences their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. In this qualitative study, I utilized interviews with preschool teachers to understand how teachers' perspectives of their teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. I discuss the following in this chapter: (a) the literature search strategy, (b) conceptual framework, (c) the definition of trauma, (d) the effects of trauma on children, (e) the effects of trauma on teachers, (f) and teacher preparation.

Literature Search Strategy

The following databases were used to conduct an extensive search of the literature: Education Source, ERIC, SAGE Journals, ScienceDirect, Taylor & Frances

Online, Academic Search Complete, Child Care and Early Education Research Connections, ProQuest Central, PsycINFO, Thoreau Multi-Database Search, and Google Scholar. The initial searches included the following keywords: *children, young child, trauma, early childhood, teacher preparation, and teacher self-efficacy*. Secondary searches included additional keywords, including *toxic stress, mental health, trauma effects, symptoms of trauma, stress in children, quality preschool criteria, teaching strategies, professional development, and resilience*.

Conceptual Framework

The conceptual framework I used for this basic qualitative study was Bandura's theory of self-efficacy. This conceptual lens supported me in analyzing how teachers' perspectives of their own teacher preparation experiences influenced the strategies and abilities used to teach and create a supportive environment for preschool children who have experienced trauma. Self-efficacy is the belief in one's ability to perform tasks (Bandura, 1999). Bandura expressed that positive self-efficacy generates the belief that one's individual experiences will create pleasing and constructive results. Dellinger, Bobbett, Olivier, and Ellett (2008) described teacher self-efficacy as "individuals' beliefs in their capabilities to perform specific teaching tasks at a specified level of quality in a specified situation" (p. 752). A teacher's sense of self-efficacy can play a major role in how he or she approaches teaching strategies, goals, tasks, and challenges. Teachers can attain self-efficacy for teaching preschool children who have had traumatic experiences by their teacher preparation experiences, observation, achieving success from different

experiences, obtaining encouragement and support, and identifying one's emotions in different circumstances.

What teachers think, believe, and feel, influences their actions in the classroom and these actions influence and are influenced by the teacher's personal factors and the environment (Miller, Ramirez, & Murdock, 2017). A way to explore teacher perspectives regarding confidence is to examine their self-efficacy beliefs. De Smul, Heirweg, Van Keer, Devos, and Vandeveld (2018) contended that self-efficacy is threefold: (a) self-efficacy influences how and the amount of emotions are expressed on the job, (b) self-efficacy is related to teacher behavior and adoption of teaching strategies, and (c) self-efficacy can positively influence children's learning.

Teachers depend on general knowledge, comprehension, and problem solving to make decisions (Bandura, 1989). According to Bandura (1989), learning opportunities such as professional development can strengthen teachers' perceptions of their abilities to teach children who experienced trauma. Before a teacher believes he or she can influence the classroom environment, he or she must be confident in his or her ability to implement and withstand the independent and combined behaviors necessary for that change (Bandura, 1997a). Cognition and the quality of thinking, therefore, affect behavior, and a strong sense of self-efficacy can affect thought and cognition. Bandura's theory leads to the belief that specific teacher preparation experiences for teachers supporting children who have experienced trauma can improve teachers' self-efficacy. Additionally, a teacher's strong positive sense of self-efficacy can influence not only the teacher's

motivation in the classroom, but also his or her thinking about how to educate children who have experienced trauma.

Bandura (2001) stated the most effective way to develop a strong sense of efficacy is through mastery of experience. Mastery experiences refer to a teacher's views that previous, successful experiences are the outcomes of the abilities he or she possesses. As a teacher experiences more success, his or her sense of self-efficacy for teaching increases and can support additional understanding for children who have experienced trauma. Previous achievements are the greatest suppliers of mastery experiences (Bandura, 1997b). Bandura (2001) postulated that a high level of self-efficacy will produce positive results. Teachers with high levels of self-efficacy usually display greater motivation, resourcefulness, flexibility, resiliency, and organization of their own classroom settings.

However, research shows that stressful working conditions in schools, where the mastery of specific skills is lacking, is related to lower teacher self-efficacy, stronger symptoms of teacher burnout, and teacher attrition (Skaalvik & Skaalvik, 2016). Alternatively, teachers with high self-efficacy demonstrate a more hopeful point of view, an enhanced motivation, and greater commitment when confronted with adversity. Teachers with high self-efficacy interpret these conditions as opportunities for learning and to develop new ways to overcome difficulties (Bandura, 2001). Moreover, teachers with a high sense of self-efficacy seem to adopt the information in teacher education programs more proficiently. These results are particularly important to teacher education programs, as they suggest the significance of facilitating the creation of high self-efficacy

for prospective teachers early in their preparation (Sharp, Brandt, Tuft, & Jay, 2016). Promoting high self-efficacy may better prepare and influence the teaching strategies needed for successfully educating children who experienced trauma before they enter the classroom.

The conceptual framework for this study was Bandura's theory of self-efficacy. In this study I analyzed teachers' perspectives regarding their teacher preparation experiences and how these had influenced their teaching strategies, the creation of supportive environments, and levels of self-efficacy. Potential implications of this study include the following: (a) improving teacher preparation opportunities, (b) an increase in teacher self-efficacy, (c) an increase in child development outcomes, and (d) adding to the current literature on teacher preparation on childhood trauma. Conclusions from my interviews with preschool teachers could present data regarding teacher preparation experiences for teaching children experiencing trauma that may support the creation or further development of teacher preparation experiences specific to understanding the effects of trauma, the creation of supportive environments that support children who have experienced trauma, and a better understanding of how teacher preparation experiences influence self-efficacy.

Literature Review Related to Key Variables and/or Concepts

Definition of Trauma

Trauma is defined as an overwhelming experience that undermines one's belief that the world is good and safe (Brunzell, Stokes, & Waters, 2016). Exposure of children to traumatic events has become a major concern in the United States not only

economically, but physically and psychologically for children as well. For this study, trauma refers to the traumatic experiences that occur to children aged 0-6 years. These traumatic experiences could make a child feel unable to cope, extreme fear, helplessness, horror, and lack of security or safety (American Psychological Association, n.d). The symptoms, length of time, and the developmental timing of trauma exposure have all been linked to childhood outcomes. Professionals in the early childhood field are beginning to understand the mechanisms through which trauma impacts young children across a wide range of domains. Attachment is a profound and lasting emotional connection that attaches one person to another (Bowlby, 1969). Bowlby stated that attachment is described by specific behaviors in children such as seeking proximity to the attachment figure when upset or threatened. Trauma can impact attachment security, which may impact an individual's response to new traumas (Stover & Keeshin, 2018). Consequently, trauma is also the interpretation and reaction to an event, not the event itself (Souers & Hall, 2016).

Trauma is a broad term that has many different causes. Trauma includes adversities such as physical, sexual, or emotional abuse, and physical or emotional neglect that can occur throughout childhood (Xie et al., 2018) Childhood trauma causes long-term negative outcomes to a child's physical and psychological health that may be caused from a single, severe occurrence, or repeated occurrences that activate the brain and body's response systems, causing overwhelming feelings (Xie et al., 2018).

A public health concern is children's repeated experiences with traumatic experiences (American Psychiatric Association, 2013). Childhood trauma is a

comprehensive problem that has an instantaneous adverse effect and long-term adverse effects on physical and psychological health (Dye, 2018; James et al., 2016). In the United States, it is estimated that 35 million children have experienced one or more types of trauma (Data Resource Center for Child and Adolescent Health, 2018) with two-thirds children reporting at least one traumatic event by the age of 16 (Substance Abuse & Mental Health Services Administration, 2017). Additionally, children exposed to trauma more than five times in the first three years of life face a 76% likelihood of having one or more delays in their language, emotional, or brain development (SAMHSA, 2017). The impact of trauma on young children has the potential to be profound and long-lasting.

Effects of Trauma on Children

Trauma in children is an overwhelming experience that can undermine a child's social and emotional development, cognitive development, and physical health, resulting in undesirable outcomes. Damaging physical and mental health effects have been documented in children exposed to trauma (Campbell et al., 2016). Shonkoff et al. (2012a) stated that trauma has been linked with organizational deviations in higher regions of the brain connected with emotional control, problem solving, and learning, which can influence anxiety, memory, mood control, executive functions, and social emotional learning. Continued exposure to traumatic events is associated with inflammatory reactions which have long standing influences on physical and emotional health and the capability to react to lesser amounts of stress (Shonkoff et al., 2012a). The occurrence of more than one traumatic event has indicated a connection to poor attention and impulse control, lower cognitive abilities and academic achievement, disciplinary

action in schools, grade retention, school absence, referrals for special education services, reduced school engagement, difficulties regulating emotions, aggression, and self-harming behavior that hinder children's capacity to interact with others and perform in the classroom (Eklund, Rossen, Koriakin, Chafouleas, & Resnick, 2018). Nightmares, fragmented sleep, initial insomnia, fatigue, sensations at night, light sleep, and night anxiety may result immediately or in the long-term after experiencing trauma (Ho, Chan, & Tang, 2016). Forkey (2019) found that children exposed to early trauma exhibit symptoms associated with increased sympathetic adrenergic activity, higher resting heart rates, sleeping irregularities, hypervigilance, hyperactivity, impulsivity, irritability, emotional regulation issues, attachment issues, and cognitive issues related to problem solving and executive functions.

Cummings, Addante, Swindell, and Meadan (2017) expressed that children who have experienced trauma display symptoms associated to reexperiencing, avoidance, and hyperarousal as an adult, but with different amounts and in varied intensities. Avoidance symptoms includes eluding people, places, and activities that trigger memories of the trauma, whereas hyperarousal presents symptoms such as a difficulty concentrating, hypervigilance, exaggerated response, anxiety, and aggression (Cummings et al., 2017). Limited knowledge of possible triggers and the ways in which child trauma reveals symptoms could lead to unintentionally activating stress reactions in children, provoking the presence of traumatic symptoms.

Trauma in young children effects brain architecture, development, and effects school achievements. Neurodevelopmental research proposes that continuing traumatic

experiences, occurring during early development, have strong negative effects on the neural architecture and brain development in young children (Ryan et al., 2017). Children who have experienced trauma dissociate (Medina, 2017). When children dissociate, their mind wanders and then they try to refocus. When a child tries to refocus, it is difficult for them to remember what was happening before. Medina states this is a problem because dissociating limits a child's ability to concentrate and absorb information. Early trauma results in early stress impacting the developing nervous system. Children exposed to trauma showed higher cortisol levels than did children who were not (Slopen, McLaughlin, & Shonkoff, 2014). Children who experienced trauma are more vulnerable to overexposure to corticosteroid due to the brain continuing to develop (Dye, 2018). Cortisol is linked to specific areas of the central nervous system which accounts for memory, learning, emotions, and the immunological system (Shonkoff, Richter, van der Gaag, & Bhutta, 2012b). Cassiers et al. (2018) stated the exposure to trauma has been observed to not only influence brain structure and operation at the cellular level and in turn negatively effects learning processes but also proposed that brain functioning changes following exposure to trauma during childhood often lead to psychological issues and physical and mental health issues in maturity. For example, research shows substantial connections between childhood trauma and possibility for suicide among teenagers and adults (Saracli et al., 2016).

Children who live in an environment that is filled with trauma, could display atypical development. There is mixed evidence about perceptive reasoning processes that may reinforce the connections between trauma exposure and cognitive functioning. For

example, Viesel, Freer, Lowell, and Castillo (2015) found that although children who had experienced trauma had lower achievement measures of vocabulary, verbal comprehension and processing speed than a similar group of children without a history of trauma exposure, the groups did not differ on measures of working memory and perceptual reasoning.

There is evidence that trauma can prevent children from reaching developmental milestones and lead to poor academic performance. Besides the traumatic event itself, learning gaps may be intensified by irregular school attendance, disease, family disturbance and other causes of stress that often result as an outcome of trauma (Barbosa, 2016). Children's learning gaps due to trauma precedes lower academic achievement, lower test scores, course grades and persisting educational handicaps (Viesel et al., 2015). Trauma is associated with poorer education outcomes which results in traumatized children using more school and system level academic supports, having decreased academic achievements, and having higher rates of grade repetition and school dropout (Barbosa, 2016).

Many symptoms of trauma can include depression, separation anxiety, attention-deficit/hyperactivity disorder, oppositional defiant disorder, or other developmental disparities. Ryan et al. (2017) state that children who have trouble continuing play, distractedness during play, making frenzied, cyclic, and unsettled or undeveloped play themes, play by themselves, and exaggerate due to chronic misunderstanding can make children difficult playmates. These behaviors can interrupt peer interactions in school and the community (Ryan et al., 2017). Traumatized children may exhibit changes in eating

and sleeping patterns, become easily frustrated, temper tantrums, heightened ill temper, trouble staying focused, amplified startle responses, added physical aggression and heightened activity levels, increased separation anxiety, or develop bedwetting, consequently developing a lacking acquired developmental skills (Ryan et al., 2017). Contingent on the gravity of trauma the children have suffered, some children may encounter post-traumatic stress (Regel & Joseph, 2017). Risk for behavior disorders and developmental delays in social, emotional, and cognitive domains may also lead to physical disparities (Baumeister, Akhtar, Ciufolini, Pariante, & Mondelli, 2016).

Numerous exposures to trauma could impact the development of chronic diseases. Children exposed to trauma exhibit increased cortisol levels resulting in not only a hinderance in child development, but later disparities in health including autoimmune disorders, diabetes, headaches, heart disease, and lung cancer (Lopez-Martinez et al., 2018). Children exposed to trauma are more likely to experience chronic bronchitis or emphysema, stroke, cancer, heart disease, skeletal fractures, hepatitis, and express their health as fair or poor later in life (Lei, Beach, & Simons, 2018; Lopez-Martinez et al., 2018).

Trauma associated with poorer developmental outcomes is also linked to other long-term results. The degree to which a child is affected by trauma varies. For some, a traumatic experience can trigger symptoms of distress that can reoccur for several weeks, even years (Regel & Joseph, 2017). These symptoms can include flashbacks, nightmares, reclusive behavior, difficulty sleeping, feeling stressed and confused, as well as reactionary behavior such as being easily startled and/or having angry outbursts (Regel &

Joseph, 2017). Symptoms of mental illness can become noticeable as soon as trauma occurs, but in some cases, symptoms do not emerge until years later. Depression, post-traumatic stress disorder, schizophrenia, attention deficit hyperactivity disorder, and substance abuse have all been linked to traumatic events experienced during early childhood (Brogden & Gregory, 2018; Kanel, 2015). Brogden and Gregory (2018) found connections between childhood trauma and hazardous behaviors such as the use of alcohol, drugs, and tobacco. Those who experience trauma as young children are also more likely than other children to be involved in the juvenile and adult court system (Baglivio & Epps, 2016).

Children today are experiencing trauma in such high numbers and are expected to attend school daily to learn. Childhood trauma is a significant public health threat that adversely impacts health and social, emotional, and cognitive development (McConnico, Boynton-Jarrett, Bailey, & Nandi, 2016). Trauma can have a serious impact on a child's learning and overall classroom experience. Teachers play an important role in recognizing and responding to children presenting with symptoms of trauma in the classroom mitigating possible adverse impacts on their education. (Smyth, 2017). Teachers could also experience effects from educating children who have experienced trauma.

Effects of Trauma on Teachers

Children who have experienced trauma may display an assortment of extreme emotions and nonconforming behaviors in the classroom. Teachers may experience symptoms of post-traumatic stress and trauma related cognitive changes when reading or

hearing about trauma experienced by children (Molnar et al., 2017; Steinlin et al., 2017). This causes noticeable obstacles for teachers (Mortensen & Barnett, 2016). Fowler (2015) stated that teachers will often feel and show distress when the children in their classrooms have or experienced trauma. Trauma symptoms are initiated by adverse experiences. These are typically unpleasant situations of threatened safety and/or situations that result in the feeling of being overwhelmed and lonely, even if physical symptoms are not present. When a teacher is reminded of a previous traumatic experience, this can lead to difficulties in coping with problems and have a serious impact on his or her ability to adapt (Vlah & Vorkapic, 2017). Frequently, teachers may not be cognizant of the burden it takes or the fact that listening or watching a child acting out due to traumatic experiences may trigger a past personal experience of their own. Secondary trauma, vicarious trauma, and compassion fatigue have all been connected to teachers who educate children who have experienced trauma.

Teachers may experience secondary trauma, vicarious trauma, compassion fatigue, and/or burnout as a result of educating children who have experienced trauma. Secondary trauma is the emotional intimidation that occurs when an individual hears about firsthand trauma experiences of others (National Child Traumatic Stress Network, n.d.). The NCTSN (n.d.) stated that each year more than 10 million children in the United States experience trauma. When teachers are exposed to this trauma, professional performance and quality of life is weakened. Vicarious trauma is the trauma teachers suffer when working with children as they hear and witness trauma and become a witness to the pain, fear, and terror that these children have survived (American Counseling

Association, n.d.). Compassion fatigue is a state experienced by the teachers assisting children in distress; it is extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the teachers (Compassion Fatigue Awareness Project, 2017). The terms secondary trauma, vicarious trauma, and compassion fatigue are often used interchangeably and often produce negative outcomes for those affected.

Teachers educating children who have experienced trauma are affected emotionally, mentally, and physically. These effects may occur over time or hit without any warning and are particularly significant when teachers feel overwhelmed or unsupported in challenging school environments (Fowler, 2015). Fowler (2015) also stated that there is a wide variety of symptoms connected to secondary trauma and not addressing these symptoms leads to helplessness, hopelessness, and burnout.

Teachers may experience a wide array of negative emotional and mental effects when teaching children who have experienced trauma (Brunzell, Stokes, & Waters, 2018). Teachers may experience a lack of patience, an increase of sarcasm, anger, and frustration. For example, the teacher may use an elevated voice, slam doors, or threaten the children (Fowler, 2015). Brunzell et al., (2018) explained that when left uncontrolled, these adverse measures challenge a teacher's sense of meaning they bring to and get from their work. However, educating struggling children can produce satisfaction and growth which can assist teachers find both increased meaning in their work and serve as a buffer for teachers in times of difficulty. Other effects include hypervigilance, fear, disconnection, lack of compassion, depression, social withdrawal, desensitization to

violence, avoidance of conflict, diminished self-care, flight, fight, or freeze, guilt, chronic exhaustion, symptoms like PTSD, and sleeplessness (Caringi et al., 2017; Fowler, 2015). Not only are there emotional and mental consequences of secondary trauma, but there are also physical ailments that affect teachers.

Secondary trauma may also carry physical effects for teachers. This decline in health and well-being often include symptoms such as: headaches, gastrointestinal issues, back pain, heart complication, recurrent colds, chronic fatigue, lack of energy, restlessness, feeling run-down, insomnia, excessive weight gain, and even failed pregnancy (Fowler, 2015; Ludick & Figley, 2017). Ludick and Figley (2017) also indicated that teachers who suffer from secondary trauma are more apt to experience drug and alcohol abuse.

As the emotional, mental, and physical symptoms effect teachers, teachers will have difficulty completing routine tasks such as focusing, planning, decision making, and record keeping. Koenig, Rodger, and Specht (2018) stated children who experience trauma and exhibit behavior problems lead teachers to have poor teacher-child relationships, emotional exhaustion and distress. If teachers are experiencing stress, are unable to engage, they give less emotional support to the children (Sandilos, Goble, Rimm-Kaufman, & Pianta, 2018). When these factors and continuous emotional demands become overwhelming, teachers are at-risk of burnout. Mortensen and Barnett (2016) stated that existing research suggests that there is a strong relationship between the burnout and teachers' susceptibility to experience unpleasant emotions. The findings of

this research also suggest that burnout compromises teachers' appraisal of both their students' and their own negative emotion intensity (Mortensen & Barnett, 2016).

Teaching is regarded as a helping vocation because caring for others is an important piece of a teacher's professional role and practices (Fiorilli, De Stasio, Di Chicchio, Pepe, & Salmela-Aro, 2017). Working with children who have experienced trauma is emotionally draining and may lead to negative outcomes with job performance and job commitment (Andreychik, 2019). Teachers educating children who have experienced trauma has been connected to a higher risk of burnout and experiences of vicarious or secondary traumatic stress (Shoji et al., 2015). Alternatively, teachers educating children who have experienced trauma may also result in teachers feeling triumphant and satisfied with one's own work (Wagaman, Geiger, Shockley, & Segal, 2015).

The term burn-out was first labelled in the 1970's (Maslach, 1976) and is described as a person's reduced individual achievements and fatigue that happens when extreme demands have been experienced. Burn-out is a consequence of stress and may occur when one works exhaustively to meet the needs of others (Paquette & Rieg, 2016). Teachers are at risk for burn-out when there is a persistent reaction to chronic emotional and interpersonal pressure suffered at work (Williams & Dikes, 2015). A person who experienced burn-out may experience cynicism, depersonalization, negative attitudes towards others, irritability, withdrawal, lack of professional fulfillment which leads to feelings of uselessness in one's own work and a lack of self-efficacy (Williams & Dikes, 2015). Wagaman et al. (2015) expressed that overwhelming emotional exhaustion,

depersonalization, and feelings of professional insufficiency one feels because of demanding and emotionally charged relationships with children contributes to burn-out.

Teacher Preparation

Given the high frequency of children exposed to trauma and the detrimental impact of such exposure on school performance, it is critical that educators become more familiar with symptoms of traumatic stress and begin to create school environments that optimally support trauma-exposed children. (Simonich et al., 2015, p. 272). Teachers who design warm and emotionally supportive environments filled with mutual respect and positive communication, providing opportunities for autonomy, and exhibiting sensitivity to children's emotions support the growth of children's social-emotional aptitude (Dorado et al., 2016). Children succeed in environments where consistent, predictable care is provided by teachers (Hipson & Séguin, 2015). Establishing consistent behavioral expectations and classroom routines, as well as expanding instructional learning time help teachers create productive and organized classrooms that support academic instruction and children's learning behaviors (Choi et al., 2016). McConnico et al. (2016) stated that an effective school consists of trusting, empathetic, fair, and caring interpersonal communications, where children and teachers feel safe to make and learn from mistakes.

It is necessary to create preschools in which all teachers receive teacher preparation opportunities that will create a cohesive understanding of the impact and signs of trauma; the skills to build empathetic, trusting, and respectful relationships with children; and the know-how to provide assistance in a comprehensive manner so that all

children flourish socially, academically, emotionally, and have the ability for self-regulation (Bunzell, Waters, & Stokes, 2015). This approach to teacher preparation will enable the foundation of a safe environment and reciprocally respectful interactions between traumatized children and adults within the preschool (SAMHSA, 2015). Teachers who are aware of the children's backgrounds can predict possible complications and offer support before circumstances happen (NCTSN, 2008).

High quality teacher preparation experiences can result in positive changes in preschool teachers' instruction and improved outcomes for young children (Brunzell et al., 2018). "Trauma training can help teachers to support their students and increase the chances that they will experience academic and behavioral success despite the negative effects of adverse childhood events" (Jones, 2013, p. 112). Preschools benefit from providing teachers with preparation opportunities that will change their first impressions and beliefs about children's ability to learn, despite the trauma, so that all children feel equally received, challenged, and fairly treated, cultivating the likelihood of an equitable education for all. This type of trauma-focused teacher preparation has been shown to construct knowledge, alter attitudes, and create practices advantageous to trauma-informed approaches when offered to service providers (Green et al., 2015). Following this type of preparation when provided in school settings, teachers describe an increase in their understanding regarding trauma and trauma-sensitive practices as well as their knowledge of how to assist children who have been exposed to trauma (Dorado, Martinez, McArthur, & Leibovitz, 2016). Longitudinal studies are needed to demonstrate

whether trauma-focused teacher preparation really shapes teacher aptitude in trauma-informed care in classroom settings.

Improving teacher preparation and qualifications plays an important role with the efforts to increase the quality of early childhood education. The National Association for the Education of Young Children (2016) states that the foundation of providing children with positive interactions and enrichment experiences that support children's learning is driven by the acknowledgement that teacher quality, consists of content knowledge and practicing skills. Teacher preparation and coaching for teachers develops personalized capabilities with trauma-informed care. Zee and Koomen (2016) stated that teachers who receive adequate training for challenging positions are not only more likely to express more job satisfaction and show better organizational commitment than those who do not, but also, adequate training is critical to the success of the teachers and enhances the teachers' commitment their classrooms, school, and families (Whipp & Geronime, 2015).

Weist-Stevenson and Lee (2016) stated that with the plan for adjusting teaching techniques, along with the natural stress created by interacting with traumatized children, teachers trying to implement change based on new learning may encounter stress and must be mindful not to appear threatening. Therefore, it is important for teachers educating children of trauma to recognize the key developmental conduits that may be affected by childhood trauma, and to comprehend how to support resilience through these conduits (Brunzell, Waters, & Stokes, 2016). Schools must have a teacher prepared workforce that does not ignore the realities of children of trauma (Craig, 2016). The creation of a common language, shared vision, and educated, responsive teachers is

necessary for the successful implementation of teacher preparation to take place (Chafouleas et al., 2016). Weist-Stevenson and Lee (2016) suggest developing children's learning, teachers should practice supporting verbal and nonverbal interactions in a meaningful way.

Teacher preparation programs are assigned with the task of educating and preparing high-quality, effective teachers to meet the needs of children in diverse classrooms throughout the United States. These preparation programs are held to accreditation standards and licensing requirements that articulate what their graduates should know and be able to do (Darling-Hammond, 2016). According to the Council for the Accreditation of Educator Preparation (2013), to receive nationally recognized accredited status, teacher preparation programs must present evidence that their graduates are positively influencing children's development and success, showing indications of effective teaching, and that the graduates and their employers are satisfied with their preparation and performance.

Souers and Hall (2016) suggested a teacher's adeptness to understand a child is determined by the teacher's ability to comprehend his or her own feelings, attitudes, and behaviors. In order for teachers to understand their dispositions, better control their emotions, and choose trauma-sensitive responses to children's behaviors, teachers must be aware of their own personal thoughts, feelings, behaviors, and triggers (Souers & Hall, 2016). Brunzell, Waters, and Stokes (2016) proposed that teachers continue to be self-aware of their emotions and deliberately use their emotions to enrich teaching, social communications, and to engage children, as learning happens within an emotional

situation. A comprehensive method concentrates on resource distribution, recognizes significant concerns, assesses policies and practices, and informs all teachers about trauma so that every person is treated with sensitivity and patience rather than insensitivity (Phifer & Hull, 2016). Teachers cannot put a stop to trauma, but teachers can aggressively educate and assist children to practice emotional regulation strategies within a safe and predictable environment (Souers & Hall, 2016). Rather than teaching to improve test results, Souers and Hall (2016) proposed that teachers modify their professional emphasis to children's strengths and building healthy relationships. Worried that early childhood education programs do not sufficiently support children's early learning, researchers and policymakers have turned their attention to improving early childhood education quality with the hope that higher-quality early childhood education would better support children's early academic and social skills (Burchinal et al., 2016).

Teachers receive few teacher preparation experiences regarding how trauma impacts children and how to offer encouragement and assistance that allow children to learn (Austin, Whitebook, & Amanta, 2015). Most teachers and school-based mental health professionals have not received preparations in trauma or trauma-informed approaches (Butler, Carello, & Maguin, 2017). The growth of these types of preparation opportunities has been limited by (a) a lack of specificity in learning objectives, (b) a lack of measurement techniques which produce psychometrically-sound data to evaluate the process and outcomes of training experiences, and (c) little attention regarding the transfer of knowledge to day-to-day practice in school settings

Classroom staff and teachers are increasingly cognizant of the all-encompassing role that trauma and chronic stress play in children's learning and development but feel uncertain about how to provide the best possible support and wrestle with recognizing their role in the healing process (Alisic, 2012). Andrews, Richmond, Warren, Petchauer, and Floden (2018) expressed that numerous teacher education programs are not constructed with a specific emphasis on areas such as school safety, youth advocacy, and resilience, trauma response, and cultivating teachers' skills for enabling discussions associated to controversial and/or sensitive topics. Additionally, many teachers are ill-equipped to facilitate discussions in their classrooms on topics, that can have suggestions for sustaining and supporting inclusive and safe classrooms. Utilizing empathy is critical to the work of enabling controversial and sensitive topics, specifically as a function of perspective taking (Andrews et al., 2018).

Numerous first-year teachers suffered reality shock when they started teaching and did not feel entirely prepared for all the elements, requests, and challenges of teaching (Veenman, 1984). As demands have increased throughout the years, this has continued to hold true for new teachers (Darling-Hammond, 2016). Even though teachers may be that conscious that children have varied life experiences and encounter difficulties at school and home, teachers may not know that a child has experienced trauma or how trauma impacts the ability to learn (Souers & Hall, 2016). Limited universities educate student teachers how to recognize and teach traumatized children (Wong, 2008). The shortage of teacher preparation experiences on how trauma impacts children, trauma-sensitive teaching, and how to handle the social-emotional well-being of

children, pushes teachers to discover how to appropriately and calmly respond to the challenging behaviors of children while on the job (Phifer & Hull, 2016). Teachers conveyed that “being thrown into the deep end was ‘not the best way’ to acquire the necessary skills” (Alisic, 2012, p. 55).

“For educators, unaddressed student trauma is a major contributor to frustration, low job satisfaction, and burnout” (Blodgett & Dorado, 2016, p. x). The challenge for teachers is to satisfy the obligations of their occupation while continuing to be conscious and supportive of the physical, psychological, and academic needs of the individual whole child (Janssen, Grossman, & Westbrook, 2015). Teacher educators need more information on how to effectively bridge theory and practice and how to develop knowledge through specific experiences (Hennissen, Beckers & Moerkerke, 2017). As a result of schools recognizing their responsibility for their part in addressing children’s emotional and behavioral needs, teachers have expressed the need for trauma training (Baweja et al., 2016).

Providing teachers with teacher preparation opportunities that introduces strategies that support resilience and the building of protective factors is one way to help teachers overcome stress and burnout (Maier-Höfer, 2015). Early childhood education should lead not only towards the acquisition of knowledge within specific areas but should also enhance the personal development of new teachers. New and creative competencies need to be developed to cope with increasingly complex, changing and diversified learning environments. Similarly, the growing movement in early childhood education concerning the anticipation of learning supports to create safe and supportive

schools (Cavanaugh, 2016) may also function as an incentive to create teacher preparation opportunities for teachers utilizing trauma-informed approaches. For this reason, it is necessary for teachers working with children who have experienced trauma to comprehend the significant developmental areas that can be affected by childhood trauma, and to understand how to support resilience through these developmental areas (Cavanaugh, 2016).

Previous research offers mixed evidence about whether teachers' preparation experiences predicts early childhood classroom quality and the children's outcomes. Although some seasoned teachers conveyed feeling confident teaching traumatized children, a qualitative study ascertained that teachers struggled with balancing the needs of traumatized children, other learners, and their own emotional needs; these teachers were uncertain about their role and responsibilities compared to a counselor; or how to behave, talk to, or respond to traumatized children; teachers needed further knowledge and expertise to deliver the best care and education feasible (Alisic, 2012). Jones (2013) determined that reinforcement of caring administrators and colleagues could reduce the likelihood of teachers experiencing secondary trauma from helping traumatized children. Although Chafouleas et al., (2016) recognized current attempts to broaden teacher competence and dedication to address childhood trauma in schools, "controlled studies have yet demonstrated whether professional development and training and organizational support build consensus or competence in trauma-informed approaches" (p. 159). Chafouleas et al. (2016) encouraged research and the creation of tools to measure teacher preparation outcomes, including improvements in teacher knowledge, attitudes, and the

use of trauma informed approaches to better school safety, climate, behaviors and academic performance. Additionally, Baker, Brown, Wilcox, Overstreet, & Arora, (2016) emphasized that there is a definite need for an authentic, trustworthy, and cost-effective evaluation to quantitatively calculate school employee attitudes toward traumatized children and the outcomes of trauma informed preparation implementation.

An understanding of the impact of trauma on children is imperative because research on the prevalence of trauma clearly defines the impact of trauma on brain development, physical and psychological health, social-emotional well-being, behaviors, relationships, and learning within the school setting (Craig, 2016). Federal and state agencies, such as SAMHSA (2017) promote the importance of an educated workforce that focuses on the awareness of trauma sources, signs and symptoms, and the necessary supports to create safe and healing environments. Preparation for teachers is vital: Schools that neglect to focus on the cognitive, social-emotional, and physical influences of trauma place children in jeopardy (Chafouleas et al. 2016). One resolution is to create trauma-informed schools where all staff receive teacher preparation opportunities that focus on Trauma-Informed Care. This would allow for the creation of a cohesive understanding of the effects and symptoms of trauma, the abilities to construct empathetic, trusting, and respectful relationships with children, and the knowledge to offer supports in a universal way so that all children flourish socially, academically, emotionally, giving children the capacity for self-regulation (Cavanaugh, 2016).

Teacher awareness of their role in the children's learning is vital. Understanding the cultural backgrounds and perspectives of ourselves as teachers and the children in our

classrooms is central to being a successful teacher, and one course cannot address the multifaceted assortment of sociopolitical concerns or the enormous knowledge base (Boutte, 2018). Well-designed teacher education programs are critical if teachers are to develop the values, skills, and knowledge that they need to create high-quality classroom environments (La Paro, Schagen, King, & Lipaard, 2017). Teachers' self-efficacy, the belief that they can produce changes in child learning, is one of the most studied aspects of the classroom context (Miller et al., 2017). Hattie (2012) believed that teacher preparation requires teachers to learn new knowledge and skills that will generate extensive and continuing outcomes if the preparation opportunities enhance teacher self-efficacy. Alternately, if teachers are not convinced that they are competent to effectively apply the new knowledge and skills they will discard their attempts if they are unsuccessful getting results or if it is understood as too problematic (Bandura, 1989). Teachers who possess strong beliefs in their capabilities set higher goals for themselves and persist in their efforts to achieve goals and to overcome challenges (Bandura, 1989). Studies indicate teachers with high self-efficacy create positive classroom learning environments with high-quality lesson planning, meaningful instruction, and effective classroom management. Teachers who report a greater self-efficacy in the school environment describe closer relationships with children and interact in ways that increase childrens' behavioral functioning (Poulou, 2017).

Although teachers are essential for schools and promote children's academic success, relatively few studies have been conducted with this group (Brown & Devecchi, 2013), and their teacher preparation needs have been under-researched (Bignold &

Barbera, 2012). The literature showed only one study regarding trauma preparation training for classroom-based classified staff (Anderson, Blitz, & Saastamoinen, 2015). Additionally, the literature failed to indicate that all school employees had taken trauma preparation training. Phifer and Hull (2016) declare that teachers need in-depth, trauma-informed teacher preparation to appreciate the impact of trauma on children. According to Overstreet and Chafouleas (2016), the outcomes of trauma informed professional development have not been completely assessed in a school environment or within the scientific literature. Overstreet and Chafouleas (2016) studied the influence of trauma informed professional development on the knowledge, dispositions, and behaviors toward traumatized children. Evaluating employee opinions regarding the impact of trauma informed professional development on knowledge, dispositions, and behaviors toward traumatized children, school leaders may be better prepared to offer professional focus specific professional development that increases the likelihood of achieving the benefits of a trauma-informed school system. A thorough review of the literature failed to produce a quantitative study on the outcomes of trauma informed professional development for all classified and certified employees within a K-12 public school setting. A few studies have been published that may substantiate the relevance of this study. For example, Baker et al., (2016) conducted a quantitative study to assess the attitudes of human service and certified school employees on trauma informed care implementation. Baker et al. (2016) remarked on the lack of instruments to calculate trauma informed care and the shortage of a clear operational definition as challenges to research. Dorado et al. (2016) utilized a reflective pre-post survey model to assess the learning outcomes of certified

employees within schools who participated in the Healthy Environments and Response to Trauma in Schools (HEARTS) program. Simonich et al. (2015) described the survey results following North Dakota's Treatment Collaborative for Traumatized Youth trauma training in a public school. Finally, a qualitative study conducted by Jones (2013) expressed that no prior studies regarding teacher understanding and response to trauma professional development and proposed additional research be conducted to establish whether trauma professional development would be beneficial at the elementary or secondary grades. The researcher determined that trauma professional development had the ability to confidently influence social change by affording teachers with the skills to support children who have experienced trauma. Teacher support may help children prevent challenging behaviors and improve the children's ability to focus and retain information within the classroom setting allowing children to reach their full learning potential (Jones, 2013).

Research findings also indicated that teachers should receive training in relationship building skills in addition to content knowledge to recognize the social and emotional needs of children (McConnico et al., 2016). Cavanaugh (2016) suggested that teachers take part in professional development to improve social and emotional intelligence capabilities so that teachers are better prepared to shape responsive and deep relationships with children. Dorado et al. (2016) acknowledged that because trauma informed care is still relatively new in schools, there is a lack of research on the effectiveness of trauma informed care. A limited number of research studies were located

in the literature regarding the outcomes of trauma-informed professional development in a K-12 school setting.

Summary and Conclusions

Schools are seeing a drastic increase in the numbers of children who have experienced trauma. Children are expected to attend school and successfully learn; however, these traumatic experiences have a negative effect on children's growth and development. Along with negatively affecting children, the traumatic experiences of children also affect teachers. Teachers suffer from emotional exhaustion, distress, and poor relationships with children (Friedman-Krauss, Raver, Morris, & Jones, 2014) and also experience a higher risk of burn-out or secondary or vicarious trauma (Cieslak et al., 2014; Shoji et al., 2015).

Awareness on teacher preparation and the methods in which these programs are educating teachers for a diverse and changing world has been intensified because there has been a renewed emphasis on teacher quality in the United States. Researchers and policymakers have also criticized teacher preparation programs failing to produce high-quality teachers who are ready for the demands of the classroom (Darling-Hammond, 2016). Participating in insightful conversations with stakeholders to find a new common understanding, forming new points of view and perspectives, allows administrators and teachers to collectively determine appropriate courses of action to take to better support children who have experienced trauma. Social change will be the outcome when teachers have the power to influence the learning and future of a group of children each year, after

a several years the number of children positively affected by this preparation matures substantially.

There must also be procedures to follow teachers into their first years of teaching to allow for the assessment of the impact that teachers are making on their children's' growth and achievement, evidence of their effective teaching strategies, and feedback from teachers regarding their preparation and from their employers regarding their satisfaction with the teacher's performance. Knowing how well teachers are prepared for the teaching profession, as well as gaps that need to be filled in for better preparation and satisfaction, may provide teacher preparation programs with information they need to improve their programs. Trauma-informed care professional development within the school setting is a relatively new notion for school reform efforts (Craig, 2016); therefore, this study adds to the nascent literature.

This study may fill a gap in the literature because although there is research regarding trauma and research regarding teacher preparation, there is a lack of research focusing on how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. This new knowledge in the field could provide teachers with a voice to evaluate teacher preparation experiences which will contribute to the addition and creation of new teacher preparation opportunities that focus specifically on the content of trauma and young children. Focusing on this issue will not only increase teacher knowledge and self-efficacy, but also address children's individual developmental needs and milestones. In Chapter 3, I provide a comprehensive description

of my qualitative study's design. This includes the methodology used to gather data, the manner in which data were received during participant interviews, data analysis, and issues of trustworthiness including credibility, transferability, dependability, confirmability, and ethical procedures.

Chapter 3: Research Methods

Introduction

The purpose of this basic qualitative interview study was to explore how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. I used interviews to collect and investigate data that provided an understanding for how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. In this study I offer an understanding about what preschool teachers believed was needed to be prepared and successful in educating children who have experienced trauma. My research might increase the number of teacher preparation experiences and self-efficacy of teachers who work with children who have experienced trauma.

In this chapter I provide a detailed description of the methodology used to explore how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. Sections of this chapter include an explanation of the research design and rationale, including research questions and the role of the researcher. In addition, the methodology is described in relation to participants, instrument utilization, and plans for data collection and data analysis. The chapter concludes with a discussion about the issues of trustworthiness including credibility, transferability, dependability, confirmability, ethical procedures, and a summary.

Research Design and Rationale

Careful consideration was given in choosing the research design for this study. A basic qualitative approach was used to explore how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. I identified emerging themes from responses to open-ended questions and other types of data (Creswell, 2009; Yin, 2013). This type of research allowed for the exploration of how people interpret experiences, perceive their world, and their experiences (Creswell, 2013; Merriam, 2009). "Qualitative research can lead to information that allows individuals to 'learn' about the phenomenon or to an understanding that provides voice to individuals who may not be heard otherwise" (Creswell, 2012, p. 206). A qualitative approach to research enabled me to carefully investigate preschool teachers' perspectives, thoughts, and feelings regarding their teacher preparation experiences and how these influenced their teaching strategies and supportive environments for educating children who experienced trauma.

It is common in the field of education for researchers to adopt a qualitative inquiry study (Merriam, 2009). A qualitative method of inquiry is employed by researchers to study a phenomenon that occurs in a particular setting and how people affected by the phenomenon react and respond (or not) to the phenomenon in their future behaviors (Yin, 2013). This approach allows participants to share their perspectives and experiences on the central phenomenon under investigation without being influenced by the researcher's perspectives (Creswell, 2012; Rubin & Rubin, 2012). The purpose of this

study was to explore how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. Therefore, in order to understand the participants' perspectives, a qualitative inquiry approach was deemed the most appropriate approach for this study.

A qualitative approach was chosen instead of a quantitative or mixed-methods approach. These two approaches offered different designs regarding the questions to be answered, data collection methods, and the opportunity for generalization. A qualitative approach was the most plausible choice when attempting to understand the perspectives of teacher preparation experiences with teachers educating children who have suffered trauma (Creswell, 2013; Merriam & Tisdell, 2015; Ravitch & Carl, 2016). Quantitative and mixed methods researchers seek to test hypotheses using statistical analysis of data. I did not plan to collect statistical data related to teacher preparation and I did not want to test a hypothesis regarding teacher preparation experiences. Neither approach supported the interpretation of teachers' perspectives regarding teacher preparation experiences. The purpose of this study did not include performing experiments with defined variables and treatments, nor did I want to impose a quantifiable survey on the participants of the study. The conceptual framework presented in this study was intended to guide and enhance the research—not to be tested, as is done in quantitative studies (see Creswell, 2013, p. 18). Based on the characteristics of quantitative and mixed methods approach, these approaches were deemed unsuitable for meeting the objectives of this study.

The purpose of this study was to explore how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. Exploring teacher perspectives through qualitative inquiry allowed themes to emerge based on participants' experiences, feeling, and judgements (Creswell, 2009; Rubin & Rubin, 2012; Saldana, 2016). The value of this study was obtained from the thick, rich descriptions of teachers' perspectives on teacher preparation experiences. To obtain rich, thick explanations from participants, I employed thorough, semi-structured individual interviews to allow for researcher and participant flexibility. My decision to conduct a qualitative approach to inquiry provided the basis for the remainder of this chapter. The design of my study, the methodology, including participant selection, instrumentation, data analysis strategies, and ethical considerations indicated that a qualitative approach best fit the goals of this study. Using the described methodology and conceptual framework, the research questions for my study were constructed.

Research Questions

In my research I identified how teachers' perspectives about teacher preparation experiences (trainings, college courses and professional development) influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. The following research questions guided my study:

RQ1: How do teacher perspectives about teacher preparation experiences (trainings, college courses and professional development) influence their teaching strategies for working with preschool children who have experienced trauma?

RQ2: How do teachers' perspectives about their teacher preparation experiences influence the creation of environments that support teaching preschool children who have experienced trauma?

Role of the Researcher

The role of the researcher as the primary instrument in the data collection and data analysis process is a key attribute in qualitative research (Creswell, 2012; Ravitch & Carl, 2016). As the researcher, my role included interviewing participants, providing positive interactions in a professional, respectful, nonjudgmental manner (see Merriam & Tisdell, 2015) and collecting, recording, transcribing, analyzing, and storing all data. I remained neutral and non-biased by abstaining from arguing, debating, or injecting personal views during the interviews (see Merriam & Tisdell, 2015). In order to receive reliable and descriptive data collection, I established a positive relationship with participants, building a rapport that was authentic and nonjudgmental. This ensured that each participant felt comfortable and a sense of trust during our interactions (see Patton, 2015).

As the researcher, I did not have personal or professional relationships, past or present, with the participants. All participants were from early childhood learning centers with which I had no connections. I had never met or interacted with any teachers at the interview site. Therefore, there was no previous relationships that may have created researcher bias during data collection and analysis (Lodico, Spaulding, & Voegtler, 2010).

Maxwell (2013) accentuated two important quality indicators to the validity of a qualitative research study. They included researcher bias and reactivity. These quality indicators can have an overpowering effect on the results of a study, leading to invalid

conclusions. A researcher's bias includes a subjective activity, and it involves personal beliefs, values and assumptions introduced in a study to influence the outcome (Patton, 2015). Reactivity refers to a researcher's overassertive influence on the setting or participants in a study due to prior engagement with the study's setting, the participants, or the phenomenon (Ravitch & Carl, 2016). To minimize these potential threats, I approached this study with an open mind.

Throughout the research process, I was cognizant of my personal values, opinions, and biases to maintain the ability to put these personal aspects aside (see Merriam & Tisdell, 2015). It was essential to verify that data collection was not manipulated by personal thoughts or feelings (see Merriam & Tisdell, 2015). As an effective researcher, it was important to identify and manage bias (see Patton, 2015) because recognizing and controlling bias produces valid and trustworthy research. I ensured that bias did not affect the study through language, participant selection, or data collection. I reduced questioning bias by asking clear and coherent questions during the interviews, selecting participants who had personal knowledge to answer questions due to their preparation and teaching experiences, and by ordering the questions from general to specific (see Appendix E).

Finally, to reduce bias in personal opinions, experiences, and data analysis, I provided participants with a copy of the interview transcript, as well as a copy of the conclusions to provide clarification and ensure accuracy in content and meaning in its correct context (see Creswell, 2013; Ravitch & Carl, 2016). To further reduce bias and increase objectivity, interview sessions included open-ended, descriptive questions to

empower participants to guide their own responses and reveal in-depth details about their emotions, experiences, perceptions, and reasons for their decisions (see Patton, 2015). Qualitative methods enabled me to consider the participants' thoughts and provide a full description of the participants' belief systems and meanings within the context of the study.

Methodology

Participant Selection and Logic

I exercised purposeful sampling for this study. Purposeful sampling in qualitative research allowed me to choose individuals to participate in the study for specific reasons that resulted from central concepts and contours of the research questions (Ravitch & Carl, 2016). Utilizing purposeful sampling, I collected and examined data from participants who have similar knowledge and experiences (Patton, 2015). The criteria for participant contributions included: preschool teachers with varying years' experience, degrees, and preparation experiences, who also felt they had taught children who experienced trauma. The purposeful sampling was used to explore how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma.

Maxwell (2013) suggested that small sample use for qualitative research studies was beneficial. I searched for between eight and ten participants to achieve data saturation. Using purposeful sampling allowed for the use of small samples, thus minimizing biases that can be caused by random sampling (Miles & Huberman, 1994).

Purposeful sampling was utilized to compare and focus on the causes for variances between settings and individuals. Purposeful sampling accomplished diversity in the population therefore guaranteeing that the outcomes correctly represented the variation within the population and not just the norm or a subset. It was important that the sampling size be selected to fit the goals and the purpose of the research study, the resources available, the questions being asked, and the limitations of the study (Patton, 2015). Selecting sample size will depend on what you want to learn. In-depth and enriched information can be obtained from a small number of participants and prove to be extremely valuable. The validity of qualitative research is based more upon the rich information gained from the study and the analytical proficiency of the researcher than the sample size (Patton, 2015).

To recruit participation for this study, I distributed invitations to the local early learning coalition and two local preschools. The invitation included a summary and purpose of the study, confidentiality procedures, and my name and contact information. Respondents were asked to email me with a description of their experience teaching trauma children and their level of interest in the study. Emails were followed up with a phone call scheduling face to face interviews with ten interested participants. To protect the participants privacy, I used pseudonyms for all individuals. I interviewed participants based on their experience teaching preschool children who have experienced trauma.

Instrumentation

The instruments required for this qualitative interview study included a prepared interview protocol related to the research questions (see Appendix D) and the interview

questions (see Appendix E). The data collection methods that were utilized for this study are in-person interviews with a scheduled time of 60 minutes, personal notes, audio recordings, and transcripts of interviews. To guarantee accurateness, the interviews were recorded on the audio recording device on my cellphone. I communicated with each participant the intent of the recording device being used and gained consent to its use before the start of the interview. I transcribed all interviews immediately following each one by listening to the audio several times and then following up with the participant to ensure accuracy. A 30-minute follow-up interview were scheduled if clarification of any participant's transcripts were needed. The only people accessible to the interview transcripts were my chair, my committee, and myself.

Interview questions were researcher-produced. Interview questions for this study were open-ended and designed to gather the individual perspectives and experiences of preschool teachers by encouraging the teachers to speak freely and openly, sharing personal experiences. Using a semi-structured format allowed for the interviewer flexibility and to empower participants to provide thick, rich, personal descriptions of their previous teacher preparation experiences and explain how it has influenced their teaching strategies and the creation of supportive environments. The sufficiency of the data collection instrument to answer the research questions were established in the following way: the selected instrumentation (a) permitted for more individual, descriptive and higher response rates; (b) enabled control over the order and flow of questions; (c) facilitated a better understanding; and (d) were appropriate for collecting complex data with a greater quantity of information based on opinion (see Abawi, 2013). Data

saturation refers to the point in the research process when no new information is discovered in data analysis, and this redundancy signals to researchers that data collection may cease. Data saturation was reached during the ten in-person interviews, it was noted that the responses to all interview questions were similar.

Table 1

Research Question 1

Conceptual Framework	Interview questions	Relationships
Bandura's theory of self-efficacy	<p>How long have you been teaching preschool?</p> <p>What is your definition of childhood trauma?</p> <p>Tell me about your experiences teaching children who have experienced trauma?</p> <p>Tell me what your concept of teacher preparation experiences are? Can you explain what your own teacher preparation experiences look like?</p> <p>How has your own teacher preparation experiences influenced your teaching strategies and abilities when teaching children who have experienced trauma?</p> <p>What types of preparation experiences do you feel you need or are needed to be successful in regards to teaching children who have experienced trauma?</p>	<p>How have continued experiences directed methods used when teaching children who have experienced trauma?</p> <p>How has increased content knowledge guided strategies and abilities when teaching children who have experienced trauma?</p> <p>What experiences have directed the current strategies used when teaching children who have experienced trauma?</p> <p>What experiences would help increase content knowledge?</p> <p>What past teacher preparation experiences directs the education of children who have experienced trauma?</p> <p>What teacher preparation experiences lead to an increase knowledge base on teaching children with trauma?</p> <p>What type of preparation experiences are needed to increase self-efficacy?</p>

Table 2

Research Question 2

Conceptual framework	Interview questions	Relationships
Bandura's theory of self-efficacy	How long have you been teaching preschool?	How have continued experiences directed methods used when creating environments that support children who have experienced trauma?
	What is your definition of childhood trauma?	How has increased content knowledge guided or motivated the creation of supportive environments with children who have experienced trauma?
	Tell me about your experiences teaching children who have experienced trauma?	What experiences have inspired or motivated you to create or adapt to make the environment more supportive when teaching children who have experienced trauma?
	Tell me what your concept of teacher preparation experiences are?	What experiences would help increase content knowledge which would motivate you to create supportive environments when teaching children who have experienced trauma?
	Can you explain what your own teacher preparation experiences look like?	What teacher preparation experiences in the past directs the education and creation of supportive environments when teaching children who have experienced trauma?

How has your own teacher preparation experiences influenced how you create environments that support teaching preschool children who have experienced trauma?	What teacher preparation experiences lead to an increase knowledge base on teaching children with trauma which leads to the creation of supportive environments?
What types of teacher preparation experiences do you feel you need or are needed to be successful in regards to teaching children who have experienced trauma?	What type of preparation experiences are needed to increase self-efficacy and the creation of supportive environments when teaching children who have experienced trauma

Procedures for Recruitment, Participation, and Data Collection

This study was conducted in a southern state in the United States. Utilizing the assistance of the local early learning coalition and preschool teachers from local preschools invitations to participate in this study were distributed (see Appendix C). A letter seeking permission to conduct the study (see Appendices A and B) and a letter of informed consent was first sent to the center directors of the preschools invited to participate in this study. Purposeful sampling included the voluntary participation of preschool teachers.

After IRB approval, recruiting participants included an invitation via email and flyers in teachers' lounges for voluntary participation with contact information for those interested in participating. Criterion sampling allowed me to select participants based on certain criteria. Criteria for participation in this study included preschool teachers who have taught or are teaching children who have experienced trauma. All potential

participants who met the criteria were asked to participate in the study with a purposeful sampling of ten interviews.

Data collection for this study included individual in-person interviews. Interviews were conducted using an interview protocol, that established the date, time, and location of the interview, name and pseudonym of the interviewees, margins for the interview session, including an explanation of objectives to be attained, time limits, and rationale for participant selection. The initial interview lasted approximately 60 minutes and any follow-up interviews about 30 minutes. Interviews were dated, recorded, and transcribed. Transcribed interviews were shared with participants to ensure accuracy and meaning. Information provided by the participants for this study was kept confidential. Participants were informed they may withdraw from the study anytime without penalty. Data collection for this study was stored electronically with password protections. I will maintain confidentiality by coding the data and storing it for five years in a locked safe. Data collected for this study will be destroyed at the end of five years, consistent with Walden University privacy protection policy of storing sensitive information of research participants. After approval from the IRB, I collected data from interviews over a period of four weeks.

Interviews delivered an in-depth view to the perspectives of participants (see Creswell, 2013; Rubin & Rubin, 2012). A semi-structured format was used to allow for interviewer flexibility and to empower participants to provide thick, rich descriptions (see Creswell, 2013; Rubin & Rubin, 2012) of their perspectives on how teacher preparation experiences influenced their teaching strategies and the creation of supportive

environments for preschool children who have experienced trauma. Ten individual in-person interviews were conducted in settings comfortable and convenient for the participants. Participants were provided with a letter of informed consent prior to the interview, stating that all names and identifying elements would be concealed to protect their identities and ensure confidentiality. Each interview consisted of open-ended questions developed by the researcher, based on the research questions to be completed within a 60-minute timeframe (see Appendix E). Probing and clarifying questions were added, as needed to guarantee adequate data collection. Interview questions considered teachers' perspectives on how teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for working with preschool children who have experienced trauma.

A recording device was set up prior to the interviews. At the beginning of the interviews, participants received an additional copy of the overview of the study, an additional copy of the signed informed consent forms, and the repeated statement that the interview will be recorded. If the participants had no questions, they were asked to sign the consent form if ready to proceed. If participants had any questions, they were answered by me or directed to an appropriate Walden University representative. Participants were urged to speak freely and honestly, and their body language were observed to guarantee a comfort level was being supported. Interviews proceeded after initial introductions and pleasantries.

As the interview began, I explained that a recording device would be used to document the interview, while I take notes by hand. Understanding and consent of the

participant were acknowledged. I used the side margin to record thoughts, reactions, and observations of nonverbal communication. During the interview, I upheld an unbiased posture, payed attention to the use of nonverbal communication such as body language. To conclude the interview, I asked further clarifying questions if needed and reviewed the methods of results dissemination, storage, and confidentiality All interviews were dated, recorded, and transcribed. Transcriptions of interviews were reviewed with participants to check for meaning and accuracy to ensure validity of the study.

Data Analysis Plan

Qualitative data analysis will substantiate or undo ideas with a detailed examination of interpretations and observations. Qualitative data analysis involved several steps. The data analysis process was concurrent and began with the interview process. According to Creswell (2013), Patton (2015), and Rubin and Rubin (2012) data analysis includes organizing and preparing data, reading and reflecting on overall meaning, conducting analysis based on method, producing a description of the people and identifying themes, representing data, and interpreting the larger meaning of data.

Generating meaning from analysis can be the result of numerous approaches. Noting patterns and clusters will enable the researcher to create comparisons constructed on the assimilation of diverse pieces of data (see Miles, Huberman, & Saldana, 2014). The documentation of patterns and clusters will be achieved by coding the interviews. Counting repetitive words and phrases will sharpen the researcher's understanding and the ability to make comparisons (see Miles et al., 2014). Documentation will then be double-checked to record patterns and clusters across all documentation. Using the

information from the patterns, clusters, and repetitious phrases, I used the data to answer the research questions with the next steps for research and education.

Using the transcripts from the interviews and the notes I took allowed me to identify initial concepts and themes. Coding during the interviews assisted with the initial isolation of what is important (see Miles et al., 2014). I then coded interview transcripts by identifying frequently used words from words in the text to sort them to assign a code to describe the meaning of the text (see Creswell, 2012; Saldana, 2016). Codes represented the participants actual words and phrases. Data analysis required an intricate understanding of codes, examining silences, body language, and representing data visually (see Saldana, 2016). Codes provided words or phrases that symbolically represent data (see Saldana, 2016). Coding was recurring and included continuous iterations of finer levels of coding.

On the interview form, I circled key words and phrases based on the similarities across the interviews. I then organized, stored, and coded data using an excel program. This allowed me to locate material easily by sentence, phase, or word. Having the aptitude to search for particular phrases or words enabled me to identify emerging themes. It was important to confirm that the data analysis was conducted thoroughly to understand and explore teachers' perspectives on how teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma.

The coding process was continuous, revising and adjusting as new themes emerged from the responses of participants. To guarantee thorough data analysis, I

examined, and coded interviews separately based on initial codes and emergent codes. I examined and coded interviews together with initial codes drawn from the literature, research questions, and conceptual framework and emergent codes. Lastly, I crosschecked all interview data with the initial and emergent codes. The constant assessment of interview transcripts allowed an exhaustive, systematic research to take place helping to determine patterns in teachers' perspectives on how teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma.

Saldana (2016) described the many coding techniques for analyzing the data from qualitative research studies. Saldana suggested a first-cycle coding method, a transition coding, and a second-cycle coding. I gave special consideration to possible discrepant cases. When writing an analysis, dealing with discrepant cases helps to form a more thorough argument (Merriam & Tisdell, 2015).

Relating key words and literature to the collection of data contributed in the reasoning and explanation of the research. I created codes and identified common themes by reviewing the interviews to gain a deeper understanding of teacher perspectives on how teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. I reviewed and analyzed the themes into all-encompassing results that will clarify each of the two research questions for this study. In Chapter 4, I report on the findings that emerged from this data analysis process.

Issues of Trustworthiness

It was necessary to consider issues of quality and trustworthiness when conducting qualitative research. The components of credibility, transferability, dependability, and confirmability addressed the issues of quality and trustworthiness. Although each research method has its own imperfections, qualitative research is immersed in subjectivity. Qualitative research can be open to researcher bias and misinterpretations because of the data collected and the method in which it was collected. Furthermore, qualitative research lends itself to be relatively small in sample size and not generalizable across the population at large, thus care will be taken to guarantee internal reliability and validity. To ensure quality and trustworthiness for this study I applied appropriate strategies consistently throughout the data collection process so that the findings and outcomes align with the research methods.

Credibility

Credibility refers to a study's findings as plausible or whether the objectives represent a logical outcome. According to Creswell (2013) and Ravitch and Carl (2016), to accurately document meanings from data acquired and to strengthen credibility, at least two validation strategies need to be applied. I was exclusively responsible for gathering all data. Study validity was increased by employing a multitude of data collection methods (Ravitch & Carl, 2016). These data collection methods included audio recordings of the interviews to capture accurate responses, researcher field notes that described the participants' body language and personal thoughts during interviews, and

review of transcripts with participants to confirm data accuracy by confirming the exactness of wording and meaning, findings, and interpretations.

Transferability

Transferability denotes the generalizability of research findings. Transferability may also be plausible if the research findings provide rich detailed description. I used semi-structured interviews and my field notes to obtain rich, thick descriptions to enable the reader to easily connect the critical elements of the study and determine if the study may be transferable to other settings (Creswell, 2013; Ravitch & Carl, 2016; Rubin & Rubin, 2012).

Dependability

Dependability refers to the consistency of methods and procedures employed in a research study (Ravitch & Carl, 2016). It included the management of researcher's bias as well as the application of a uniformed research tool or instrument for the collection of data from participants. I minimized researcher bias by ensuring that the interview instruments are applied uniformly and consistently with each interview. I reminded the participants of the voluntary nature, stating that they were able to withdraw or discontinue their participation from the study at any time. Participant interviews and field notes were used to validate findings of this study. Emerging themes were compared against current literature to corroborate, advance, or disregard the findings.

Confirmability

Confirmability refers to a researcher's objectivity (Ravitch & Carl, 2016). It included the objective view of a researcher as to whether the findings in a study are based

on established procedure of collecting data rather than the influence of a researcher's bias or assumption. The confirmability of the study was addressed by purposely providing detailed explanations of my reflexivity, which established my motivation for conducting the study and any gains I expected from the results. I asked all the participants to verify their responses to ensure that they were represented accurately and to address any concerns on my part that evolved from my ongoing analysis.

Ethical Procedures

I conducted my study and collected any data, after receiving approval and an assigned approval number from the Institutional Review Board (IRB) at Walden University. The IRB approval number received was 06-11-19-0410949. The IRB is a board consisting of members from the campus community established to approve and monitor research, ensure ethical compliance with university standards and federal regulations, and reviews research for possible harm to participants of the research (Walden University, 2016, IRB section, p. 162) This process was designed to protect the rights of the participants in the study. This process required me to summarize the procedures in which I conducted this study and offer evidence that the research methods offer protection to research participants (see Creswell, 2012; Patton, 2015).

Before contacting potential participants, I first communicated with the preschool center directors explaining the research study, reasoning for the study, and asked for approval to interview participants. Center directors then signed the required approvals. The informed consent form clearly explaining the study and guaranteeing the rights of participants' involvement in the study was signed by participants before the study was

conducted. The consent form explained the rights of participants stating that the participants will always be treated with respect and encouraged to speak freely and openly (see Creswell, 2013; Ravitch & Carl, 2016). The Informed Consent also explained that participants were free to withdraw at any time from the proposed study without penalty. I remained committed to protecting the privacy of participants, being aware of any potential harm participants often experience when privacy or confidential protocol is violated (see Creswell, 2012; Ravitch & Carl, 2016).

Participants were provided with a copy of the proposed study which addressed the data collection methods, data analysis procedures, and the dissemination of findings. This research study was conducted with a sensitivity to protect the privacy and confidentiality of participants. Any information gathered from participants were kept in a locked box and will be destroyed after five years in accordance to Walden University's policy on research participants protection and confidential rights.

I adhered to ethical practices and standards throughout this research study. This involved taking necessary preventative measures and abstaining from any harmful behavior. I also explained to participants about the probability of stress associated with participating in the study. A "qualitative researcher must be explicit and self-aware as possible about the inevitable bias that exists in qualitative data collection in order to manage personal assumptions, values and biases" in a study (Miles et al., 2014, p. 321). I was aware of probable biases that may influence the results of this study. I ensured precautions were taken to control person biases when collecting data. Personal biases can potentially alter the outcomes of the study. Approaching this study with an open mind

and being able to clarify my personal beliefs, assumptions, and biases in the beginning allowed me to ensure quality and credibility.

Summary

As more children are exhibiting trauma, teachers need to be prepared to meet the individual needs of these children. This study's findings offer insights on what preschool teachers feel is needed to be prepared and successful in educating children of trauma. Contributions of this study may include not only better teacher preparedness but could also increase the number of teacher preparation experiences specific to understanding trauma, professional development opportunities to support teachers in developing appropriate environments, the increase the self-efficacy of teachers educating children of trauma, and the achievement of developmental milestones for the children who have experienced trauma.

In Chapter 3, I explained the research design, including research approach, instruments, data collect and analysis methods, and ethical considerations. The purpose of this study was to explore and describe how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for teaching preschool children who have experienced trauma. I conducted interviews with 10 participants to explore information that offers an understanding of teachers' perspectives. Using interview transcripts, I compared and contrasted emerging patterns and themes to assist with creating an understanding for the teachers' perspectives. In Chapter 4, I report the findings of the study.

Chapter 4: Results

Introduction

The purpose of this study was to explore how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. The objective was to explore the teacher preparation experiences of teachers and gain insight not only on how these experiences influenced their teaching strategies, but also what teachers believed they needed to be successful in teaching preschool children who have experienced trauma. In Chapter 4, I discuss the study findings after a thorough review of the data collection and analysis procedures.

My data analysis was led by the following research questions:

RQ1: How do teacher perspectives about teacher preparation experiences influence their teaching strategies for working with preschool children who have experienced trauma?

RQ2: How do teachers' perspectives about their teacher preparation experiences influence the creation of environments that support teaching preschool children who have experienced trauma?

Setting

Ten participants were recruited from local preschools and the local early learning coalition to participate in individual face to face interviews. Participants responded with interest to participate in this study by phone or email. A follow-up phone call to participants was used to schedule the in-person interviews. I provided each participant

with a copy of the informed consent, which was signed and returned to me at the time of the interview. Data for this study was collected in a private room at one of the public libraries. Interviews were conducted and recorded using the voice recording application on my cell phone. Once the interviews were conducted, participants were emailed a transcript of the interview so they could review and determine if the data were correct.

Demographics

Ten individuals participated in this study. In order to ensure confidentiality, all 10 participants were assigned a pseudonym/participant number. All were preschool teachers with varying levels of education and teaching experience, and all had experience teaching preschool children who had experienced trauma. Demographic information is displayed in Table 3.

Table 3

Participant Demographics

Participant number	Educational background	Years teaching
P1	Associate degree early childhood	13years
P2	Associate degree in education, Florida's director credential, and the Florida Child Care Professional Credential (FCCPC)	15 years
P3	Bachelor's degree in early childhood and Florida's director credential	30+ years
P4	National CDA and currently pursuing associate degree	6.5 years
P5	Bachelor's degree in educational studies with a specialization in early childhood, and about 80% through master's degree in early childhood program	13 years
P6	Bachelor's degree in psychology and about halfway through a master's degree in psychology	5 years
P7	Bachelor's degree in human development	30 years
P8	FCCPC	2 years
P9	Bachelor's degree in elementary education and Florida director's credential	45 years
P10	Bachelor's degree in elementary and early childhood education with some graduate courses and my Florida's director credential and FCCPC	37 years

As Table 3 shows, participants had varying levels of education and teaching experience. Three participants had a Florida Child Care Professional Credential

(FCCPC), which is awarded after training, the preparation of a professional resource file, the accumulation of 480 hours of direct work with children, and the successful completion of the advisor observation and verification of meeting. One participant had a National Child Development Associate (CDA) degree, which included 120 formal early childhood education training, 480 hours of professional experience in the appropriate age group, a formal observation by a Council for Professional Recognition certified Professional Development Specialist, a computer based CDA examination, and a statement of ethical conduct. Four of the participants had the Florida Director's Credential, which enables them to manage early childhood facilities. Two participants had an associate degree and one is pursuing an associate degree. Six participants had a bachelor's degree and two of them are pursuing a master's degree. Three participants had less than 10 years of experience teaching preschool children. Three participants had between 11- and 20-years' experience. One participant had 30 years of teaching experience, and three participants had over 30 years of teaching experience. The varying education and experience levels of the participants enabled me to gather rich and descriptive data.

Data Collection

Data were collected through in-person interviews from 10 participants. Each interview was recorded through the voice recorder application on my cell phone. Open-ended questions were asked, and participants were encouraged to give descriptive responses sharing their experiences, thoughts, and feelings on research topic. I transcribed all interviews with the Microsoft Word transcribe feature. Interviews were

conducted from June 24, 2019 to July 22, 2019. Each interview started by building a rapport with the participants, providing an explanation of the study and information in (see Appendix D), confirmation of the consent form with signature, inquiring for any questions or concerns, and thanking the participants for their time. The participants were then asked questions (see Appendix E). Participants in the interview showed no signs of duress or withdrawal during the data collection. At the conclusion of each interview, I thanked each participant for their time and explained they would receive a transcript of the interview via email as a way to check for accuracy of content and meaning.

After each interview was completed, the audio recording was transferred from my cell phone and transcribed and saved to my password protected computer. Transcripts were emailed to participants to check for accuracy and meaning. No adjustments to the transcripts were needed. Each interview took approximately 15 to 20 minutes. There were no variations in the data collection process from the plan presented in Chapter 3. There were no unusual circumstances encountered in the data collection process.

Data Analysis

After ensuring that the data from the transcripts were accurate, all transcripts were printed to improve the discovery of key words, patterns, and themes, making it easier to highlight. All data from the interviews were put into a Microsoft Excel spreadsheet with rows to represent the interview questions and columns for the participant responses and my notes. During the interviews, observations were written down and recurring words from the participants responses were highlighted. My interview notes were documented to avoid misinterpreting the meaning of the data subsequently. Responses and my notes

were continually reviewed to find repeating key words and concepts, identify patterns, and to guarantee significant data were not ignored. Each key word and pattern were highlighted.

Once the thorough identification of recurring words, patterns, and themes occurred, the analysis accumulated 112 key words and concepts directly connected to the research questions. Repeated investigation, consideration, and grouping of similar terms and concepts led to the creation of 6 themes. These themes were developed using my interpretations of the data collected. The importance of each developing theme was clarified as it related to each of the research questions. As the researcher, I utilized my notes, the interviews, the audio recordings, and the review of transcripts for accuracy and meaning. Analysis confirmed that participant responses supported each other and there were no discrepant outliers.

Table 4 displays the key words and concepts that were repeated throughout interview transcripts. After continually reading through the transcripts and key words and concepts I was able to place each of these into six specific themes: (a) the definition of childhood trauma, (b) formal/college courses, (c), teacher preparation (trainings and professional development), (d) self-efficacy, (e) the need for more teacher preparation experiences, and (f) strategies implemented. Using the information and personal quotes from participants regarding these themes, I was able to answer the following two research questions:

RQ1: How do teacher perspectives about teacher preparation experiences influence their teaching strategies for working with preschool children who have experienced trauma?

RQ2: How do teachers' perspectives about their teacher preparation experiences influence the creation of environments that support teaching preschool children who have experienced trauma?

Table 4

Key Words and Concepts to Six Themes

Associates degree	Adverse effects	Trauma is broad	Lesson plans	Researching	No college courses	Local trainings
Must have empathy	Knowing individual preferences of child	Room arrangement	Pictures of emotions	Bachelor's degree	Emotional abuse	Encompasses a lot
Scary low in this field	Maybe some	Trainings on not child fault	Relationship building left out	No follow up	Getting down to eye level	Each child has own space
Visual cues-schedules	More trainings	More materials	All education programs should have trauma courses	Parent coaching	Working on master's degree	Alcoholism
Medical trauma	Being prepared	Clinical experiences	No formal education	Looking beyond behavior strategies	Helping child calm down	Overwhelmed too many strategies
Keeping children as calm as can	Consistency	Recognizing the importance of trauma care	Identifying symptoms of trauma	National CDA	Accidents	Not feeling loved
Webinars	Special needs focus on accommodation	Workshops	Building relationships	Quiet area	Flexibility	Continually updating trainings
Site coaching	Director credential	Neglect	Talking to others	Children feed of energy	Knowing how to apply	Tucker the Turtle
Strategies do not work with all children	Safe space	Trainings not just one and done	Need college level courses	Parent trainings	Events that effect development	Drug addiction
Seen	Protective factors	Information on child/family	Exploring different strategies	Behaviors communicate child's needs	Courses focus on	Local trainings or

					child development	professional development
Conscious discipline	Help children feel safe	No running spaces	Child choices	Pictures of family	Trainings coupled with coaching	Be a great listener
Understanding long term effects	Trainings on behaviors being seen	What can be done to help children of trauma	Empowerment versus discipline	Bringing strategies into classroom to try	Free to explore classroom	Role play trainings
Negative effects	Heard	Training	Behavior management left out	Routines	Pictures of calm	Teacher toolbox to help with solutions
Not just one demographic	Frightening experiences	Continuing education	Focus on lesson planning	Inviting families in	Daily routines	Understanding why
Not feeling safe	Practicing Tools	Physical abuse	Employer/ community training	Making family feel safe	Training on teacher triggers	7 disciplines of conscious discipline
Reading	Explains how to deal with certain situations	Need coaching	Mental abuse	Being flexible	Pictures of things child likes	Teachers not fully invested - burnout

Evidence of Trustworthiness

Issues of quality and trustworthiness were considered as I conducted this basic qualitative research study. The components of credibility, transferability, dependability, and confirmability address the issues of quality and trustworthiness. To ensure quality and trustworthiness for this study I applied appropriate strategies mentioned consistently throughout the data collection process so that the findings and outcomes align with the research methods.

Credibility

According to Creswell (2013) and Ravitch and Carl (2016), to accurately document meanings from data acquired and to strengthen credibility, at least two validation strategies need to be applied. I was exclusively responsible for gathering all data for this study. Validity were increased by employing a multitude of data collection methods including audio recordings of the interviews to capture accurate responses,

researcher field notes describing the participants' body language and personal thoughts during interviews and reviewing transcripts with participants to confirm data accuracy by confirming the exactness of transcripts, findings, and interpretations.

Transferability

Transferability conveys the generalizability of research findings. Transferability is plausible if the research findings provide rich detailed description. I utilized semi-structured interviews and my field notes to obtain rich, thick descriptions that enabled the reader to easily connect the critical elements of the study and determine if the study may be transferable to other settings.

Dependability

In Chapter 3, I stated that dependability not only refers to the consistency of methods and procedures employed in a research study but includes the management of researcher's bias. I minimized researcher bias by ensuring that the interview instruments were applied uniformly and consistently with each interview. I reminded the participants of the voluntary nature, stating that they were able to withdraw or discontinue their participation from the study at any time. Participant interviews, participant review of transcripts for accuracy and meaning, and field notes were used to validate findings of this study. Emerging themes were compared against current literature to corroborate, advance, or disregard the findings.

Confirmability

Confirmability refers to a researcher's objectivity (Ravitch & Carl, 2016). It includes the objective view of a researcher as to whether the findings in a study are based

on established procedure of collecting data rather than the influence of a researcher's bias or assumption. The confirmability of the study was addressed by purposely providing detailed explanations of my reflexivity which established my motivation for conducting the study and any gains I expected from the results. I asked all of the participants to verify their responses to ensure that they were represented accurately and to address any concerns on my part that evolved from my ongoing analysis.

Results

The findings of this study are organized in correlation to the themes constructed from the analysis of the interviews I conducted with 10 preschool teachers who have had experience teaching children who have experienced trauma. The two research questions guided the interview questions. All 10 participants appeared to be enthusiastic about their participation and responded to the best of their abilities with honesty, using clear and descriptive answers. The data gathered from the participants in the interviews not only enabled me to comprehensively answer the research questions, but also provided some insight on future recommendations. According to the participants, teacher preparation experiences did influence their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. Additionally, all of the participants noted that there were no college courses specifically targeting childhood trauma and all of the participants felt there needs to be the creation of not only more teacher preparation experiences at the college level but more in depth trainings and professional development opportunities as well.

Results: Research Question 1

The following discoveries are outcomes of data related to Research Question 1. RQ 1 states: How do teacher perspectives about teacher preparation experiences (trainings, college courses and professional development) influence their teaching strategies for working with preschool children who have experienced trauma? When exploring RQ 1, some common themes that were discovered include: (a) childhood trauma, (b) formal/college courses, (c) teacher preparation (trainings, professional development, individual research), (d) self-efficacy, (e) the need for more professional development, and (f) strategies implemented.

Participants definition of childhood trauma. All of the participants expressed that early childhood trauma is an event(s) that negatively or adversely affects a child. Such events may include physical or emotional abuse, neglect, domestic violence, financial insecurity, drug or alcohol abuse, an accident, death of a loved one, moving a lot, or homelessness. Participant 5 stated that trauma “really encompasses a lot of things. You immediately start to think about what kind of events would cause trauma, but you also know the same event could happen to two different children with different reactions.” Participant 2 shared that childhood trauma could be “seeing your mom and dad fight continuously, not feeling loved, or not feeling safe and secure.” Participant 3 stated childhood trauma is “any situation that upsets the world of a child.” Participant 4 shared that trauma is “anything that children have experienced negative, accidents, abuse, mental abuse, anything that can have a negative effect on them.” Participants also communicated that preschool children who have experienced trauma show symptoms in

the classroom that can include: behavioral issues such as aggression, spontaneous or erratic behaviors, not being able to regulate or identify their emotions, running away, hiding, wanting to be alone, not being able to communicate, not being able to trust, and attention seeking behaviors whether positive or negative. Every participant stated that childhood trauma was extremely detrimental to a young child's physical and cognitive development.

Formal/college courses. All of the participants who had either taken college courses, in pursuit of a degree, or have their degree stated that they did not recall every haven taken a course specifically on childhood trauma. Participant 1 had no college courses on trauma, but more courses on how to handle children with special needs. Participant 3 stated "We touched upon it in college, but nothing in depth or specific as the trainings in the community." Participant 10 shared that it had been many years since she had taken college courses, but "my education in college did not handle anything like that. That was special education." All participants mentioned that they felt courses on trauma should be integrated into all college level education programs: early childhood, elementary, and secondary.

All of the participants mentioned that they could not recall any formal education being offered focusing on the topic of childhood trauma, and some commented on the need for more content specific formal education. Participant 1 said "Colleges need to offer a course that doesn't briefly go over each type of trauma but a course that at least covers enough of the trauma categories to where teachers have the skills so they can identify it and have the skills to not only just identify but be able to help that child."

Participant 3 stated “my teacher preparation was mainly workshops and trainings probably more so than college. We touch upon it in college but not nothing in depth as the trainings do in the community. Definitely a need for more.” Participant 4, who is currently in a degree program commented that “I have not yet had any courses specific to trauma.” Participant 5 said, “I do not remember anything from formal education that really focuses on trauma informed care. Even like behavior and classroom management even more generally in formal education was like kind of lacking like it was very much more focused on curriculum kind of things and not so much on those other pieces that are in a lot of ways like the more difficult part of teaching.” Participant 6 stated, “There should be college courses in each program that focuses on trauma.”

Teacher preparation (trainings, professional development, individual research). All of the participants commented that all of their teacher preparation on the topic of childhood trauma took the form of trainings, professional development, and some individual research. These teacher preparation experiences were either two-hour trainings, a limited series of 10 two-hour trainings, or an all-day professional development opportunity (see Table 4). The trainings included the definition of childhood trauma, the short-term and long-term effects on a child’s development, signs of trauma in the classroom, and strategies to be utilized in the classroom. Some of the trainings and professional development experiences were trainings on Conscious Discipline, Nurturing Families, emotional state of the brain, the ACE study, and Looking Beyond Behaviors. Participants had three points of view from the trainings and professional development experiences. Participant 6 said the trainings were “extremely helpful in knowing that it is

not the child's fault if they have experienced trauma. I have used trainings to make others understand about trauma." Several participants felt these experiences were too vague with not enough information, or that these experiences gave them so many strategies to try so they did not know which ones to use and when to use them and were feeling extremely overwhelmed. Participant 5 communicated that "when you throw a ton of different strategies at them it doesn't really work. It is hard to then go back and take those like ten strategies and now make them a part of your practice especially without any type of support." Some participants found that as they were feeling frustrated in the classroom, especially when childhood trauma was being displayed in high levels, they did their own research. Participant 7 shared "I started doing a lot of research on my own, so I did learn a lot through the Center on the Social Emotional Foundations for Early Learning (CSEFEL) website for social emotional development in using the pyramid model. Then fortunately in the area, regionally, people started to realize that it was a missing gap, so I did an informed train the trainer trauma training." This individual's research included lots of reading and gathering new information and enrolling in webinars. Table 5 shows the types of teacher preparation each participant had.

Table 5

Participant Teacher Preparation Experiences Specifically on Childhood Trauma

Participant number	Formal education/college courses	Trainings	Professional development	Independent research
1		X	X	
2		X	X	
3		X	X	
4		X	X	
5		X	X	
6		X	X	
7		X	X	X
8		X	X	
9		X	X	
10		X	X	

Table 5 shows that all participants had taken part in some sort of teacher preparation opportunities focusing on childhood trauma before teaching children who had experienced trauma. As noted in the table, none of the participants had any formal education or college courses specifically on the topic of childhood trauma. Participants stated that college courses focused on special needs, but not specifically trauma. All of the participants gathered knowledge regarding childhood trauma through the utilization of trainings and professional development experiences. One of the participants

commented that after some frustration in the classroom, she started to conduct her own independent research on childhood trauma.

Self-efficacy. In order for participants to believe that they could influence the children who have experienced trauma, they must feel confident in their abilities to apply the strategies they have learned. Participant 8 said, “Personally, the more preparation I got, the more prepared I feel in the classroom.” Participant 1 stated “No matter how long a teacher has been in the field, I think in service should focus on trauma. Not only is it a great refresher, but it adds to the knowledge we have, helps me to realize I am not alone with my frustration, and gives me the confidence to try new things.” Participant 3 remarked that teacher preparation “influenced me to stay calm. The more trainings and education I got about trauma, the more I realized I must stay calm to be able to try the strategies they were teaching us.” Participant 5 said, “Building my knowledge helped to build my confidence, but also realizing the importance of emotional peace. I think emotional peace also gives others the confidence to attempt strategies they have learned.” Participant 2 commented that “As I received more information, I gained the confidence to share with others what I had learned.” The participants felt that their own self-efficacy depended on how much knowledge they had gathered on a particular subject. They also felt that confidence played a major role in attempting strategies they had learned in the teacher preparation experiences. The participants all noted that there was a need for more teacher preparation to continually build on their levels of confidence, effectiveness, and success when teaching children who have experienced trauma.

The need for more teacher preparation. The participants shared that frequently they did not feel prepared and more college courses, trainings, and professional development are needed. Participants felt that colleges needed to create trauma courses for all education majors. Most of the teacher preparation opportunities the participants experienced were what they called a brief overview. There was no follow-up, reinforcement, or reassurance that they had comprehended the material and that they were using information from the trainings correctly. Participant 1 felt trainings that “at least covers enough of the trauma categories to where teachers have the skill so they can identify it and know how to and be able to help that child” are needed. Participant 8 would like to see classes that focus specifically on children’s behavior problems, where the behaviors come from, and what to do and how to incorporate that into your teaching and lesson plans. Participant 9 felt that “teachers should also be getting some kind of onsite coaching from people who are more experienced with children of trauma.” Participant 3 shared that “even with all the workshops and trainings, we will take, for example, Conscious Discipline, we always focus on the child and we don’t focus on the teachers. I finally figured out the missing piece is that there are 7 disciplines of Conscious Discipline for adults and that is a training that is not given, or I have not seen yet. By addressing the adult piece, we can create better atmospheres and better learning environments for the children.”

Strategies implemented. Although all of the participants felt their own teacher preparation experiences regarding preschool children who have experienced trauma was not enough, all of the participants agreed that they had implemented strategies from their

individual preparation experiences. Some strategies the participants implemented are lesson planning for children's individual needs, understanding that behaviors are communicating a need, using positive language, utilizing empowerment versus discipline, being calm, flexible, and consistent, and continually attending trainings. Participant 2 noted "for me, it is important to continue going to trainings. This helps me to always be prepared. When I feel prepared, I am calmer and more consistent." Participant 3 said, "With every training I remember that every child is different and what might work strategy wise might not work with each child. I need to be mindful of that." Participant 4 noted that "My preparation makes me better prepared because I can look back on the trainings and use different ways to deal with specific situations. It has helped me to realize these children are trying to communicate a need whether it is anger, hunger, I don't like how someone is treating me, etc." Participant 6 remarked that "My teacher preparation experiences have continually taught me the importance of remaining calm in the classroom." Participant 7 said "it has taught me that not every child is at the same level, so I know that when I do lesson planning, I need to be accommodating to the children's specific needs remembering to be empowering and using positive language." Participant 9 commented "I try to take what the experts have said and then try to relate them to the behaviors I am seeing with a particular child then follow the suggested interventions."

Participants were able to answer RQ1 using the rich, thick, descriptive responses used in the interview questions. The participants had a full understanding of what childhood trauma encompassed. All of the participants teacher preparation experiences

consisted of trainings, professional development opportunities, and individual research. Not one of the participants had had any formal or college courses on the topic of childhood trauma. The participants had taken trainings and profession development, but still felt more was needed in the field. Additionally, even though the participants felt as though they needed more teacher preparation opportunities, what they had received had influenced the teaching strategies they used in the classroom.

Results: Research Question 2

The following conclusions are outcomes of data related to Research Question 2. RQ 2 states: How do teachers' perspectives about their teacher preparation experiences influence the creation of environments that support teaching preschool children who have experienced trauma? When investigating RQ 2, the themes that emerged were: (a) formal/college courses, (b) teacher preparation (trainings, professional development), (c) the need for more teacher preparation, and (d) strategies implemented.

Formal/college course. All of the participants commented that none of the formal or college courses they had taken specifically focused on childhood trauma or on how to create a supportive environment for children who have experienced trauma. Two of the participants mentioned that there was some course work on special needs and the young child. One participant commented that the formal education she had participated in were courses that focused on child development, curriculum and lesson planning. College courses lacked information regarding classroom management, specific behavior techniques, developing a supportive environment, and the importance of building strong relationships with the children and families. All participants mentioned that they felt

courses on trauma should be integrated into all college level education programs: early childhood, elementary, and secondary.

Participant 5 stated repeatedly, “I do not remember anything from formal education that focused on trauma informed care or how to set up a classroom that would support children of trauma.” Participant 6 said, “I had absolutely no courses on how to create a supportive environment. I feel as a beginning teacher I needed someone to tell me how to set up a classroom that would accommodate all of the children.”

Teacher preparation (trainings, professional development). The participants all had trainings and professional development opportunities. None of the participants participated in formal/college courses focusing on trauma. All responded that their trainings had taken place in their local communities. These experiences ranged from quick one to two-hour trainings to all day (8 hour) professional development days. Participants commented that the trainings and professional development opportunities focused on basic information regarding childhood trauma and very few targeted how to create a supportive environment. All of the participants commented that teacher preparation should include being as prepared as possible, utilizing not only trainings and college courses that are offered, but by researching and exploring strategies and techniques to best assist the children. Participants wanted the knowledge and tools to best create their classroom environments that would result in supporting the children in becoming successful in school.

Participant 1 noted that “Most of my trainings consisted of watching videos of children’s behavior or different types of trauma. There was nothing in depth that covered

how to arrange a classroom.” Participant 3 said, “I have participated in a lot of Conscious Discipline trainings that deal with teacher-child interactions, language used by teachers, and empowering children, not so much of creating a supportive environment.” Participant 5 noted that “The trainings I took were about how to facilitate activities and how to pick materials. They were definitely missing pieces like creating environments which I feel are extremely important.” Interestingly, Participant 10 strongly suggested that parents also play a role in teacher preparation. It is not only important to build the relationships with the parents, “but parent trainings focusing on behaviors of children, child development, and setting routines to strengthen those partnerships would be helpful.”

The need for more teacher preparation. All of the participants felt they had learned from the teacher preparation experiences they had participated in, but also felt there were not enough teacher preparation experiences regarding creating supportive environments for children who had experienced trauma. The participants mentioned that they were able to incorporate what they had learned from their teacher preparation into the creation of supportive environments. The participants not only felt they needed a great deal more in depth teacher preparation experiences on creating a supportive environment, but these opportunities need to include more topic related information and onsite coaching and mentoring. All of the participants expressed the need for all teachers to be required to participate in some sort of trauma training that involved more than the 2 hour or 8-hour training opportunities. Alternatively, all of the participants stated that teacher preparation needs to be topic specific with continuous follow-up, two participants also commented of the challenge of participants attending teacher preparation

opportunities. The challenge is time. Most trainings are at night, after a full day of work. Also, some teachers have families or second jobs that need attention when not working at the schools. This means the only teacher preparation opportunities available are the quick ones or the all-day professional development.

Participant 4 remarked that she would “like more trainings that built upon each other that maybe included roleplaying activities. This would help me to remember more as you bring it to the classroom.” Participant 5 felt that “In general, in this field, I think teacher preparation is scary low.” Participant 5 was speaking specifically about teacher preparation experiences regarding childhood trauma in the southern state where she lives. Participant 7 said “Trauma is a hot topic but there is not enough training for it. Teachers should be given tools for their teach toolbox that shows how to help create a supportive environment because old methods don’t work.” Participant 9 stated that “All teachers could use more coaching and positive feedback when learning how to create supportive environments for children who have experienced trauma.” Finally, Participant 10 commented “Teachers need more. They need someone in the schools and centers that directs what we need to help with the children’s issues.

Strategies implemented. This theme focused on how the participants created an environment that supported children who have experienced trauma. Strategies participants used were creating a calm environment, room arrangement, the use of visual cues, and the importance of consistency and routines. This entailed not only making the classroom environment warm and inviting for the children and families, but also ensuring each classroom has a safe space or cozy corner. Participant 2 said “Having a safe place is

important. This allows a child to go and calm down or just have time alone if needed.”

Participant 4 noted that a safe space or cozy corner “is a soft area with pillows, pictures of feelings, stress balls, paper and crayons, whatever is needed, and pictures of breathing exercises to assist with regulation of feelings.” Participant 5 commented that “A safe space or cozy corner is an area in the classroom where children can go to be alone, calm unsafe feelings, relax, or self-regulate emotions.” Participants agreed that room arrangement is key. Participant 1 said, “It is very important to have certain areas away from each other.” Participant 6 noted that “It is important to strategically place active and loud learning centers together and the quiet learning centers together.” Participant 9 stated “When setting up a room, I must allow space for children to work independently and/or space to work in groups.” The participants also expressed the importance of visual cues to assist with routines and consistency. Participant 7 said “I use a lot of visuals such as signs with pictures and words that communicate the daily schedule, emotions, personal spaces such as cubbies, pictures of the children’s families, pictures of things that are calm, and pictures of the classroom/school rules and expectations. This helps me and the children with daily routines and consistency. My room is more calm when we are following routines.” Participant 5 commented that she finds that “the visual cues posted in the classroom help with problem solving and helping the children know what to expect next. All of the participants also communicated and stressed several times the importance of consistency and daily routines.

Participants were able to answer RQ2 using valuable, abundant, and explanatory responses to the interview questions. Participants had some teacher preparation

experiences such as trainings and professional development regarding creating supportive environments for children who had experienced trauma, but no specific formal education/college courses regarding this topic. In order to support children who have experienced trauma, participants would like to see more teacher preparation opportunities that involve roleplaying, coaching, and feedback. Even though the participants felt there were not enough teacher preparation experiences regarding how to create a supportive environment, they did feel they were able to implement what strategies they learned.

Summary

Interpretation of the results of my research indicate that teachers' perspectives about teacher preparation experiences definitely, influenced their teaching strategies, as well as, the creation of supportive environments when working with preschool children who have experienced trauma. Utilizing in-depth in-person interviews and my researcher notes, the qualitative approach to this study enabled me to seek a deeper understanding of the teachers' perspectives on how teacher preparation experiences influenced their teaching strategies and the creation of supportive environments.

Results of data collected were presented in this chapter. Numerous searches of the transcripts identified 112 key words directly associated to my research questions.

According to my interpretation of meaning, the key words helped to develop six themes:

(a) knowledge of childhood trauma, (b) no formal education or college courses, (c) most of the teacher preparation experiences occurred through trainings, professional development, and individual research, (d) all participants felt more teacher preparation is needed, (e) all participants did adopt strategies that influenced how they taught children

who had experienced trauma, and (f) teachers created environments that supported preschool children who experienced trauma. These themes enabled me to answer the two research questions.

RQ1: How do teacher perspectives about teacher preparation experiences (trainings, college courses and professional development) influence their teaching strategies for working with preschool children who have experienced trauma? All of the participants felt there is a need for more teacher preparation experiences for teachers who are teaching children who have experienced trauma, but participants also felt that the teacher preparation experiences they have had did influence the strategies they used in the classroom. The teacher preparation experiences have taught the teachers to look at the children differently. For example, Participant 1 stated that it is not “what is wrong with this child, but what has happened to this child.” A child’s challenging behaviors are a way of communicating needs. It is a good reminder that each child is unique and learns differently. It is extremely important to be prepared for your day by planning many activities. Data collected from the participant interview responses to RQ1 revealed that overall, teacher preparation experiences identified the needs for accommodations, flexibility, and consistency.

RQ2: How do teachers’ perspectives about their teacher preparation experiences influence the creation of environments that support teaching preschool children who have experienced trauma? Again, all of the participants stated there is a need for more teacher preparation experiences, the teachers felt their own teacher preparation experiences did influence how they created supportive environments that would support children who

experienced trauma. These teacher preparation opportunities have not only taught the teachers the importance of remaining calm in the classroom, but also the importance of room arrangement and visual cues. The participants stated that there should be large enough learning centers, so everyone had enough space. Quiet centers should be placed near other quiet center and the more active centers should be placed with more active centers. All participants commented that each room should have a safe place or cozy corner. This is a soft area suitable for only one child at a time. Participants stated that this center should contain pictures of feelings, breathing techniques to calm down, and other items that would help a child regulate feelings. The participants also commented that the teacher preparation experiences stressed the importance of not only setting routines and consistency but the use of visual cues. Visual cues help to show the children what is expected. The overall response to RQ2 was that classrooms should have a safe place and teachers should set up visual cues for daily schedules, rules, personal space, emotions, and ways to self-regulate.

In Chapter 4, I presented the results of the study in this chapter in the form of themes generated from my face to face interviews with the 10 participants. These themes reflect the perspectives of the participants regarding how teacher preparation experiences influenced their teaching strategies and the creation of supportive environments when working with children who have experienced trauma. The interpretation of the findings, limitations, recommendations, implications, and conclusions are addressed in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to explore how teachers' perspectives about how teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for preschool children who have experienced trauma. This study was conducted to fill the gap in knowledge regarding how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and how they created supportive environments for working with children who have experienced trauma (see Alisic, 2012; Smyth, 2017).

This study was qualitative in design to gain rich, descriptive data about the teachers' perspectives regarding how their teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for children who have experienced trauma. The central research questions that guided this research were the following:

RQ1: How do teacher perspectives about teacher preparation experiences (trainings, college courses and professional development) influence their teaching strategies for working with preschool children who have experienced trauma?

RQ2: How do teachers' perspectives about their teacher preparation experiences influence the creation of environments that support teaching preschool children who have experienced trauma?

In this study, I focused on the teacher preparation experiences regarding childhood trauma with 10 participants who were preschool teachers. Many children display visible detrimental signs of trauma, specifically in the areas of social-emotional development and academic success. Therefore, it is vital that teachers gain more knowledge about the symptoms of trauma and how to create supportive environments (see Simonich et al., 2015). The increasing number of children who have experienced trauma (see Perfect, Turley, Carlson, Yohanna, & Saint Gilles, 2016) makes it necessary for teachers to be equipped with knowledge and awareness about childhood trauma (see Craig, 2016; Simonich et al., 2015).

In Chapter 2, I examined research regarding how teacher preparation experiences influenced teaching strategies and the creation of supportive environments for teaching children who have experienced trauma. Research had been conducted on the definition and outcomes of trauma and teacher preparation experiences. However, a gap existed regarding teacher preparation experiences and teacher perspectives on how these experiences influenced teaching strategies and the creation of supportive environments for teaching children who have experienced trauma. In Chapter 3, I outlined the methodology and data collection procedures for this research study. In Chapter 4, I shared the results gathered after I conducted 10 in-person interviews. The interviews provided a rich, descriptive understanding of the teachers' perspectives.

The outcomes of these interviews established that teacher preparation experiences influenced teaching strategies and the creation of supportive environments for teaching children who have experienced trauma. Although all participants believed that their

teacher preparation experiences influenced the teaching strategies they used in the classroom, all participants expressed the need for more teacher preparation experiences. Key strategies utilized in the classroom by the participants included the use and creation of accommodations, flexibility, and consistency. All participants also reported that their teacher preparation experiences influenced how they created supportive environments for children who have experienced trauma. From the teacher preparation experiences, the participants not only learned teaching strategies to be utilized in classroom, but they also learned the importance of remaining calm, as well as the importance of room arrangement and visual cues. The participants stressed the need for the addition of teacher preparation experiences that focus on childhood trauma. My research contributes to the gap in knowledge and literature and has potential positive social outcomes for teachers' and children. Chapter 5 is arranged in five sections: (a) an interpretation of study findings, (b) limitations of the study, (c) recommendations for future studies, (d) implications of social change, and (e) a conclusion.

Interpretation of Findings

My interpretations of the findings for this qualitative study were based on the interviews of the 10 participants and my researcher notes, as well as the literature and conceptual frameworks described in Chapter 2. I considered the literature reviewed in Chapter 2 and Bandura's theory of self- efficacy as the conceptual framework while interpreting the data from the interviews and notes. The outcomes of this study were then developed by the interpretations in the context of the literature and in the context of the conceptual framework examined in Chapter 2.

Children are suffering from trauma in great numbers and are required to attend school daily and exhibit success in learning. The NCTSN (n.d.) stated that each year, more than 10 million children in the United States experience trauma. Childhood trauma is a significant public health threat that adversely impacts health and social, emotional, and cognitive development (McConnico et al., 2016). Detrimental impacts on a child's learning and overall classroom experience can result from recurring trauma. This causes noticeable obstacles for teachers (Mortensen & Barnett, 2016). When teachers are exposed to this trauma, professional performance and quality of life is weakened. Teachers play an important role in recognizing and responding to children presenting with symptoms of trauma in the classroom, mitigating possible adverse impacts on their education (Smyth, 2017). The participants in this study reported the necessity of providing teachers with content specific teacher preparation experiences.

This study explored and described teachers' perspectives regarding how their teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for with children who have experienced trauma. The participants believed that teacher preparation experiences contributed to the teaching strategies used in the classroom and how they arranged the classroom environment to support preschool children who have experienced trauma. However, the participants also expressed that more teacher preparation opportunities regarding childhood trauma need to be created.

Teacher Preparation

Well-designed teacher education programs are essential if teachers are to cultivate the values, skills, and knowledge that they need to create high-quality classroom environments (La Paro et al., 2017). Limited universities educate student teachers how to recognize and teach traumatized children (Wong, 2008). Participants in this study received their teacher preparation experiences through local trainings and professional development opportunities. None of the participants could remember taking any formal education or college courses regarding childhood trauma.

As a result of schools recognizing their responsibility for their part in addressing children's emotional and behavioral needs, teachers have expressed the need for trauma training (Baweja et al., 2016). Although the participants in this study communicated that their teacher preparation experiences influenced the teaching strategies used and the creation of supportive environments, the participants still believed that more trauma specific teacher preparation was needed at all levels. The participants also expressed a need for trauma specific trainings that not only define trauma and the symptoms of trauma, but also offer more comprehensive preparation that includes appropriate responses to specific symptoms. Half of the participants declared that teachers need in-depth, trauma-informed teacher preparation to appreciate the impact of trauma on children (see Phifer & Hull, 2016). Three of participants also suggested that teachers needed the teacher preparation experiences to be more than a lecture. These participants would like to see preparation experiences that include follow-up from the trainings, site visits, coaching, and mentoring. Providing teachers with adequate teacher preparation

opportunities that introduce strategies that support resilience and the building of protective factors can assist children with being successful at meeting developmental milestones and help teachers overcome stress and burnout (Jennings, 2014; Maier-Höfer, 2015).

For all children to flourish socially, academically, and emotionally with the ability for self-regulation, it is necessary to create preschools in which all teachers receive teacher preparation opportunities. The opportunities should create a cohesive understanding of the impact and signs of trauma; the skills to build empathetic, trusting, and respectful relationships with children; and the know-how to provide assistance in a comprehensive manner (Cole et al., 2013). The participants in this study all commented that from their teacher preparation experiences they were able to gain knowledge of strategies that would assist in educating children who have experienced trauma. The participants felt that not only would these strategies aid the academic and social-emotional development of the children, but this approach to teacher preparation would enable the foundation of a safe environment and reciprocally respectful interactions between traumatized children and adults within the preschool.

Participants in this study confirmed that the teacher preparation experiences they had taken part in had influenced the teaching strategies they utilized in the classroom. The teaching strategies the participants acquired as a result of the preparation experiences include lesson planning for children's individual needs, understanding that behaviors are communicating a need, using positive language, utilizing empowerment versus discipline, being calm, flexible, consistent, and continually attending trainings. Establishing

consistent behavioral expectations and classroom routines, as well as, expanding instructional learning time help teachers create productive and organized classrooms that support academic instruction and children's learning behaviors (Choi et al., 2016). Children benefit from predictable environments because this results in the children feeling safe which enables them to better focus on academics and learning (Willis, 2006). Participants noted that it would be helpful to know the backgrounds of the children before they entered the classroom. This would enable the teacher to adapt the lesson plans to the needs of the child. Teachers who are aware of the children's backgrounds can predict possible complications and offer support before circumstances happen (NCTSN, 2008). Teachers describe an increase in their understanding regarding trauma and trauma-sensitive practices as well as an increase in knowledge on how to best assist children who have experienced trauma when the teacher preparation is provided in school settings (Dorado et al., 2016). The participants indicated that teachers with a higher sense of confidence in the subject of childhood trauma create positive classroom learning environments with high-quality lesson planning, meaningful interactions and instruction, and effective classroom management.

Children succeed in environments where consistent care is provided by teachers (Hipson & Séguin, 2015). Teachers who design warm and emotionally supportive environments filled with mutual respect and positive communication, providing opportunities for autonomy, and exhibiting sensitivity to children's emotions support the growth of children's social-emotional aptitude (Brock & Curby, 2014). The participants in this study felt they had learned from the teacher preparation experiences and that they

were able to incorporate what they had learned, but they felt there were not enough specifically on creating a supportive environment for children who have experienced trauma. Participants considered creating a calm environment, room arrangement, the use of visual cues, and the importance of consistency and routines important strategies when creating a supportive environment for children who have experienced trauma.

Participants also felt that by creating a warm, safe, inviting environment meant not only building stronger relationships with the children and families but a decrease in children's challenging behaviors. Teachers who report a higher self-confidence in the school environment describe closer relationships with children and interact in ways that increase children's behavioral functioning (Poulou, 2017).

Conceptual Framework- Bandura's Theory of Self-Efficacy

Self-efficacy is the belief in one's ability to perform tasks (Bandura, 1999). A teacher's sense of self-efficacy can play a major role in how he or she approaches teaching strategies, goals, tasks, and challenges. Before a teacher believes he or she can influence the classroom environment, he or she must be confident in his or her ability to implement and withstand the independent and combined behaviors necessary for that change (Bandura, 1997a). Participants noted that their self-efficacy depended on how much knowledge they felt they had when teaching children who had experienced trauma. The more confident the participants felt the more secure they were in trying new strategies or in dealing with issues in the classroom.

Participants felt their own levels of self-efficacy was increased with each teacher preparation experience they participated in. According to Bandura, learning opportunities

such as professional development can strengthen teachers' perceptions of their abilities to teach children who experienced trauma. Before a teacher believes he or she can influence the classroom environment, he or she must be confident in his or her ability to implement and withstand the independent and combined behaviors necessary for that change (Bandura, 1997a). Throughout the interviews, participants felt more teacher preparation experiences were needed in order for them to be more confident, effective, and successful when teaching children who have experienced trauma. The participants felt they had acquired more self-efficacy with each teacher preparation experience they took part in.

Participants felt that the decisions and plans they made for their classrooms are determined by the types of teacher preparation opportunities they have had. Using knowledge from the teacher preparation experiences helped to know how to best serve each child. Teacher preparation also helped provide strategies and best practices to try or utilize in a classroom when teaching children who have experienced trauma. Teachers depended on general knowledge, comprehension, and problem solving to make decisions (Bandura, 1989). According to Bandura, learning opportunities such as professional development can strengthen teachers' perceptions of their abilities to teach children who experienced trauma.

Teachers with high levels of self-efficacy usually displayed greater motivation, resourcefulness, flexibility, resiliency, and organization of their own classroom settings (Bandura, 2001). Teachers with a high sense of self-efficacy appear to implement the information acquired in teacher education programs more skillfully which is particularly important to teacher education programs as it proposes the significance of facilitating the

creation of high self-efficacy for prospective teachers early in their preparation (Sharp et al., 2016). Participants noted that teaching children who have experienced trauma can be challenging. Feeling more equipped to teach children who had experienced trauma, from teacher preparation experiences has positive outcomes. The participants were able to create supportive environments, and the participants utilized more strategies in the classroom. All of the participants noted that after teacher preparation experiences, they felt more willing and inspired when creating supportive environments for children who had experienced trauma.

Although most of the findings supported the previous literature, there were a couple of participants whose answers were contrary to Bandura's research. According to Bandura (1997a), learning opportunities such as professional development can strengthen teachers' perceptions of their abilities to teach children who experienced trauma. At least half of the participants stated that most teacher preparation was helpful, but there were times when these opportunities were just a list of a lot of strategies to try. When participants went back into their classrooms, the participants felt extremely overwhelmed and did not know what strategies to try when. When this occurred, they felt frustrated and lost their sense of motivation. According to the participants, this would result in them giving up on strategies after one or two attempts.

In this study, I explored the participants' perspectives about how teacher preparation experiences influenced their teaching strategies and the creation of supportive environments when teaching children who had experienced trauma. Utilizing in-person interviews, my research results support the idea that teacher preparation experiences do

influence the teachers' strategies and the creation of supportive environments when teaching children who had experienced trauma.

What teachers think, believe, and feel, influences their actions in the classroom and these actions influence and are influenced by the teacher's personal factors and the environment (Miller et al., 2017). Participants discussed the types of teacher preparation opportunities they had experienced and how these opportunities influenced their teaching strategies and the creation of supportive environments. The participants commented that teacher preparation experiences had influenced their teaching strategies and creation of supportive environments.

The participants were very vocal on how they felt about teacher preparation. Participants felt there is not enough of it. All participants would like to see more content specific teacher preparation experiences with reinforcement through the use of coaching and mentoring. In addition to trauma specific training, it is imperative to understand what teachers feel they need to teach children (Bautista et al., 2016). All participants stated there was a need for teacher preparation experiences that focus on trauma, the influence of trauma on children and teachers, and techniques to help children and teachers become successful. The absence of teacher preparation on how trauma impacts students, trauma-sensitive instruction, and how to manage the social-emotional welfare of students, has forced teachers to learn how to appropriately and calmly respond to difficult student behaviors while on the job (Phifer & Hull, 2016). This aligns with Bandura's statement that the most effective way to develop a strong sense of efficacy is through the mastery of experience (Bandura, 2001).

Limitations of the Study

Limitations within research are potential weaknesses identified by the researcher (Creswell, 2012). Limitations in this study included location, sample size, and researcher bias. First, data collection was limited to one county in the research state. Additional research will need to be conducted to improve the generalizability of the findings. Second, purposeful sampling was used in this study. This limited the study because the study not only represented the perspectives of preschool teachers who had at least one-year experience teaching children who had experienced trauma, but also limited the ability to generalize to the greater population of preschool teachers. The number of participants hindered the transferability of findings. Potential researcher bias was the third limitation. Because I am a preschool director in a county where there is a large number of children and families who have experienced trauma, I made sure that throughout the study, I did not manipulate the participants responses to the interview questions. The techniques used to minimize researcher bias included the use of a researcher journal to document the process, audio recording and transcribing each interview, and reviewing transcripts and findings with the participants to aid in avoiding bias, misrepresentations, and omissions.

Recommendations

In this study, I explored teachers' perspectives regarding how teacher preparation experiences influenced teaching strategies and the creation of supportive environments when teaching children who have experienced trauma. In concluding my study, I realized that my research leads to several other topics for future research opportunities.

This study should be replicated with elementary and secondary education teachers who teach children who experienced trauma. This study was conducted with 10 preschool teachers who had experience teaching children who have experienced trauma. Conducting a study with elementary and secondary teachers would provide an understanding of their knowledge regarding childhood trauma, their teacher preparation experiences, and how their own teacher preparation experiences influenced their own teaching strategies and the creation of supportive environments for children who have experienced trauma.

This study should be conducted in other locations in the United States. This study focused specifically on a community in a southern state. By expanding into other geographic areas, knowledge can be gained on what types of teacher preparation experiences regarding childhood trauma are required throughout the country and what teacher preparation experiences are still needed.

The knowledge possessed and methods in which teachers respond to trauma has the potential to positively or negatively impact traumatized children (Cole et al., 2013). The recommendation for further research may have positive, extended, long-lasting impacts that will add to the current literature on teacher preparation and childhood trauma.

Implications for Positive Social Change

Teachers' perspectives about how their teacher preparation experiences influenced their teaching strategies and the creation of supportive environments for children who have experienced trauma was explored in this study with the expectation of

promoting social change. This study was constructed to contribute to positive social change by providing an awareness and understanding regarding how teacher preparation experiences influenced teaching strategies and creating supportive environments for children who have experienced trauma. The implications of positive social change from my research addresses the individual teacher, the children, and the societal/policy.

There are positive social change implications specific to the individual teacher from the completion of this study. My research results indicated that teacher preparation experiences do influence teaching strategies and the creation of supportive environments for children who have experienced trauma. The growing number of children who have experienced trauma (Perfect et al., 2016) makes it necessary for teachers to feel equipped with knowledge and awareness about childhood trauma (Craig, 2016; Simonich et al., 2015). My research results provided insights on what preschool teachers felt was needed to be prepared and successful in educating children of trauma. Teachers with high self-efficacy interpret these conditions as opportunities for learning and to develop new ways to overcome difficulties (Bandura, 2001). The results of my study might encourage the fabrication of new teacher preparation opportunities and the increase of teacher preparation experiences specific to understanding the effects of trauma and creating environments that will better support children who have experienced trauma. Through the use of interviews, my research provided teachers with a voice to evaluate their own teacher preparation experiences which may contribute to the addition and/or development of new teacher preparation opportunities that will focus specifically on the content of trauma and young children. Finally, this study supported the idea that by increasing the

number of teacher preparation opportunities, teachers will feel an increase in confidence and self-efficacy which will lead to the teachers attempting new strategies.

Trauma in young children effects brain architecture, development, and effects school achievements (Ryan et al., 2017). Children who have experienced trauma may have positive educational experiences that lead to more positive outcomes. This occurs when teachers use their teacher preparation experiences to develop an environment that includes: (a) safe, predictable, and consistent routines, (b) the communication of clear expectations, (c) an awareness of the levels of stress experienced by the children, and (d) by providing opportunities for play and sensory activities allowing the children to learn through trial and error (Ryan et al., 2017). Teacher preparation experiences that influenced the teaching strategies and creation of supportive environments may increase a child's achievement of developmental milestones for the children who have experienced trauma. One of the participants noted that social change will be the outcome when teachers have the power to influence the learning and future of a group of children each year. After several years, the number of children positively affected by this preparation will increase substantially.

Childhood trauma is associated with poor education outcomes which result in traumatized children exhausting more school and system level academic supports, having decreased academic achievements, and having higher rates of grade repetition and school dropout rates (Perzow et al., 2013). Findings from my study may encourage improved guidelines for preservice programs regarding teacher preparation which may also promote the necessity for more professional development in schools. My research may

lead to the increase of teacher preparation experiences through the development of college courses, trainings, and professional development opportunities. The content in these college courses, trainings, and professional development opportunities would be topic specific to not only the definition of childhood trauma, the effects of childhood trauma, how to assist children who have experienced childhood trauma, but also how to assist teachers in practicing effective strategies and developing appropriate supportive environments.

Participating in insightful conversations with stakeholders to find a new common understanding, forming new points of view, and perspectives, may allow administrators and teachers to collectively determine appropriate courses of action to take to better support children who have experienced trauma. Teachers having the ability to positively affect the learning and development of children continuously by utilizing the teacher preparation experiences children is positive social change.

Conclusion

The purpose of my study was to explore, describe, and provide an understanding regarding how teachers' perspectives about their own teacher preparation experiences influenced the strategies used to effectively teach and support preschool children who have experienced trauma. Through my management of early learning centers, I not only saw an increase of children who had experienced trauma, but an increase of teacher frustration, burnout, and turnover due to the increasing number of challenges in the classroom setting. In my study, it was my goal to explore teacher preparation experiences to see how we can assist early childhood educators so they will be equipped to support

the children who have experienced trauma and know how to incorporate strategies to reduce the number of daily challenges.

I interviewed 10 teachers who had experience teaching children who had experienced trauma to see what types of preparation experiences assisted with classroom strategies and creating a supportive environment. In addition, I was able to gather information regarding what the participants felt was needed to prepare them for teaching children who had experienced trauma. Throughout my research study, I was impressed and appreciated the clarity and honesty of the participants' responses. The participants stated clearly what types of preparation was helpful and what types of preparation was still needed.

In this study, I examined how teachers' perspectives about how their teacher preparation experiences influenced their teaching strategies and the creation of supportive environments when teaching children who have experienced trauma. All participants believed that teacher preparation experiences influenced the teaching strategies and the creation of supportive environments. Knowledge and awareness of the cultural backgrounds and perspectives of the teachers and the children in their classrooms is fundamental to be an effective teacher. Unfortunately, one college course, training, or professional development experience cannot address the complex variety of sociopolitical concerns or the enormous knowledge base (Boutte, 2018). These experiences need to be ongoing, continually building on the levels of understanding. The participants also felt that there were not nearly enough teacher preparation experiences that focused specifically on childhood trauma.

Participant 7 stated that “trauma is a hot topic but there is not enough training for it. People know what the word is, but I don’t necessarily think they know what it means. I think a lot of teachers think that poor behavior is just bad parenting or a bad child. When you really start to learn about trauma you really know that it is not about parenting. It is about a child that simply cannot cope and needs to be taught the tools. It should be required of all teachers now because there are trauma children in every classroom.”

In the future, teachers may benefit from the development of more content specific teacher preparation experiences may be created focusing on childhood trauma. These preparation experiences need to include a curriculum at the college level for all education majors, local trainings, and professional development opportunities. The creation of and the increase in these types of experiences will assist teachers with reducing classroom challenges, and reducing teacher frustration, burnout, and turnover. The increase and development in these experiences will also strengthen the relationships between teachers, children and families, increase the teacher’s self-worth and self-efficacy in the classroom, and increase the number of children reaching specific developmental milestones.

As I reflect on the outcomes of my study, several ideas developed. The participants confirmed that teacher preparation experiences were helpful and that the participants had learned and utilized strategies and how to create supportive environments through these experiences. However, I was surprised to learn that there is still a great need for not only content specific trainings, but trainings using different methods. For example, teacher preparation experiences should not be limited to a lecture format. These preparation experiences should also include hands on experiences,

modeling, mentoring, and coaching experiences. I was surprised to learn that out of the nine participants who had taken college courses in the southern state where the study took place, none of those participants had taken or were required to take a college course focusing specifically on childhood trauma. It was communicated from those participants that there were no college courses offered at their specific colleges that offered courses that focused exclusively on early childhood trauma. After looking at my study outcomes, it was clear that all of the participants wanted more content rich trainings as well.

The results of my study filled a gap in the literature. There was research regarding trauma and research regarding teacher preparation. However, there was a lack of research specifically focusing on how teachers' perspectives about teacher preparation experiences influenced their teaching strategies and the creation of supportive environments when working with preschool children who have experienced trauma. This new knowledge in the field may provide teachers with a voice to evaluate and communicate insights regarding teacher preparation experiences that may contribute to the addition and creation of new teacher preparation opportunities that will focus specifically on the content of trauma and young children. Focusing on this issue will not only increase teacher knowledge and self-efficacy, but also address children's individual developmental needs and milestones.

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Appendix A: Letter to Recruit Participants

Date

RE: Letter to Recruit Participants

Dear

I am currently enrolled in the PhD in Education program with a specialization in Early Childhood – Leadership and Advocacy at Walden University, and am in the process of writing my dissertation. The study is entitled Early Childhood Teacher Perspectives Regarding Teacher Preparation and Abilities to Teach Children Experiencing Trauma. The purpose of my study is to explore and describe how teachers' perspectives about teacher preparation experiences influence their teaching strategies and the creation of supportive environments for working with preschool children who have experienced trauma. It is my plan to utilize interviews 60 minutes in duration to gather and explore dense and substantial information that will provide an understanding for how teachers' perspectives about teacher preparation experiences influence their teaching strategies. This study will not only offer insights on what preschool teachers feel is needed to be prepared and successful in educating children of trauma but might possibly increase the number of teacher preparation experiences and increase the self-efficacy of teachers teaching children of trauma.

I was hoping that you could assist me with the recruitment of teachers for my study. I am looking for preschool teachers who would be willing to voluntarily participate in my study and preschool teachers who have had experience teaching preschool children who have experienced trauma.

I will follow up with a telephone call next week and would be happy to answer any questions or concerns that you may have at that time. You may contact me at my email address at or my cell phone.

Sincerely,

Christina Lombardi

Doctoral Student Walden University

Appendix B: Letter to Early Childhood Center Directors

Dear [Center Director's Name]:

I am writing to tell you about a qualitative study I will be conducting on “Early Childhood Teacher Perspectives Regarding Teacher Preparation and Abilities to Teach Children Experiencing Trauma.” I received your name from who gave me your name to help assist with the participant recruitment process. The purpose of this research is to explore and describe how teachers’ perspectives about teacher preparation experiences influence their teaching strategies and the creation of supportive environments for working with preschool children who have experienced or continue to experience trauma. This study will potentially provide an understanding for how teachers’ perspectives about teacher preparation experiences influence their teaching strategies and the creation of supportive environments for working with preschool children who have experienced or continue to experience trauma. This study will not only offer insights on what preschool teachers feel is needed to be prepared and successful in educating children of trauma but may also increase the number of teacher preparation experiences and increase the self-efficacy of teachers teaching children who have experienced trauma.

Criteria that will deem a school a potential candidate for participation are: (1) if preschool teacher(s) in the early childhood center are currently or have had experience teaching children who have experienced trauma; and (2) if the preschool teacher(s) agree to participate in the study they will participate in a 60 minute interview. If you are interested in learning more about this study or granting permission to continue the participant recruitment process, please reply to this by phone or email by [Date to be Determined] and the questions below. You do not have to respond to this email if you are not interested in this study. If you do not respond, no one will contact you. It is important that you do not view this letter as a demand for participation in this study. It is your decision. Your participation is voluntary and will not have any effect on your relationship with the early learning coalition, Walden University, or the researcher.

Thank you for your time and consideration, and I look forward to hearing from you soon.
Sincerely,

Christina Lombardi

Doctoral Student at Walden University

Opt-In Questions:

Study: “Early Childhood Teacher Perspectives Regarding Teacher Preparation and Abilities to Teach Children Experiencing Trauma”

_____ I would like to receive a copy of the **Informed Consent for Participation in Research Activities**, but it *is not necessary before* I grant permission for the researcher to continue with the participant recruitment process at my early childhood center.

_____ I would like to receive a copy of the **Informed Consent for Participation in Research Activities** *before* I grant permission for the researcher to continue with the participant recruitment process at my early childhood center.

Center Director’s Name: _____

Early Childhood Center Name: _____

Center Director’s Telephone(s): _____

Best day and time to call: _____

Name of Preschool Teacher #1: _____

Email of Preschool Teacher #1: _____

Name of Preschool Teacher #2: _____

Email of Preschool Teacher #2: _____

Name of Preschool Teacher #3: _____

Email of Preschool Teacher #3: _____

Name of Preschool Teacher #4: _____

Email of Preschool Teacher #4: _____

Name of Preschool Teacher #5: _____

Email of Preschool Teacher #5: _____

Appendix C: Letter to Early Childhood Teachers

Dear Early Childhood Educators:

I am writing to tell you about a qualitative study I will be conducting on “Early Childhood Teacher Perspectives Regarding Teacher Preparation and Abilities to Teach Children Experiencing Trauma.” I received your name from your center director, [Center Director’s Name], who confirmed that you have taught preschool children who have experienced trauma, which meets the initial criterion to participate in this study. The purpose of this research study is to explore and describe how teachers’ perspectives about teacher preparation experiences influences their teaching strategies and the creation of supportive environments for working with preschool children who have experienced trauma. I will utilize interviews to gather and explore dense and substantial information that will provide an understanding for how teachers’ perspectives about teacher preparation experiences influences their teaching strategies and the creation of supportive environments for working with preschool children who have experienced trauma. This study will not only offer insights on what preschool teachers feel is needed to be prepared and successful in educating children of trauma but will also increase the number of teacher preparation experiences and increase the self-efficacy of teachers teaching children who have experienced trauma.

If you are interested in learning more about this study with the potential to participate, which is the second criterion, please reply to this email by [Date to be Determined] and complete the questions below. I will follow up with a phone call to schedule your interview. All interviews will be scheduled to last for a period of 60 minutes. A 30 minutes interview may be scheduled to clarify interviews and/or communicate study results. You do not have to respond to this email if you are not interested in this study. If you do not respond, no one will contact you. It is important that you do not view this letter as a demand for participation in this study. It is your decision. Your participation is voluntary and will not have any effect on your relationship with your center director, Walden University, or the researcher. Thank you for your time and consideration, and I look forward to hearing from you soon.

Sincerely,

Christina Lombardi

Doctoral Student at Walden University

Opt-In Questions:

Study: “Early Childhood Teacher Perspectives Regarding Teacher Preparation and Abilities to Teach Children Experiencing Trauma”

_____ I am interested in learning more about this study.

_____ I have experience teaching children who have experienced trauma.

Brief description of teaching experience:

Please contact me using the following information:

Christina Lombardi

Participant's Name: _____

Early Childhood Center Name: _____

Participant's Telephone(s): _____

Best day and time to call: _____

Participant's Email: _____

Appendix D: Interview Protocol

Title of Study: Early Childhood Teacher Perspectives Regarding Teacher Preparation and Abilities to Teach Children Experiencing Trauma**Time of Interview:****Date:****Location:****Interviewer:****Interviewee:****Position/Title of Interviewee:****Introductory Protocol**

Thank you for agreeing to share your experiences with me in this study. The purpose of this study is to explore and describe how teachers' perspectives about teacher preparation experiences influence their teaching strategies and the creation of supportive environments for working with preschool children who have experienced trauma. You have been invited to participate in this study because I feel you have useful information to contribute to my study. In order to facilitate more accurate note taking, I would like your permission to not only audio tape our conversation today, but also take notes to document items of importance or indicate what items that need additional clarification. I will explain the Informed Consent Form and ask that you sign it. As indicated in the Informed Consent Form, information recorded will only be available to researchers and individuals directly associated with the study. Additionally, all information will remain confidential, your participation is voluntary, and you may choose to withdraw from this study at any time without punishment to you or your center.

I have planned this interview to last approximately one hour. I may ask you to meet with me a second time for 30 minutes to verify your responses if necessary, to ensure that they are represented accurately. You may choose not to answer any question you are not comfortable with and there is no risk or harm associated with participating in this study. The interview process could include interrupting you at some point for clarification and elaboration during our conversation. At the end of the study, I will schedule a meeting time to provide you with a copy of the documentation you presented, the study's findings, and dissemination of the study's results. Please feel free to ask any question you may have at any time.

Thank you for your cooperation.

Do you have any questions?

Shall we begin?

Appendix E: Interview Questions

1. How long have you been teaching preschool?

Interviewee Response:

Interviewer Reflections and Probes

2. What is your definition of childhood trauma?

Interviewee Response:

Interviewer Probes and Reflections:

3. Tell me about your experiences teaching children who have experienced trauma?

Interviewee Response:

Interviewer Probes and Reflections:

4. Tell me what your concept of teacher preparation experiences are?

Interviewee Response:

Interviewer Probes and Reflections:

5. For the purpose of this study, teacher preparation experiences include any trainings, college courses, or professional development experiences that has prepared you to teach children who have experienced trauma. Can you explain what your own teacher preparation experiences look like?

Interviewee Response:

Interviewer Probes and Reflections:

6. How has your own teacher preparation experiences (trainings, college courses and professional development) influenced your teaching strategies when working with preschool children who have experienced trauma?

Interviewee Response:

Interviewer Probes and Reflections:

7. How has your own teacher preparation experiences influenced how you create environments that support teaching preschool children who have experienced trauma?

Interviewee Response:

Interviewer Probes and Reflections:

8. What types of teacher preparation experiences do you feel you need or are needed to be successful in regards to teaching children who have experienced trauma?

Interviewee Response:

Interviewer Probes and Reflections: