

UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

TEACHERS' PERSPECTIVES OF SUPPORTING CHILDREN WITH TRAUMA

A THESIS

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

Degree of

MASTER OF EDUCATION

By

REBECCA GRIMES

Norman, Oklahoma

2019

TEACHERS' PERSPECTIVES OF SUPPORTING CHILDREN WITH TRAUMA

A THESIS APPROVED FOR THE
DEPARTMENT OF INSTRUCTIONAL LEADERSHIP AND ACADEMIC
CURRICULUM

BY

Dr. Courtney Beers Dewhirst, Chair

Dr. Neil Houser

Dr. Ji Hong

© Copyright by REBECCA GRIMES 2019
All Rights Reserved.

Dedication

This paper is dedicated to my students who have showed me resilience in the face of trauma. This paper is also dedicated to the countless teachers who support students with trauma.

Acknowledgements

This study would not have been possible without the continued support from my graduate advisor, Dr. Courtney Beers Dewhirst. Her reflections and guidance throughout the entire process helped this study to be successful. I would also like to acknowledge my parents who encouraged me and read countless drafts. Finally, I would like to thank my husband, Jared, for keeping me accountable and motivated and giving me the comedy relief I needed to stay sane.

Table of Contents

LIST OF TABLES.....	ix
LIST OF FIGURES.....	x
ABSTRACT.....	xi
CHAPTER 1. INTRODUCTION.....	1
Purpose of this study.....	4
CHAPTER 2. LITERATURE REVIEW.....	5
Attachment.....	5
Impact of Trauma.....	7
Stress Response.....	7
Outcomes of Trauma.....	8
Resilience.....	10
Teacher-Child Relationship.....	11
Trauma Informed Practices.....	12
Self-Care.....	14
Analysis of Literature.....	15
CHAPTER 3. METHODS.....	15
Theoretical Framework.....	15
Research Design.....	17
Participants.....	17
Data Collection.....	20
Data Analysis.....	21
CHAPTER 4. RESULTS.....	21

Levels of Support.....	22
Regulation Strategies.....	22
Classroom Management Strategies.....	23
Obstacles in Support.....	23
Gaining Trust.....	23
Triggers.....	24
Compartmentalizing.....	24
Relationships with Students.....	25
Obstacles in Relationships.....	25
Learning Student Interests.....	26
Relationships Involve Support System.....	26
Colleague Relationships.....	27
Administration Relationships.....	27
Family Relationships.....	27
Importance of Self-Care.....	28
Self-Care Improves Support.....	28
Obstacles to Self-Care.....	29
Balance with Self-Care.....	29
CHAPTER 5. DISCUSSION.....	29
Summary of Findings.....	29
Implications.....	32
Limitations.....	33
Future Research.....	34

Conclusion.....	35
APPENDICES.....	36
Appendix A. Subjectivity Statement.....	36
Appendix B. OU IRB Approval.....	39
Appendix C. Recruitment Email.....	40
Appendix D. Adult Consent Form.....	41
Appendix E. Interview Protocols.....	43
Appendix F. Code Book.....	45
REFERENCES.....	49

List of Tables

Table 1. Overview of Study Participants.....	19
--	----

List of Figures

Figure 1. Three Types of ACEs. Reprinted from “Take the ACE Quiz – And Learn What it Does and Doesn’t Mean by Laura Starecheski, 2015, NPR.	2
Figure 2. State Ranking of 2 or More ACEs. Reprinted from “Nearly 35 Million U.S. Children Have Experienced One or More Types of Childhood Trauma” by Jane Ellen Stevens, 2013, ACEs Too High News.	3
Figure 3. Adult Health Outcomes. Reprinted from “Take the ACE Quiz – And Learn What It Does and Doesn’t Mean by Laura Starecheski, 2015, NPR.	10

Abstract

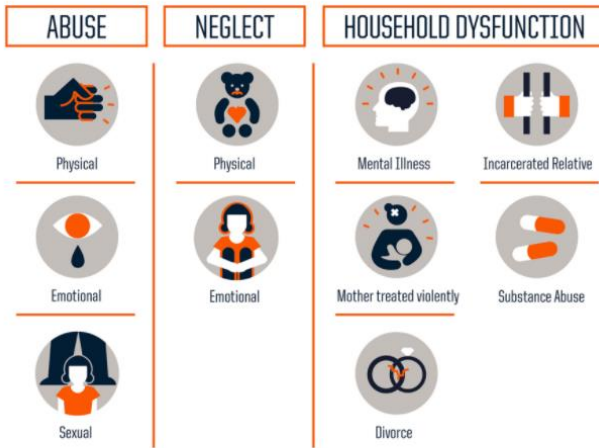
Author: Rebecca Grimes
Title: Teachers' Perspectives of Supporting Children with Trauma
Institution: University of Oklahoma
Thesis Advisor: Dr. Courtney Beers Dewhirst
Degree: Master of Education
Year: 2019

Childhood trauma is impacting children and teachers across the nation. According to attachment theory, when children do not form secure attachments with parents, they will seek out attachments from other adults. Teachers are acting as secondary attachment figures. In this study, seven prekindergarten teachers participated in semi-structured interviews about their experiences supporting students with trauma and their relationships with these students. Prekindergarten teachers are supporting students by teaching self-regulation skills and emotional coping strategies. Teachers are also building relationships with students by learning about their interests and developing relationships with students' support systems (i.e., parents, colleagues, and administration). Teachers are struggling with practicing self-care, but they reason that self-care is important. The results of this study imply that parents, teachers, and administration need to continue to work together to support students with trauma. Teachers can more adequately support students if they feel supported and practice self-care strategies.

Chapter 1: Introduction

Trauma experiences in early childhood have immediate and long-lasting effects on children, families, and the community. In 1998, researchers of the Adverse Childhood Experiences (ACE) study designed a survey in order to understand the effects of childhood experiences and long-term health (Felitti et al., 1998). The ACEs include aspects of abuse (physical, emotional, or sexual), neglect (physical or emotional), and household dysfunction (mental illness, incarcerated relative, mother treated violently, substance abuse, or divorce). Figure 1 displays the overarching ACE categories and their respective sub-categories. The researchers from the study found that people with four or more ACE subcategories were more likely to develop health risks and diseases. The study also determined traumatic experiences are common in childhood (Felitti et al., 1998). Young children are vulnerable to this maltreatment because of their inability to sustain self-protection (Holmes, Levy, Smith, Pinne, & Neese, 2015). Children under the age of four are most likely to be maltreated or victimized (Enlow et al., 2012). Following a traumatic event, a child will most likely experience distress, fear, and loss of focus. A child may also avoid social interactions and regress in his developmental milestones (Alisic, 2012). From the ACE study, we understand children are greatly impacted by their environment and, therefore, it is evident that early childhood is a precious time for development.

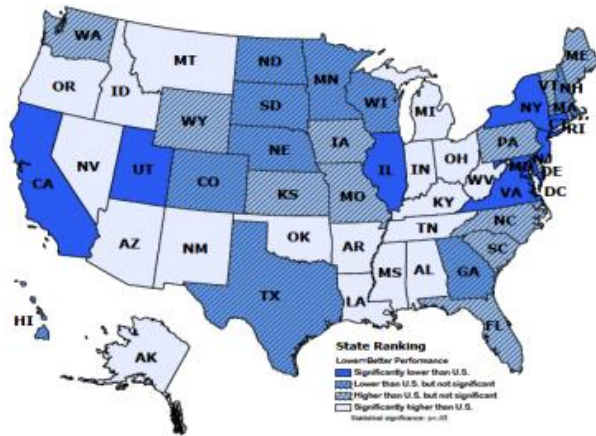
Three Types of ACEs



Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation

Figure 1. Three Types of ACEs. Reprinted from “Take the ACE Quiz – And Learn What it Does and Doesn’t Mean by Laura Starecheski, 2015, National Public Radio (NPR).

In Oklahoma, 32.9% of children experience two or more ACEs. This is currently the highest ranking in the nation. Oklahoma also has the highest ranking of divorce and parental separation in the nation at 29.5%. Children in Oklahoma are witnessing domestic violence at a percentage (11.1%) higher than any other state in the nation as well (Stevens, 2013).



Source: 2011/2012 NSCH

Figure 2. State Ranking of 2 or More ACEs. Reprinted from “Nearly 35 Million U.S. Children Have Experienced One or More Types of Childhood Trauma” by Jane Ellen Stevens, 2013, ACEs Too High News.

A child’s first bond is regarded as an attachment, which emotionally and socially ties a child to an adult (McDevitt & Ormrod, 2013). The quality of this attachment has long-lasting effects on a child. A child will learn through experiences whether his guardian is a secure base or not, and this experience will impact his/her current and later development (Bowlby, 1982). When children do not have a secure attachment, they are not able to develop trust or adaptive emotional control through this relationship. When parents respond in a disorganized and non-empathetic way, children learn that their caregivers are a source of fear (Ainsworth, 1989). Children externalize and internalize events through the models they have observed and experienced from their caregiver, and children with non-secure attachments will perceive events through a disorganized, chaotic lens (Stubenbort, Cohen, & Trybalski, 2007).

The quality of the relationship between children and teachers impacts the experience in school as well. When children with insecure attachments enter a school setting, they may seek

out an attachment with a trusted teacher. At times these relationships may be one of the most consistent relationships in a child's life (Sciaraffa, Zeanah, & Zeanah, 2018). Certainly, this relationship is vital for a child's sense of safety and security to learn and take risks while at school (Ahnert, Harwardt-Heinecke, Kappler, Eckstein-Madry, & Milatz, 2012).

Teachers take on a great deal of responsibilities, and they must find a balance in their responsibility of providing instruction, assessing knowledge, communicating with parents and administration, and providing emotional support to their students. Teachers are also working long hours with poor compensation (Bartlett, 2004). Studies have examined the overwork of teachers, but there are limitations in the literature regarding how teachers perceive their ability to emotionally support students with trauma in the context of being overworked and underpaid. Teachers' perceptions of their students could influence the support, instruction, and organization in the classroom. According to Alisic (2012), teachers often feel uncertain when they attempt to support children with trauma in the classroom. This uncertainty could cause teachers to struggle daily with the emotional burden from caring for children with traumatic backgrounds, which could result in early burn-out. Because very young children are more likely to have experienced trauma (Enlow et al., 2012), studies examining relationships and support sustained by early childhood educators are needed to more fully understand how teachers are managing the impacts of trauma in their classrooms.

Purpose of this study

The purpose of this study was to understand early childhood education teachers', specifically pre-kindergarten teachers', perceptions of their emotional support for children with trauma and their development of relationships with this population of students. The research project will examine three questions: (1) How do prekindergarten teachers perceive their support

of children with trauma?, (2) How do prekindergarten teachers perceive their relationships with children with trauma?, and (3) How do prekindergarten teachers perceive the effects of employing self-care strategies when working with students with trauma?

Chapter 2: Literature Review

Attachment

According to theorist John Bowlby (1982), attachment is an innate need to bond with a caregiver during a child's first six months of life. Attachment behaviors are behaviors that result in proximity (Ainsworth & Bell, 1970). Bowlby (1982) proposed attachment was necessary to protect the child from threat or harm and to learn regulation of negative emotions. Attachment experiences will influence how children think, cope, and regulate (Bowlby, 1982).

The quality of attachment has long-lasting effects on a child. According to Bowlby (1982), the quality of attachment is based on three features. The first is whether the caregiver relieves the child's distress. The second feature is the promptness in which the caregiver responds, and the third feature is the intimacy of the caregiver to the infant (Bowlby, 1982).

Ainsworth and Bell (1970) developed an experiment to test one-year-old children's attachment behavior. The assessment technique was referred to as the Strange Situation. In this study, a baby was placed in a room with a chair and toys for himself/herself. There was also a chair for his/her mother and a chair for a stranger per the procedures for the study. The mother came in with the child and put the child on the ground to play. The mother sat and a stranger came in. The stranger sat in the other adult chair and conversed with the mother for one minute. Then the stranger approached the child with a toy while the mother left the room. After three minutes, the mother returned and helped the child reengage with the toys. Then she left after saying goodbye. The baby was left alone for three minutes until the stranger returned to engage

with the child. Finally, the mother returned, the stranger left, and the situation ended (Ainsworth & Bell, 1970). Ainsworth and Bell (1970) found that exploratory behavior decreased after the mother left for the first time and continued to decrease over the course of the situation. Crying increased during the situation, especially in the episodes when the mother was absent. While most of the children displayed proximity-seeking behaviors with the mother when she returned, almost one half displayed contact-resisting behavior when the mother returned the final time; therefore, many children were displaying the desire to be held while also displaying contact resistance (Ainsworth & Bell, 1970).

Secure attachment is seen when children look to parents as a secure base. Insecure-avoidant attachment is observed when children seem unaware of their caregiver. Children who have an insecure-resistant attachment initially seek proximity with their caregivers but do not gain comfort from them. Finally, children who have a disorganized attachment with their caregiver have unpredictable responses and emotional behaviors (McDevitt & Ormrod, 2013). The results of this assessment are important, as Bowlby (1982) revealed children with insecure attachments in infancy were less likely to show social competency in early elementary school.

In the absence of a secure attachment with a parent, children may seek out affectional bonds with other adults. Ainsworth (1989) calls secondary attachment figures “parent surrogates.” While these bonds may not have the longevity of a parent-child relationship, the bond will be valued by the child and could become a model of a secure relationship even if the active connection has ended. Secondary attachments can take place with a teacher or mentor (Ainsworth, 1989). Just as children experience negative emotions (e.g., distress) when they are separated from their parent, children will also experience distress or grief if they are separated from the secondary attachment figure for an extended time. When the secondary attachment

figure is present, the child will likely feel pleasure and comfort and be confident to explore because of the secondary attachment figure acting as the child's secure base (Ainsworth, 1989).

Impact of Trauma

Trauma encompasses life stress events that cause brain dysfunction. Exposure to these events affects the health and quality of life for an individual (Anda et al., 2006). Enlow et al. (2012) acknowledge that trauma is often interpersonal, which means it could involve physical or emotional abuse or neglect, sexual abuse, or maternal partner violence. Interpersonal trauma directly impacts the relationship between a child and his/her parent. If a child's mother is being abused, she will have a lower ability to care for her child as she deals with trauma in her own life. When interpersonal trauma occurs, the attachment between caregiver and child is debilitated. These experiences will specifically impact a child's sense of security, which will impact her development as she does not have a secure base from which to explore and make sense of the world around her (Stubenhort et al., 2010). Trauma is further narrowed in regards to the occurrence of the traumatic event. Single trauma exists after one traumatic event, such as rape or a fire. Complex trauma occurs when children have been exposed to multiple and persistent events. Complex trauma can develop into attachment disorders and neurobiological changes (op den Kelder, Ensink, Overbeek, Maric, & Lindauer, 2017). The underlying reason for these health problems can be tied back to a child's response to stress.

Stress Response

Three levels of stress are experienced by humans: positive stress, tolerable stress, and toxic stress (Shonkoff et al., 2012). Positive stress helps people adapt to every day challenges. Tolerable stress can be experienced when encountering new, more intense challenges (e.g., natural disasters), but can be mitigated if there is a stable caregiver. Toxic stress is the result of

chronic and frequent challenges (i.e., trauma). This stress can alter the architecture of the brain especially if the child's caregiver is not a secure attachment figure (Shonkoff et al., 2012).

This stress reaction comes from the hypo-thalamic-pituitary-adrenal (HPA) system in which the glucocorticosteroid called cortisol is released during stressful events (Ahnert et al., 2012). Typically, humans experience the stress hormone cortisol in high levels in the morning in order to appropriately respond to challenges in the day. When humans experience chronic stress; however, they have low levels of cortisol in the brain which stunts their ability to respond to challenges present in their lives. At times, the cortisol cycle is reversed and children may experience high levels of cortisol at unchallenging moments and low cortisol during challenging moments (Ahnert et al., 2012).

When a threat is perceived by a person, allostatic responses are activated. Allostasis refers to how the HPA system and the sympathetic adrenal-medullary (SAM) axis react to a stressful situation and how the brain adapts and maintains stability during a stressful situation (Juster, McEwen, & Lupien, 2010). If these systems are overworked, other biological systems overcompensate and can breakdown, which leaves a person vulnerable to stress-related diseases. Chronic stress can eventually reduce the brain's ability to produce synaptic and dendritic remodeling, which is the process that allows someone to cognitively process and respond to stressors (Juster et al., 2010).

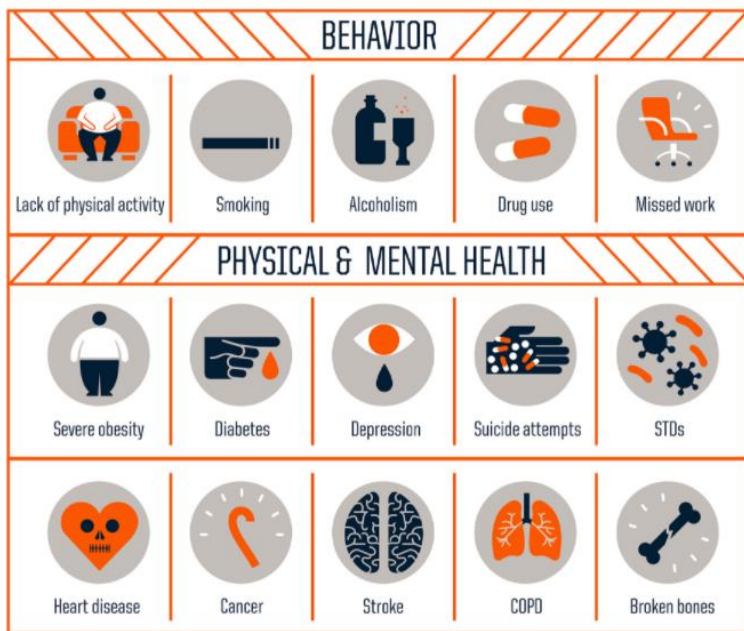
Outcomes of Trauma

Children who have been exposed to interpersonal traumatic life events (e.g., maltreatment, witnessing maternal partner violence) often display delays in their cognitive development compared to unexposed peers (Enlow et al., 2012). Researchers op den Kelder et al. (2017) discovered children with higher levels of traumatic stress symptoms were also more

likely to have deficits in their executive functioning, which includes attention, emotion-management, creative and flexible thinking, impulse control, metacognition, and working memory. Maltreatment (e.g., conflict-loaded child-parent interactions) delays a child's cognitive development and may result in a lower IQ (Enlow et al., 2012). One shocking consequence trauma has on a child's growth is related to the development of a child's corpus callosum (Teicher et al., 2004). The corpus callosum connects the right and left hemispheres of the brain, allowing information to pass between the two hemispheres. The corpus callosum is sensitive to the effects associated with trauma. Teicher et al. (2004) discovered that children who had been abused and/or neglected had a reduced corpus callosum size. In fact, the area was reduced over 16% compared to their non-abused/neglected peers. The important frontal lobes (used for planning and judgment) can also have a decrease in size (Putnam, 2009). When children are maltreated and experience trauma in their lives, the physical development of their brain is altered, which ultimately impacts the functioning of the brain (Teicher et al., 2004).

Trauma can affect children throughout their entire lives. Adults who experienced early childhood trauma are more likely to develop health risk factors associated with the leading causes of death in adults and other detrimental health concerns such as ischemic heart disease, cancer, chronic bronchitis, hepatitis, and skeletal fractures (Felitti et al., 1998). People who experience multiple ACEs were more likely to have a dose response relationship with alcohol and substance abuse, depression and suicide, sexually transmitted diseases, and obesity (Felitti et al., 1998). Additionally, chronic stress can result in poorer cognitive function (including memory) and weaker physical performance in old age (Juster et al., 2010). Older people who had elevated allostatic responses were also more likely to belong to a lower socio-economic status

and have greater social challenges (Juster et al., 2010). Figure 3 presents the behavioral, physical, and mental effects of ACEs on adult health outcomes.



Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation

Figure 3. Adult Health Outcomes. Reprinted from “Take the ACE Quiz – And Learn What It Does and Doesn’t Mean by Laura Starecheski, 2015, National Public Radio (NPR).

Resilience

Resilience is the ability to adapt and function in an environment over time. Resilience occurs in many different contexts. As it relates to early childhood, a child who is resilient has the capability of functioning in peer relationships, can accomplish appropriate cognitive goals and can follow rules of conduct (Dubowitz et al., 2016). For some children, who have stable home environments, resilience is an innate skill. For other children, who have experienced trauma, resilience has to be taught and practiced (Dubowitz et al., 2016). While children who have not had traumatic experiences are more likely to be resilient, resilience is possible for children who have been affected by trauma.

Bronfenbrenner (2005) suggests that children can become resilient if they have one adult in their lives who cares for and supports them. Children with ACEs can make the most gains when they experience high-quality child care as compared to their peers who have not experienced trauma (Mortensen & Barnett, 2016). The quality of the relationship between children and teachers impacts the experience in school as well. Sciaraffa et al. (2018) suggest there are three protective systems which can interrupt the negative effects of ACEs in young children. These systems are “the person’s individual capacities, attachment to a nurturing caregiver and the sense of belonging with caring and competent people, and a protective community” (Sciaraffa et al., 2018, p. 346) A child’s individual capacity can be strengthened with predictable routines, a safe environment, nutrition and physical movement, rest, and stimulating activities. A nurturing relationship is needed in a child’s life as well. Early childhood teachers can meet these needs by responding and understanding children’s behaviors, needs, and temperament (Sciaraffa et al., 2018). The entire school can develop a protective community for children to gain resiliency as well. This can be successful when staff share their knowledge of ACEs with colleagues and families (Sciaraffa et al., 2018).

Teacher-Child Relationships

Teacher-child relationships are an important factor for all children’s success in school and in life (Hamre, 2014) and can be a protective factor against negative outcomes of trauma. Pianta (1997) reasons that a child’s environment will affect his/her developmental progress. Each environment has an affordance value which provides a child with resources to support progress. This includes materials, people to support the child’s involvement with materials, and the quality of this interaction (Pianta, 1997). The value of affordance in a school environment can either

lead a child to emotional and academic competence or it can increase insecure attachment behaviors (such as off-task behavior or conflict) (Pianta, 1997).

To help children positively progress in their development of prosocial and self-regulatory skills, teachers must have a high level of responsiveness in their emotional support, classroom organization, and instructional support (Hamre, 2014). Teacher responsiveness is linked to secure attachment and helps students resolve distress (Hamre, Hatfield, Pianta, & Jamil, 2014). Responsive emotional support helps regulate students' stress throughout the day (Hamre, 2014), and adult-child interactions influence children's regulatory skills (Pianta, 1997).

Relationships between children and adults are dyadic and cannot be observed simply. This relationship includes history together, memories, expectations, and feelings of closeness, as well as interactions and characteristics of the child and adult (Pianta, 1997). This means that a teacher will have unique relationships with each child in the classroom. Factors outside of the relationship itself can influence the relationship. For example, a child's home experience and relationships will influence how the child seeks a relationship with a teacher. If a child has experienced maltreatment from his/her caregiver, he/she will be less likely to seek psychological proximity with teachers (Pianta, 1997).

Trauma Informed Practices

There are several settings (e.g., school, clinic, group therapy, etc.) in which trauma intervention can occur. While the specific interventions differ, many of the effective strategies and practices are similar across settings. Interventions that involve caregivers and children are effective as they work to intervene in the dysfunction of attachment and the home environment (Holmes et al., 2015; Stubenhort et al., 2010). Intensive clinical care is successful for treating

trauma symptoms in young children when it focuses on enhancing the relationship of parents and children (Ghosh Ippen, Harris, Van Horn, & Lieberman, 2011; Holmes et al., 2015).

Intense interventions can be expensive and inaccessible for families living in poverty. School-based interventions and trauma programs are cost-effective and accessible to all families. Unlike clinical settings, school setting interventions can be implemented when they are needed because children will experience struggles during a school day as they interact with peers and adults. This behavior also impacts the broader school community, which places a need for trauma-focused teachers and collaboration between all stakeholders - parents, psychologists, teachers, administrators, etc. (Holmes et al., 2015). School-based trauma interventions also improve children's trauma symptoms through a focus on emotional skills and resilience (Holmes et al., 2015).

Successful trauma-focused interventions should include strategies for teaching self-regulation, expressing emotions, and self-assertion skills (Sciaraffa et al., 2018). Self-regulation has been connected with resilience, coping, and stress management. Teachers can help children develop self-regulation by recognizing their distress, providing a predictable routine, and modeling their own emotion regulation. It is important to listen to children closely and comfort them without judgment (Sciaraffa et al., 2018). Emotional regulation can be taught through conflict resolution and encouragement to use strategies to deal with frustration, anger, or sadness. In addition, when teachers explicitly model how to regulate emotions and talk about emotions, children will be less likely to have externalizing problems at age fifteen (Hamre, 2014).

At times self-assertion is seen in a negative light as children balance their want and need for independence. To help children appropriately develop self-assertion, teachers should offer children limited choices, allow children control through the arrangement of the environment, and

become aware of their own feelings when children become self-assertive. These skills and supporting families are considered protective factors for helping students with trauma (Sciaraffa et al., 2018).

Routines and responsive classroom management are also trauma informed practices. When teachers provide a known routine and clear expectations, students will increase their self-regulation and executive function skills (Hamre, Hatfield, Pianta, & Jamil, 2014). Some trauma informed practices help children develop social skills, emotional competence, and adaptive skills. For example, in therapeutic preschools, engaging and nurturing activities help children to gain trust of safe adults, self-confidence in their abilities, and self-worth (Stubenhort et al., 2010).

Self-Care

Educators are experiencing emotional exhaustion, depression, helplessness, and loss of spirit due to burnout. Along with these symptoms, burnout leads to depersonalization with students and reduced personal accomplishment (Zellmer, 2004). Teachers are experiencing compassion fatigue, which is a term used by Figley (2002). Compassion fatigue occurs when someone experiences a sense of helplessness and confusion triggered by working with others who have trauma (Zellmer, 2004). According to Moore, Bledsoe, Perry, and Robinson's (2011) study, self-care gives attention to all parts of oneself (physical, social, and spiritual self) in order for someone to be fit to help others. Self-care is used to cope with occupational stress and can include meditation, exercise, in-service training, job-sharing, and psychotherapy (Zellmer, 2004).

Analysis of Literature

The previous studies have given much to the research on early childhood trauma and effective supports that are needed. Quality attachment is necessary for children to grow and

develop. When children cannot experience this relationship at home, the interactions between teachers and students becomes even more vital. Because children who have experienced trauma are dealing with neural, emotional, social, and health obstacles, teachers should become aware of strategies that will support children in the classroom. More research is needed to determine how teachers perceive their support of children with traumatic backgrounds so that the field can better understand how to improve teachers' perceptions of supporting children with trauma and consequently improve their practices. Additionally, more research is needed to understand the impact of self-care on the support of students with trauma.

Chapter 3: Methods

Theoretical Framework

The epistemological stance that frames this research study is constructionism. With the constructionist stance, I reason that the meaning of my research comes from humans interacting with the world. Knowledge is not waiting to be discovered. Instead the subject is seeking knowledge through engagement with the object through a social context. With this view, the subject and object are intertwined and dependent upon one another. Interaction between the subject and object is needed for meaning to be constructed (Crotty, 1998). In regards to this research project, the interaction between teachers (the subject) and students with trauma (the object) is where the meaning occurs. If teachers had no interactions with this population of students, there would be little understanding about supporting students with trauma or understanding the relationship between these two groups. Because this research study will focus on the interaction between teachers and students with trauma, meaning will be constructed about the experiences of students with trauma and the teachers who educate them.

Along the same consideration, I have a symbolic interactionism theoretical perspective for this research study. Under the epistemological view of constructionism, social interactionism asserts that meaning comes from the social interaction of a subject and an object (Crotty, 1998). Meaning is then processed interpretively based on who the subject is. The subject will act towards the object based on the meaning he/she has about the object (Crotty, 1998). This theoretical perspective gives the basis for the purpose of my research because I seek to understand prekindergarten teachers' perceptions of their support for children with trauma and their development of relationships with this population of students. According to the symbolic interactionism perspective, the teachers will act towards students with trauma based on the meaning they have developed through their interaction with these students. Therefore, it is important to understand how teachers perceive their relationship with students with trauma because this will impact the support they give to students.

This framework will allow me to answer my research questions as the study looks at multiple perspectives about the interaction of prekindergarten teachers and students with trauma. For example, one of the research questions is "How do prekindergarten teachers perceive their support of children with trauma?" I framed interview questions to help teachers reflect on what they do to support students. With a social interactionism stance, I understand teachers will be reflecting on their support through the lenses of their own experiences and beliefs. Their perceptions of their support will also be based on the culture of their school and district and their own pedagogical beliefs.

This framework supports the other research questions for this study as well. This question seeks to gain understanding about how prekindergarten teachers perceive their relationships with children dealing with trauma. With the theoretical framework of constructionism and social

interactionism, the study will be cognizant of the teachers' beliefs about relationships and what constitutes a quality relationship. This could be based on their past and current relationships as well as the culture of the school and classroom. This study will help educators and researchers gain understanding of the context of teaching students with trauma in prekindergarten classrooms.

Research Design

A general qualitative research design was chosen for this study because qualitative studies seek to understand complex and detailed problems, such as the perspectives of prekindergarten teachers working with children with trauma (Creswell & Poth, 2017). With this study, I seek to give a voice to early childhood teachers who may have no other outlet to express their experiences. Qualitative research “empowers individuals to share their stories, hear their voices, and minimize the power relationships that often exist between a researcher and the participants in the study” (Creswell & Poth, 2017, p. 45). My background as a prekindergarten teacher gave me insight into probing questions I could ask to gain greater understanding about teachers' experiences (see Appendix A). Qualitative research is better suited for this study as opposed to quantitative research because my research questions seek to gain understanding of prekindergarten teachers' experiences and perceptions, which cannot be easily measured using quantitative instruments. This study was approved by the University of Oklahoma's Instructional Review Board (see Appendix B).

Participants

This study used a purposeful sampling strategy called criterion sampling. According to Creswell and Poth (2017), criterion sampling is used when participants are selected because they meet criterion set by the researcher. The criterion is: (1) participants are certified prekindergarten

teachers, (2) participants must work in a school district in Oklahoma which has an emphasis on trauma-informed practice, (3) and participants must work with children with trauma.

In order to find my participants for this study, I sent a recruitment email (see Appendix C) to prekindergarten teachers in the Cloudcroft (pseudonym) district of Oklahoma, which is a district that has implemented trauma-informed professional development in recent years. Potential participants were only considered if they met the criterion previously explained. Nine teachers responded that they would be interested in participating. Of those nine, seven teachers participated in this study (two potential participants did not arrive for the scheduled interviews). All participants signed a consent form to participate in research (see Appendix D).

All participants in this study were given pseudonyms to ensure anonymity. All participants are female, prekindergarten teachers in a suburban public-school district in Oklahoma. All participants teach full-day prekindergarten. Two teachers have experience teaching at an off-site classroom, that is, the classroom is located in a community building. Seven participants have experience teaching at an on-site classroom, meaning the classroom is located within an elementary school. This district has taken steps to implement trauma-informed teaching practices. Each school site has a trauma and resilience team who attend district-wide meetings to discuss ACEs and restorative discipline. Restorative discipline is focused on restoring relationships between affected parties instead of on punishments. Each team has an action plan to share resources with staff and lead discussions and reflections about teaching practices. The participants widely vary in age and experience. Six participants identify as Caucasian, while one participant identifies as Native American. Participants' details are given below.

Table 1

Overview of Study Participants

<u>Name</u> (pseudonym)	<u>Age</u>	<u>Level of Education</u>	<u>Degree Major</u>	<u>Years of Teaching Experience</u>	<u>Description of School</u>	<u>Interview Length</u>
Laine	29	Bachelor's Degree; some graduate classes	Elementary Education + Early Childhood Certification; speech pathology courses	7	Title 1; on-site	43 minutes
Katheryn	34	Bachelor's Degree & Master's Degree	Elementary Education + Early Childhood Certification; Instructional Psychology and Technology	6	Title 1; on-site	44 minutes
Ashley	28	Bachelor's Degree	Early Childhood Education	2	Non Title 1; on-site	48 minutes
Karen	50	Bachelor's Degree; some graduate classes	Elementary Education + Early Childhood Certification; School Counseling courses	15	Title 1; on-site with experience at off site	41 minutes
Laura	46	Bachelor's Degree	Early Childhood Education + Nursing	10	Title 1; on-site	34 minutes
Tiffany	30	Bachelor's Degree	Early Childhood Education	5	Title 1; off site with experience at on-site	1 hour, 31 minutes
Tammy	42	Bachelor's Degree; some graduate classes	Early Childhood, Middle School Language Arts; School	20	Title 1; on-site	1 hour, 11 minutes

Data Collection

To collect data about the participants' experiences supporting students with trauma, I conducted interviews. The interviews took place in participants' homes and classrooms as well as my own classroom. The interviews were recorded using an app on the computer called Simple Recorder. A secondary recording device was used on a cell phone. This app is called Samsung Voice Recorder. Using these recordings, I transcribed the interviews.

A semi-structured interview protocol (see Appendix E) was used to conduct the interviews. Some questions were general and open-ended, such as "How would you describe your relationship with students with trauma in your class?" Once participants responded to open-ended questions, I used follow-up questions to dive deeper into their perspectives about these experiences. For example, after asking about their relationships with students, I asked, "What emotions come to mind when you think about these relationships?"

The interview protocol was segmented into four sections. The first eight questions and probing questions focused on the participants' perceptions of how they support students with trauma. For example, after asking about behaviors the participants see in their classrooms, one probing question was "What regulation strategies do you use to support students in these situations?" The second section of the interview focused on the teacher/student relationship. One example is the question, "Have you noticed change in your relationships with these students? If yes, describe." The participants used examples from their teaching careers to provide rich description of their experiences. The third section of the interview was in connection to teacher self-care. I asked teachers to reflect on their own personal trauma as well as respond to the

question, “What self-care do you practice?” The fourth section of the interview was used to obtain teacher background information such as teaching experience, undergraduate and graduate degrees, age, gender, and race.

Data Analysis

Thematic analysis (Shank, 2006) was used to make meaning from the data in this project. The first step I took to analyze the data was to transcribe the interviews. During this process, I also took memos to document reflections about the data. Next, I segmented the data according to sections of the interview protocol (i.e., giving support, teacher/student relationships, self-care, and background information).

The second step of the thematic analysis was coding. According to Shank (2006) coding in thematic analysis is used to find patterns in the data. I did this through line-by-line coding. Once each of the seven interviews were coded, I compiled the list of codes into categories. I did this through incident comparison where I compared codes to one another as I categorized them (Shank, 2006). I also used theoretical comparison on codes relating to teacher pedagogy (e.g., restorative discipline, Conscious Discipline, etc.). Both comparison methods allowed me to categorize codes based on similar content (e.g., giving emotional support, thoughts about teacher/student relationships, support for teacher, etc.). Once the code book was developed (see Appendix F), I compared and contrasted to find patterns among the categories. During this process, I used triangulation (Shank, 2006). My advisor and a peer looked through my code book to help make decisions about emerging patterns. These patterns developed into the themes described below.

Chapter 4: Results

The following themes answered the research questions for this study: (1) How do prekindergarten teachers perceive their support of children with trauma?, (2) How do prekindergarten teachers perceive their relationships with children with trauma?, and (3) How do prekindergarten teachers perceive the effects of employing self-care strategies when working with students with trauma?

How do prekindergarten teachers perceive their support of children with trauma?

Teachers seemed to perceive their support of students as a balancing act. Giving support to students with trauma includes multiple facets – emotional support and support through classroom management. Katheryn describes her perspective of the levels of support students with trauma need:

They tend, I feel like, to need a lot more support. Umm especially working with such young children. There's a lot more wanting to climb in your lap or needing extra hugs. And then they also need a lot more support I feel like. There's a lot more they need, you know, as far as socially just because there's a lot more behaviors and them acting out just because they don't have necessarily the skills to cope with whatever they're dealing with. And so it can be challenging just to meet them where they are with their needs.

When students show the inability to cope, teachers support them through regulation strategies. All of the teachers describe behaviors exhibited by students with trauma. Some of these behaviors include: hitting, meltdowns, defiance, violence, attention-seeking behaviors, and disruptive behaviors. For example, Ashley describes her use of breathing techniques and a safe spot in the classroom:

In the moment I can say, "Oh, I can see you're getting mad. Take a deep breath." And they can breathe. Then we practice walking away or like talking through what we're

feeling. Umm we read a lot of social stories and going...being able to go to the safe spot in our room that's a calm down corner and use all of these different tools until we're in a place we can talk about what's happening or draw about it or something like that.

With extreme behaviors taking place in the classroom, teachers develop classroom management strategies to support students with trauma. Using an assertive voice, ignoring behaviors in the classroom, and practicing restorative circles are all ways teachers are managing behaviors in the classroom. Laura reflects on using restorative circles in her class after a student has exhibited an extreme behavior in front of the other students:

Umm well we've focused a lot on the trying not to so much, like, look at the negative of what happened. But talk to them about their feelings and you know what could they have changed to do that differently. And it's okay to have those feelings and stuff. But we also do the restorative discipline circle to, like, involve the class when they've seen something like that. And you know, how it made them feel and you know what could have been a better reaction and different things like that. So, you kind of involve everybody so they feel...because the kids that have seen, you know, something in class happen – like when a student hits the teacher – that's kind of trauma to them.

Teachers also perceive obstacles in their support of students with trauma including: lack of trust, lack of support at home, poor relationships with administration, lack of trauma learning in teacher preparation courses, parents withholding information, and struggling with extreme behaviors. Tammy describes her frustration with gaining trust from her students with trauma:

It's hard for them to trust. I can sit here all day long and talk about how I want to be their safe person, and I want them to know that they can depend on me. But that's a scary thing when you're a little person that doesn't know, you know, that has never had anybody that

you can trust or never had anybody there for sure as your person. And it's hard for them to give you that trust and to open themselves up to be heard or disappointed again.

Similarly, Laura describes the frustration of gaining trust and support from parents of students with trauma:

It's the ones that aren't so willing to support that's frustrating for me because it's not helping their child. And then I'm like...if they're not helping them at home, how am I supposed to help him here? Or like...I can just do what I can do here, then there's nothing going on to extend that so that's very frustrating.

The most common feeling teachers have when reflecting on supporting students with trauma is frustration. All seven teachers said they have experienced frustration while supporting students with trauma. This includes when working with parents, working through student behaviors, and gaining support from administration. Katheryn describes her main behavior trigger for her own frustration:

Oh, I get super frustrated. We talk about triggers...and that's part of Conscious Discipline too is recognizing the kids' triggers and what's going to set them off but we as adults...we have triggers too. And defiance is definitely one of my triggers. Like, "I asked you to do that. There's no reason for you not to be doing that. Everybody else is doing it." So, it's super frustrating.

Teachers expressed that they struggle with leaving feelings at work. The teachers in this study tend to compartmentalize feelings from their personal life from entering their professional life; however, they struggle with feeling burdened by stresses from work during their personal time. For example, this school year, Laine experienced her own trauma when her fiancé passed away suddenly. When asked how that affects her support of students with trauma, she said it

does not impact them because she compartmentalizes that part of her life. However, she and other teachers in this study continue to worry about their students after they have left the school building. Along with frustration, teachers are experiencing guilt, defeat, worry, stress, sadness, helplessness, anger, failure, heartbreak, impatience, and feeling at a loss of what to do. Tiffany reflects on her own feelings about supporting students with trauma:

And so I think that like the feelings of frustration and failure within yourself are the hardest thing about dealing with kiddos with trauma. Because number 1: It's never gonna just be fixed, and number 2: Your success is never like...you won the soccer game. It's like this one little thing went well.

How do prekindergarten teachers perceive their relationships with children with trauma?

At the time of the interviews the teachers described most of their relationships with students with trauma as close, loving, and secure. Laine describes her perception of her relationship with students with trauma:

Umm I think if you truly love teaching and kids of all types that, yes, you do almost have a better bond with some of the trauma kids sometimes because sometimes you don't know what they're going home to, and you want to make sure that you can give them your best even when they push your limits.

Relationships with students with trauma take time to develop and change over time with the building of trust. Some obstacles to building relationships with students with trauma include behavior, teaching the rest of the class, and the child feeling unsafe. Karen describes her experience with a student she has this year:

Sometimes it's really hard to build that relationship. Umm with some of my students that have come from trauma backgrounds, you are able to really be that safe person for them.

And like with my student this year, we have really struggled. We have really struggled. And he really...he really craves that one-on-one attention. Umm but when I give it to him, he's just more demanding and he becomes like really physical...like he'll jump on me. And so it makes it difficult to really build that sort of nurturing relationship when there's not those barriers and those boundaries that he doesn't know how to respect.

While relationships can be difficult at the beginning of the year, all of the teachers describe relationships that have grown into safe, close relationships. When teachers learn about student interests and spend one-on-one time with students, their relationship grows. Laura describes the importance of learning about student interests:

I think the relationship part is, like, huge. If you don't have that relationship, then it's never going to work. And they're never going to feel safe...Like at first it's really hard to get them to open up and be close. Like, you know, they don't want a hug. They don't want to talk. They don't want...and then it's kind of like...you just keep trying and keep trying then eventually you hit that like interest. Like, "She wears My Little Pony a lot so maybe..." It's just a lot of...you have to be willing to put in the time and the work. I mean the big thing to me is just get to know their interests.

Through the teachers' reflections, I found that relationships with students with trauma involves building a relationship with the child's entire support system. The energy, time, and resources it takes to support students with trauma helps build relationships with the child's support system. This includes colleagues, administration, and the child's parents. Through these relationships, teachers ask for help, gain emotional support, share struggles with colleagues, and work together with parents. Katheryn describes her thoughts about developing relationships with her colleagues:

Just to have that feeling of support and to know that I don't have to do it by myself. And just to have that kind of community feeling that we're all here to help the kids. And we're...they're...these students and these special babies are everyone's. You know, they're everyone's special babies so it just kind of lifts some of the burden and it...it just takes a village. You know, you say that when you're raising your own kids but with your...with your, you know, babies at school too.

Relationships with administration and colleagues impacts the support of students with trauma. After experiencing time away from colleagues and administration, Tammy asserts that this support system gives her emotional support:

When you feel like you know your administration and when you know your teachers and your teammates, you're more willing to share the struggles that you're going through...umm more willing to ask for help or advice. Because we all want to seem like we know what we're doing. And when you don't have that type of relationship, it makes it hard to admit that I'm really struggling with this, I need help. So, yeah, I think it make a big difference.

While there are several obstacles that can prevent building relationships with parents (lack of trust, wanting to stay private, not supporting child at home, etc.), teachers still express the importance of building relationships with families. Ashley describes positive parent relationships:

Some of the parents are very much on the same team and, like, we're working together for the success of the child and we will do whatever it takes because we're all...we have the same goal. Umm and so communication is really open and umm...And so sometimes I feel really supported by parents.

How do prekindergarten teachers perceive the effects of employing self-care strategies when working with students with trauma?

Because supporting students with trauma tends to be exhausting, stressful, frustrating, and high stakes as stated by these teachers, they perceive that self-care is necessary to successfully support students with trauma. Tammy explains she often makes herself sick with worry and overthinking while supporting students with trauma:

I was getting a migraine, you know, but I was really making myself sick and thinking. And I came to that point of like, oh, if I don't stop, I'm not going to be able to be there [school]. So it's really important that we...because the last thing those little guys need is their teachers to not be at school...So from that perspective, I think that it's really important to practice self-care. And again, I'm not very good at it.

Practicing self-care appears to have a positive effect on supporting students with trauma. Teachers have noticed they have more patience after practicing self-care and do not feel as stressed. Laura explains how practicing self-care has improved her support of students with trauma:

I think it makes me a better teacher just because I've learned to take that time for myself. Which means I can give them a little extra of me because I'm not so stressed out...And so I think if we can't take care of ourselves, it's hard for us to come and have that patience and understanding and work with them because then we get frustrated a lot easier I think. So you know how they talk to you about self-care, self-care...it's the real deal. You have to do it.

Teachers tend to practice self-care by eating healthy, having alone time, doing yoga, spending time with family, exercising, and talking to trusted friends and family. Practicing self-

care seems to be important for supporting students with trauma, but it is under-utilized. Some obstacles to self-care are school, exhaustion, and time. Karen describes her obstacles to practicing self-care:

I think we have so many demands on our time, that we play lots of different roles. Umm and I think that teachers are pleasers and so we try to please our students, we try to please our administration, we try to please our family, and then sometimes we try to please ourselves last.

While it is difficult to practice self-care, teachers tend to want to improve the quality and quantity of their self-care practices. Teachers tend to say they are not good at self-care, but still find self-care to be important. Laine describes her balance with self-care:

I drink a lot of water. I have two cats and the purring is supposed to help calm and soothe you. I try to go to the gym. Some weeks are easier than others. You care so much about your kids and your job and... You know, sometimes when you leave school at 5:00 at night, you do not want to go to the gym. I do try to eat... I eat pretty healthy. Your fuse just gets shorter and shorter on those days where you're not... you haven't really given self-care that week.

Chapter 5: Discussion

Summary of Findings

Based off of the data collected and analyzed in this study, interpretations can be made. Supporting students with trauma requires multiple layers of support. According to the teachers in this study, children with trauma are entering school with limited emotional regulation skills. This is in accordance with op den Kelder et al (2017) who found children with trauma have delays in executive functioning, emotional management, and impulse control. The teachers in this study

described emotional support as necessary to help students with trauma. They described students with trauma as lacking coping skills, having extreme reactions to seemingly small annoyances, and reacting with violence. The teachers described the importance of teaching social-emotional skills through modeling, social stories, and practice. These findings are supported by Sciaraffa et al (2018) who found that modeling self-regulation and teaching social-emotional skills is necessary for resilience.

Teacher responsiveness to children's distress is also an important way to give students emotional support (Hamre, 2014). Teachers in this study discussed responding to students with trauma using different strategies for each child. These strategies include helping students breathe deeply, supplying students with a safe spot in the classroom, saying "I love you," and distracting students using humor. This is aligned with Sandilos, Goble, Rimm-Kaufman, and Pianta (2018)'s research, which asserts that social-emotional competence is developed through mutual respect, positive communication, opportunities for autonomy, and sensitivity to emotions. Many of the teachers use restorative circles in their classrooms to give voice to children. Teachers talked about the impact that restorative circles have as opposed to punitive discipline. Teachers in this study use restorative circles to solve conflicts between students when a problem arises and also as a classroom activity during group meetings. Restorative circles can focus on conversation and community building but can also focus on restoring relationships through solving conflict (Knight & Wadhwa, 2014).

Findings in this study imply that teachers can give better support to students when they feel supported themselves. The teachers mentioned relationships with colleagues and administration as important factors for giving support to children with trauma. The literature supports the findings that children and teachers need support systems to help students with

trauma feel supported. Bronfenbrenner (2005) asserts that children need one caring adult in their lives to build resilience. Through support, teachers become this caring adult. Many of the teachers talked about their desire to help students with trauma and the sense of reward after supporting this population. This is known as compassion satisfaction (Cummings, Singer, & Benuto, 2018). Cummings et al (2018)'s study supports the findings of this project in that teachers perceive achievement when supporting children with trauma. This sense of achievement increases the motivation to have positive interactions with this population of students.

Children also need a sense of belonging (Sciaraffa et al., 2018). According to the data, when teachers feel supported through professional development and colleague, administration, and parent support, they provide higher quality support to students. This corresponds with Alisic's (2012) research which found that teachers believe colleague support is a helpful factor in supporting students with trauma. Teachers in this study expressed frustration with building relationships with parents. This is due to parents not providing background information to teachers and not providing continued support to the children at home. The teachers continue to try to build these relationships in spite of the obstacles because they understand the impact parents can have on children's resilience. This coincides with a research study about therapeutic preschools, which found parent attunement and communication with children promotes trust and competency (Stubenhort et al., 2007).

According to the findings, relationships and support have a reciprocal tendency: Giving support builds the relationship with students and the relationships allows support to be effective. According to Sciaraffa et al., (2018), when teachers respond to student behaviors, needs, and temperament, it will help students become resilient. Teachers in this study found that the more time they spent supporting students, the stronger the relationship became. Similarly, as the

relationship became stronger, students responded more to teacher support. Ainsworth (1989) asserts that teachers can become a secondary attachment figure in the absence of a secure attachment with a parent. As students and teachers engage in this cyclical process of support and relationship-building, the attachment between the teacher and student becomes secure.

Teachers in this study stated time, energy, and resources contribute to supporting students with trauma. This can lead to compassion fatigue and burnout (Koenig, 2014). Self-care can be practiced in many different ways. Teachers in this study participated in exercise, talking to trusted family and friends, spending time with family, and having alone time. They found these practices to give them more patience and mental clarity. They also felt less stressed after practicing these self-care strategies. This corresponds to the literature from Moore, Bledsoe, Perry, and Robinson (2011), which asserts that practicing self-care is proactive against “burnout, breakdown, and the development of illness” (p. 546).

Implications

This study has many implications for schools, teachers, administrators, and the field of education. This study and other research have found that working with students with trauma is a difficult profession. Because of this, self-care is needed for teachers to cope with emotional exhaustion and compassion fatigue. Teachers need to find strategies to deal with frustration. Support systems are needed not only to deal with the feelings of frustration but also to improve the support of students with trauma. For support systems to work together, trust is necessary among every member of the team (parents, students, teachers, administration, and colleagues). In order to develop trust, relationships should be built. Teachers in this study discussed learning student interests in order to build relationships. The same idea can be expanded to building

relationships with other members of the support system. Connections have to be made to develop relationships.

This study also implies that trauma informed practices in schools involve teachers to change how they view discipline and classroom management. Many of the teachers in this study talked about their perspectives changing about these issues when they gained knowledge of trauma in students' lives. The times when teachers only taught reading, writing, and arithmetic are over. Emotional regulation and coping strategies are now explicit ideas to be taught. This will help schools develop a sense of safety for students dealing with trauma. Teacher preparation programs and professional development should focus on social-emotional learning to help schools adequately develop a sense of safety.

Limitations

It should be noted that all but one interview was conducted during the spring semester of the school year. The teachers in this study reflected on progress in the relationships and support with students with trauma. Had the interviews occurred in the fall semester, more details about limited success in relationships and support might have surfaced, which could have an impact on their perspectives. Future studies might benefit from multiple interviews throughout a school year to truly understand relationships and support of students with trauma.

This project took place in a suburban district in Oklahoma. While there are high levels of trauma throughout the state, research conducted in an urban setting (with more diversity and higher class ratio sizes) or a rural setting (with fewer resources) would most likely include different perspectives of teachers supporting students with trauma.

Another limitation for this study is the low number of interviews. Seven teachers gave insight into the challenges and successes of supporting students with trauma, but a more

thorough understanding could be found if more teachers had been interviewed. Additionally, greater insight could be found if teachers had been observed. Because of this limitation, the findings are dependent upon the teachers' perceptions only.

Future Research

The findings of this study provide many pathways for future research. All of the teachers in this study discussed that they had little to no trauma learning in their undergraduate coursework. Trauma is a relatively new area of research, so it would be beneficial to research current undergraduate students in early childhood education to understand their exposure to professional learning about trauma.

To continue the research about relationships and support with students with trauma, additional research about teachers' practices in the classroom would be helpful to compare with teachers' perspectives of their practices. For future studies, using formative assessments on the support and interactions with students would be used. A mixed methods study (that combines interviews and observation with rating scales) would provide insight into classroom climate.

The findings of this study also imply that more and more students are entering public schools with trauma. For a fuller picture of the support and relationships with students with trauma in Oklahoma, a survey sent to early childhood teachers around the state could be a helpful way to gain understanding about the questions asked in this research study. This could provide information about areas of the state that may need additional professional development about trauma-informed practices.

An interesting direction for future research is to investigate how schools are planning for and supporting students with trauma. It would be beneficial to look at administrative perspectives and district initiatives. Through a mixed methods study that compares teacher interviews with

administration survey responses, more understanding about the entire support system of students with trauma could be examined.

Conclusion

As teachers become secondary attachment figures in the lives of children with trauma, it is important to understand the relationships and supports for this population of students. Teachers are forming close and secure relationships with children with trauma, but the support is still causing emotional exhaustion and burnout tendencies. Support systems (e.g., parents, colleagues, and administrators) are important for both children and teachers to cope with trauma and compassion fatigue. Additionally, self-care is important for mitigating the effects of compassion fatigue. Trauma is and will continue to be a factor in the education field. Policy-makers, educators, administrators, and parents should continue to learn about the effects of trauma and strategies to build resilience in order to alter the future of children with trauma.

Appendices

Appendix A: Subjectivity Statement

This research project will describe teachers' perspectives of their relationships with students with trauma, as well as how they perceive the support they and administration give to students with trauma. Oklahoma has a high population of children who have experienced trauma, and many school districts lack the resources and knowledge to support these students effectively. Early childhood teachers are on the front lines of supporting children dealing with trauma, which can put a strain on relationship-building and classroom structure. The participants in this study will be certified prekindergarten teachers in a suburban school district in Oklahoma. This research project will examine three questions: (1) How do prekindergarten teachers perceive their support of children with trauma?, (2) How do prekindergarten teachers perceive their relationships with children with trauma?, and (3) How do prekindergarten teachers perceive the effects of employing self-care strategies when working with students with trauma?

As the researcher, I have several roles that may impact this study. I have a Bachelor of Science degree in Early Childhood Education, which provides me with a background in child development as well as various theories, including attachment theory. I am finishing a Master's degree in Instructional Leadership and Academic Curriculum with a focus on Early Childhood Education. Like many of the prospective participants of this study, I am categorized as middle class, which gives me more privileges than many of the students in my classroom and can be a stumbling block for building relationships with students. I am in my fourth year as a certified prekindergarten teacher in the Norman Public Schools district in a Title 1 school. I have struggles and successes teaching children with trauma, so I have personally experienced the difficulties of supporting this population of children without professional development

opportunities to help me develop trauma-informed practices. I have spoken with colleagues who have expressed frustration and fatigue from attempting to support this population of children without resources or knowledge to do so effectively. I have also experienced the delights of supporting children with trauma. In my own teaching experience, I have found building quality relationships with children of trauma to be the most important step in helping them to achieve success in school. These relationships require energy and time, and I have felt overwhelmed by the significance and extent of the relationships. My experiences may reflect the perceptions of the participants of this study. Another role which will impact my study is my involvement in a district Trauma & Resilience team. This team meets several times a year to discuss trauma-informed practices and develop action steps for our schools to improve the support of children with trauma in the district.

The roles above will impact my study in various ways. First, my educational background will strengthen the literature review I will provide to inform my research. My knowledge of child development and attachment theory will help me explain some of the issues prekindergarten teachers encounter when teaching children with trauma. However, my limited experience in teaching could be a limitation for the study. I do not have many years to personally describe the growing number of children with trauma enrolling in public prekindergarten. This could limit my development of insightful interview questions. The experience I do have will help me connect with the participants and gain their trust throughout the project. By reflecting on my own experiences and conversations I have had with colleagues, I was able to create interview questions for the participants to describe their relationships with students and the support they are able to give. My involvement in the district Trauma & Resilience team will be a strength for

this project because I have first-hand knowledge of initiatives taken by the district and compare these initiatives with the resources given to prekindergarten teachers across the district.

Appendix B. OU IRB Approval



Institutional Review Board for the Protection of Human Subjects Approval of Initial Submission – Exempt from IRB Review – AP01

Date: January 29, 2019

IRB#: 10270

Principal Investigator: Dr. Courtney L. Beers, Ph.D.

Approval Date: 01/29/2019

Exempt Category: 2

Study Title: Teachers' Perspectives of Supporting Children with Trauma

On behalf of the Institutional Review Board (IRB), I have reviewed the above-referenced research study and determined that it meets the criteria for exemption from IRB review. To view the documents approved for this submission, open this study from the *My Studies* option, go to *Submission History*, go to *Completed Submissions* tab and then click the *Details* icon.

As principal investigator of this research study, you are responsible to:

- Conduct the research study in a manner consistent with the requirements of the IRB and federal regulations 45 CFR 46.
- Request approval from the IRB prior to implementing any/all modifications as changes could affect the exempt status determination.
- Maintain accurate and complete study records for evaluation by the HRIPP Quality Improvement Program and, if applicable, inspection by regulatory agencies and/or the study sponsor.
- Notify the IRB at the completion of the project.

If you have questions about this notification or using IRIS, contact the IRB @ 405-325-8110 or irb@ou.edu.

Cordially,

A handwritten signature in black ink that reads 'Lara Mayeux'.

Lara Mayeux, Ph.D.
Chair, Institutional Review Board

Appendix C. Recruitment Email

Hello,

My name is Rebecca Grimes, and I am a master's student at the University of Oklahoma. I am also a prekindergarten teacher for Norman Public Schools. I am interested in understanding teachers' perspectives of supporting students with trauma, their relationships with this population, and self-care strategies they employ while working with students with trauma. You are being recruited for this study because you are a prekindergarten teacher in a public school in Oklahoma.

If you wish to participate in this study, you will be interviewed for approximately one hour about your experiences. Participation in the interview is voluntary, and you may refuse to take part in the research or answer interview questions at any moment without penalty. There are no foreseeable risks associated with your participation in this survey.

Data will be stored on a password protected computer. No data will be identifiable. Each interview will be anonymous.

If you have any questions about the study or would like to participate, please contact me directly at rebecca.m.peacock-1@ou.edu

Thank you,

Rebecca Peacock-Grimes

Appendix D. Adult Consent Form

Signed Consent to Participate in Research

Would you like to be involved in research at the University of Oklahoma?

I am Becca Peacock-Grimes from the Instructional Leadership and Academic Curriculum Department and I invite you to participate in my research project entitled Teachers' Perspectives of Supporting Children with Trauma. This research is being conducted at the University of Oklahoma. You were selected as a possible participant because you are a prekindergarten teacher in Oklahoma. You must be at least 18 years of age to participate in this study.

Please read this document and contact me to ask any questions that you may have BEFORE agreeing to take part in my research.

What is the purpose of this research? The purpose of this research is to understand teachers' experiences of supporting children with trauma and the nature of their relationships with these students. I also seek to understand teachers' perspectives of the impact of self-care strategies when working with students with trauma.

How many participants will be in this research? About 15 prekindergarten teachers will take part in this research.

What will I be asked to do? If you agree to be in this research, you will be interviewed about your experiences as a prekindergarten teacher working with students with trauma.

How long will this take? Your participation will take 1 hour of interviewing.

What are the risks and/or benefits if I participate? There are no foreseeable risks associated with this study.

Will I be compensated for participating? You will not be reimbursed for your time and participation in this research.

Who will see my information? In research reports, there will be no information that will make it possible to identify you. Research records will be stored securely and only approved researchers and the course instructor will have access to the records.

You have the right to access the research data that has been collected about you as a part of this research. However, you may not have access to this information until the entire research has completely finished and you consent to this temporary restriction.

Do I have to participate? No. If you do not participate, you will not be penalized or lose benefits or services unrelated to the research. If you decide to participate, you don't have to answer any question and can stop participating at any time.

Audio Recording of Research Activities To assist with accurate recording of your responses, interviews may be recorded on an audio recording device. You have the right to refuse to allow such recording without penalty.

I consent to audio recording. Yes No

Will I be contacted again? The researcher would like to contact you again to recruit you into this research or to gather additional information.

_____ I give my permission for the researcher to contact me in the future.

_____ I do not wish to be contacted by the researcher again.

Who do I contact with questions, concerns or complaints? If you have questions, concerns or complaints about the research or have experienced a research-related injury, contact me at (405) 202-3939 or rebecca.m.peacock-1@ou.edu. You may also contact my advisor, Courtney Beers Dewhirst at cbeers@ou.edu or (405) 325-1498.

You will be given a copy of this document for your records. By providing information to the researcher(s), I am agreeing to participate in this research.

Participant Signature	Print Name	Date
Signature of Researcher Obtaining Consent	Print Name	Date

Appendix E. Interview Protocol

Interview Protocol

Introduction

Thank you for time and willingness to participate. As you know, I am interested in understanding the perspectives of prekindergarten teachers' experiences supporting students with trauma. Particularly, I am trying to understand teachers' perspectives of their support for students with trauma and their relationships with this body of students. I am also trying to understand teachers' perceptions of how self-care influences their support of children with trauma. If the questions are general and abstract, you may volunteer any detail you wish. You also have the option of declining to answer – passing on – any of the questions. Is it okay if I record this interview? Do you have any questions before we start?

Interview Questions

[Teacher Support Session]

1. How would you define the word 'trauma'?
2. How do you know when you have students with trauma in your class?
3. What social and emotional needs have you observed in your students with trauma?
4. What behaviors do you observe of students with trauma?
 - a. What feelings or thoughts do you have while supporting students through these behaviors?
 - b. What regulation strategies do you use to support students in these situations?
5. How do your colleagues support the students in your class who have experienced trauma?
 - a. How do you feel supported by your colleagues when you are supporting students with trauma?
 - b. How do you feel supported by parents when you are supporting students with trauma?
 - c. How do you feel supported by administration when you are supporting students with trauma?
 - d. Do you think your relationships with colleagues and administration impact your support of students with trauma?
6. Is trauma talked about at your school? If so, what conversations or professional development have you experienced that deal with trauma?
7. How have you learned about trauma?
 - a. Have you experienced professional development regarding trauma?
 - b. Did you experience training or assignments in your teacher preparation classes?
8. How do you help guide your teaching assistant in supporting students with trauma?

[Teacher/Student Relationship Session]

1. Describe your relationship with students with trauma in your class.
 - a. What emotions come to mind when you think about these relationships?
2. Have you noticed change in your relationships with these students? If yes, describe.
3. What do you do to build relationships with this population of students?
4. Have you experienced any obstacles when building relationships with students with trauma?
 - a. If yes, explain. If no, explain why you think that is.

[Teacher Self-Care Session]

1. Have you experienced your own trauma? If so, will you describe your experience?
 - a. How does experiencing trauma impact your support of students with trauma?
2. What changes have you noticed in yourself after working with students with trauma?
3. Do you practice self-care strategies? If so, what self-care do you practice?
 - a. Does this impact your support of students with trauma? If yes, how?

[Teacher Background Session]

1. How many years of experience do you have teaching?
2. What is your undergraduate degree in? Graduate?
3. What is your age, gender, race?

Closing

Now that we are done, do you have any questions you'd like to ask me about this research project? If you want to contact me later, here is my contact information. Also, I may need to contact you later for additional questions or clarification. Can I also have your follow-up contact information? Would you like me to send you a transcript of this interview for you to review for accuracy?

Appendix F. Code Book

Categories	Major Codes
Evidences of Trauma	<ul style="list-style-type: none"> • Trauma: Domestic Violence • Trauma: Neglect • Trauma: Lack of Safety • Trauma: Foster Care • Trauma: Conjoined twin died during surgery • Trauma: Abuse • Child informed trauma • Parent informed trauma
Student Behavior	<ul style="list-style-type: none"> • Hitting • Unable to cope • Attention-seeking • Physical violence • Meltdowns • Disruptive • Defiance • Violence
Student Needs	<ul style="list-style-type: none"> • Perception of safety • Help with problem solving • Control • Communication skills • Empathy • Calming Strategies • Extra Attention
Giving Emotional Support	<ul style="list-style-type: none"> • Patience • Regulation strategy: breathing techniques • Regulation strategy: safe spot • Taking a break in another room • Support from other teachers • Small group time with counselor • Empathy • Building relationships • Restorative circle: talking about feelings • Saying “I love you” • Giving one-on-one attention • Building trust with students • Learning about student interests • Positive affirmation
Giving Classroom Management Support	<ul style="list-style-type: none"> • Restorative circle: involving whole class • Combining Conscious Discipline with PBIS • Assertive voice

	<ul style="list-style-type: none"> • Ignoring behaviors • Problem-solving with student • Reflecting with student • Providing extra time to process directions
Obstacles in Support	<ul style="list-style-type: none"> • Lack of trust • Support doesn't extend to home • Lack of administration support: lack of trust for teacher • Administration not helping • Poor relationships with colleagues and administration: hard to ask for help • No trauma learning in teacher preparation courses • Hard to build relationships with students • Parents withholding information • Teaching assistant struggles with extreme behaviors • Family wants things to be private
Teacher Feelings about Support	<ul style="list-style-type: none"> • Support is challenging to meet needs • Support is a balancing act • Frustration • Spectrum of emotions • Wanting to help all students • Feeling guilty about feeling frustrated • Feeling defeated • Overthinking • Frustration about lack of support • At a loss • Compassion • Worry • Hope • Love for students • Stressed • Sad • Rewarding • Helpless • Mistakes at work have big consequences
Self Care Practices	<ul style="list-style-type: none"> • Eating healthy • Alone time • Yoga • Spending time with family • Watching TV • Taking a bath • Exercising • Talking to people you trust

	<ul style="list-style-type: none"> • Time to recharge
Obstacles to Self Care	<ul style="list-style-type: none"> • School • Exhaustion • Time • Making self sick with worry • Teachers please themselves last
Thoughts about Self Care	<ul style="list-style-type: none"> • Self care is important • More patience after practicing self care • Tired without self care • Teachers don't practice self care enough • Not stressed after self care • Difficult to practice self care • Not good at self care
Personal Trauma Experiences	<ul style="list-style-type: none"> • Sexual abuse • Father deployed during childhood • Parents divorced during childhood • Fiancé dying • Parents dying during childhood • No personal trauma • Verbal abuse • Mother bipolar • Neglect
Feelings about Personal Trauma	<ul style="list-style-type: none"> • Compartmentalizing trauma • Relationships are difficult • Downplaying own trauma in comparison with student trauma • Trauma affects trust of others
Thoughts about Student/Teacher Relationship	<ul style="list-style-type: none"> • Loving relationship • Relationship improves after behaviors increased • Great relationship • Building trust in relationship • Relationship is rocky • Close relationship • Takes time to build relationships • Being someone to depend on • Trying to build a safe relationship • Relationship changes over time • Obstacle to relationship: behavior • Obstacle to relationship: lack of trust
Support for Teacher	<ul style="list-style-type: none"> • Parent support: working together • Colleague support: sharing strategies • Professional development about ACEs • Colleague support: emotional support

	<ul style="list-style-type: none">• Colleague support: asking for help• Parent support: open communication• Administration support: knowing background of students• Administration support: conversations with parents• Asking administration for help• Learning about trauma through experience• Sharing struggles with colleagues• Book study with Conscious Discipline• Trauma team gives professional development• Professional development about self care• Professional development: restorative discipline
--	---

References

- Ahnert, L., Harwardt-Heinecke, E., Kappler, G., Eckstein-Madry, T., & Milatz, A. (2012). Student-teacher relationships and classroom climate in first grade: How do they relate to students' stress regulation?. *Attachment & Human Development, 14*(3), 249-263. doi: 10.1080/14616734.2012.673277
- Ainsworth, M. S. (1989). Attachments beyond infancy. *The American Psychologist, 44*(4), 709 – 716. doi: 10.1037/0003-066X.44.4.709
- Ainsworth, M.S. & Bell, S.M. (1970). Attachment, exploration, and separation: Illustrated by the behavior of one-year-olds in a strange situation. *Child Development, 41*(1), 49-67.
- Alisic, E. (2012). Teachers' perspectives on providing support to children after trauma: A qualitative study. *School Psychology Quarterly, 27*, 51-59. doi: 10.1037/a0028590
- Anda, R.F., Felitti, V.J., Bremner, J.D., Walker, J.D., Whitfield, C., Perry, B.D....Giles, W.H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience, 256*(3), 174-186. doi: 10.1007/s00406-005-0624-4
- Bartlett, L. (2004). Expanding teacher work roles: A resource for retention or a recipe for overwork?. *Journal of Education Policy, 19*, 565-582. doi: 10.1080/0268093042000269144
- Bowlby, J. (1982). *Attachment and loss*. (2nd ed.) New York: Basic Books.
- Bronfenbrenner, U. (2005). *The ecology of human development*. Cambridge, MA: Perseus.
- Creswell, J. W. & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches* (4th Edition). Thousand Oaks, CA: Sage.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research*

- process*. Thousand Oaks, CA: Sage.
- Cummings, C. Singer, J., Hisaka, R. Benuto, L. T. (2018). Compassion satisfaction to combat work-related burnout, vicarious trauma, and secondary traumatic stress. *Journal of Interpersonal Violence, 0*, 1-16. doi: 10.1177/0886260518799502
- Dubowitz, H., Thompson, R., Proctor, L., Metzger, R. Black, M.M., English, D....Magder, L. (2016). Adversity, maltreatment, and resilience in young children. *Academic Pediatrics, 16*(3), 233-239. doi: 10.1016/j.acap.2015.12.005
- Enlow, M.B., Egeland, B., Blood, E.A., Wright, R.O., & Wright, R.J. (2012). Interpersonal trauma exposure and cognitive development in children age 8 years: A longitudinal study. *Journal of Epidemiology and Community Health, 66*(11), 1005-1010.
- Felitti, V.J., Anda, R.F., Nordnberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., ...Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventative Medicine, 14*(4), 245-258. doi: 10.1016/S0749-3797(98)00017-8
- Figley, C. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology, 58*(11), 1433-1441. doi: 10.1002/jclp.10090
- Ghosh Ippen, C., Harris, W.W., Van Horn, P., & Lieberman, A.F. (2011). Traumatic and stressful events in early childhood: Can treatment help those at highest risk? *Child Abuse & Neglect, 35*(7), 504-513. doi: 10.1016/j.chiabu.2011.03.009
- Hamre, B.K. (2014). Teachers' daily interactions with children: An essential ingredient in effective early childhood programs. *Child Development Perspectives, 8*(4), 223-230. doi: 10.1111/cdep.12090
- Hamre, B.K., Hatfield, B., Pianta, R., & Jamil, F. (2014). Evidence for general and domain-

- specific elements of teacher-child interactions: Associations with preschool children's development. *Child Development*, 85(3), 1257-1274. doi: 10.1111/cdev.12184
- Holmes, C., Levy, M., Smith, A., Pinne, S., & Neese, P. (2015). A model for creating a supportive trauma-informed culture for children in preschool settings. *Journal of Child and Family Studies*, 24(6), 1650-1659. doi: 10.1007/s10826-014-9968-6
- Juster, R.P., McEwen, B.S., & Lupien, S.J. (2010). Allostatic load biomarkers of chronic stress and impact on health and cognition. *Neuroscience and Biobehavioral Reviews*, 35(1), 2-16. doi: 10.1016/j.neubiorev.2009.10.002
- Knight, D. & Wadhwa, A. (2014). Expanding opportunity through critical restorative justice: Portraits of resilience at the individual and school level. *Schools: Studies in Education*, 11(1), 11-33. doi: 10.1086/675745
- Koenig, A. (2014). *Learning to prevent burning and fatigue: Teacher burnout and compassion fatigue*. Retrieved from Electronic Thesis and Dissertation Repository.
- McDevitt, T.M., & Ormrod, J.E. (2013). *Child Development and Education*. Boston, MA: Pearson Learning Solutions.
- Moore, S.E., Bledsoe, L.K., Perry, A.R., & Robinson, M.A. (2011). Social work students and self-care: A model assignment for teaching. *Journal of Social Work Education*, 47(3), 545-553.
- Mortensen, J.A. & Barnett, M.A. (2016). The role of child care in supporting the emotion regulatory needs of maltreated infants and toddlers. *Child and Youth Services Review*, 64, 73-81. doi: 10.1016/j.chilyouth.2016.03.004
- op den Kelder, R., Ensick, J.B.M., Overbeek, G., Maric, M., Lindauer, R.J.L. (2017). Executive function as a mediator in the link between single or complex trauma and posttraumatic

- stress in children and adolescents. *Quality of Life Research*, 26(7), 1687-1696.
doi: 10.1007/s11136-017-1535-3
- Pianta, R.C. (1997). Adult-child relationship processes and early schooling. *Early Education and Development*, 8(1), 11-26. doi: 10.1207/s15566935eed0801_2
- Putnam, F.W. (2009). The impact of trauma on child development. *Juvenile and Family Court Journal*, 57(1), 1-11. Doi: 10.1111/j.1755-6988.2006.tb00110.x
- Sandilos, L.E., Goble, P., Rimm-Kaufman, S.E., & Pianta, R.C. (2018). Does professional development reduce the influence of teacher stress on teacher-child interactions in pre-kindergarten classrooms? *Early Childhood Research Quarterly*, 42, 280-290.
doi: 10.1016/j.ecresq.2017.10.009
- Sciaraffa, M.A., Zeanah, P.D., & Zeanah, C.H. (2018). Understanding and promoting resilience in the context of Adverse Childhood Experiences. *Early Childhood Education Journal*, 46(3), 343 – 353. doi: 10.1007/s10643-017-0869-3
- Shonkoff, J.P., Garner, A.S., The Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, and Section on Developmental and Behavioral Pediatrics, Siegel, B.S., Dobbins, M.I., Earls, M.F., et al. (2012). Early childhood adversity, toxic stress, and the role of the pediatrician. *Pediatrics*, 129(1), 232-246. Doi: 10.1542/peds.2011-2662
- Shank, G.D. (2006). *Qualitative Research: A Personal Skills Approach*. Boston, MA: Pearson Learning Solutions.
- Starecheski, L. (2015). Take the ACE quiz – And learn what it does and doesn't mean. Retrieved from <https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean>

- Stevens, J.E. (2013). Nearly 35 million U.S. children have experienced one or more types of childhood trauma. Retrieved from <https://acestoohigh.com/2013/05/13/nearly-35-million-u-s-children-have-experienced-one-or-more-types-of-childhood-trauma/>
- Stubenhort, K., Cohen, M.M., & Trybalski, V. (2010). The effectiveness of an attachment-focused treatment model in a therapeutic preschool for abused children. *Clinical Social Work Journal*, 38(1), 51-60. doi: 10.1007/s10615-007-0107-3
- Teicher, M.H., Dumont, N.L., Ito, Y., Vaituzis, C., Giedd, J.N., & Anderson, S.L. (2004). Childhood neglect is associated with reduced corpus callosum area. *Biological Psychiatry*, 56(2), 80-85. Doi: 10.1016/j.biopsych.2004.03.016
- Zellmer, D.D. (2004). Teaching to prevent burnout in the helping professions. *Analytic Teaching*, 24(1), 20-25.