

Conspectus Borealis

Volume 5
Issue 1 *5th Anniversary Issue*

Article 10


11-19-2019

The Effects of Childhood Trauma in a Classroom Setting

Elizabeth M. Makela

Northern Michigan University, elmakela@nmu.edu

Follow this and additional works at: https://commons.nmu.edu/conspectus_borealis

 Part of the [Child Psychology Commons](#), [Early Childhood Education Commons](#), [Educational Psychology Commons](#), and the [School Psychology Commons](#)

Recommended Citation

Makela, Elizabeth M. (2019) "The Effects of Childhood Trauma in a Classroom Setting," *Conspectus Borealis*: Vol. 5 : Iss. 1 , Article 10.

Available at: https://commons.nmu.edu/conspectus_borealis/vol5/iss1/10

This Article is brought to you for free and open access by the Journals and Peer-Reviewed Series at NMU Commons. It has been accepted for inclusion in Conspectus Borealis by an authorized administrator of NMU Commons. For more information, please contact [Kevin McDonough](#).

The Effects of Childhood Trauma in a Classroom Setting

Elizabeth Makela

Northern Michigan University

The Effects of Childhood Trauma in a Classroom Setting

Childhood trauma is a growing topic of discussion due to its effects on early childhood development. According to statistics reported from the National Survey of Children's Health, about 35 million children have experienced some form of trauma in their lives and young children are at a higher risk than older children (Neitzel, 2019). Over 25% of all confirmed child abuse and neglect cases involve children under the age of 3 (Bartlett, Smith, & Bringewatt, 2017). The recent attention on the negative effects on long-term development and learning has led people to focus on developing practices that support children and families who are experiencing trauma. Assuming that most children spend most of their time in a school or day-care setting, early childhood practitioners must recognize the trauma and respond to it accordingly.

Childhood Trauma

“Childhood trauma includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (such as a coach, clergy member, or a teacher)” (Center for Disease Control and Prevention [CDC], 2019). There are multiple different forms of childhood abuse or neglect. Physical abuse is the intentional use of force that can result in physical damage, and examples of this include but are not limited to, kicking, hitting, shaking, burning, or other presentations of force against a child. Another form of abuse is sexual abuse, which may include pressuring or forcing a child to engage in sexual acts and includes behaviors such as fondling, penetration, and exposing a child to other sexual activities. Emotional abuse refers to behaviors that harm a child's self-worth or emotional well-being. Such as shaming, name-calling, rejection, withholding of love, and threatening. Finally, neglect is the failure to meet a child's basic physical and emotional needs including housing, food, clothing, access to

medical care, and education. Childhood trauma isn't just child abuse or neglect though, other forms of childhood trauma include serious, untreated parental mental illness or substance abuse, witnessing domestic or community violence, or prolonged separation from or loss of a loved one (Bartlett et al., 2017).

Adverse Childhood Experiences (ACEs) is a term used to describe all types of neglect, abuse, and other potentially traumatic experiences that occur to children under the age of 18 (CDC, 2019). The CDC-Kaiser Permanente ACE Study is one of the largest investigations that connects childhood abuse and neglect to household challenges and later-life health and well-being. The major findings of this study include that ACEs are common across all populations. Almost two-thirds of the study participants reported at least one ACE, and more than 1/5 reported three or more ACEs (CDC, 2019). The ACE score is the total sum of the different categories of ACEs reported by participants. Study findings show a graded dose-response relationship between ACEs and negative health and well-being outcomes and as the number of ACEs increases, so does the risk for negative outcomes (CDC, 2019). However, children's protective factors or their positive experiences can protect against many of the negative health and life outcomes even after adversity has occurred (CDC, 2019).

The Effects of Trauma

Childhood trauma can affect a child's brain in many ways due to neurological changes to an individual's neural connections, which develop vision, hearing, language, and higher cognitive functioning. In early childhood, prolonged activation of the stress hormones, cortisol, and adrenaline can reduce neural connections in the cerebrum which is dedicated to reasoning and learning, limiting a child's cognitive ability (Merck, 2018). Cortisol is produced in response to stress and helps the brain and body cope with adverse situations. Continuous trauma can

strengthen neural pathways to the amygdala, which is the area of the brain responsible for a person's fight-or-flight response or their "survival mode". Children who are in a constant state of fight, flight, or freeze are in a persistent state of alertness that helps them identify threats to their well-being (Perry, 2006). The fight response results in behaviors such as agitation, hyperactivity, aggression, and defiance. When children respond to this stress with flight, they often withdraw, self-isolate, or try to withdraw from their current situation (Neitzel, 2019). Children in the freeze state often look dazed, as if they have shut down emotionally, or are forgetful. When an individual is in a constant state of fight, flight, or freeze, the body does not regulate cortisol, which can damage the hippocampus, which is critical for learning, self-regulation, and memory (Shonkoff & Gardner, 2012). This can help explain why young children who experience trauma show cognitive and learning delays that put them at risk for early learning difficulties and later academic challenges (Bartlett et al., 2017).

Early trauma is associated with countless social-emotional problems in childhood, adolescence, and adulthood, and short-term consequences may include difficulties coping with stress, feelings of helplessness, hopelessness, and worthlessness, low self-esteem, and feeling responsible for negative things that happen (Bartlett et al., 2017). Behavior issues are also common and may result in poor social skills. Young children who are exposed to trauma often exhibit a range of behaviors that are reactions to the trauma itself (Neitzel, 2019). To early childhood practitioners, the behaviors of children who have experienced trauma may seem similar to those of peers; however, children who are experiencing trauma often do not respond to the typical approaches used to address challenging behaviors (Neitzel, 2019). Many typical early childhood strategies that are effective in promoting positive behaviors can increase a child's stress because they can be a reminder of a traumatic event. Post-traumatic stress disorder (PTSD)

can also occur during childhood, and approximately 39% of preschoolers develop PTSD following a traumatic event (Bartlett et al., 2017). Young children who experience trauma are also at high risk for anxiety and depression, difficulty with social situations, and difficulty accepting praise later in life (Bartlett et al., 2017). An emphasis on developing social-emotional skills within the context of a supportive, nurturing relationship is critical for trauma-exposed children.

Trauma also has an impact on a child's ability to form and maintain secure attachment relationships. Problems with attachment can stem from issues in relationships with primary caregivers and affect relationships later in life. Children who have experienced trauma may display withdrawal, mistrust, or aggression with others as well as having difficulty developing and maintaining healthy friendships, romantic relationships, and positive interactions with authority figures (Bartlett et al., 2017). Research indicates that secure attachment facilitates healthy brain development and enables children to manage stress and regulate emotions (Perry, 2006). Therefore, it is critical when working with young children who have experienced trauma to support their primary attachment relationships.

Some traumatic events, such as surviving a natural disaster, a car accident, or physical abuse, can cause immediate physical harm. In other cases, physical effects appear over time. For example, early childhood trauma can have long-lasting effects by causing biological disruptions that lead to health problems in adulthood, including cancer, alcoholism, heart disease, depression, drug abuse, obesity, and smoking (Bartlett et al., 2017).

Depending on the age, gender, and developmental capacities of individual children, symptoms of trauma will vary. Despite this, there are specific behavioral and developmental signs in preschool-aged children that may indicate that a child is experiencing trauma.

Developmental difficulties observed in children aged 3-5 years include difficulty with regulation, sensory modulation, externalizing behaviors, impaired cognitive abilities, developmental delays, peer relationships, difficulty in relationships with adults, self-soothing strategies, eating, sleeping, and toileting difficulties, and executive functioning (Neitzel, 2019). Common indicators of these difficulties include aggression, defensiveness, anxiety, withdrawal, and inattention (Neitzel, 2019). There are many other indicators that are specific to the difficulty the child is having such as if the child is having difficulty with sensory modulation, an indicator of this may be that they are over-responsive to touch. Generally, these behaviors are coping mechanisms that young children have developed to respond and adapt to the trauma in their lives (Neitzel, 2019). Understanding the functions of children's behaviors in these types of situations is critical so that early childhood practitioners can respond adequately.

Childhood Trauma in Early Childhood Settings

Early childhood education programs are impacted by early childhood trauma through children's challenging behaviors, and the strain they place on early childhood practitioners who must oversee them. Students who demonstrate acting out behaviors may have negative effects on early childhood education teachers and classrooms with teachers potentially experiencing high levels of stress, turnover, and burnout. Other negative effects early childhood trauma has on early childhood education programs include disruptions to routines, activities, and learning among other children. Some young children entering early childhood education programs have problems serious enough to limit their ability to participate in routine activities, and therefore do not gain the full benefit of early childhood education. In fact, some children may even be asked to leave their early childhood education programs. The national rate of preschool expulsion in state-funded pre-kindergarten programs is over three times the rate of expulsion in kindergarten

to 12th grade (Bartlett et al., 2017). The rate of preschool expulsion has been found to be even higher in private childcare programs. Job stress reduces the capacity of early childhood education professionals to work effectively with children who have emotional and behavioral problems (Bartlett et al., 2017). Many early childhood education professionals feel unprepared to cope with children who have experienced childhood trauma and may feel torn between attending to a particular child's needs and focusing on the rest of the class. The demands of managing students with severe emotional and behavioral needs often lead to secondary traumatic stress, burnout, and turnover among staff (Bartlett et al., 2017). Such stressors, in combination with other factors, may contribute to high rates of teacher turnover. Each year an estimated 25%-50% of preschool teachers leave their jobs, and almost 20% of center-based staff leave the field entirely (Bartlett et al., 2017). Turnover disrupts teacher-child attachments, negatively impacts children's learning, and threatens the emotional well-being of all children in early childhood education programs.

Responding to Trauma in Early Childhood Settings

Creating trauma-informed early childhood programs is not as easy as it may seem. Programs have to shift how they view high-quality early childhood education to a mind-set that places the mental health of children, families, and practitioners as a priority. This requires an ongoing commitment from everyone to effectively meet the needs of students who are experiencing or have experienced childhood trauma. There are many components that could be implemented in early childhood education programs that focus on addressing trauma in a meaningful way. A comprehensive training for all program personnel, high-quality early care and education, the presence and continuity of a nurturing caregiver, environments that promote safety and trust, an emphasis on teaching social-emotional skills, family engagement, helping caregivers develop cultural competence, and an emphasis on addressing early childhood

practitioner stress are elements that can be implemented into early childhood education programs (Neitzel, 2019).

Social-emotional skills are critical for the development of young children who are experiencing trauma because these skills facilitate the development of many factors. Social-emotional skills include knowledge, attitudes, and skills necessary for youth to recognize and control their emotions and behaviors, establish and maintain positive relationships, make responsible decisions, solve challenging situations, and set and achieve positive goals (National Mentoring Resource Center, n.d.). These skills are key for future learning and development and contribute to later school success. Early childhood practitioners support the development of self-regulation and social-emotional skills by helping children become more self-aware about their emotions, mindful of their feelings, and by increasing their abilities to self-soothe, organize their feelings, and develop verbal communication (Neitzel, 2019). Recognizing distress and responding in an orderly and sensitive manner, providing a predictable, dependable schedule of routines, modeling emotion regulation during stressful situations, taking the student's emotions seriously, and helping children learn how to resolve conflicts with words rather than actions are all additional strategies that caregivers can use to assist the development of social-emotional skills (Sciaraffa, Zeanah, & Zeanah, 2018).

Addressing trauma in early childhood programs will require that all individuals who come into contact with young trauma-exposed children within their program are properly including teachers, teaching assistants, cafeteria staff, bus drivers, janitors, administrative staff, and other individuals who may have regular contact with the child. Staff who are knowledgeable about trauma, including generational maladaptive behaviors and coping mechanisms, are able to respond more adequately to children and their families. An additional component of the

comprehensive training should focus on providing personnel with practices and strategies that can be used to attend to children's symptoms and behaviors within the classroom. It is necessary that early childhood practitioners understand that children exposed to trauma require specific, customized interventions that are similar to, but different than, other classroom practices. To accomplish this task, a comprehensive training should be provided to develop a rigorous understanding of trauma to help how early childhood education providers perceive and respond to the children and families that are involved. A strengths-based approach to understanding childhood trauma is an essential element of any training that early childhood program staff receive (Neitzel, 2019). With this approach, children are viewed from a whole-child perspective in which staff understands that particular challenging behaviors may appear intentional (Guarino & Decanida, 2015). However, these behaviors are due to the child responding to the trauma in their life and are related to limited emotional competence and social skills. Having an in-depth understanding of trauma creates a context in which early childhood providers can meet families where they are, rather than where society thinks they should be (Neitzel, 2019). Reducing judgment about parents and caregivers most likely increases the likelihood that positive relationships between the parent and child are able to form and be nurtured.

Trauma-based interventions are provided through high-quality early childhood education programs. Ideally, high-quality programs include an emphasis on establishing positive relationships with children and families, promoting personnel qualifications, implementing individualized teaching strategies, and providing a social-emotional, cognitive, and physical curriculum (Neitzel, 2019). Additional features are needed to be incorporated into early childhood programs to address trauma in an impactful way. First, high-quality early learning environments must increase their access to early childhood mental health consultants who have

background experience related to childhood trauma. According to Neitzel (2019), support from consultants has been found to decrease teacher stress and turnover, reduce the challenging behaviors exhibited by children experiencing trauma, and prevent preschool suspension or expulsion. Due to their exhibition of challenging behaviors, children who have experienced trauma are at a higher risk of suspension or expulsion. It would, therefore, be beneficial to children with trauma to increase the number of mental health consultants, and establish policies that limit or prohibit suspension and expulsion of young children. In replace of suspension or expulsion, the use of interventions for children who have experienced trauma and have behavior difficulties should be required. This would ensure that these children get the support they need to develop critical social-emotional skills. Furthermore, early childhood programs should establish screening policies that focus on the social-emotional and early learning needs of young children who have been exposed to trauma (Neitzel, 2019). Such policies would make certain that children who need additional support are identified in a timely manner. Mental health screenings in early childhood programs increase the likelihood that appropriate interventions are applied to help students develop critical developmental skills needed for success in school (Bartlett et al., 2017).

According to prior research, young children who have experienced ongoing trauma can overcome significant challenges when they have at least one stable and nurturing caregiver in their lives (Shonkoff, 2010). It is recommended that caregiver/child relationships should include three components: nurturance, stability, and safety. Early childhood education programs can identify and maintain a limited number of caregivers who consistently work with a child. This can be accomplished by creating program standards and policies that require children to have a steady caregiver over the course of several years so that a trusting relationship with at least one

adult can be developed (Neitzel, 2019). These stable and steady relationships provide predictability in a child's emotional, social, and physical environment. Nurturing caregivers are also available to sensitively and consistently respond to a child's needs. Through these relationships, children are offered an opportunity for developing attachments with significant adults in their lives that help them heal from their past trauma.

Classrooms that are designed to promote safety and trust for children and families experiencing trauma are a key aspect of trauma-based interventions. They promote safety by planning for transitions, change, and heightened activity as well as focusing on helping students develop a sense of independence. These types of environments are critical in ensuring that young children heal from traumatic experiences because safe environments promote a feeling of control and predictability, and for this reason, programs should enforce consistent expectations and routines for behavior and activities within the classroom (Neitzel, 2019). Having a unique understanding of an individual child and their history can also help design a classroom experience in hopes to limit experiences that might re-trigger a child's trauma. According to Neitzel (2019), having this understanding can also help caregivers recognize the function of a particular behavior, the meaning of a particular context for the child, their own role as an adult in containing the child's feelings and the developmental capacity of the child to understand and manage emotions. Environments that promote safety also provide a safe space for a child to talk about their experiences and feelings.

Trauma-based early childhood programs also include a family engagement aspect that is stable, predictable, and supportive, and also establishes a habit of open communication, respect, tolerance, community, and nonjudgement. Early childhood programs should ensure that primary caregivers have access to programs that teach positive parenting and behavior management skills

(Neitzel, 2019). Core components of caregiver education programs include teaching parents positive behavior management strategies, providing opportunities for caregivers to practice new parenting skills and receive feedback, and helping caregivers develop positive and nurturing relationships with their children (Sciaraffa et al., 2018). Early childhood programs can offer low cost or free caregiver education programs at times and locations that are convenient for families and create nurturing relationships between a child and caregiver to create the context for greater healing for the entire family.

Another important component of any trauma-based approach is to ensure that all program staff are culturally competent. This means that they understand that trauma has different meanings across cultures and that healing takes place within the context of cultural beliefs, allowing practitioners to better provide services to children. Putting a program into place that is culturally aware creates a respectful environment in which students and families who have or are experiencing trauma begin to heal in an impactful way (Neitzel, 2019). Cultural competence begins with an in-depth understanding of implicit bias and how it affects all classroom practices. Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner (The Ohio State University, 2015). Programs that are working to address early childhood trauma provide opportunities for practitioners to develop greater awareness about implicit bias in the form of comprehensive training; as well as ongoing activities that promote greater cultural awareness. It is crucial to understand that programs must make a conscious decision to create climates where dialogue about culture occurs on a routine basis (Neitzel, 2019). Greater cultural awareness within early childhood programs is part of a larger effort to address trauma in these programs. Understanding culture and bias creates a

backdrop in which early childhood providers can establish more empathetic relationships with children and their families.

As previously discussed, enduring a safe environment for a child who is experiencing trauma is crucial to their healing process. Therefore, it is essential that policies are put into place to make sure that early childhood providers do not develop their own symptoms of stress, also known as secondary trauma. Secondary trauma is when providers who work with young children who have been exposed to adverse experiences can become overwhelmed and mentally and physically exhausted. Risk factors and causes of secondary stress include direct contact with students' traumatic stories, helping others while neglecting themselves, and personal exposure to traumatic events (Neitzel, 2019). Aiding in staff's awareness of secondary trauma and how it can affect their work is a critical component in early childhood programs. Programs should also provide opportunities for staff to engage in self-care and mindfulness to prevent reliance on inappropriate teaching practices and burnout. It should also be encouraged for staff to cultivate positive relationships and connections amongst themselves, which provides a context for acquiring the support needed to work in environments that serve trauma-exposed children.

Conclusion

Further education and support are needed to ensure that early childhood practitioners address the intensive needs of children who have experienced trauma and their families. For this to occur, there needs to be a significant shift within early childhood education programs. This shift needs to happen in which practitioners view behaviors from the child's perspective, focus on the strengths of individual children and families, and develop greater empathy and understanding about the generational nature of trauma. Having a unique understanding of the root causes of both child and family behavior within the context of daily routines and activities

will allow for more empathy and less judgment, therefore setting the stage for the development of healing relationships that these children and families need.

References

- Bartlett, J., Smith, S., & Bringewatt, E. (2017). Helping young children who have experienced trauma: Policies and strategies for early care and education. Retrieved from <https://academiccommons.columbia.edu/doi/10.7916/d8-f1gn-7n98>.
- Center for Disease Control and Prevention [CDC]. (2019). Violence Prevention. *Center for Disease Control and Prevention*. Retrieved from: <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>
- Guarino, K., & Decanida, C. (2015). Trauma-informed care: An ecological response. *Journal of Child and Youth Care Work*, 24, 7-32.
- Merck, A. (2018). 4 Ways a Childhood Trauma Changes a Child's Brain and Body. *Salud America!* Retrieved from <https://salud-america.org/4-ways-childhood-trauma-changes-childs-brain-body/>
- National Mentoring Resource Center. (n.d.) Social-Emotional Skills. *National Mentoring Resource Center*. Retrieved from <https://nationalmentoringresourcecenter.org/index.php/toolkit/item/247-social-emotional-skills.html>
- Neitzel, J. (2019). Addressing trauma in Early Childhood Classrooms: Strategies and Practices for Success. *Young Exceptional Children*. Retrieved from <https://journals-sagepub-com.nmu.idm.oclc.org/doi/10.1177/1096250619850137>
- The Ohio State University. (2015). Understanding implicit bias. *Kirwan Institute for the study of race and ethnicity*. Retrieved from <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>
- Perry, B. (2006). The neurosequential model of Therapeutics: Applying principles of

neurodevelopment. *Working with traumatized youth in child welfare*. (27-52). New York, NY: Guilford Press

Sciaraffa, M., Zeanah, P., & Zeanah, C. (2018). Understanding and promoting resilience in the context of adverse childhood experiences. *Early childhood education journal*, *46*(3), 343-353

Shonkoff, J. (2010). Building a new biodevelopmental framework to guide the future of early childhood policy. *Child Development*, *81*(1), 357-367.

Shonkoff, J., & Gardner, A. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, *129*(1), e232-e246. DOI:10.1542/peds.2011-2663