ACES & TRAUMA-INFORMED PRACTICES FOR CHILDREN & EDUCATORS IN EARLY CHILDHOOD EDUCATION

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Abstract

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Adverse Childhood Experiences (ACEs), consist of the negative and traumatic events that have happened in the early years of a person's life. The focus here is on childhood trauma. There are many types of trauma, including, physical, sexual and emotional abuse, physical and emotional neglect, exposure to domestic and general violence, as well as household substance abuse, mental illness, racism, parental separation/divorce, and others. Trauma produces both physical and psychological challenges and can disrupt the brain's development from birth through 18 years of age, causing permanent damage and issues, which we will discuss throughout this thesis. This thesis will explore the role of trauma in early childhood education from the perspective of the teachers who work with children who have suffered significant trauma in their lives.

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I would like to acknowledge all of the people who are trying to make changes for children and people with any ACE score and any form of trauma. I would like to acknowledge the children and educators, who have endured trauma and are hoping to improve their own lives, along with the lives of others. Please know that there are people who are passionate about your cause and are right there with you, fighting the good fight.

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Introduction

Early childhood, especially the first five years, is one of the most important times of a child's life. The effects trauma has during this timeframe can permanently affect both child development and education. In the field of early childhood education (ECE), a lack of knowledge about Adverse Childhood Experiences (ACEs) and trauma-informed practices (TIPs) interferes with educational best practices (Leitch, 2017). ACEs include negative and traumatic events that have happened in the early years of an individual's life. This study will focus on childhood trauma, from infancy through the first five years of age.

There are many types of trauma, the most common for children include: Physical, sexual and emotional abuse, physical and emotional neglect, exposure to domestic and general violence, household substance abuse, mental illness, racism, parental separation/divorce, war, terrorism, immigration, poverty, incarcerated household member, loss, medical issues, accidents and disasters. Knowing and implementing ways to assist ACEs in ECE centers is crucial because trauma can disrupt the brain's development from birth through 18 years of age, causing permanent damage and lifelong issues, such as developing anxiety, depression, and partaking in dangerous life choices (Leitch, 2017). ACEs are measured through a questionnaire that revolves around different types of abuse and neglect, as well as indicators of a difficult upbringing.

A lack of knowledge and understanding of ACEs and TIPs causes many issues within education, specifically the ECE field, such as teachers lacking the skills to

appropriately teach and help children based on their particular needs and past experiences (Overstreet, 2016). In order to maximize support of children who experience ACEs in their early life, it is important for teachers and administrators to incorporate and improve the ways in which ACEs are measured and treated in the field of early childhood education. With that information, a difference can be made for young children who have experienced trauma to better adapt to their school and home environments. With adequate training, teachers will become more prepared to handle these types of situations, which will improve the school system. While the importance of caring for and treating ACEs is known, not all early childcare centers have invested and implemented these practices.

My personal work experience with ACEs and trauma-informed practices is quite slim. I first learned about it in one of my courses at Humboldt State University. After conducting research on these topics, I realized that after four years in the field of early childhood education, I have never thought about, seen or heard of assisting young children and fellow educators with their [potential] trauma-related issues. I realized that this is a problem, which may extend to many other early childhood programs. Coming to this realization made me want to investigate how ECE teachers and administrators feel about their practice concerning ACEs and TIPs.

The significance of the study and the importance of its discipline to the field is to showcase what real people—real educators—know about ACEs and trauma-informed practices in the early childhood programs they work for. I will be interviewing six individuals who work in private childcare centers in the San Francisco Bay Area about their knowledge of ACEs and trauma-informed practices, specifically in their workplace.

The questions will range from resource issues, protocols and their own work experiences with ACEs and trauma-informed practices. The goal of this study is to provide valuable information to other early childhood programs, who may operate similarly.

As with any specialized practice, there exists a vocabulary specific to the field of early childhood education on trauma. In order to have a common understanding of the most important terms, I have provided the following definitions:

- ACEs: Adverse Childhood Experiences; negative events in a child's life that have the power to lead to lifelong trauma.
- ACEs questionnaire: A ten-question survey that calculates the amount of trauma a person faced as a child and still carries with them.
- ACE score: The total points accumulated after taking the ACEs questionnaire; the higher the score, the higher the risk of health problems in a person's life.
- Adversity: Overcoming a difficulty in one's life.
- Best practices: The most efficient procedures to repair and/or handle certain circumstances.
- Child development: The way a child grows from physical, cognitive, social-emotional and language aspects.
- Childhood trauma: A very painful experience in a child's life with lasting impacts.

- Cognitive functioning: The various operations of the mind, including thinking, creating, reasoning, making decisions, solving problems and remembering.
- Early childhood education: Educational programs for infants through preschoolers (3-60 months of age).
- PTSD: Post-Traumatic Stress Disorder.
- Resilience: Being able to overcome obstacles in stride.
- Resiliency survey: A questionnaire that calculates a person's strengths in overcoming obstacles and traumatic life events.
- Social-emotional development: The growth during childhood revolving around children's interactions with others and their mental capability to process various emotions.
- TIPs: Trauma-informed practices; structured methods to address the awareness and reformation of the effects trauma has had in peoples' lives.
- Trauma: A very painful experience in a person's life with lasting impacts.
- Trigger(s): Includes unpredictability, transitions, sudden change, loss of control, sensory overload (i.e. odors, sounds, textures, tastes), feeling overwhelmed, vulnerable or rejected, confrontation, loneliness, embarrassment, shame, certain times of day/year or specific dates.

The goal of this thesis is to (1) learn more about what early childhood educators know about ACEs and trauma-informed practices and (2) to ascertain how important they feel it is to include training and resources into ECE programs.

The remainder of this thesis is organized around four additional chapters. Chapter

Two contains the Literature Review, which is an overview of the impact of ACEs and TIPs on the developmental profile of children beginning as early as kindergarten. Chapter Three, Methodology, is a detailed account of the procedures I engaged in as I conducted the research. There is a description of the development of the interview schedule as well as the process I used for coding and analyzing the interview transcript data. Chapter Four, Results, presents the analysis of the interview data collected. Chapter Five provides a summary and conclusion of the results.

Literature Review

"Trauma is not a disorder, but a reaction to a kind of wound.
It is a reaction to profoundly injurious events and situations in the real world and, indeed, to a world in which people are routinely wounded."

–Dr. Bonnie Burstow, *Toward a Radical Understanding of Trauma and Trauma Work*

Introduction

This Literature Review begins with an overview of the history of Adverse Childhood Experience (ACEs) and a description of the impact of trauma on the brain during early childhood development. The review will also provide a detailed description of what the ACEs questionnaire entails and describe the ACEs role in overall education, particularly within the field of early childhood education (ECE) and kindergarten. It will also define trauma-informed practices (TIPs), explain the reasons behind the lack of ACEs and TIPs in ECE, and discuss how these issues can be improved through resource allocation and specialized training. Lastly, the review will discuss the importance of TIPs targeted for both children and educators, who may have endured trauma, and review resilience theory and the resiliency survey.

The History of ACEs

ACEs were first identified in a Kaiser Permanente obesity clinic located in San Diego, California in the 1980's (Centers for Disease Control and Prevention, 2019). Although people were losing weight, 50% of them were dropping out of the program.

The program conducted interviews to understand why people were leaving. Two-hundred-and-eighty-six people were interviewed and it was uncovered that the vast majority had experienced sexual abuse during their childhood. The program concluded that weight gain is tied to depression, anxiety, fear and trauma. Overeating, lack of exercise and other unhealthy habits are coping mechanisms for these deep-rooted issues. From 1995 through 1997, Kaiser Permanente partnered with the Centers for Disease Control and Prevention (2019) to survey 17,337 people about childhood trauma, which resulted in the ACEs questionnaire. Since that time, the ACEs questionnaire is still prevalent and widely used today, especially by clinicians conducting trauma screenings for their clients (Tennant, 2017). People who are starting to seek help and/or curious about their ACE score may access the questionnaire free of charge online.

Trauma on the brain. Most of the brain develops during the early childhood years: 80% is developed by the age of three and 90% is developed by the age of five (Hambrick, 2017). Humans generally have around 30,000 genes that are passed down to them from their parents. Between 33-50% of those genes directly influence how the nervous system grows and is controlled. Approximately half of those genes are contingent on the environment (Mack, 1996). The environmental interactions are either positive or negative. The positive interactions, such as having a healthy relationship with an adult, stimulate the genes and onset of proteins that have the power to fortify networks within the brain that foster knowledge development. The negative interactions, such as experiencing any form of abuse, have the ability to cause fluctuations that are both

biological and hormonal. These fluctuations can inhibit the brain's growth and the connections that have formed as well as those connections that will continue to develop (Stien & Kendall, 2004). Over time, trauma has the power to wear a groove in the brain, especially when the brain has undergone severe neglect and malnourishment. This causes changes to the brain's anatomy, which affects attention, learning, memory, relationship-building skills, self-regulation, trust, subconscious and unconscious responses, among other factors.

There are several common triggers of trauma that cause the brain to react and feel certain ways, including but not limited to, unpredictability; transitions; sudden change(s); loss of control; sensory overload from odors, sounds, textures and tastes; feeling overwhelmed, vulnerable or rejected; confrontation; loneliness; embarrassment or shame; certain times of the day and/or year; and specific dates. These triggers often impact a child's participation in the classroom, causing the child to frequently re-experience the traumatic event, while developing a sense of avoidance towards their teachers, peers and academic subjects. The child may also develop the inability to focus, constantly feeling negative, afraid and anxious about themselves, their surroundings and people in general (The National Child Traumatic Stress Network, 2008).

The ACEs questionnaire. The ACEs questionnaire contains ten questions that identifies trauma a person may have experienced within their first 18 years of life. The content of the questions center on sexual, physical and drug abuse and neglectful parenting. Each "yes" answer is worth one point and the total amount is the ACE score.

The higher the score, the higher the risk of health and social problems, including traumatic brain injury, depression, anxiety, suicide, PTSD, cancer, diabetes, unsafe sex, alcohol and drug abuse.

Some general findings of the ACEs questionnaire include the fact that having ACEs is not rare; almost two-thirds of adults in America have a score of one or higher (Anda et al., 2004). The higher the ACE score, the more serious the risks; for example, an ACE score of four or more increases the chances of chronic pulmonary lung disease, depression, hepatitis and suicide, while an ACE score of six or higher could potentially decrease that person's life expectancy by 20 years (Brown et al., 2009). A copy of the questionnaire is featured in Appendix A.

ACEs impact on general education. Currently across the country, nearly half of children (around 34,825,978) have been exposed to a traumatic event in their lifetime (National Survey of Children's Health, 2012). Students with three or more ACEs are two-and-a-half times more likely to fail a grade and more likely to be unable to perform at grade level (Stevens, 2012). These students are often suspended, expelled, labeled as special education, or ultimately drop out of school (Zeng, 2019).

Although the first ACEs study had launched in the 1980's, trauma-informed practices and related topics are linked to Google searches since 2004 with an apparent rise in 2011 (Becker-Blease, 2017). This was a pivotal time for the popularity of ACEs and trauma-informed practices because of an expansion of mental health awareness and services including child welfare, criminal justice and health care systems (Becker-Blease,

2017). In schools across the nation, general education teachers came across a need to help students who had endured trauma, noticing that their attention, motivation and focus on academics was lacking, along with resources to help these students. A real need to repair our education system was evident and many programs were developed to bridge these gaps and assist students with ACEs. These programs will be described in greater detail in this Literature Review.

ACEs impact in early childhood education. The early years of childhood have been deemed as the most significant time of a person's life as foundations are forming and brains are rapidly developing (Tomlinson, 2015). During this timeframe of an individual's life, young children are learning how to establish a foundation of security, confidence, independence and resilience (Masten, Gewirtz & Sapienza, 2013). When traumatic experiences occur, these different foundational facets are disrupted, causing these links to weaken.

Trauma that occurs by five years of age has a different impact than trauma that happens later in life due to the ways young children understand and process these experiences. Since very young children cannot always speak, they cannot express what has happened to them, how they feel about it or what they need/want in terms of help; therefore, they may act a certain way to express these feelings as an outlet. Family members, teachers, fellow caregivers and other adults, however, may interpret these behaviors as something else, such as the "terrible twos." In reality, every child is different and handles their trauma differently (Bartlett, Smith & Bringewatt, 2017). Therefore,

ACEs in early childhood education can be hard to assess, particularly since the questionnaire is both written and verbal and very young children may not be able to speak or comprehend the questions when/if asked. This leaves it up to a trusted adult to answer the questions for the young child (Bartlett, Smith & Bringewatt, 2017).

Having an ACE score of any amount as a young child can have a wide range of detrimental effects and disrupt child development (Brown et al., 2009). Secure attachment can easily become lost after trauma occurs. This can carry on throughout the rest of the child's life, causing major difficulties keeping and building relationships (Steele & Malchiodi, 2012). Issues with social-emotional growth and developing post-traumatic stress disorder (PTSD) can be prevalent in young children. After trauma happens, close to 39% of infants through preschool-aged children are diagnosed with PTSD (Bartlett, Smith & Bringewatt, 2017). Anxiety and depression can form early in childhood. A child's brain can physically change after the onset of trauma, which leads to various learning delays, especially in cognitive functioning and language development (Bartlett, Smith & Bringewatt, 2017).

ACEs in kindergarten. There is a correlation between the traumatic events that occur in the lives of preschool-aged children and the teacher-observed issues of conduct and education that extend into kindergarten (Jimenez, 2016). A study measured 1,007 urban children who had one or more ACE scores. Fifty-five percent of the children had experienced one ACE in their lifetime, while 12% had experienced three or more ACEs in their lifetime. The information collected indicated that a score of three or more ACEs

is linked with having below-average results in language, literacy and mathematics, along with issues of aggression, focus and socialization (Jimenez, 2016).

The researchers also organized a secondary study of data collection from research first collected by the Fragile Families and Child Wellbeing Study (Jimenez, 2016). Participants in the initial study consisted of almost 5,000 kindergarteners, born between the years of 1998 through 2000 (Jimenez, 2016). These children were from twenty large cities throughout the United States, and the majority of the children were born with unwedded parents. Kindergarten teachers rated the children on their overall academics, conduct and proficiency in literacy. Eight of the ten ACEs questions were applied to this group of kindergarten children by requesting the guardians of the children answer the questionnaire honestly. Both their ACE score and the reports provided by the students' teachers were assessed (Jimenez, 2016).

The kindergarten teachers used a five-point Likert Scale to assess the students which was measured as follows: From "Far below average" to "Far above average" and "Not yet," "Beginning" and "Proficient" in literacy, mathematics, science and social studies. The teachers were also interviewed about the children's behavior, using another scale system, with answers indicating, "Not true," "Somewhat or sometimes true," "Very true," and "Often true." These scores were tallied up to measure the children's behavior (Jimenez, 2016). The results of the study indicated that the teachers reported the children with an ACE score of three or higher correlated with "Far below average" academic and behavioral competencies. Simultaneously, the teachers conveyed that students with an

ACE score of one or two were “Below average” with similar issues in academics and attention span. The study’s evaluation and summary relate to other research (Bartlett, Smith & Bringewatt, 2017) that found ACEs in early childhood leads to a wide range of issues that happen well into young, middle and late adulthood. The impact is evident in the child’s kindergarten year and indicates the exposure to trauma can immediately take a toll on a child’s educational experience (Jimenez, 2016).

Both findings led to the clear indication that young students who have an ACE score by kindergarten are not prepared scholastically by the end of their kindergarten year, resulting in a lack of educational parity and poor health issues later on in life (Jimenez, 2016). Having traumatic experiences that result in ACEs affects many components of young children’s lives that last into middle childhood, adolescence and adulthood. This makes it crucial for educators to enrich their teaching methods in order to effectively help students with ACEs (Jimenez, 2016).

The rise of trauma-informed practices. The realization of the deep influence trauma has on children, which extends to all ages and stages of their lives into adulthood, has resulted in some schools becoming “trauma-informed” to better focus and devote their practices to help students who have experienced trauma thrive (Overstreet & Chafouleas, 2016). Trauma-informed schools focus on the fact that trauma has impacted its students, requiring staff members to be fully trained and well-versed to help their students through their academics and the strains that stem from their trauma. Many of these programs focus on sensory input, express acceptance and respect of different

cultures, and do not have a “one size fits all” mentality (Steele & Malchiodi, 2012). Adopting trauma-informed practices and applying knowledge of their students’ ACE scores can transform the classroom experience and their teaching approaches towards all students. This has the ability to improve teacher-student relationships, the dynamics between peers, fair classroom expectations and a mutual understanding of everyone’s differences (Becker-Blease, 2016).

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), which is a part of the U.S. Department of Health and Human Services, the six key principles of trauma-informed practices are “safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical and gender issues” (Kinoglu, 2017, p. 8). In the classroom, teachers who are implementing trauma-informed practices may set up their learning environments as calm and peaceful places for students to feel comfortable and welcomed in. They try to get to know their students on a deeper level, along with sustaining open lines of communication with the families they serve. They are in touch with current events and policies and are mindful of different cultures and views.

Ten factors of implementation include “governance and leadership, policy, physical environment, engagement and involvement, cross sector collaboration, screening, assessment and treatment services, training and workforce development, progress monitoring and quality assurance, financing and evaluation” (Kinoglu, 2017, p. 8). In practice, this would consist of official, frequent observations and assessments for both students and staff, paying for and ensuring quality trainings throughout the year,

creating an adequate budget for these trainings, resources and any other forms of aid, and reexamining the needs as often as they arise. Guaranteeing the implementation of these principles and factors of execution into schools and programs is crucial for their success.

ACEs programs. A few of the programs that aim to provide the support students with ACEs need include: Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Positive Behavioral Interventions & Supports (PBIS), the National Child Traumatic Stress Network (NCTSN) and the Attachment, Regulation and Competency (ARC) framework (ACE Response, 2019). These programs follow a school-based intervention approach by applying trauma-informed methods to help students feel safe, connected and prepared to learn (ACE Response, 2019). Unfortunately, these programs that might support ACEs are not implemented and/or accessible to all schools, including ECE schools, in-home daycare and childcare centers.

CBITS is an intervention program for 5th through 12th graders that operates on many different levels. The program can help people on an individual, group or schoolwide level through various practices, including psychoeducational approaches, having a safe place to go to relax, and/or problem-solve with peers (California Department of Health Care Services, 2012). PBIS is more of a prevention program that adjusts the school's organization, enhances the overall environment and works to improve current practices to reflect a more positive atmosphere to promote positive behavior by both students and staff (ACE Response, 2019). NCTSN is unique in the way that it serves children, families and communities who have endured trauma. They partner

with hospitals, educational programs, parental resources, and/or universities. NCTSN is often the help that repairs the effects from a traumatic mass tragedy, such as a school shooting (Center for Parent Information & Resources, 2016). ARC revolves around the growth that happens during childhood stress that stems from trauma, forms of attachment and resilience. Similar to CBITS and NCTSN, ARC assists children at the individual level and on a greater scale, as well. The program serves newborns through young adults, catering to the needs of the specific individual (ARC Framework, 2016).

Improving the lack of knowledge in ACEs and TIPs in ECE. There are many ways to improve the lack of knowledge in ACEs and TIPs in early childhood education. It is important to ensure that students of all ages have a safe, accepting, comfortable and low stress environment where they spend the majority of their time outside of the home, since stress can lead to the downfall of learning (Rossen & Hull, 2013). Asking students and their guardians directly how they can be helped is another route educators can take to support their students (Mental Health America, 2019). Eliminating assumptions and stereotypes about trauma is a further form of improvement because stereotypes are unfair to hold against the children and can make the situation or behavior worse (Rossen & Hull, 2013). Obtaining and sharing every possible resource, whether it is a pamphlet or training video, with co-teachers, administrative teams, families and future employees will spread the awareness of trauma and help increase engagement and partnerships (Overstreet & Chafouleas, 2016).

Educators can accommodate traumatized students without intensive education and

professional background in psychology when administrators ensure that educators receive specific types of trainings several times a year (Oral, 2015). When teachers are supported with professional development and in-classroom assistance, such as accessibility to mental health professionals and social-emotional learning consultants in each classroom, both the teachers and students benefit (Oral, 2015). Educators with this type of support would be better able to strategize and help students with ACEs, while improving their curriculum and practices (Steele & Malchiodi, 2012).

Training. There is very little training, however, that revolves around trauma for early childhood education educators. Teachers in early childhood education are bound to come across children in their classrooms who have endured trauma (Statman-Weil, 2015). For this reason, it is crucial for all childcare settings to have a strong sense of awareness, safety and sensitivity to help these children foster positivity, confidence and a clear path to success (Statman-Weil, 2015). Frequent communication between teachers and families is a critical way for teachers to get to know their students and how to handle these potential situations. Educators who are trained on the different behaviors and disorders that are not related to trauma can help fellow educators improve their teaching methods and differentiate their approaches of care (Overstreet, 2016). When educators are able to establish and maintain supportive and nurturing relationships with the children under their care, it serves as a form of guidance and the children can learn to do likewise (Craig, 2016).

Budgeting for ACEs and trauma-informed practices. Although there are schools and childcare centers across the nation that have adopted trauma-informed practices, the majority of them have not (Sparks, 2019). Oftentimes, it is not in a program's budget to cover these types of costs, especially since teaching staff is already being underpaid. The California Department of Healthcare Services (2012) did a cost benefit analysis that included the different long-term impacts of an ACEs program. Currently, the cost of these treatments includes substance abuse ($5,402 annually), absenteeism ($800-$2,000 per pupil per school year), imprisonment ($60,000 per inmate annually), suicide/attempted suicide ($1 billion annually) and overall funding for mental health ($57.6 billion annually). If schools nationwide invested in an ACEs program, the costs of these treatments would decrease dramatically.

Hindering ACEs. Procedures that help prevent ACEs include teaching the appropriate skills, such as both parenting and social-emotional skills, offering different types of intervention that are family-centered and treatment-based, and helping children and their families get connected with an inclusive community, such as after-school programs, tutoring and sports teams (Centers for Disease Control and Prevention, 2019). Ensuring that young children have a successful beginning in their early childhood years is imperative, as well (Centers for Disease Control and Prevention, 2019). This can be met through being enrolled in a high-quality childcare program, home visitation before enrollment and strong partnerships with families (Centers for Disease Control and Prevention, 2019).

Trauma-informed practices targeted for adults. Another issue that is often amiss is the fact that some educators may have experienced trauma themselves, causing emotions and memories to become easily triggered by the trauma of the children under their care (Becker-Blease, 2016). Oftentimes, educators do not have the knowledge or training to care for themselves and the children with ACEs, which can lead to undesirable triggers occurring, misunderstandings between coworkers, and discomfort for all involved (Becker-Blease, 2016). This relates to the notion from Mary Mazzer's quote, "You can't take care of others if you can't take care of yourself" (Fraitag, 2017).

Mazzer's concept can also be a valuable resource for parents who are struggling with parenting due to trauma they have not been able to manage. A variety of resources and outlets, such as help hotlines, self-care reading materials, and diversity and inclusion trainings must be readily available for people who may need these forms of assistance (Butler, Critelli & Rinfrette, 2011).

Resilience and the Resiliency Survey

An important aspect of overcoming ACEs is resiliency. Resilience is the capacity of an individual to restore good mental and emotional health following the onset of challenging and adverse situations (Cohen, 2018). The most important factor for children who develop resilience is that they have at least one stable and committed relationship with a supportive parent, caregiver or other adult in their life (Walsh, 2015). Resiliency surveys were created as a follow-up to the ACEs questionnaire and are used to measure peoples' strengths and assess their current coping mechanisms (White, 2017). The

resiliency survey usually contains more questions and topics than the ACEs questionnaire. Resiliency surveys gauge peoples' capacities to handle challenges and stressful situations in life. Most surveys revolve around devotion, autonomy, self-control and validity. The surveys are based on one's childhood resiliency, along with the ways people exhibit resiliency in their current state. A copy of the survey is featured in Appendix B.

Resilience is observed in all age groups, including early childhood education. Resilience manifests in very young children in a variety of ways. When a child endures trauma, they may not be sensitive or responsive to the event at the time, but as they continue to grow and tie meaning to the event, witness their peers go through the same/similar event, see it in the media, and as their feelings and outlooks evolve, their perception of the trauma and their own resilience may become clear (Masten, Gewirtz & Sapienza, 2013). Before getting to that point, on the child's level, resilience may manifest as continued interactions with an adult who may have been a part of their trauma, continuing to convey a positive attitude, yearning to move on from the situation, and carrying on with life as normally as possible (Masten, Gewirtz & Sapienza, 2013).

Resilience is important for any human being because it is often the way one is able to cope, move on from difficult situations and continue to live their life calmly and sanely, even if more challenges arise (ADEPIS, 2015). Very young children develop resilience mainly through an accumulation of their positive and negative experiences and the quality of parenting and effective caregiving the child receives. Some children develop resilience because they were raised to be highly motivated in other aspects of

their lives and it then transferred over into this specific part of their life. Some children have resilience—or have more of it—while others do not (Center on the Developing Child, 2019). It is dependent on the experiences, opportunities and relationships in that person's life (ADEPIS, 2015). Resilience can also be related to the ACEs an individual has faced; for example, if an individual has a higher ACE score, their resilience may be lower. This is not always the case, however, as every individual is unique with a different outlook on their situation, the supports in place, and what their situation means in terms of the rest of their life (Walsh, 2015).

Resilience can be encouraged in schools by providing responsive resources to all students. Teaching and administrative teams need to be readily available when a student or concerned family member come to them for help, never turning them away to fend for themselves (ADEPIS, 2015). Helping students achieve academic resilience, which is the ability to perform well in school regardless of the misfortunes experienced, is another route schools can focus on and foster within their student body (Cassidy, 2016). Ensuring that the school's environment is based on safety, respect, achievable opportunities, cooperation and accommodation is an essential part of reaching these goals.

Conclusion

ACEs and trauma-informed practices have made some leeway in communities all over the United States. There are several programs for ACEs, such as PBIS, ARC, CBITS and NCTSN, that aim to improve the lives of children, families and communities who have been affected by trauma. Despite this assistance, there continues to be a lack of research and aid at the early childhood education level. Infants through preschool-aged

children often suffer silently because they are more difficult to help through trauma than children who can speak about and process the adversity they have endured. Although childcare is expensive, sometimes costing nearly as much or more than college, finances are not budgeted towards trauma-informed practices in the field of early childhood education. Unfortunately, economic access plays a major role because of the high cost of quality resources and trainings to properly coach teachers, counselors, administrative staff members and leadership teams to repair the damage done by all forms of trauma, including neglectful parenting and sexual, physical and drug abuse.

Studying ACEs and trauma-informed practices in early childhood education is imperative due to the fact that there is not a considerable amount of research done in this sector. The lack of research, resources and help in the field of early childhood education persists despite the fact that infants developing PTSD by their first birthday have been identified and kindergarten teachers report that preschoolers with ACE scores often demonstrate a plethora of behavioral issues and intellectual delays with little or no improvement by the end of the year. This lack of support extends to trauma-informed practices targeted at adults, specifically educators, who need to be present for children with ACEs, but may have a hard time doing so or may not be able to do so because of the trauma they have endured themselves. It is equally as important to care for these adults, so they can care for the children without pain reemerging.

ACEs and the ten-question ACEs questionnaire led to resilience and the resiliency survey, which is often taken together or close together for the reason that although trauma can be permanently detrimental, it can also help people grow, have better control of their

emotions and the ways that they handle the challenges that arise. Resiliency allows individuals to maintain the positive relationships in their lives, along with trusting their ability to create new and lasting connections. Consequently, resiliency in early childhood development is critical as some of the first experiences in a person's life can shape the rest of his/her life. A single memory of an event and the emotions tied to that event can be the foundation of how that person moves through their entire life. A child's ACE score can affect the amount of resiliency they have, for better or worse, but this is dependent on the child's outlook, which in turn, is dependent on the quality of caregiving the child receives, their safety, the access they have to growth opportunities and the positive relationships in their lives, especially with at least one trusted adult.

Due to the strong need of early childhood educators learning about and implementing adequate trauma-informed practices for infants through preschoolers, I will be interviewing six teachers and administrative staff members in the field about their background, experiences, knowledge and opinions of ACEs and TIPs.

Methodology

Introduction

Learning that I lacked knowledge about ACEs and trauma-informed practices was upsetting for me, especially after I learned how important and helpful understanding and addressing these issues are to so many people. Learning that several of my coworkers in early education lacked this knowledge was also upsetting, but it inspired me to dive deeper, learn more about the topic myself and teach others. To discover what early educators know and understand about their prior experience with trauma in the workplace, I decided that an interview would be the best approach for openness and honesty. This chapter will explain who participated in my study, the interview protocol and processes, and how I analyzed the data.

Global Event: COVID-19

It is important to note that the global pandemic outbreak, known as coronavirus (COVID-19), happened during the interview period. Two interviewees could no longer participate because of the COVID-19 shelter-in-place order. Although the original plan was to meet in-person, five of the interviews were conducted using Zoom Video Communications or Facetime meetings after the shelter-in-place order. While this format worked well, I had looked forward to conducting the interviews in-person and to not have to worry about glitches that are prone to technical difficulties and familiarity with the formats used.

Participants

In order to investigate the knowledge that teachers and administrators have about ACEs and trauma-informed practices (TIPs), I interviewed six teachers and administrators from two early childhood programs located in the San Francisco Bay Area. I knew the programs well because I had previously worked in one (EEP1) and currently work in the second program (EEP2). Despite the fact that they are both programs that offer early childcare, they are very different and I knew that they would provide interesting and important information about my research topic. This was a convenience sample because of my experience and relationships in these schools that made permission, access to participants and information possible.

It is important to note the characteristics of both programs, which are located in the Bay Area, but are 25 miles away from one another. EEP1, located in the downtown area of a suburban city and established in 1993, is a more traditional private childcare center with close to 100 students and about 25 staff members. They are backed by a large company name with thousands of centers globally. The teacher-student ratios consist of 1:4 for infants (max capacity is 12) and young toddlers (max capacity is 8); 1:8 for older toddlers (max capacity is 16); and 1:12 for preschoolers (max capacity is 24). Their curriculum is based on their own signature practices with a blend of STEM learning.

Their clientele—families and students—are diverse, but they primarily serve county workers and companies who have partnered with them to receive subsidized childcare. Socioeconomically, the families range from low-income to affluent, with a

large majority of them being middle class. There are less than ten single-parent families attending EEP1. Ethnically/racially, the families and children are somewhat diverse; most are of Caucasian, Hispanic, Asian and Indian descents.

EEP2 is located in a larger city that is more urban. The company is a startup, officially established in 2019. They are also private, but the setup is as a family childcare home with about 15 students and ten employees, which includes the founder, a human resource personnel and a design member. The teacher student ratios are lower: 1:2 for infants (max capacity is 4); 1:3 for toddlers and preschoolers (max capacity is 6); and 1:3 for mix-aged programs (max capacity is 6). Socioeconomically, the families are all affluent and were chosen on a first come-first serve basis. Most work in the same urban city and have backgrounds in various technical services. There is one single-parent family. The families at EEP2 are less diverse with most identifying as Asian or Caucasian.

There were a total of six people interviewed, consisting of five females and one male participant. Participants were between 26 and 55 years of age and included six to 37 years of experience working in the field of education. Three of the participants were from EEP1 and three of the participants were from EEP2. Three were teachers and three were administrators. The interviewees were chosen based on their age, role and availability. All participants were currently working at one of the two early childcare programs previously described and were either a teacher or administrator there.

Table 1: Participant Characteristics

Name: Program	Role	Gender	Ethnicity/Race	Age	Years of Experience in Education
B: EEP2	Administrator	Female	Hispanic	26	6
C: EEP2	Teacher	Female	Asian	52	16
D: EEP2	Administrator	Male	Caucasian	48	15
E: EEP1	Teacher	Female	Asian	33	11
F: EEP1	Administrator	Female	Hispanic	28	10
G: EEP1	Teacher	Female	Caucasian	55	37

Note. Names are represented by a random letter for each participant.

Interview Protocol

In an attempt to get the most complete description of what early childhood educators know and believe about ACEs and TIPs, I felt that conducting interviews with individual educators would provide the best answers. I reviewed what I had learned through the literature, which provided the basis of most of the questions revolving around knowledge, trainings and resources. However, my own experience and what I knew about the teachers, administrators and practices at the childcare centers where the interviewees worked also influenced how the questions were developed. Based on this information, the initial interview protocol was developed. I consulted an expert in the field and also discussed the questions with several classmates in the Master of Arts in Education

program at Humboldt State University. Both the expert and my classmates provided several helpful edits. From these edits, I revised the initial questions and the final protocol was completed.

The interview included ten open-ended questions. The questions focused on the interviewees' knowledge and experiences in their workplaces regarding ACEs and TIPs, what resources were available to support such programs, and their opinions of what change and implementation should look like. There were additional prompts to each question that asked about prior experiences, opinions and knowledge of current protocols and budgets at their workplaces. I felt these questions would provide an adequate representation of the two different programs. I knew that there would be both similarities and differences between the programs, teachers and administrators, and I wanted to ensure that I captured all of these perspectives. An expert in the field provided face validity to ensure that the questions were clearly written and appropriate to ask these educators. A copy of the interview questions can be found in Appendix C.

Procedure

One of the first steps of the research process was filling out the lengthy application for the Institutional Review Board (IRB). The IRB aims to protect the subjects who are being studied. In order to turn in the IRB application, one must complete the Collaborative Institutional Training Initiative (CITI) Program training. After fulfilling this requirement, I completed the IRB application that included a copy of the interview questions and permission from the administrators of the childcare centers in the

study. After implementing suggestions and changes from the IRB, my study was approved and I was able to move forward with my research.

My second step was emailing potential interviewees to see if they were willing to be interviewed for this project. After they agreed, a permission form was sent to their director. I received approval from the directors at each center and then sent the interviewees a consent form requesting their signatures. The consent forms can be found in Appendixes D and E.

A total of six semi-structured interviews were conducted. The interview questions were locally developed based on the extant literature. A face validity check was conducted by an expert in the field to ensure that the questions were appropriate to the task. Questions included items exploring participants' experiences, views and future expectations regarding trauma-informed instruction, as well as school demographics, including how many students were enrolled, if the school was a public or private entity, how long the establishment has been in existence, the school's geographic area, the race/ethnicity and socioeconomic status of the families, and the number of single-parent families who attend the school. Five of the interviews were conducted using FaceTime or Zoom Video Communications and one was completed prior to the shelter-in-place order in a face-to-face conversation. All interviews were recorded using an application on my cell phone and transcribed, coded thematically and analyzed.

At the beginning of each interview, I welcomed participants and made sure that it was still a good time for them to be interviewed. I told them that it would take no more

than 40 minutes. I reviewed the consent form with them that was previously signed by each interviewee. I let them know that they could leave or pause the interview at any time. Once they agreed, I asked if they had any questions before beginning. I then conducted the interviews and recorded their responses. At the end of the responses, I thanked them for their time and ended the interview. I immediately transcribed the interviews using the Otter.ai recording and transcription application on my phone. I inputted the interview responses onto a Google Doc, edited any errors caused by background noises, long pauses or mumbling and began the coding process.

Analysis

To examine what the interviewees (1) know about ACEs and TIPs and (2) if they feel it is important for early childhood education programs to include training and practice in these areas, I engaged in a two-step coding process. After organizing the data in a Google Document, a coding partner and I read through the first two interviews to get a sense of the overall picture of the data collected. We then began creating open codes based on the general research questions. During this process, however, we did not exclude other themes and coded any concept that stood out because it was mentioned passionately, stated several times by several of the interviewees, or was the only statement of its kind. We defined the code by adding more context to items and then searched for concrete examples. We then applied specific coding rules to ensure that the code is actually applicable and distinct. Once we had established reliability in our initial coding schemes, I completed the process for the remaining interviews. After the initial

coding, my coding partner and I met and discussed how the initial items could be grouped into categories (Glaser and Strauss, 1967) through a process of secondary coding.

Conducting these six interviews proved to be an insightful learning experience, providing me with solid answers to my research questions and connecting the points of my Literature Review. Part of my analysis and understanding of what the participants were saying was informed by my own knowledge and experience at these sites. Even through the COVID-19 pandemic, I was able to complete the interviews and analyze the data. The results will be presented in Chapter Four.

Results

Introduction

In writing about ACEs and trauma-informed practices (TIPs) in the field of early childhood education (ECE), it was important for me to interview people that I know in the field, ranging from teachers to administrative staff members. I felt that the outlooks of these six people in two very different ECE settings would help me formulate an honest, valid foundation of how employees in these settings view their current trauma-related protocols, along with their current, personal knowledge of treating trauma in the field. I decided to interview three people (two teachers and one administrator) from a well-known, more traditional childcare center background. I have coded this program as Early Education Program 1, or EEP1. Three people (one teacher and two administrators) were interviewed from a startup in San Francisco, fundamentally with a family childcare home background and coded as Early Education Program 2, or EEP2. Everyone interviewed has spent a significant amount of time working in ECE, averaging five years or more. I made sure that I interviewed individuals from a range of age groups, from 26 to 55, so that a certain age group or experience level did not sway the totality of the interview questions and answers.

Emerging Themes

What I found to be most interesting were the similarities and differences between EEP1 and EEP2, and that there were so many parallels between what the administrators and teachers shared. I thought that there would be more common trends between teachers and teachers, administrators and administrators, and more differences between the two programs, but that was not the case.

After coding the data, eleven themes emerged. I organized these themes into three categories, (1) themes that were stated frequently by a number of participants, (2) themes that stood out because it was the only statement of its kind made by one of the participants, and (3) themes that stood out because they were stated passionately and enthusiastically by the respondents. These categories are not mutually exclusive, but provide an organizational structure to present the results.

Table 2: Emerging Themes

Category Description	**Emerging Themes**
Themes that stood out because they were stated frequently by a number of participants. These themes are listed by frequency of open codes.	• Sense of Uncertainty & Confusion • Budget & Lack of Resources • Helpful Language • Family and Professional Partnerships • Qualifications • Current TIPs Protocols • Professional Development and Experience Related to Trauma Relief
Themes that stood out because they were the only statement of its kind by a participant.	• Ratios: Small in Size
Themes that stood out because they were stated passionately and enthusiastically by the participants	• Student-Centered Approaches • Compassion • Advice from Interviewees

Themes that Emerged Based on the Frequency of Occurrence

Seven themes emerged based on the number of times they were mentioned during the interview process. They are described below by the frequency of occurrence identified in the open coding process.

Senses of uncertainty & confusion: "I don't know." The theme that stood out most to me during the entirety of the interview process was the sense of uncertainty about the topic of ACES and TIPs. There were a total of twenty "I don't know" statements between all six interviews. Sometimes it was a filler statement, but other times, it was just the honest answer, stemming from the fact that they were not knowledgeable about the topic or that they were not the decision-makers in their childcare agencies. I was glad that people felt comfortable to admit this, especially through the serious topic of this conversation.

Another interesting trend that emerged was that some of the interviewees spoke of children having aberrant behaviors when I asked them about treating or facing issues with trauma. For example, an administrator from EEP2 stated, "I've seen it…in practice in very different ways, so to me…it doesn't describe a very specific program or approach as much as it describes…a general kind of mindset or philosophy around how to…work with students and their families…who display…aberrant behavior." This trend made me wonder if I had not been clear about the definition of trauma in my interview questions or if some people view aberrant behaviors and trauma as synonymous. This association made me realize that the interviewees may be relating children with aberrant behavior to

automatically having endured some sort of trauma in their life, instead of thinking that a child who has endured trauma may react in ways that do not include disruptive behavior. It seemed as if two of the administrators, one from each program, were the most focused on these descriptions of behavior and trauma. At the end of the interview, an administrator from EEP2 asked me if his answers were on the right track. I found this to be interesting because he was the only one who seemed to wonder this and the rest of his answers came across as rather confident.

Budget and lack of resources. Many respondents said that they would create a budget for ACEs and TIPs if possible, but they were not sure how this could happen because budgets across the board, especially compensation, are already tight. One teacher from EEP1 brought up a creative point of making changes in terms of time rather than by dipping into funds. They said, “That's a very tough question because I think everything that we do is so important. And it is so limited, what we do, is limited anyway. So, I guess, to what I would think to replace it would be time wise, maybe cut down...we have a meeting every month and I would think going forward, maybe having the time to focus on trauma and children.”

Another interviewee stated that they would not be able make a budget for TIPs at this time due to the company’s small size. “I would probably not. Like I said, I think that at this point for us, it's probably more about awareness than it is about actually investing in a program. I think as we grow though, it is something that the answer might be different…six months, eight months, a year from now. I think what we need to really

figure out is…what is our prevalence of misbehavior given our small sizes. How much is misbehavior actually affecting teacher time and how successful are we in terms of intervention. And if the answer is that it's either taking up a lot of time or we're not feeling successful with our current intervention practices, then…that answer might change, but I think for now, it's probably not an urgent need for us, but that might change as we grow."

Another administrative member from EEP2 noted that they felt that they did not have the resources to practice trauma care at this time and that they would probably have to find resources on their own. It sounded as if this person was not expecting help from the company or other agencies when they said, "I don't think I have the resources. I think I would have to go out for myself and look for all this stuff if I wanted to help anyone…that was dealing with any of this stuff."

A majority of participants agreed that trauma resources would be important and a major benefit to their company and school, but were not sure how to clearly obtain these resources or budget for them.

Helpful language. I had to define ACEs and trauma-informed practices for everyone but after asking them what, how much and if they know about ACEs and TIPs, there seemed to be a quick understanding of its purpose and how it can be of immense help. This understanding was apparent because certain words were used by the interviewees, such as "triggering." Several of the interviewees also mentioned using specific and appropriate language geared towards trauma relief in their learning

environments. One of the interviewees stated, “I think they’re important, like we learned stuff about what kinds of words to use and what kind of words are violent words, and different expressions that we have in our vocabulary that are very violent, but you just replace it with something more positive and use books and things like that.” Another interviewee, also from EEP2, stated something similar when they were asked what can be changed at their program to incorporate treating ACEs and implementing trauma-informed practices. They said, “In general, just to kind of get a better idea…arm them with both the kind of vocabulary and beliefs that kind of belie it.”

Family and professional partnerships. Parent partnership and engagement was another aspect that the interviewees felt important to note. A teacher from EEP2 noted, “I think it's been helpful to just talk to the parents…especially if the children are very anxious about separation, or if we see certain things, not necessarily that they're too sensitive, but just that maybe it's way more than the parents prepared you for.” Receiving the parents’ input was very important for two interviewees, one from each program.

Teamwork and leadership were also important areas that both teachers and administrators touched upon during the interviews. A teacher from EEP2 explained the process that their team used to help a child with a physical, medical form of trauma. “First, once we found out this child was going through this physical trauma—medical trauma, you might say—we sat down as a team, a classroom team. And then we sat down as a pod team, because there were two classrooms in this one section, about what we're going to do when this certain physical thing—say for example, seizures—when the

seizure would happen to this child, that's a physical trauma. And so, we sat down and discussed as a staff what we would actually do and what are the steps we were going to take, for example, when one teacher would corral the kids and get them outside, so the child could have privacy going to the scene, going through the seizure and then the other teacher would contact our director. And so, we had to really get in place and someone would also call the parents and say, “Okay, what do you want us to do now?” And they would be the ultimate decision-makers, whether or not we gave the child medication or called 911, so we went down the line.” Although this teacher’s experience revolves more around medical trauma, I still found it to relate because it consists of a situation where the educators still need to be prepared and qualified to immediately assist, take action and work together as a team. Building strong relationships between teaching and administrative teams, where they can trust and rely on one another, is crucial in a general sense, but in cases of an emergency, it can be dire.

Qualifications. Feeling qualified to assist with trauma-related issues was another area the interviewees discussed. Responses to this question ranged from feeling not qualified, slightly qualified, somewhat qualified and very qualified. One person admitted that they would be more comfortable helping someone if they had gone through something similar to that person. From EEP1, one person said, “I would say slightly qualified. I wouldn't say very qualified. I think teachers need a lot more knowledge base and field base of work to consider themselves very qualified. Slightly, for me personally, because I dealt with a lot of children with challenging behaviors and I had challenging

behaviors in my own classroom that I had to really deal with, with my little ones, so that's why I would say slightly, I think. To be very qualified, you have to have a lot more study under your belt." From EEP2 someone shared, "I think that there's pieces of it that I think I feel very qualified to support on. And there's pieces of it that I don't obviously."

Current TIPs protocols. Neither EEP1 nor EEP2, seem to have a concrete protocol or process in place for addressing ACEs or TIPs. They talk about issues amongst themselves and have common, general training, but their knowledge, understanding and approaches seem to rely on the relationships they have with each other and the parents.

One teacher from EEP2 related a past conversation they had with an administrative member from their current company. They spoke about investing in a backup center at some point and the interviewee realized during the interview that they should invest in trauma-informed practices the same way as the backup center idea. Specifically, they said, "[they] mentioned partnering with a backup care that we trust, for times that we close, like let's say there's no backup space and there's many, many people sick…And then we can suggest different backup cares, right? So then, maybe this would not be similar, but…a good resource that we have and that we invest in."

An administrative member from EEP1 spoke of a new protocol, recently established in their center, involving a behavior therapist. "Right now, a recent new thing is that we can reach out to a behavioral specialist consultant, so we can do a conference call or even email, and then we just let her know what the behavior looks like and she will send resources on…for instance, right now, I talked to a specialist and she referred to

'big body play,' like if a child is just being too aggressive, then you know we can redirect them to…move this heavy ball; 'If you need to hit something, you can hit this.' The teachers were slowly giving them these resources. We just started a resource binder in a common area where they can kind of have those resources if they need them." This practice did not seem like it was directly associated with trauma-related events, but pointed to established procedures in place to support students who need extra emotional and behavioral support.

"Case by case" was another consistency throughout three of the interviews between the two different programs. An administrator said, "The other piece I would say is just kind of a much more clear…investigating process, that if we do start to see certain…aberrant behavior from students, like kind of how we go about…identifying and documenting it and really kind of engaging families with it. I think right now we deal with that on a case by case basis, which I think works for us and does make a lot of sense given our size." I also agreed with the case by case mentality because trauma and helping with one's trauma is going to be different for everyone and that should be carefully observed and considered at all times during the process.

Professional development and experience related to trauma. Many participants talked about different professional development opportunities and how they are aligned to trauma-informed practices. Another theme that was mentioned by several of the interviewees was the official Mandated Reporter Training that all childcare employees are required to renew every two years. The training revolves around the signs

of abuse to look for, how to properly report these signs and who to report them to. When asked about knowledge or experience in working with young children and fellow educators who have trauma-related issues, many of the interviewees reported that their only familiarity with this realm was due to receiving the Mandated Reporter Training from their workplace. I asked one interviewee what they knew about trauma-informed practices in which they said, “I’ve learned that it’s so important to do, since we are Mandated Reporters and that’s part of our jobs to do, and…speak up when we see something, or even just…sense something going on.”

Despite the required Mandated Reporter Training, all of the interviewees agreed that they and their fellow team members should be more trained to help children and educators with their trauma-related issues. Although there was an agreement on the need to receive more training, it was difficult for interviewees to elaborate on the exact training. The agreement just seemed to be receiving more than the Mandated Reporter Training. One person mentioned the online trainings they receive about every six months, but reported that they do not revolve around “trauma help.”

Other familiarity with trauma and helping children, families and others through these issues stemmed from workshops two of the teachers had attended. One teacher from EEP2 stated that, “I just recently took a workshop. It was like a two-weekend workshop on how to be involved with children who go through trauma and things like that and just kind of creating a peaceful classroom for every child, but we specifically talked about stressors that children might go through or kind of different traumas that they might have.”

The other teacher from EEP1 seemed to deeply resonate with the training she had previously attended stating that, “I just did a workshop on early childhood education and trauma and family trauma and childhood trauma. And what I do know about it is that trauma can exist from your DNA of the parents, and educators may not even know that a family has gone through trauma through their DNA, and the parents may not even realize that it is a trauma itself from what you know. I get a lot of families from different countries and they've been from...how they were raised can be...they could have suffered traumatic events of separation and then they don't realize that they're carrying that trauma down to their own children. And as educators, we don't even know. We have to go on the basis that everybody at some point may have suffered a trauma, so you deal with children's emotions differently now.” This was the only person in these interviews who said anything to this depth. This was also the only teacher who mentioned having specific strategies in assisting with trauma in their classroom, mostly through providing books that are relatable to children and a wide variety of issues.

I asked the interviewees if they had any personal experiences with children and families who may have experienced trauma. One interviewee talked about a child who arrived at school seemingly unkempt with dirty clothes and a foul smell on a daily basis. They were not sure if this qualified as trauma or if it was more of a cultural preference on the family’s part. The participant believed that it could be both and that it was indeed a form of trauma because the child probably compared her/himself to the other children, which may have affected his/her self-esteem. As I was listening, I considered that caring

for this child under these circumstances may have been more traumatic for the interviewee and anyone else they worked with who may have felt this way. I wondered if they might have put their own views of trauma onto the child and his/her family.

A teacher from EEP1 shared, “I think we really need to do a call to action type thing and really buckle down and get trained and provide the training on a statewide national level, for all teachers, and not just your lead teachers for every person that works with children.” I agree with this statement and feel that the more we as educators in any form are on the same page, the more students who have experienced trauma can be properly addressed and cared for.

Themes that Emerged Based on One-of-a-Kind Statements

The following theme emerged based on the fact that only one person mentioned it in the interview.

Ratios: Small in size. The small size of EEP2 was mentioned repeatedly by one participant. The interviewee believed that the small size of the company and low ratios (six children per two teachers) allowed deeper relationships and a sincere connection with families to form. This also negated the need for a specific TIPs protocol, except for just talking through issues and finding a solution amongst one another. The teacher from EEP2 said, “I mean, there's nothing formal currently in my current situation, because it's a small group of teachers and staff that we have. I think we just do case by case and just try to really get to know their home life. We just kind of lean on the fact that our small ratios and kind of deep relationships with students and families, allow us to kind

of…potentially source these issues up if necessary and connect families with resources that might be useful for them."

Themes that Emerged Based on Passion and Enthusiasm

The following two themes emerged based on the passion and enthusiasm exhibited by the respondents while they discussed these issues.

Student-centered approaches. There was universal agreement of the preschool years as being a crucial, essential time in a child's life. An administrator from EEP2 stated, "I think it is really helpful…I think the research on brain development, basically, you know if it's true that children's…brain kind of architecture is getting changed when they experience trauma, as young children…and then how it affects…their behaviors and how it manifests kind of as the students grow and develop. I think even a basic understanding of that idea actually really changes the way that we even see teachers and administrators…respond to students and to student behavior. And I think it actually forces a much more of a problem-solving kind of attitude versus a punitive…meeting expectations or else attitude that I think often exists in schools, and even schools that are not…zero tolerance schools and so I think that even just understanding the…beliefs behind it, and really thinking about…how we define trauma and how it might affect students both like physiologically, as well as emotionally. Even without the response piece of it. I think that just understanding trauma and its effect in general, would actually be really helpful for all schools, including ours." I was able to comprehend this

participant's thought process more and gain insight into their experience working at the elementary school level and how they applied their knowledge from that time of their life to the early childhood education level. For example, "zero tolerance schools" are not as prominent in early education programs as they are for older age groups. Moreover, the understanding of the significance of infancy through the age of five was present and in agreement with the research revolving around trauma.

This notion of operating on student-centered approaches is new and less common, but on the rise as educators and families find that the results in students feature the ability to focus more intently, a genuine interest in academics is established and issues in behavior are easier to manage. Student-centered approaches are more possible in lower student to teacher ratios, where social-emotional teaching is intentional.

All interviewees acknowledged that there are different contextual factors that have to be considered when pertaining to trauma. The levels include age ranges (early childhood, elementary/primary school, middle school), teacher, child development, family unit, societal, and statewide/national. I sincerely appreciated that so many different components were ruminated and that trauma was not just seen as trauma; that trauma had a diverse set of influences.

An administrator from EEP2 was the first to mention both socioeconomic status and the fact that trauma is not always what you think it is. "…trauma does not always mean…some horrific event…an isolation like trauma can be things like neglect or…instability or hunger, where these might be prolonged things that….still have…a

really serious effect on a child's development or…whether it's their physiological or emotional development or social development, and so I think just like understanding these things exists and understanding these things don't just exist kind of in low-income communities or in immigrant populations or whatever it is." I was glad that this was recognized because the damage from trauma can take so many different shapes and forms with triggers and reasons varying, as well, each dependent on the individual child and their unique set of circumstances.

Compassion. The magnitude of humanism in which ACEs and trauma-informed practices hold became very apparent to me as two of the participants raised the importance of compassion more than once during the interview process. Compassion was a theme mentioned by both a teacher and administrator from EEP1. I think it was important to note because when it comes to trauma, one may not always be able to relate, but if they can empathize with that person, it can go a long way helping that person cope and not feel so alone and damaged. One of the interviewees said, "I think recently just hearing a coworker that…[they've] gone through depression and, you know, suicidal thoughts. I haven't personally spoken to [them], but I think that…. I mean, obviously right away when you hear something like that, especially if you yourself have not gone through like any traumatic experiences, it's hard to kind of register. But I think it opens…makes you feel more compassionate towards them and you're kind of more understanding, like where they're coming from…you are able to kind of…feel more compassion towards that person, understand them a little bit more, even like, why their way of teaching is the way it is or why the personality is the way it is." The other person

actually ended the interview by stating, “I would like my director to know, basically…to be more compassionate about families that go through trauma, whether it be their employee or a child…everybody has some sort of trauma in their life. And I think becoming more empathetic towards it would be a lot more helpful.” Hearing and seeing the participants converse about compassion in this realm with their incredibly honest outlooks spoke volumes to me because they revolved around empathy and understanding; two driving factors that can be so helpful towards those who have or are enduring trauma.

Advice from interviewees. In terms of the different ideas these teachers and administrative members had of what else we can do to help, one mentioned that they had set out to “learn about and capture best practices,” which probably means the absolute most helpful methods to effectively teach and empathize with students and families, who have experienced and/or are undergoing trauma.

When asked if they felt that ACEs and TIPs would help their students, families, fellow educators and classroom environment, they stated, “…yeah, I think it would totally help because it really helped me out, just to see things clearer…I think it would help us…understand everyone more, like each other, the kids, the families.” All interviewees were asked this question and all agreed that they think it would help each of these entities. Another teacher from EEP2 had not heard of the ACEs questionnaire before, but asked me if it is something we should share with our current families. I was glad that the interest was there, but I told them that the questions can carry a lot of

emotional weight and should probably only be administered if a child is showing extreme signs of possible abuse and if the parent(s) are concerned.

A question that had a common answer was the last of the interview questions, which asked, “What would you like the company or director to know about ACEs and trauma-informed practices?” Everyone said that they would want their company or director to know of the benefits of trauma-informed practices and that there should be some sort of official path instilled in their workplace.

Summary

Given the unique backgrounds of the six interviewees, their understandings of ACEs and trauma-informed practices were very different. Some people knew very little, while some were familiar with the terms from attending workshops or their own personal experiences of taking the questionnaire. Most seemed to believe that learning more about and incorporating trauma-informed practices into their practice was important.

Conclusion

Introduction

It has truly been a journey designing this thesis, studying innumerable resources, coordinating and conducting interviews through a pandemic and compiling all of these components together. After discovering that the research of ACEs and trauma-informed practices (TIPs) in the early childhood education space was extremely slim, I decided that I had to dive in to contribute to the literature focused on the first five years which are deemed as the most substantial years of life.

I learned what measures for trauma are taken into consideration by two different early childcare models, I learned the views of both administrator and teacher roles and their knowledge of trauma, ACEs, trauma-informed practices, budgets, protocols, professional development opportunities, and the absence of some of these measures. I learned about myself as a new and novice researcher in the space; how I approach interviewing, collaborate with my advisors, and handle the intricacies and stressors that stem from this year-long process. I learned what ACEs and trauma-informed practices truly mean to me and how I hope that it can be drastically improved and changed for people everywhere.

Research questions

The goals of this project were to (1) learn more about what early childhood educators know about ACEs and trauma-informed practices and (2) to ascertain how important they feel it is to include training and resources into ECE programs.

I learned that all of the participants felt that ACEs and TIPs are important aspects of their roles as educators, but what they knew varied greatly. While most were not confident to answer or elaborate at times, they were able to discuss related knowledge, experiences or current practices. The definition of trauma seemed to be almost subjective as some of the participants would speak of medical trauma, cultural circumstances that they viewed as traumatic, or automatically associating aberrant behavior to suffering from trauma. The participants who were more aware of what trauma is had either experienced it themselves or attended workshops and trainings about it. Half of the participants knew about ACEs or had at least heard of it, while this interview was the other half of the group's first exposure to these concepts. Trauma-informed practice was the most unknown subject matter until it was described in more detail, but even with more information, it seemed to not make as much sense as ACEs and the ACEs questionnaire. I wondered if the participants may have needed more clarity and consistency of my definition of TIPs and descriptions of knowledge-based language and practice or if this was entirely new information for them.

Most of the participants were in agreement that one of the most helpful actions that can be taken to properly serve children and fellow educators who are suffering or have

suffered through trauma is to develop relationships and close communication amongst one another to communicate and support these individuals. These two features are often found at the core of a strong and reliable team, who are easily able to trust one another and work together less problematically. The participants also felt that creating supportive learning environments with more thoughtful and intentional language, as to not risk using trigger words, is beneficial. Having a safe and welcoming learning environment was also a significant factor of successfully caring for those who have experienced trauma.

All but one participant agreed that there should be a budget for trauma relief in their workplaces. Simultaneously, the process for making that happen could not really be addressed because the five participants were not sure how financial matters work at their programs and how those decisions are made. All six of the participants agreed that more professional development opportunities beyond simple Mandated Reporter Training, would make all the difference as they would feel more knowledgeable and prepared to assist those who may be suffering from trauma-related issues.

According to the research and various outlooks from the participants, the programs could best be helped by amplifying previous knowledge and experiences, having access to more professional development opportunities, instituting strategies in place for supportive learning environments, establishing protocols in place for students with challenging behaviors, focusing on student-centered approaches, and intentionally incorporating compassion towards those who have endured trauma.

The advice I give to teachers and administrators is to raise their voices if they feel that more TIPs is needed in their programs to help those who have endured any sort of trauma. Teachers should seek and share any resources, workshops and trainings they find with their co-teachers, administrative team and the human resources department. Also, teachers and administrators need to reach out to their administrative team and human resources department and let them know that one training is not enough to feel or be truly qualified to help children who are in need. Lastly, there was some interest in the ACEs questionnaire by some of the participants and I encourage them to explore it if they feel comfortable doing so.

Personal & professional growth

I learned a lot about myself during this process, such as the downfall of writer's block and the power of amazing help from my main thesis advisor, classmates and professors. During the first interview, I was rather nervous and so focused on the content in front of me, causing me to shut down in ways, when I could have asked related questions to gain more insight into this person's experiences and thought process. With each interview, my comfort and confidence levels increased and I felt more professional in my demeanor and the interview process felt more polished towards the end. I also learned that I listen carefully and take deadlines and page requirements very seriously.

The most significant part of this process was gaining as much insight as I did. I was not sure if my qualitative research would amount to much, but as I look back, I feel that I surpassed what I had originally set out to do. The most surprising part was the

COVID-19 pandemic occurring right as I began commencing with the heart of the study: The interviews. I was fearful because I had each interview planned out to meet in-person, but I had to quickly change these plans to find time and meet virtually, without causing stress to the participants I had chosen.

Next steps

In terms of next steps for ACEs and trauma-informed practices, I feel that the research can continue and go in many different directions, since ACEs and trauma-informed practices within the field of early childhood education is not as researched as it is in other realms. For me, I am interested in learning more about creating budgets and finding ways to fund more professional development and programs within early childhood care programs. Another idea is creating a trauma-informed practice workshop, so that ECE educators can learn about ACEs and the help that they need. I personally plan to hold onto this information and share it with those who are interested and with those I feel like could benefit from it.

A concern that developed for me during this process stemmed from the COVID-19 pandemic and the fact that this difficult time could exasperate trauma, along with the need for understanding trauma and trauma-informed practices. I feel that this should be explored both during and after, especially as more waves of the virus are predicted to occur, and with parts of life shutting down again. This difficult time may have made it harder for people to access adequate resources, visit their therapists in-person or seek the

help they need due to so many closures. They may have also been directly affected by the virus, know someone who has lost their job because of the economy tanking and other ongoing challenges. Trauma during the COVID-19 pandemic could be a further implication for the research to study.

Final thoughts

"Learning about the psychobiology of stress, toxic stress, and trauma is liberating for people. It gives us explanatory reasons for some of the puzzling behaviors we engage in and the feelings that can come to dominate us."

–Sandra L. Bloom, Restoring Sanctuary: A New Operating System for Trauma-Informed Systems of Care

Thank you for coming this far on this journey with me. I hope you have gained some trauma awareness, which is only the beginning to being able to help children, families, educators and yourself. There is so much more that can be done and studied, and I hope you are inspired to take action. Please know that if you or someone you know is in need of help, it is out there. In Appendix F, there is a list of general resources that can guide you towards a wide range of trauma relief.

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Appendices

Appendix A: ACEs Questionnaire

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**…
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes enter 1 _____

2. Did a parent or other adult in the household **often or very often**…
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**…
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Attempt or actually have oral, anal, or vaginal intercourse with you?
   Yes No If yes enter 1 _____

4. Did you **often or very often** feel that …
   No one in your family loved you or thought you were important or special?
   or
   Your family didn't look out for each other, feel close to each other, or support each other?
   Yes No If yes enter 1 _____

5. Did you **often or very often** feel that …
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes enter 1 _____

6. Were your parents **ever** separated or divorced?
   Yes No If yes enter 1 _____

7. Was your mother or stepmother:
   Often or very often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   Yes No If yes enter 1 _____

10. Did a household member go to prison?
    Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

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Appendix B: Resiliency Survey

1	I have the knowledge and skills and experience to deal with almost anything that happens to me	1	2	3	4	5
2	I know what's important to me	1	2	3	4	5
3	I approach new situations with an open mind	1	2	3	4	5
4	When faced with new challenges, I am able to take control of the situation.	1	2	3	4	5
5	When I have a problem, I take time to define the problem before deciding what to do.	1	2	3	4	5
6	I have the capacity to laugh at myself.	1	2	3	4	5
7	I have a diverse network of good friends	1	2	3	4	5
8	I view change as an opportunity	1	2	3	4	5
9	I am able to think positively about myself when faced with challenges	1	2	3	4	5
10	When I look back I can see some clear patterns in my life about the types of choices I have made	1	2	3	4	5
11	I am able to adjust to changes	1	2	3	4	5
12	I start each day by working out what needs to be achieved during the day, and I end the day by reviewing what has been achieved, and what needs to be achieved on the next day	1	2	3	4	5
13	I perceive the problems and challenges of everyday life as challenges I can solve	1	2	3	4	5
14	I can empathise easily with others' frustrations, joys, misfortunes and successes	1	2	3	4	5
15	I find it easy to form lasting relationships and friendships	1	2	3	4	5
16	When an unwelcome change involves me I can usually find a way to make the change benefit myself	1	2	3	4	5
17	When I face difficult challenges I can maintain confidence in my own ability to overcome the challenges	1	2	3	4	5
18	I know what I want to achieve at work and in life	1	2	3	4	5
19	I can easily find ways of satisfying my own and other peoples' needs during times of change and conflict	1	2	3	4	5
20	I keep a 'to do' list, and use it every day	1	2	3	4	5
21	I try to find the cause of a problem before trying to solve it	1	2	3	4	5
22	During stressful and challenging times I can maintain effective relationships with those involved	1	2	3	4	5
23	I share the frustrations in life, as well as the successes, with my friends	1	2	3	4	5
24	I am able to focus my energy on how to make the best of any situation	1	2	3	4	5
25	When I face challenges I look to myself to find ways of rising to the challenge	1	2	3	4	5
26	I know what I need to do to achieve my ideas for personal and professional achievements	1	2	3	4	5
27	I am able to accommodate other people's needs whilst focusing on achieving my own ambitions	1	2	3	4	5
28	When I am uncertain about what to do I write down the choices and my thought about them	1	2	3	4	5
29	When I solve problems I identify the links between the problems and other issues that may be around	1	2	3	4	5
30	I value the diverse experiences, skills and knowledge that others have in their interactions with me	1	2	3	4	5
31	I regularly participate with friends in social activities where I can relax	1	2	3	4	5
32	I believe my own decisions and actions during periods of change will determine how I am affected by the change	1	2	3	4	5

Appendix C: Interview Schedule

TIME	ORDER OF INTERVIEW
5-10 minutes	Welcome interviewee; ask if they need anything (restroom, water, etc.); ask how they have been
5 minutes	Explain what my study is about and how long the interview session will take (not more than 40 minutes)
1-5 minutes	Ask them if they have any questions thus far
3-5 minutes	Reiterate consent agreement; make sure they are still on board with participating; get their signature; let them know we can pause, end the session or skip questions at any time
1-5 minutes	Ask them if they have any questions before beginning or if they need anything at all; let them know we are about to begin
1-4 minutes	Question 1: What do you know about ACEs and trauma-informed practices? Another way of asking: Describe what you have seen/know about ACEs and TIPs.
1-4 minutes	Question 2: Are ACEs and trauma-informed practices readily available at your school and/or in your classroom?
1-4 minutes	Question 3: If not, what would implementation into your school and/or classroom look like? If yes, "What does that implementation look like in your classroom/school?" Another way of asking: What do you think can be changed at your school to incorporate ACEs and TIPs?
1-4 minutes	Question 4: What is the current protocol at your program or school to help aid with challenging behaviors and trauma-related issues for children and educators?
1-4 minutes	Question 5: Do you feel: Not qualified, slightly, somewhat or very qualified to help children and fellow educators with trauma-related issues? Why?
1-4 minutes	Question 6: What do you think can be changed at your school to incorporate the treatment of ACEs and TIPs?
1-4 minutes	Question 7: Do you believe that the treatment of ACEs and TIPs would help your students, families, fellow educators and classroom environment? Why do or don't you think it would help?
1-4 minutes	Question 8: Given the constraints of current budgets, would you replace something you are currently doing to pay for introducing ACEs & TIPs?
1-4 minutes	Question 9: Have you personally encountered a child in your care or a fellow educator you worked with, who seemed to need help with trauma-related issues? What was that like for you? Another way of asking: Tell me about a time when you have thought trauma services were needed in the classroom and some of the struggles you have had, seen or heard about around providing help for trauma for preschoolers and younger.
1-4 minutes	Question 10: What would you like the company/director to know about ACEs and trauma-informed practices?
1-5 minutes	Let them know that they are done; ask them if they have any questions/thoughts/ concerns; thank them; walk them out

Appendix D: Administrator Permission Form

To Whom It May Concern,

Ariel Llorente has my permission to interview teachers and administrators about their knowledge of Adverse Childhood Experiences and Trauma-Informed Instruction at [Early Education Program 1] and [Early Education Program 2]. She may use the results of these interviews as part of her thesis work for the Master of Arts in Education program at Humboldt State University.

Name: _____

Signature: _____

Date: _____

Appendix E: Informed Consent Form

ACES & TRAUMA-INFORMED PRACTICES FOR CHILDREN & EDUCATORS IN EARLY CHILDHOOD EDUCATION

My name is Ariel Llorente and I am a graduate student at Humboldt State University in the Master of Arts in Education program. I am conducting this study to find out what early childhood education teachers and administrative staff members at EEP1/EEP2 know about Adverse Childhood Experiences (ACEs) and trauma-informed practices (TIPs). Learning about what is known/not known of these topics will help me determine a starting point for introducing the changes that need to be made in these early childhood education programs and settings. If you volunteer to participate, you will be asked to be interviewed. The interview contains around ten questions revolving around the subject matter. The interview may be recorded and your quotes may be used directly into the study. Your participation in this study will last 30-40 minutes and will only consist of one session. I will meet you at a date and time that is most convenient for you.

Your participation in this study is voluntary. You have the right not to participate at all or to leave the study at any time without penalty or loss of benefits to which you are otherwise entitled. There are some possible risks involved for participants. These risks are giving up your time, potentially being vulnerable, since the topic of trauma can be a touchy subject for some people, and being identified through quotes in a small setting. There are some benefits to this research, particularly the satisfaction of your knowledge and experiences are being shared, having an opportunity to tell your story, and being able to shape the future for following generations of educators, students, etc.

It is anticipated that study results will be shared with the public through presentations and/or publications. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. Measures to insure your confidentiality include 1. Pseudonyms, which will be used for both the participants and any particular individuals or entities the participants discuss in the interviews, 2. Data will be kept for three years and all recordings will be protected in a password-protected file on my personal laptop. After three years, all data will be deleted and any physical copies will be shredded, and 3. Raw data containing information that can be identified with you will be destroyed after a period of three years after study completion. The de-identified data will be maintained in a safe, locked location and may be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you. We will make every effort to keep your answers confidential. However, because faculty and staff researchers must follow mandated reporting rules, information or concerns you share about abuse or neglect of any minor are reportable under California's Child Abuse and Neglect Reporting Act (CANRA).

This consent form will be maintained digitally on my personal, password-protected laptop, and will be destroyed after a period of three years after the study is completed.

If you have any questions about this research at any time, please call me at 949-201-5607 or email me at all104@humboldt.edu. You may also contact my professor and advisor, Mary Dingle, by emailing her at mpd140@humboldt.edu. If you have any concerns with this study or questions about your rights as a participant, contact the Institutional Review Board for the Protection of Human Subjects at irb@humboldt.edu or 707-826-5165.

Your signature below indicates that you have read and understand the information provided above, that you willingly agree to participate, and that you may withdraw your consent at any time and discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

Signature: Date:

_____ _____

Please keep a copy of this form for your records.

Appendix F: List of Resources

In case you feel triggered by this study, please feel free to reach out to the following resources. In addition, the interview and your participation can be stopped/paused at any time.

- Trauma Recovery Center at the University of California, San Francisco: 415-437-3000 | http://traumarecoverycenter.org/ | Mondays - Fridays, 8am - 5pm (7pm on Tuesdays) | 2727 Mariposa Street, Suite 100, San Francisco, CA 94110
- Bay Area Trauma Center: https://bayareatrauma.com/home.html | 322 Clement Street, San Francisco, CA 94118
- National Center for Child Traumatic Stress (NCCTS) at the University of California, Los Angeles: 310-235-2633 | https://www.nctsn.org/ | 11150 West Olympic Boulevard, Suite 650, Los Angeles, CA 90064
- National Suicide Prevention Lifeline: 800-273-8255 | https://suicidepreventionlifeline.org/ | Available 24 hours a day, 7 days a week
- Bay Area Trauma Recovery Clinic: 510-660-1493 | http://www.traumarecoveryclinic.org/ | 3220 A Sacramento Street, Berkeley, CA 94702
- Bay Area Trauma Counseling: 510-377-1082 | http://www.bayareatraumacounseling.com/index.html | peacefulresolution@gmail.com | 801 Portola Drive, #207, San Francisco, CA 94127

Additional Links:

- https://www.meetup.com/topics/trauma/us/ca/san_francisco/
- http://www.lauracstrom.com/helpful-resources-for-trauma/bay-area-trauma-organizations/
- https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/resources
- .html
- https://www.helpguide.org/articles/ptsd-trauma/coping-with-emotional-and-psychological-trauma.htm