

“. . .We’re Not Doing Enough:” Trauma-Informed Care in an Early Childhood Special Education Center

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Abstract

Young children with disabilities experience trauma at high rates. To mitigate and address the negative effects of trauma on young children’s development, systematic implementation of trauma-informed care is needed. In schools, it is important that all staff members at every level are trained to implement trauma-informed care. In this qualitative study, we explored the experiences of ECSE professionals in one center, including administrators, teachers, paraprofessionals, and related service providers, as they planned and implemented trauma-informed care. We used Bronfenbrenner’s ecological systems theory to guide the design of the study. Our findings suggest that ECSE professionals are impacted by factors at the micro-, meso-, exo-, and macrosystem level of the environment, which influenced the extent to which they were able to successfully implement trauma-informed care.

Keywords

trauma, qualitative methods, early childhood special education, trauma-informed care

Introduction

Children ages five years old and younger have the highest chance of experiencing trauma. Jimenez et al. (2016) estimated that up to one in two preschool-aged children in the United States experienced a potentially traumatic event. Additionally, children with disabilities were found to be three times more likely to experience maltreatment compared to their peers (Jones et al., 2012). Given the reciprocal relationship between disability and abuse, children who have experienced maltreatment were also more likely to be diagnosed with a disability and qualified for special education services (Sullivan & Knutson, 2000; Zetlin, 2006).

The Impact of Trauma

Trauma is an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and has lasting adverse effects (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). These experiences can include, but are not limited to, abuse and neglect, natural disasters, and exposure to violence in the community (National Child Traumatic Stress Institute [NCTSN], 2017). Experiencing trauma has been associated with negative short-term and long-term effects including on children’s

academic, social-emotional, and physical development (De Bellis & Zisk, 2014; McKelvey et al., 2016; NCTSN, 2013).

Trauma-Informed Care

One way to help mitigate the effects of trauma is through the implementation of trauma-informed care (NCTSN, 2013; SAMHSA, 2014). In this study, we used the global term ‘trauma-informed care’ or TIC to describe service delivery that integrates an understanding of the pervasive biological, psychological, and social outcomes of trauma with the aim of ameliorating, rather than exacerbating their effects (Harris & Fallot, 2006; SAMHSA, 2014). As described in the literature, TIC is an approach to structuring the organizational culture, practices, and policies that are sensitive to and center the experiences and needs of individuals who have experienced trauma (McInerney & McKlindon, 2015). There are four components to TIC that can be embedded into school systems: (a) realize the impact

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of trauma; (b) recognize the signs and symptoms of trauma; (c) respond by fully integrating knowledge about trauma into policies, procedures, and practices; and (d) actively resist re-traumatization (SAMHSA, 2014). Since the conceptualization of TIC, there have been calls for service delivery systems to implement it, including in human services, health care, child welfare, and educational settings (Chafouleas et al., 2016; Ko et al., 2008).

Trauma-Informed Care in School Settings

The recognition of the benefits of TIC in schools is expanding, along with an interest in using TIC in school settings (Alisic, 2012; Cole et al., 2013; Loomis, 2018; Overstreet & Chafouleas, 2016). Specifically, researchers highlight the positive impact that TIC has on students' social-emotional development (e.g., emotion regulation, building relationships) and behavior (Allison & Ferreira, 2017; Dorado et al., 2016; Wall, 2021; Saint Gilles & Carlson, 2020). An increasing number of researchers have focused on TIC interventions in K-12 school settings (Chafouleas et al., 2016; Dorado et al., 2016; Fondren et al., 2020; Phifer & Hull, 2016; Woodbridge et al., 2015).

TIC in early childhood (ECE) settings is beginning to be investigated, with studies focusing on the importance of TIC in ECE settings (Bartlett & Smith, 2019; Loomis, 2018; Martin et al., 2021), trauma-informed interventions in ECE classrooms (Lipscomb et al., 2019; Holmes et al., 2015), and implementation of training programs related to trauma (Loomis & Felt, 2021). However, there continues to be a dearth of studies that focus on TIC in early childhood special education settings despite the data that shows how children with disabilities under the age of five years old are disproportionately exposed to and experience trauma in their young lives (Chudzik et al., 2023). The implementation of TIC in schools requires multiple components, including administrative support, interdisciplinary collaboration, trauma-informed attitudes, and changes in policies and practices (Baker et al., 2021; Thomas et al., 2019). Therefore, it is important to understand the barriers and facilitators that ECSE teachers face when trying to implement TIC in order to inform future scale-up and implementation of TIC.

Theoretical Framework and Purpose

The ecological systems theory (Bronfenbrenner, 1979) guided the purpose and design of this study. This theory is based on the belief that environmental structures and the processes that take place within and between them, must be viewed as interdependent and must be analyzed as systems to be fully understood. These systems include the microsystem, mesosystem, exosystem, and macrosystem. The microsystem consists of the direct settings the child frequents. The mesosystem is

composed of the connections between microsystems. The exosystem includes social structures that encompass the child's settings, and the macrosystem refers to the overarching set of social values, cultural beliefs, and laws. This theory provides a structure for looking at the implementation of TIC at multiple levels, from macrosystem influences (e.g., policies, laws) to microsystem influences such as individual participant experiences. In using this theory, we aimed to understand how the beliefs and experiences of ECSE professionals in their different roles within a school system impacted the implementation of TIC.

The purpose of this research study was to explore the experiences of ECSE professionals in one center, including administrators, teachers, paraprofessionals, and related service providers, to understand how their individual and collective experiences may have impacted how they planned and implemented TIC. The following research questions guided this research study:

1. How do ECSE professionals' experiences with and beliefs toward TIC affect its implementation?
2. What do they identify as facilitators and barriers to the implementation of TIC?
3. How do their differing roles impact the implementation of TIC?

Methods

This research study was approved by our university's institutional research board in Summer 2022. We used a collective case study methodology using semi-structured interviews as the primary source of data to understand one ECSE centers' experiences with TIC (Patton, 2014). By using semi-structured interviews as the primary source of data, we systematically gathered perspectives and understandings of the various professionals in the school and developed an in-depth understanding on their implementation of TIC (Brantlinger et al., 2005; Patton, 2014). We analyzed the interview data using a thematic analysis (Braun & Clarke, 2021) because this is a flexible interpretive approach that facilitates the identification and analysis of themes in a given data set.

Positionality

The research team included the primary researcher and two doctoral students in special education. The primary researcher's doctoral advisors oversaw all research activities. Each member of the team leveraged their unique experiences in the field as they assisted in the design, conduct, and data analysis used in this study. The primary researcher's perspectives as an ECSE teacher and advocate of TIC were most influential in the overall implementation of the study. Additionally, as a former employee of the school

wherein this study was conducted, the primary researcher used existing connections and relationships to recruit participants, gain trust, and build rapport.

Recruitment

The primary researcher contacted the school principal to discuss and request their participation in the study. Upon agreeing to take part in the study, we sent her a flyer and description of the study via email so she could forward the information to her school staff. The email included a description of the study, contact information, and a link to the demographics survey that included the consent form. At the end of the survey form was a link inviting participants to the interview portion of the study. Two weeks after the initial email was sent, a reminder email was sent through the principal. Twenty-three members of the school staff completed the demographic survey, with 18 agreeing to participate in the interview. The five individuals who completed the survey but did not complete the interview were contacted three times to follow up on the request, with each one either not responding or declining the request. All 18 participants who completed the survey and interview received a \$15 gift card and a resource packet on TIC as acknowledgment for their participation in the study.

Site and Participants

This case study was conducted at Smith Early Childhood Center (a pseudonym), a public ECSE center located in a suburb of a large metropolitan city in a Midwestern state. This site was chosen via convenience and purposeful sampling (Patton, 2014); the primary researcher was a former employee of the site, and the school administrators expressed interest in trauma-informed care. As a publicly funded program, the school receives funding from the state's preschool grant, Title 1, and local taxes. To qualify to attend the preschool, students must either (a) have a diagnosed disability, (b) have a developmental delay, or (c) be considered "at risk" of disability due to being involved in the child welfare system, being homeless, living in a low-income household, having a teenage parent, or having a parent who has not completed high school. Per the school policy manual, children are not suspended or expelled from the program. The Creative Curriculum, Second Steps social-emotional curriculum, and Pyramid Model (Hemmeter et al., 2021), are used school-wide.

Smith Early Childhood Center has 31 early childhood classrooms serving children ages 3 to 5 years old. During the 2020 to 2021 school year, Smith Early Childhood Center served 401 students. Of those students enrolled, the majority were boys (57.8%). Additionally, the school has a racially and ethnically diverse student body, with 47.1% identifying as Hispanic. About 57% of the students were identified as

Table 1. Smith Early Childhood Center Student Demographics.

Demographic	<i>n</i>	%
Gender		
Female	169	42.2
Male	232	57.8
Race		
American Indian	2	0.5
Asian	33	8.2
Black	89	22.2
Hispanic	189	47.1
Multiracial	25	6.2
White	65	16.2

living in low-income households, 56% of students had an Individualized Education Program (IEP), and 38% were English Language Learners. See Table 1 for additional student demographic information.

At the time of the study, Smith Early Childhood Center had over 100 employees including 31 teachers, 50 paraprofessionals, 18 related service providers, 6 administrators, and 2 parent liaisons. The school's leadership team consisted of the principal, assistant principal, 2 curriculum coordinators/instructional coaches that provided support to teachers, and 2 student resource team leaders. At this school the student resource team leaders provided support during the IEP process to teachers and families, all of whom have a master's degree. All teachers hold a bachelor's degree and state teaching license, and a little over half of the classroom teachers hold a master's degree.

Eighteen school professionals, including eight teachers, three paraprofessionals, five administrators, and three related service providers completed the demographic survey and participated in the interviews on Zoom. Participants had an average of 15 years of experience in education (range 1–28 years), and on average, had been employed at least 6 years (range 1–21 years) in their current position at Smith Early Childhood Center. Additionally, half of participants reported attending a training on trauma or TIC. See Table 2 for additional participant demographic information.

Demographics Survey and Interview Protocol

The demographic survey was designed to gather descriptive information about the participants. It included 11 demographic-focused questions addressing race, gender, and age, as well as information about their role in the school and educational background. Two questions pertained to their experiences with training related to trauma-informed care.

The semi-structured interview protocol was developed by the primary researcher to ensure participants were asked the same core questions and to increase the comparability of responses, while also allowing the flexibility to ask

Table 2. Participant Demographics.

Demographic Information	<i>n</i>	%
Gender		
Female	18	100
Race/Ethnicity		
Black/African American	2	11
Hispanic/Latino	4	22
White	12	67
Role		
Lead classroom teacher	7	39
Paraprofessional	3	17
Administrator	5	27
Related service provider	3	17
Years in education		
Less than 1 year	1	5
5–10 years	3	17
11–20 years	7	39
21 or more years	7	30

follow-up and clarifying questions (Patton, 2014). There were two distinct protocols: one for administrators and a second one for teachers, paraprofessionals, and related service providers.

Each interview protocol consisted of two main sections (a) questions about their role in the school, and (b) questions about their beliefs toward TIC and experiences implementing it, including barriers and facilitators. However, the questions differed based on the group of participants. For example, administrators were asked how they determined professional development opportunities for the school staff, whereas teachers were asked to identify areas of professional development that they were interested in. Additionally, interview questions were designed to address multiple components of the ecological systems theory.

We asked two individuals who have expertise in qualitative methods and TIC but who were not part of the research team to review our interview protocols. The interviews were designed to take 45 min to complete. We conducted pilot interviews with an ECSE teacher who was working in a different school district and a retired ECSE administrator. Based on the pilot, we noted minor changes to the wording and question order. See Appendices A and B for the interview protocols.

Data Collection

The primary researcher conducted all the interviews during the Fall semester of 2022. Each interview lasted on average 42 min (range 27–53 min). Each interview was audio recorded using Zoom, and we used Zoom's transcription services to transcribe the interview. The primary researcher listened to each of the audio recordings and read each

transcript to check for accuracy and remove any identifying information. Member checks (Brantlinger et al., 2005) were completed by generating one-page summaries of each interview, which were shared with participants. We invited each participant to make changes and additions to the summary. Sixteen participants responded to the request for member checks. Fourteen of the participants indicated that no clarifications were needed, two provided additional comments and changes (i.e., additional details about a training they attended), and two did not respond to our member check request.

Data Analysis

We used thematic analysis to analyze the data as this method allowed us to provide a detailed account of the data through a flexible approach (Braun & Clarke, 2021). We first analyzed the data separately by role (i.e., administrator, teacher, paraprofessional, related service provider). In the first round of analysis, we used *in vivo* coding (Saldaña, 2021) by using the language of the participants to ensure that the participants' experiences and stories were reflected in the codes and that the codes and findings from one case did not impact the other cases (i.e., codes and findings from the administrator data did not impact the analysis of the teacher data). During this phase, each team member read the transcripts, highlighted pertinent excerpts, and made notes about the excerpts. After reading all the transcripts for each participant group, we met to discuss pertinent excerpts and came to consensus on the final coded excerpts to be used in the next phase of coding. In the second round of coding, we used pattern coding by reviewing the *in vivo* codes, during which we looked for similarities amongst the codes, and created categories for the patterns (Miles et al., 2020). The coding team met and reviewed a list of the *in vivo* codes that were listed by each group, read, and rearranged excerpts that fit with each other, and repeated the process for each participant group.

To construct themes, the primary researcher reviewed pattern codes for similar areas of meaning or for potential connections to explore meaning patterns in relation to the research questions (Braun & Clarke, 2021). As a team, we reviewed the themes, which we named and defined. Finally, we conducted a cross-case synthesis to compare and contrast themes across cases (Stake, 2013). Using a matrix (Miles et al., 2020), the primary researcher reviewed similarities and dissimilarities of themes across cases, as well as unique phenomena to each given case. The research team reviewed the findings as a form of peer-debriefing to confirm that the themes were representative of the data, and to name and refine the themes. See Figure 1 for an overview of the data analysis process.

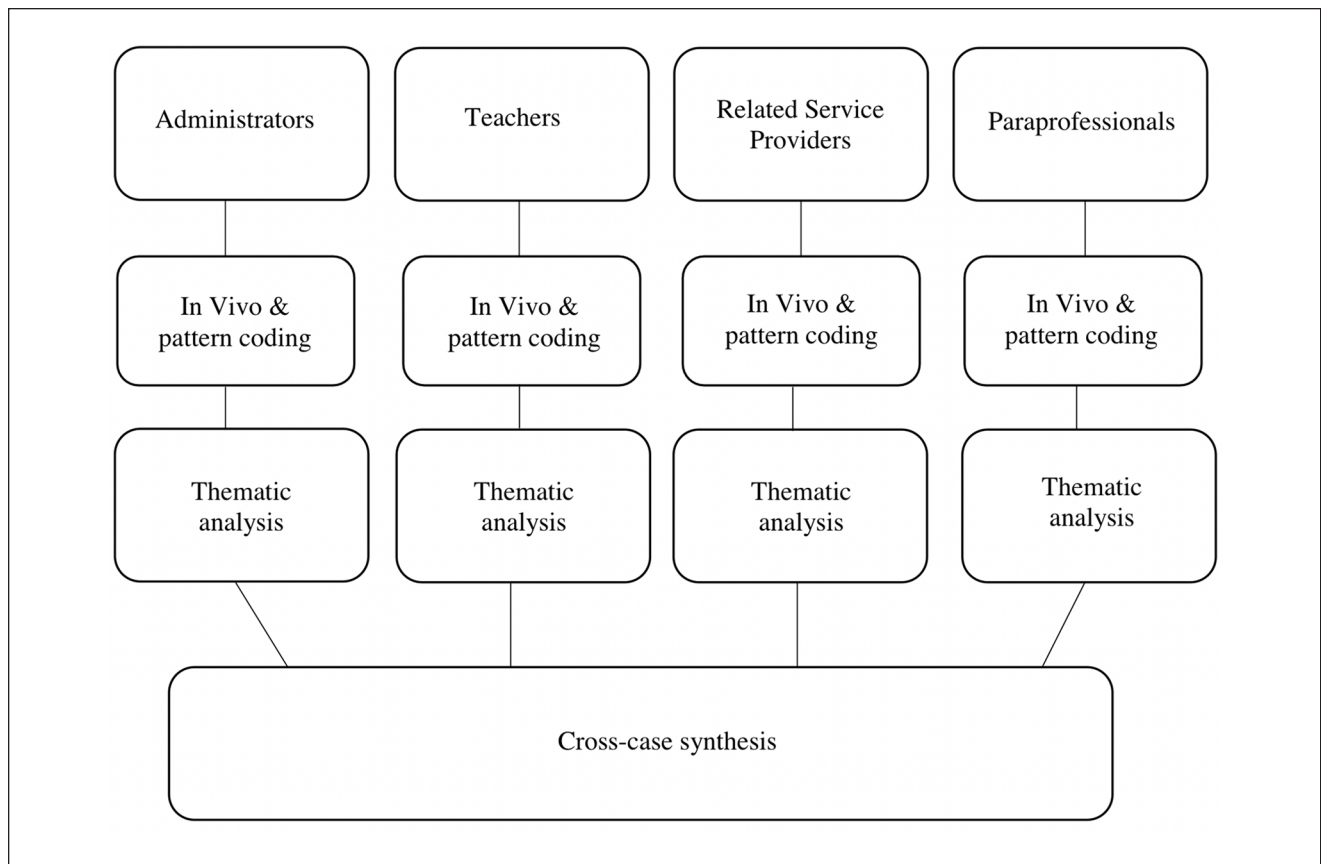


Figure 1. Data analysis plan.

Trustworthiness and Credibility

We took multiple steps throughout the research study to achieve: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability (Lincoln & Guba, 1986). To ensure credibility, we conducted member checks (Brantlinger et al., 2005) as described in the previous section. Additionally, we analyzed the data in a collaborative process to ensure multiple viewpoints were represented. We used thick, detailed descriptions pulled from the data to be used as evidence for each theme to achieve transferability. Finally, the primary researcher maintained a data tracking spreadsheet and routinely wrote analytic memos about the research process to meet dependability and confirmability standards.

Findings

To address our research questions, we identified two overarching themes: (a) the implementation of TIC was influenced by factors at multiple systems levels, and (b) participants' roles in the school influenced their perceptions of and experiences with TIC. We organized the themes as they related to the implementation of TIC using Bronfenbrenner's (1979)

ecological systems framework, beginning with the themes related to the microsystem, followed by meso-, exo-, and macrosystem factors. We used a numerical (participant number) and alphabetical (position in school, that is, A is administrator, T is teacher, R for related service provider, P for paraprofessional) code to delineate participants to maintain confidentiality and show the depth and breadth of the data collected. The findings are presented in Figure 2 via a thematic map.

Microsystem Influences on TIC

The microsystem refers to relations between the developing child and the direct settings the child frequents. In this study, we define microsystem as the staff members of Smith Early Childhood Center.

Motivations for Using TIC. Participants described the different motivations for needing TIC. Many of them noted that because they worked with children with disabilities or children who are considered at-risk for a disability, TIC was needed. One administrator shared, "With this population, a lot of times people are at risk because of the trauma that

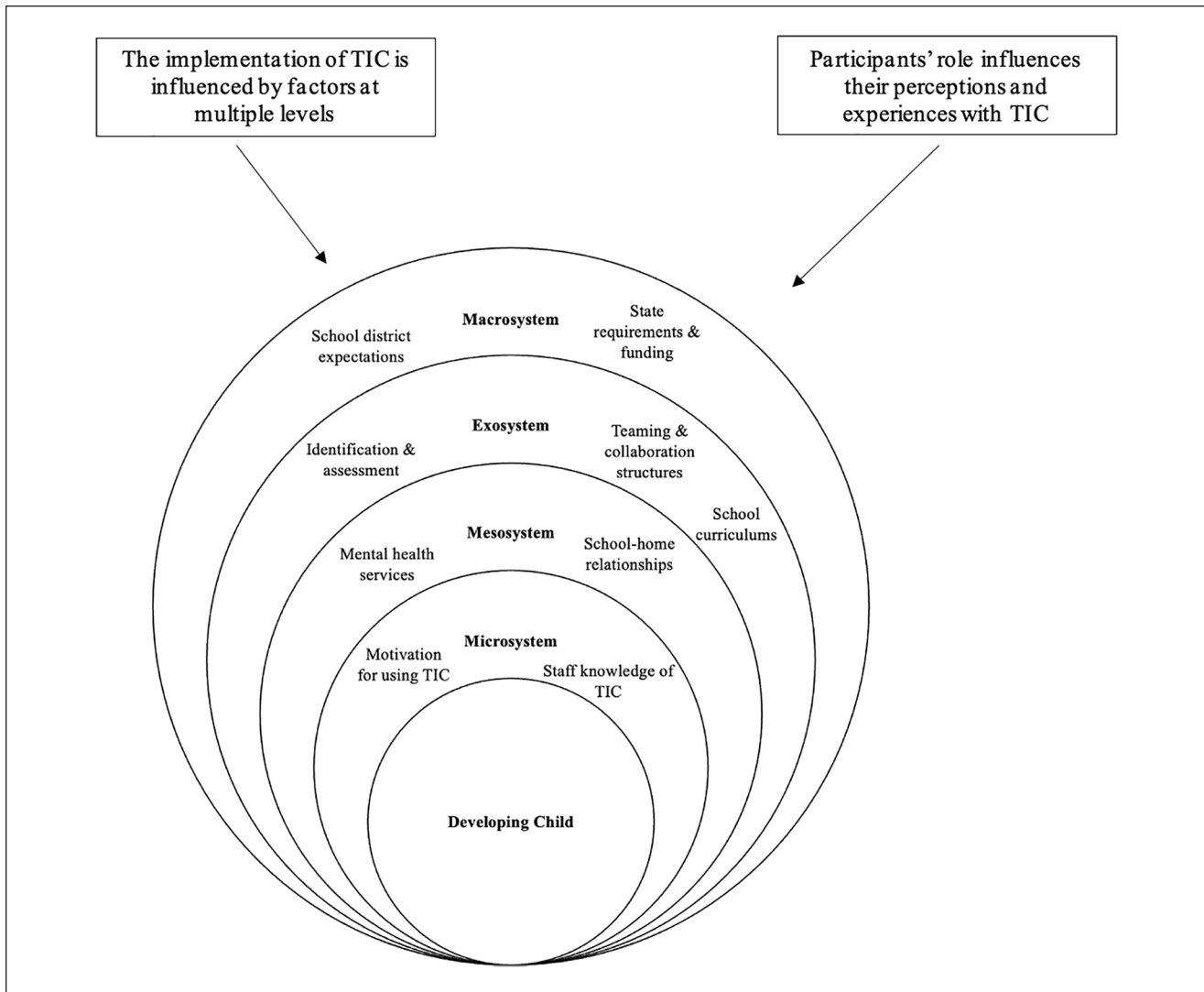


Figure 2. Findings in the ecological systems framework (Bronfenbrenner, 1979).

they've experienced in their lives, or that the children have experienced, or things that go on in the household. . ." (7-A). Another administrator described thinking that because teachers and paraprofessionals worked with this population of students, they were more likely to want to implement TIC, "Because our teachers want support with children with challenging behaviors, that would be motivation for it [TIC]" (9-A). Teachers and paraprofessionals also described this motivation, focusing on the disability aspect of children's identity and remarked that because children with disabilities were more prone to experiencing trauma, TIC was needed.

Additionally, participants reflected on their own personal experiences with trauma, which seemed to have influenced their perceived need to implement TIC. One paraprofessional said, "I had some trauma myself when I was a child, and I did not identify it until I was an adult.

That's one of the reasons why" (18-P). Some participants shared the need to disclose their own experiences with trauma to other school staff members to justify the usage of TIC:

It took me putting myself in a vulnerable position that nobody was really entitled to. . . But I had to do it to get change made. It was frustrating that it took me getting to that point of having to bring up my own trauma and other things like that to get that to happen for our students (15-T)

Participants also considered their experiences as students and parents and considered experiences they or their children had in school when they described the need for TIC.

Staff Knowledge of TIC. Participants discussed wide variations in their knowledge of TIC. Some of the participants

recalled trainings they attended where the topic of trauma or TIC was covered in varying degrees but was not the main focus of the training (e.g., training on social-emotional learning that touched on trauma). Others shared that they attended a training on trauma that they found beneficial but noted that the training was too broad and did not have an early childhood focus. Moreover, many participants described the training they received on the Pyramid Model (Hemmeter et al., 2021), or on crisis intervention as the closest TIC-related content they received. The lack of training explicitly on TIC in ECSE led participants to suggest their need for additional training. They noted several topics including the foundations of TIC, trauma-informed classroom management, and the brain science behind trauma. Participants also emphasized an interest in different types of traumas and how to recognize when a child experienced trauma:

How do you know if they came in without trauma, that they don't experience it while they're still in your classroom? Because that's like a whole, almost a year. So it would be nice to know, like if you notice a change in the child's behavior or personality, what can you do (8-T)

Participants felt that to implement TIC, they first needed to know who had experienced trauma and what type of trauma they had experienced.

Notably, participants shared their perception that the other school professionals were better prepared than them to implement TIC. For example, many teachers described having little knowledge of TIC and believed that related service providers and administrators were more skilled or informed on the topic and thus were in a position to help or support them implement TIC in their classroom. However, most of the related service providers and administrators reported that their knowledge of TIC was in fact limited and were not fully prepared. One of the related service providers admitted, "I know it's [TIC] there, and it's been on my to-do list to find out more honestly more about it, and what to do because I've seen it in the literature a lot recently. But that's it" (12-R). An instructional coach shared, "I've been given very, very little guidance on trauma-informed care. . . I don't feel like we have enough knowledge, experience, and training around that" (9-A).

Participants supposed that paraprofessionals were the least prepared to implement TIC. This belief was attributed to the high number of paraprofessionals in the school, different training requirements for their ongoing certification, and perceived lack of buy-in among paraprofessionals. One of the administrators noted:

Their level of commitment to these practices are sometimes different from our certified staff. Not saying that they don't care, it's just that the investment and then also the time to give

them professional development. For certified, you have to attend these professional developments because of your PEL and things like that. But sometimes for our paras it's hard to incorporate time to give them that same professional development (7-A).

Interestingly, paraprofessionals described that they wanted more information about TIC and recognized the inherent limitations of their role. One paraprofessional shared, "I'm not a psychologist or a social worker, so how do I help here?" (16-P). Paraprofessionals also expressed how they relied on other staff members to learn more about TIC not having had the opportunity or the interest to attend professional developments or further their education. One paraprofessional said, "I'm not going back to school. It's not my thing. I'm trying to inform myself as best I can just by listening to my peers. . ." (18-P). While paraprofessionals were interested in learning more about TIC, they themselves and other participants described barriers to additional training.

Cross-Case Synthesis. Despite their different roles and responsibilities, participants described similar factors that influenced their implementation of TIC. Most notably, participants described the same motivations for needing TIC that centered on the experiences of children with disabilities and their own personal experiences with trauma. Differences arose when exploring the level of preparedness for implementing TIC. While all participants described needing more training, paraprofessionals in particular faced unique barriers and limitations given their role.

Mesosystem Influences on TIC

The mesosystem encompasses the linkages between the child's microsystems or the 'bridges' between settings. In this section, we describe findings that we found related to access to mental health services and the school-home relationship.

Mental Health Services. Related service providers described issues pertaining to mental health services for students with disabilities who experienced trauma. They reported difficulties they faced to find counseling providers outside of school qualified to work with young children with disabilities. One related service provider expressed frustration, who as an advocate sought out counseling services for students, but that "it's a little bit more challenging because a lot of providers won't take kids as young as our age" (14-R). Teachers also noted these difficulties:

We tried and tried and tried and tried to get them services outside of school, like counseling services and therapy. And it is not easy, especially for kids in the foster care system. . . And

that's like a much larger system change that needs to happen. But policy in general is not the greatest for supporting, it's forgetting the full whole child, well-rounded, consistent trauma-informed care. (6-T).

While participants felt they were able to provide some support to students who had experienced trauma, they expressed a need for additional support from external mental health providers.

School-Home Relationships. Teachers and paraprofessionals described their relationships with caregivers that either helped or hindered their implementation of TIC. One teacher described challenges they faced when they held conflicting opinions from those of the caregivers, "We can't control what goes on at home, so you can try to get parents involved at school. But parents don't know different ways of doing what they're doing as parents, it's their household" (1-T). One paraprofessional shared a similar frustration, "It's the parents, when they're not communicating. It's just the communication part, or they work too much, or they don't answer emails, or it's hard to communicate with parents to find out what's wrong. And I think that's the biggest barrier" (18-P). In contrast, other participants described positive experiences with caregivers which they noted helped as they implemented TIC. Specifically, when teachers noted that when they had an open relationship with caregivers, they were comfortable in asking questions and in the process learned more about what the child was going through.

Cross-Case Synthesis. Successful implementation of TIC requires the collaboration of multiple systems and settings. While most participants described issues when they collaborated with others, the types of systems with whom they collaborated mattered (e.g., related service providers focused on their collaboration with mental health service providers whereas teachers and paraprofessionals discussed collaborations with families).

Exosystem Influences on TIC

The exosystem refers to the formal and informal social structures that encompass the immediate settings in which a child is engaged in. In this study, factors within the exosystem focus on the structures that exist within Smith Early Childhood Center.

Identification and Assessment for ECSE Services. Several of the participants described how the process for assessing and identifying children with disabilities interacted with the effects of trauma. A related service provider and member of the assessment team that determines eligibility for special education services, described her experiences:

I'm not sure if I'm actually assessing the child's actual ability, or if trauma stuff is kind of hampering the response. I don't know if I actually get real true behavior in an assessment situation. . .so I would have some more concerns about that, too. (17-R).

Administrators expressed their concern of a false-positive disability diagnosis when symptoms and markers used to identify disabilities were due to trauma or from a children not being exposed to a certain skill. One of the administrators emphasized the importance of considering other factors besides disability: "We have to consider those at-risk factors. Is this really a disability, or that the child hasn't been exposed to these different things that we expect them to. . . If they're not being talked to, if nobody's spending time with them" (7-A). Teachers felt a similar dilemma when they noted that children who had experienced trauma were often diagnosed with a disability immediately without considering other reasons for the observed delays or concerning behaviors. One teacher said, "The response to especially severe behavior based on trauma is they need an IEP, they need to be evaluated, they need a behavior intervention plan. Maybe there are some pieces that fall in there, but it shouldn't be like that," (15-T).

However, one of the related service providers posed the question of how children who had experienced trauma would receive beneficial services without a disability diagnosis:

Say we have ten students that have social work services through an IEP. But we might have twenty students that are experiencing trauma and need social emotional intervention maybe not through an IEP. . .Then you don't have enough hands, so you feel like your hands are tied because it seems like the best way to get these kids' needs met is through identifying with special education," (14-R).

In sum, staff members had opposing views on how to best identify, assess, and serve children with disabilities who experienced trauma, which in turn affected how TIC was implemented.

Teaming and Collaboration Structures. Smith Early Childhood Center organized their staff members into teams, comprised of a classroom teacher and paraprofessionals, along with related service providers who were assigned to support them. Participants shared that in theory, the teaming setup worked well. One teacher said, "Having a social worker or a psychologist available basically at the tips of your fingers is helpful. You can walk down, or you can call them to come down to the room" (2-T). Another benefit of this set-up was that individuals continued to work together each school year which strengthened their collaboration skills. A paraprofessional described her experience being assigned to the same teacher, saying "This is our sixth year together. Now we are accountable to each other. It works that we trust each

other” (16-P). When teams were kept together, it made it easier for participants to support children who have experienced trauma.

However, participants also described challenges with teaming that made it harder to support children who have experienced trauma. Two issues were raised related to ongoing staff shortages and the frequency by which classroom assignments were rearranged. A teacher described what happened when she was short a paraprofessional while also trying to support a student in her class who had experienced trauma:

It was a revolving door of substitutes for six weeks, and I’m like we’re trying to build trust here, and we have a new person every single day, and there’s nothing that we can do about that just because of staffing needs, and it’s like it’s very, very hard to do, to have consistency, have routine, build trust, when we don’t have the people to do that. (15-T)

Other participants echoed this sentiment, “it’s hard to make relationships if not everyone’s there all the time, or you’re missing somebody or you don’t have the hands to really implement trauma-informed care as well” (1-T). A paraprofessional described her experience when she switched classrooms and how it impacted her ability to support students, “last year, our team was a really good team like we were solid, we trusted one another. We felt comfortable saying ‘I need some help.’ This year, I’m not feeling that connection” (10-P).

Participants also described that related service providers were stretched too thin and thus were unable to truly collaborate with the team to support children who have experienced trauma:

There is a lot of conversations about ‘talk about this with your team’, but your team is the teacher and your [paraprofessionals] And your [paraprofessionals] are just like, ‘tell me what to do and I’ll do it. . .’ But everybody else is split between I don’t even know how many other classrooms, so they’re never at the team meetings. . .we’re just not set up to really be a truly collaborative approach. (6-T).

Administrators also noted how staff shortages impacted teachers’ implementation of TIC, specifically they highlighted the lack of mental health professionals:

I don’t think we have enough mental health professionals to truly work in the classrooms and work with the teachers to be at the team meetings on a frequent basis. . . as teachers shape their understanding of trauma-informed care is, I think some teachers can go awry because there’s not like that team there for the checks and balances (5-A).

Despite good intentions to provide collaboration opportunities, participants felt that there were not enough staff or time available to fully support such collaborations.

School Frameworks. Participants described how the use of school-wide curriculum or frameworks that heavily emphasized social-emotional learning influenced their ability to implement TIC. The Pyramid Model (Hemmeter et al., 2021), was most frequently discussed as a facilitator for implementing TIC. One teacher described her experience with the Pyramid Model:

I think a lot of what we do now with the Pyramid Model is really parallel to all of those best practices and trauma-informed care, especially in early childhood. . .So even though it’s not specifically trauma-informed care I do feel fairly comfortable at addressing those components on a daily basis (6-T).

Other participants felt that the Pyramid Model was helpful with implementing TIC: “I feel like we’re well-prepared because of the Pyramid Model, and because of the focus and understanding about social emotional development” (13-A). However, some participants felt that while the Pyramid Model was helpful, the training they received did not provide them with sufficient information to implement TIC:

There are social emotional learning supports, but I feel like that’s different than trauma-informed care. I haven’t received any training at work on what we can do that relates to trauma-informed care. It’s mostly like the Pyramid Model, and Second Step. . .It’s not like those things are being explicitly tied to trauma-informed care in any way (12-R).

Other participants described feeling that using the Pyramid Model framework provided them with basic support to address the needs of children who have experienced trauma through its emphasis on social-emotional learning, routines, and building relationships. However, there was not enough to support children with higher levels of need due to the trauma they have experienced. One teacher described her frustration when trying to support a child who was struggling in the classroom after experiencing a traumatic event. She shared, “they kept telling me to make a social story. . .a social story is not going to fix her trauma” (15-T). Overall, some participants felt that programs such as the Pyramid Model were helpful in implementing TIC, while others sought other support outside of the Pyramid Model.

Cross-Case Synthesis. While all participants described influences at the exosystem level, there were varied influences depending on their role. Related service providers and administrators who played a role in identifying and assessing children for special education services highlighted the nuances of identifying children with disabilities who have also been exposed to trauma. Teachers and paraprofessionals who implemented the daily instruction discussed school curriculum and frameworks that affected their implementation of TIC. Notably, all professionals described that

teaming and collaboration structures impacted their ability to implement TIC.

Macrosystem Influences on TIC

The macrosystem is the outermost layer of the ecological systems framework. It does not refer to the specific environments of one developing child, but rather it focuses on the already established society and culture in which the child is developing (Bronfenbrenner, 1979). This includes the interactional effects of societal laws, culture, and history on the different layers of the ecological system.

School District Expectations. Smith Early Childhood Center is a standalone school within a larger public school district. Therefore, the center is subject to district-wide policies and regulations. Specifically, the school district dictates some required professional development, “at the district level they’re not in the trenches to experience it. They know what they want to happen. They provide PD on what should be happening in the classroom, but sometimes they’re not directly connected to it” (13-A). Consequently, required professional development programming took away time for specific training that could be offered related to TIC. Notably, the school district was also supportive of Smith Early Childhood Center’s focus on trauma, which enabled them to continue their work on the topic. One of the administrators recalled attending a training with other administrators in the school district about trauma, “At the district level, we had a training on brain research on trauma. And how the brain reacts to trauma, and the triggers.” The school district served both as a barrier and a facilitator in the center’s attempts to implement TIC. While the school district was aware of the importance of TIC and provided training for administrators, their policies also created unintended barriers to provide TIC-focused training for teachers and other school personnel.

State Requirements and Funding. Similar challenges arose when participants described state-required training. Since ECSE teachers in the school are certified as general early childhood teachers and as ECSE teachers, they have multiple professional development requirements, dictated by the state, that they needed to fulfill. One instructional coach described this problem, “They’re one teacher, they’re one person, but they have all these different hats that they wear” (9-A). Administrators also noted the limitations the school faced based on funding mechanisms. An instructional coach described perceived issues with the grant the school received to provide ECSE services:

The grant prevents teachers and teams from working together to systematically address children who experienced trauma in the classroom because we have restrictions. Our contract time and grant components. . .so teachers are expected to debrief

before school, after school, and after their lunch or during it. And that’s impossible, and subbing them out often triggers more challenging behavior with children (5-A).

While the grant provided Smith Early Childhood Center with funding to offer special education services, it also created barriers to implement TIC.

Cross-Case Synthesis. While macrosystem factors did impact the implementation of TIC, only administrators discussed these factors in interviews.

Discussion

TIC requires collaboration among all school professionals. Therefore, it is important to understand the experiences of each school personnel who support children with disabilities. The purpose of this study was to explore the experiences of ECSE professionals in one center to understand how their individual and collective experiences may have impacted how they planned and implemented TIC. We found that professionals’ roles and training experience influenced their implementation of TIC. Additionally, we found barriers and facilitators to the implementation of TIC at multiple levels of the ecological systems framework. Our findings point us to key implications related to the preparation of future ECSE professionals and their ongoing professional development that are necessary for them to effectively implement TIC with children with disabilities who have experienced trauma.

The Need for Explicit Training on TIC

Based on responses on the demographics survey, we found that half of the participants reported attending a training on trauma or TIC. Moreover, most of the participants during the interviews indicated that they attended a training that was on a different topic but seemed to be connected to TIC. Most of the trainings they mentioned were on the Pyramid Model (Hemmeter et al., 2021) framework or on topics related to social-emotional learning. While participants agreed that these trainings were beneficial at providing school staff members with tools to support children with disabilities, they did not offer explicit information on TIC. This finding highlights the need for ECSE personnel to gain TIC content during their preparation program and through in-service professional development programs. This is consistent with Reddig and VanLone (2022) who found that very few states incorporate training related to trauma in their pre-service teacher preparation programs.

Trauma-informed content can be embedded into existing college courses, such as curriculum, assessment, or classroom management courses. Integrating TIC content into coursework, workshops, and other ongoing training programs can provide opportunities for future and current

teachers to align TIC practices with evidence-based early childhood teaching practices. Future research can explore successful ways of preparing pre- and in-service ECSE professionals to implement TIC. Additionally, future research is needed to determine the types of trainings that are most successful, as previous research has shown mixed results in the effectiveness of trauma-informed trainings (Loomis & Felt, 2021; Whitaker et al., 2019)

Universal Implementation of TIC

While participants in this study discussed the need for TIC to support children with disabilities who they believed were likely to experience trauma, they shared that in order for them to implement TIC, they needed to first identify the children who have experienced trauma and determine the types of trauma that the children experienced. This, however, is not in line with best practices, which suggest that TIC should be implemented with *all* students (SAMHSA, 2014). According to researchers, while TIC is valuable for those who have experienced trauma, it is equally beneficial when implemented for all students. Future training and preparation can encourage professionals to move away from being a “trauma detective” (Venet, 2019) and instead to learn to implement TIC as a universal practice.

School-Wide TIC

Successful implementation of TIC requires that all members of an organization, including schools, are trauma-informed (Overstreet & Chafouleas, 2016; SAMHSA, 2014). Our findings highlight the unique challenges that different ECSE professionals faced implementing TIC. Notably, paraprofessionals faced challenges around a lack of buy-in and with limitations of their position (i.e., pay, training requirements). This finding is similar to Wassink-de Stigter et al. (2022), who underscore the importance of buy-in and time for training in the implementation of TIC in schools. This is particularly troublesome due to the importance of paraprofessionals in special education settings, as they are often tasked with supporting students with significant behavior support needs (Bronstein et al., 2021). Future research can explore in more depth professional development needs related to TIC of different ECSE professionals, particularly paraprofessionals. Additionally, participants expressed relying on other professionals to provide support on TIC, when in fact, no one felt confident in their knowledge of TIC. This points to a need for role clarification in implementing TIC, a theme that has been previously expressed in the literature (Miller, 2018). Training and preparation of school personnel should foster interdisciplinary collaborations in their program to further strengthen education settings’ capacity to implement TIC.

Limitations

There are a few limitations that are important to consider when interpreting results from this study. First, despite the attempt to recruit a wider variety of related service providers such as speech-language pathologists and occupational therapists, we were only able to recruit social workers and psychologists. Therefore, key insights from other providers who support children with disabilities who have experienced trauma are not represented. Additionally, given that this was a one-time, 1-hr interview, it may not have given us a full picture of participants’ experiences. Other methods, such as follow-up interviews or observations could have contributed additional insights. However, participants did have the opportunity to provide follow-up information through the member check. Finally, our data represents participants who were interested in discussing TIC. School staff members who opted out from the study may have different insight and perspectives on TIC that are missing from this study. Despite these limitations, findings from this study contribute to foundational information that can build upon our field’s understanding of the implementation of TIC in ECSE settings.

Conclusion

The field of ECSE made a commitment to children who have experienced trauma due to the significant impact it has on young children with disabilities (DEC, 2016). Consequently, it is imperative that TIC is implemented in ECSE settings. This study examined how one ECSE center implemented TIC. Our findings provide insights into how TIC can be implemented in ECSE settings and point to the need for explicit training for all school professionals who support young children with disabilities. These findings help address a gap in the literature by highlighting factors at multiple systems levels that impact the implementation of TIC. A deeper understanding of these factors can lead to more refined support for ECSE professionals.

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Supplemental Material

Supplementary material for this article is available on the Topics in Early Childhood Special Education website at <http://tecse.sagepub.com>.

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