

**EDUCATORS OF YOUNG CHILDREN AND KNOWLEDGE OF TRAUMA-
INFORMED PRACTICE**

by

Negar Khodarahmi

B.A., The University of British Columbia, 2014

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in

THE FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES
(Early Childhood Education)

THE UNIVERSITY OF BRITISH COLUMBIA

(Vancouver)

April, 2019

© Negar Khodarahmi, 2019

The following individuals certify that they have read, and recommend to the Faculty of Graduate and Postdoctoral Studies for acceptance, a thesis/dissertation entitled:

Educators of Young Children and Knowledge of Trauma-Informed Practice

submitted by Negar Khodarahmi in partial fulfillment of the requirements for

the degree of Master of Arts

in Early Childhood Education

Examining Committee:

Laurie Ford, Educational and Counselling Psychology, and Special Education
Supervisor

Marla Buchanan, Educational and Counselling Psychology, and Special Education
Supervisory Committee Member

Guofang Li, Language and Literacy Education
Additional Examiner

Abstract

Decades of research on the impact of trauma in early childhood suggest severe risks to the mental health, emotional, social, and physical development of a young child. More recent research suggests that prolonged exposure to trauma can also affect a child's ability to learn and their early academic success. Trauma-exposed students can pose a variety of different levels of challenges to schools and educators of young children and to date, few studies have addressed ECE teachers' role in providing trauma support. An aim of the present study was to contribute to this literature by exploring the beliefs of BC early childhood education (ECE) teachers in their level of readiness and capability to work within a trauma-informed practice (TIP) framework to support their trauma-exposed students. Through a sequential, mix-methods approach, a self-report survey and semi-structured interviews were used to gauge BC ECE teachers' knowledge of TIP, their preparedness, and their ability in using this framework to support their most vulnerable students. Teacher participants were recruited through the Early Childhood Educators of British Columbia conference and ECE community social media groups, Survey data was primarily collected through an online survey with interviews taking place in-person and audio-recorded. Survey results revealed that the majority of teachers believe they are somewhat prepared and able to apply the tenants of TIP in their classrooms despite a lack of training and resources provided by their schools and administrations. In follow-up interviews 14 subthemes emerged from a thematic analysis of the data under four broad themes: *Challenges for ECE Teachers*, *Administrative Protocol and Support*, *Effective Approaches* and *Additional Support Desired by ECE Teachers*. Findings of this study

suggest ECE teachers are very interested in receiving more knowledge and training to provide optimal support for their trauma-exposed students.

Lay Summary

Prolonged exposure to trauma can affect a child's early academic success and teachers can play a crucial role in providing the supports needed. However, new research suggests that teachers may not feel competent enough to provide this support and would benefit from more knowledge and skills training in Trauma-Informed Practice (TIP) already in use in other professional fields. A self-report survey and semi-structured interviews were used to gauge British Columbia's Early Childhood Education (ECE) teachers' knowledge of TIP, their preparedness, and their ability in using this framework to support their most vulnerable students. Results revealed a significant gap in ECE Teachers' formal education and knowledge in TIP and how to provide the most optimal support available. Findings of this study address the challenges for ECE teachers in working with trauma-exposed students and the lack of age-appropriate and applicable trauma-focused professional development and resources provided to BC's ECE teachers.

Preface

The content of this thesis is based on original unpublished work conducted by Negar Khodarahmi, the Graduate student, under the supervision of Dr. Laurie Ford. The research conducted for this study was approved by the Behavioural Research Ethics Board (BREB) at the University of British Columbia on July 16, 2018 under the certificate number H17-02525.

To my parents, to whom I owe everything, and an inspiring little sister.

Table of Contents

| | |
|--|-------------|
| Abstract..... | iii |
| Lay Summary | v |
| Preface..... | vi |
| Dedication | vii |
| Table of Contents | viii |
| List of Tables | xi |
| | |
| Chapter 1: Introduction | 1 |
| 1.1 Purpose of the Study | 3 |
| 1.2 Definition of Key Terms | 3 |
| 1.3 Summary | 4 |
| Chapter 2: Literature Review | 6 |
| 2.1 Overview | 6 |
| 2.2 Trauma and Academic Achievement in Early Childhood | 6 |
| 2.3 The Refugee Child | 9 |
| 2.4 Trauma-Informed Practice | 12 |
| 2.5 Summary | 21 |
| Chapter 3: Methodology..... | 22 |
| 3.1 Overview | 22 |
| 3.2 Purpose of study..... | 22 |
| 3.3 Research Questions..... | 23 |
| 3.4 Method | 23 |
| 3.5 UBC Research Ethics Board (BREB) and Agency Research Approval..... | 24 |

| | | |
|--|---|-----------|
| 3.6 | Recruitment..... | 24 |
| 3.7 | Participants..... | 25 |
| 3.8 | Procedures..... | 29 |
| 3.9 | Data Analysis | 31 |
| 3.10 | Procedures to Ensure Rigour | 32 |
| 3.11 | Summary | 34 |
| Chapter 4: Results..... | | 35 |
| 4.1 | Overview..... | 35 |
| 4.2 | Research Question One: Preparedness to Support Trauma Exposed Students | 35 |
| 4.3 | Research Question Two: Ability Applying Trauma-Informed Practice | 37 |
| 4.4 | Research Question Three: Ways to Work in a TIP Framework | 41 |
| 4.5 | Survey and Interview Integration..... | 57 |
| 4.6 | Summary | 58 |
| Chapter 5: Discussion | | 59 |
| 5.1 | Overview..... | 59 |
| 5.2 | Perceived Preparedness and Ability in Implementing TIP..... | 59 |
| 5.3 | Working within a TIP Framework..... | 63 |
| 5.4 | Limitations and Strengths of the Present Study | 68 |
| 5.5 | Future Research Directions..... | 69 |
| 5.6 | Summary and Conclusions | 70 |
| References..... | | 72 |
| Appendix A: Teacher Survey Consent..... | | 80 |

| | |
|--|-----------|
| Appendix B: Teacher Interview Consent | 82 |
| Appendix C: Survey..... | 85 |
| Appendix D: Semi-Structured Interview Guide | 95 |
| Appendix E: Recruitment Flyer | 97 |

List of Tables

| | | |
|-----------|--|----|
| Table 3.1 | Demographic information for survey participants..... | 26 |
| Table 3.2 | Demographic information for interview participants | 27 |
| Table 4.1 | Perceived preparedness in supporting trauma-exposed students..... | 35 |
| Table 4.2 | Multiple regression predicting scores on average perceived preparedness | 37 |
| Table 4.3 | Perceived ability to work within a trauma-informed framework | 37 |
| Table 4.4 | Multiple regression predicting scores on average perceived ability..... | 39 |
| Table 4.5 | Training and resources provided to ECE..... | 40 |
| Table 4.6 | Prevalence of themes in the semi-structured interviews..... | 41 |

Chapter 1: Introduction

Human development is at its most crucial stages in early childhood. From birth, the brain begins to form the foundations of social, emotional, and cognitive development. Unfortunately, if exposed to chronic stress, the brain's physiology can alter to an irreparable state, placing children at high risk not only for poor physical and mental health, but poor outcomes in academics and life achievements (Shamblin, Graham, & Bianco, 2016). Further, when exposure to trauma is prolonged, the impact on a student's resilience and ability to overcome adverse experiences can be immense. At times, this exposure can result in more severe impacts such as post-traumatic stress disorder (PTSD) and depression (NCTSN Schools Committee, 2008). Trauma-induced disorders such as PTSD can severely affect the brain's physiology of a trauma-exposed child (Fazel, Reed, Panter-Brick, & Stein, 2012; Green, Korol, Grace, & Vary, 1991; Moradi, Doost, & Taghavi, 1999; Thabet, Abed, & Vostanis, 2004). Persistent stress, such as the loss of a parent, childhood poverty, exposure to domestic and community violence, can cause vulnerable children significant challenges to learning and development and pose numerous challenges in the ability of the child to learn and thrive in educational settings (Phifer & Hull, 2016). The attachment process between caregiver and child is also a risk as the most common forms of trauma experienced in early childhood occur in the home (van der Kolk, 2016) and can undermine healthy social emotional development. Moreover, trauma is all too common for the children in war-affected zones as well as those displaced from large natural disasters. Being forced from their homes, exposed to extreme violence both in their families and larger communities, children from these refugee families are left most vulnerable.

To address the unique needs of trauma-exposed children, the implementation of trauma-informed practices in school classrooms and systems is crucial (Dorado, Martinez, McArthur, & Leibovitz, 2016; Paccione-Dyszlewski, 2016; Phifer & Hull, 2016). Trauma-informed practice can lay a foundation for schools and teachers to provide support to strengthen student's ability to cope with trauma and facilitate academic achievement. However, the change in behaviour resulting from trauma-exposure in early childhood can look very different from exposure later on in life (NCTSN Schools Committee, 2008). It is important that Early Childhood Education (ECE) teachers recognize any detrimental changes in behaviour and help to identify where their role may end and the role of a professional such as a psychologist or physician may need to begin. Research has suggested schools and teachers as "ideal entry points" for successful access to mental health services for children and their families (Allensworth, Lawson, Nicholson, & Wyche, 1997; Farmer, Burns, Phillips, Angold, & Costello, 2003). Further, the amount of exposure teachers have to students and their daily lives, can help identify posttraumatic behaviour changes in students (Prinstein, Greca, & Vernberg, 1996).

However, despite research revealing the positive effects of teacher-led interventions for students who have experienced trauma (Berger, Gelkopf, & Heineberg, 2012; Wolmer, Hamiel, & Barchas, 2011), teachers have reported that they do not feel competent in their abilities, lack training in supporting trauma-exposed students, and wish for more knowledge and training in providing optimal support (Alisic, 2012; Alisic, Bus, Dulack, Pennings, & Splinter, 2012; Szente, Hoot, & Taylor, 2006). Further, teachers have also expressed difficulty with the emotional burden of supporting trauma-

exposed students and identifying their role within a multi-tiered support network (Alisic, 2012; Alisic et al., 2012). To date, few studies have addressed Early Childhood Education (ECE) teachers' role in the application of trauma-informed practice. More research is needed to help give teachers the tools to provide effective and successful support for their refugee students.

1.1 Purpose of the Study

The purpose of the current study is to explore in which ways the trauma-informed practice framework can help schools and teachers create a sense of safety for their students, listening and acknowledging trauma and its effects, to avoid potential re-traumatization for those students exposed to a traumatic event.

1.2 Definition of Key Terms

Trauma-informed practice. In the present study, trauma-informed practice is defined as a strengths-based framework that is responsive to the impact of trauma, emphasising safety for both service providers and survivors; and creates opportunities for survivors to rebuild a sense of control and empowerment (Klinic Community Health Centre, 2013; National Child Traumatic Stress Network Schools Committee, 2008).

Early Childhood Education (ECE) Teacher. For the purposes of this study, an ECE teacher is an individual holding a Bachelor's of Education degree, or equivalent, in teaching Kindergarten and grades 1-3 (ages 5-8) or an individual holding an ECE License to Practice Certificate to teach Preschool, typically age 3-5. Preschool is typically the most associated with the term "ECE", thus, although the target population for this study includes both those certified as elementary school teachers and those working in all early

learning settings as ECE teachers, it is likely the majority will include those teaching at this pre-elementary school ages.

ECE Classroom. As per the ECE teacher criteria outlined above, an ECE classroom is defined as Preschool, Kindergarten, and grades 1- 3 classrooms of registered preschools and elementary schools in BC.

Post-Traumatic Stress Disorder. For the purposes of this study, Post-Traumatic Stress Disorder (PTSD) is defined by the PTSD diagnostic criteria in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association. PTSD is included in Trauma- and Stressor-Related Disorders category, all of the conditions included in this classification require exposure to a traumatic or stressful event as a diagnostic criterion (American Psychological Association, 2013).

Trauma-exposed children. In the present study, trauma-exposed children include children exposed to an event that could have caused them or someone else to be killed or badly hurt. Such events can include sexual or physical abuse, disasters such as floods, school shootings, car crashes, fires, or other violent crimes might also cause PTSD, as outlined above. Other events that can cause PTSD include war, a friend's suicide, or seeing violence in the area they live.

1.3 Summary

The impact of trauma on young children cannot be understated. It not only affects their social, cognitive, and emotional development but also their ability to learn and thrive in academic environments. This can place a heavy burden on schools and teachers on how to best support their trauma-exposed students (Craig, 2016; Alisic et al., 2014; Sorrels, 2015). Previous research about teacher-led interventions has shown a positive

impact on trauma-exposed students even after prolonged, severe trauma such as war or natural disasters (Berger et al., 2012; Wolmer et al., 2011). The trauma-informed practice framework can help schools and teachers to create spaces for supporting student's ability to cope with trauma and facilitate academic achievement.

Chapter 2: Literature Review

2.1 Overview

In this chapter a synthesis of the key literature to provide a context for the current study is outlined. The impact of trauma on academic achievement, the context of the refugee child in Canada, a brief overview of trauma-informed practice, the role of the teacher, the need for professional development, and the necessity of a collaborative multi-tiered service are presented. At the conclusion of this chapter, the potential emotional burden on teachers and the harmful effects of secondary trauma are highlighted.

2.2 Trauma and Academic Achievement in Early Childhood

The psychological effects of trauma in children have been amply documented over the last few decades (Green, Korol, Grace, & Vary, 1991; Hamblen, 2003; Kroll, Yusuf, & Fujiwara, 2011; Margolin & Gordis, 2000). Betsy Groves, author of “Children Who See Too Much”, defines trauma as “any event that undermines a child’s sense of physical or emotional safety or poses a threat to the safety of the child’s parents or caregivers” (Groves, 2002, p.13). Further, prolonged and chronic traumatic experiences can result in complex trauma (van der Kolk, 2016). Complex trauma has been referenced as a “dual problem of exposure and adaptation” frequently observed in victims of severe and sustained childhood abuse and neglect that has resulted in both acute and long-term impairments that need to be addressed in the treatment of such individuals (Arvidson et al., 2011).

Although trauma in childhood is commonly associated with more severe traumatic experiences such as neglect, abandonment, physical, sexual and emotional abuse, children are also vulnerable to a variety of traumatic experiences in everyday life

such as the passing of a family member or friend, accidents, living in extreme poverty, community violence and man-made or natural disasters. A national study conducted in the United States by the Centre for Disease Control and Prevention and health maintenance organization Kaiser Permanente of 17,000 adults, known as the Adverse Childhood Experiences (ACEs) study, provided substantial evidence that adverse childhood experiences were much more common than previously recognized and often occur in clusters. In fact, in most cases, complex trauma occurs in the home and in the context of relationships with caregivers (Groves, 2002; van der Kolk, 2014; Sorrels, 2015).

If the child-caregiver relationship is a source of trauma, this can compromise the attachment process (Cook et al., 2005). Secure attachment has been defined as “the emotional glue” needed for all future relationships (Perry, 2013, p.2). Further, the results of the ACEs offered evidence that when faced with chronic stress at an early age, a child’s brain will make accommodations to ensure survival and adaptation to stressful situations that can be detrimental to development and the brain’s neural networks (van der Kolk, 2016; Craig, 2016). A secure attachment can act as a protective factor, helping children develop more brain plasticity (the brain’s ability to change and adapt to environmental stressors) and emotional regulation (Sorrels, 2015; Rapport & Gogtay, 2008).

These observed changes in brain development and emotional regulation revealed that children exposed to trauma are not only at risk of developing posttraumatic behaviour changes that effect their emotional, social, and physical development but also difficulties in their ability to learn (Fairbank & Fairbank, 2009; Ko et al., 2008). Some of

the common behaviours manifested in children who have experienced trauma include difficulty in concentrating, difficulty completing tasks, impaired memory, as well as a lack of sleep which can lead to chronic exhaustion at school (Klinik Community Health Centre, 2013; Ministry of Education, 2009; The National Child Traumatic Stress Network, 2008). Further, trauma-exposed children between the ages 0-5 years old can display an array of maladaptive behaviours that can further hinder learning and emotional regulation in the classroom. These behaviours can include being difficult to soothe, head banging, withdrawal from others, erratic play, language delay, inability to play, as well as random and unpredictable aggression (Sorrels, 2015). These behaviours can make both early learning and social emotional development extremely difficult for teachers to facilitate. These impairments in early learning can cause large deficits in achievement throughout a student's academic career. A study of 299 urban, African-American first grade children in the United States revealed that an exposure to violence and trauma-related distress were associated with substantial decrements in intelligence quotient (IQ) scores and reading achievement in these young children (Delaney-Black et al., 2002). Further, a longitudinal study of 206 children from birth to 8 years old found that trauma in the early years of life was associated with decreased cognitive scores (IQ, language development and academic achievement) at all time points, even after controlling for socio-demographic factors, maternal IQ, birth complications, birth weight, and cognitive stimulation in the home (Enlow et al., 2012). Similar results were found in a 2011 study using a sample of 5th grade students from the Early Childhood Education Study, revealing that low SES and traumatic stress predicted lower educational outcomes (Goodman, Miller, & West-Olatunji, 2012).

The impact trauma has on human psychological well-being and development is undeniable. Unfortunately, in areas with high conflict, such as the Middle East, and other war torn regions, it can be unavoidable for children to be exposed to such violence whether first hand or through media (Otto et al., 2007; Pfefferbaum et al., 2003). In their study of 232 Israeli children 1.5 to 5 years of age, Feldman and Vengrober trained clinicians to assess the children for PTSD symptoms. Of the 148 children that comprised the war-exposed group, 56 were formally diagnosed with PTSD (2011). Similarly, in a study of 403 children aged 9-15 years old across four refugee camps in the Gaza Strip who were clinically assessed, the refugee children reported a variety of traumatic events and were at high risk of suffering from PTSD and depressive disorders and a high occurrence of comorbidity of disorders was identified (Thabet, Abed, & Vostanis, 2004). Further research has also revealed deficits in performance on standardized memory tests among children diagnosed with PTSD (Moradi, Doost, & Taghavi, 1999). Moreover, as was confirmed with the ACEs study, the effects of trauma can be long lasting, often stretching to adulthood if not properly treated. This could mean even more complexity of symptoms and a continued comorbidity of disorders throughout development (Browne & Winkelman, 2007; Cloitre et al., 2009; Margolin & Gordis, 2000; Ozer, Best, Lipsey, & Weiss, 2003). Students who are refugees are more vulnerable to the most severe effects of trauma on learning and as Canada continues to resettle more families, it is critical to understand the context of the challenges refugee children may face in the ECE classroom.

2.3 The Refugee Child

As the world continues to react to the Syrian refugee crisis, Canada, a world leader in humanitarian efforts and human rights, has resettled more than 45,000 Syrian

refugees across 350 different communities. Government collected data, last updated in January 2017, revealed approximately 2,000 of refugees under the age of 18, have resettled in British Columbia (Citizenship and Immigration Canada, 2016). Although refugees from Syria have been the primary focus for the Canadian government and media, Immigration Canada reported the acceptance of 13,559 new refugee claimants in 2017, of which the largest quantities included Eritrean, Nigerian, Iraqi, Turkish, and Syrian nationals.

More specifically to BC, data collected by the Immigrant Services of BC (ISS of BC) reported an influx of 1277 new refugee clients in 2017 that reported refugees from countries such as Iraq, Iran, Afghanistan, and Mexico and a 76% increase in the number of new claimants from the year 2016. For Refugee families with children, in addition to the hurdles in the process of resettling, enrolling their children into schools often poses a variety of different challenges to schools and teachers with these children in their classrooms. Some children may have faced long periods of interruption in their education, while others have faced more severe trauma and experienced psychological impacts as they resume their education (National Child Traumatic Stress Network Schools Committee, 2008). Unlike immigrant students, the process of immigrating to Canada for students who are refugees may have been more abrupt leaving them unprepared for or with little to no knowledge of their new destination. For refugee families, this can mean separation from extended family members, perhaps even arriving without the family fully intact. Return to those family members or to their homelands is not an option unless the crisis ends or stabilizes. Further, unlike immigrant families who had expected and prepared for their transition, having made arrangements for their

children, lengthy stays in refugee camps, waiting for immigration process to go through, often mean large interruptions in the formal schooling of refugee children (Hassan, Ventevogel, Jefee-Bahloul, Barkil-Oteo, & Kirmayer, 2016; Ministry of Education, 2009; Tavares & Slotin, 2012). Moreover, no matter their level of experience with the conflict or violence they had to flee, all children immigrating to Canada face adjustment stress. This can include family adjustments where roles may be reversed and children are taking on more responsibility, and social and educational adjustments of trying to overcome language barriers and gather a sense of belonging at schools and communities at large (Hassan et al., 2016). It is often left up to educators to decide when a child who is a refugee needs classroom-level support and when to refer students and families to school-based counselors and psychologists or more experienced clinicians. Further, there is often limited access to mental health services.

While impacts of traumatic events and sudden transition can be serious, it is also essential to acknowledge the bias using the lens of a deficit-model often used to view immigrant and refugee children. Some children may arrive with no such difficulties as described above. While others who experience negative life events may still have many strengths that may facilitate their transition and resilience. Nonetheless, as refugee families continue to resettle in B.C., it is important that focus is shifted to the schools and the new challenges school personnel and teachers are set to face in their classrooms. To address this population's unique needs, the implementation of trauma-informed interventions in school classrooms and systems is crucial (Dorado, Martinez, McArthur, & Leibovitz, 2016; Paccione-Dyszlewski, 2016; Phifer & Hull, 2016; Wiest-Stevenson & Lee, 2016). Thus, teachers and other school personnel must be adequately prepared to

work with these new students and their families as most are likely to encounter refugee students in their classrooms in the next few years, if they have not encountered them already. Further such practices will not only benefit this new group of students in our schools but also other students who have been exposed to trauma events and life stressors.

2.4 Trauma-Informed Practice

2.4.1 Overview. The central purpose of working with a trauma-informed approach is to avoid any potential re-traumatization for an individual exposed to a traumatic event. Broadly, trauma-informed practice (TIP) aims to create an atmosphere of safety, nonviolence, collaboration and learning (Harris & Falot, 2001) from a caring and compassionate understanding that an individual may have experienced trauma (Arthur et al., 2013). Trauma-informed practices differ from trauma-specific services in that they are not intended to directly address trauma and facilitate healing through intervention but rather, places priority on the individual's safety, choice, and control. Moreover, due to the adverse effects trauma can have on individuals, TIP ensures that both trauma-exposed individuals and those delivering TIP are taken into consideration. Teachers utilizing the TIP framework in their classroom are guided by the following broad themes: 1) creating a sense of safety for their students, 2) listening and acknowledging trauma and its effects, 3) creating a relationship of trust, 4) empowering students through a sense of control and personal agency, 5) collaborating both with other staff, administration and the community at large and 6) being sensitive to cultural diversity (Arthur et al., 2013; Klinic Community Health Centre, 2013; National Child Traumatic Stress Network, 2012). An example of a trauma-informed approach to learning would be for teachers to be

predictable in their daily routines and choices, informing students of what they can expect to happen every day, throughout the day and remaining as consistent as possible. Other practices utilized would require a flexible and creative approach when faced with difficult or aggressive behaviour or reactions, such as using humour to reframe negative experiences, or being open to making classroom-wide changes in order to create a safe environment for every student giving students choice and control on what they would like to change (Sorrels, 2015; Arthur et al., 2013; National Child Traumatic Stress Network, 2012). However, TIP is a two-way street, and it is important that all levels of an organization be trauma-informed to best serve their target community. In the case of B.C. schools, this would be required at every level, both administrative and in the classroom in order to create the support needed to adhere to TIP and its main goals.

2.4.2 Existing trauma-informed programs. Some of most current intervention programs for trauma used in schools include Trauma-Focused Cognitive Behaviour Therapy (TF-CBT) (Cohen, 2012) and Cognitive Behavioural Interventions for Trauma in Schools (CBITS) (Kataoka, 2012). Both programs are evidence-based treatments that have been evaluated and refined to facilitate trauma recovery in children and adolescents in schools.

Multiple randomized control-trials of TF-CBT across the U.S.A., Europe and Africa have demonstrated significant positive outcomes in improving a range of trauma-related symptoms and responses in 8-25 sessions. These sessions are run by a certified TF-CBT therapist and can include both the child/adolescent and their caregiver(s) and used in school settings. Although very effective in improving PTSD symptoms in adolescents, a diagnosis is not required to receive this treatment. Due to its success,

several programs have emerged from this model, including Culturally-Modified Trauma-Focused treatment (CM-TFT) that was developed for use with Latino children and accounts for the cultural characteristics of minority populations (Cohen et al., 2011; National Child Traumatic Stress Network, 2012).

Similarly, the CBITS program has been proven an equally successful intervention that can be delivered in schools. This program involves a mental health screening and brief standardized series of group therapy sessions with children provided by mental health clinicians. This program also accounts for cultural, religious, and ethnic characteristics of those receiving treatment. Randomized control trials revealed that children in the CBITS intervention group had significantly greater improvements in PTSD and depressive symptoms in children than those on a 3 month waitlist to receive treatment (Stein et al., 2003). Although very successful, CBITS has not yet been adapted to the early elementary age group (Kindergarten to grade 2) and the target age group for the CBITS intervention program is 10-15 years old. This of course can limit the use of CBITS interventions in ECE as some aspects of the intervention are not age-appropriate and likely do not account for pre-verbal aged students in ECE (Kataoka, 2012). An adapted version of the CBITS program for very young students would need to incorporate more play and art as a means of expression in the place of verbal expression and language but may be beneficial to explore.

Additionally, the programs described above require the help of certified professional mental health clinicians. However, using the TIP guiding principles more broadly can provide ECE educators and school administrators an understanding of trauma, its effects and how they can support their trauma-exposed students through their

relationships rather than a specific treatment or method that would require the help of a mental health professional.

2.4.3 The teacher's role in trauma-informed practice. There is no doubt that schools and teachers play an important role in children's lives. Beyond facilitating academic achievement, researchers have also suggested schools and teachers as "ideal entry points" for successful access to mental health services and resources for children and their families (Allensworth, Lawson, Nicholson, & Wyche, 1997; Farmer, Burns, Phillips, Angold, & Costello, 2003). Prinstein, La Greca, Vernberg, and Silverman (1996) suggest that with the amount of exposure teachers have to students and their student's daily lives, they can help identify troubling behaviour changes and identify when a student may need a referral to a professional mental health worker. In a study of 506 children in grades 5 to 7 who had experienced a natural disaster, findings suggested that if trained and knowledgeable, teachers were able to support children in their coping. This included emotional processing, distraction, keeping a routine and reinforcing familial roles (Prinstein, Greca, & Vernberg, 1996). Furthermore, many studies have established the positive effects of "teacher-led interventions" for children who have experienced the mass-trauma of war and disaster (Berger et al., 2012; Wolmer et al., 2011). In a qualitative study observing one teacher's efforts working with newcomer refugee youth in her classroom, Roxas (2011) concluded that the teacher's efforts, which relied heavily on creating a community both inside and outside her classrooms, was the fundamental core to the successful "fostering of a sense of belonging and connectedness" for the refugee students and families. Thus highlighting the teacher's role as crucial to the integration of refugee students in classrooms.

In a study of 21 elementary school teachers in the Netherlands working with trauma-exposed elementary school children semi-structured interviews were conducted and findings revealed that although some teachers were confident in working with children exposed to a variety of traumatic events, several teachers expressed uncertainty on how to best provide optimal support (Alisic, 2012). In addition, many teachers revealed an uncertainty on when their role ended and when a mental care professional's should begin. The studies' results highlighted the role of the teacher in providing support and ways to best optimize that support. The author's recommendations included regular routine training as well as providing teachers, teacher candidates, and principals with information and trauma-informed practice toolkits to assist them in facilitating student coping, where to refer students in need of additional help, and how to take care of oneself in stressful situations (Alisic, 2012).

A quantitative study examined the extent to which teachers, working with children of 8-12 years old in the Netherlands, expressed difficulty in their experiences in supporting trauma-exposed students. The questionnaires were distributed to 765 teachers that outlined different dilemmas in working with trauma-exposed children and asked teachers to rate the level of difficulty they faced when confronted with these scenarios. For example, one item on the questionnaire assessed how difficult it was to best balance looking after the trauma-exposed child and the rest of the classroom students. In addition to finding that 89% of these teachers had directly worked with a child confronted with trauma, the results were very similar to previous research. A significant number of teachers did not report being competent in their abilities and training, 63% of teachers indicated having difficulty in knowing when to get a mental health professional involved

and 51% indicated difficulty finding the right resources to answer questions about stress (Alisic, Bus, Dulack, Pennings, & Splinter, 2012). Similar results were found by Szente, Hoot, and Taylor (2006) who outlined several practical strategies for teachers working with refugee children in their classrooms. In consultation with 26 refugee families, teachers, social workers, counselors, and a principal who had been working with these families, they found through their discussions that teachers also reported that they were unprepared in dealing with the emotional stress experienced by refugee children. Other core themes included finding a balance in attending to the needs of the individual child while also teaching the rest of the students in their classrooms, needing more professional knowledge and training, as well as learning how to deal with the personal emotional burden of working with children after trauma. Taken together, the results of these studies indicate a gap in teachers' education and skills in implementing trauma-informed practice and interventions.

Although some research advocates for teacher-led “interventions”, it's important to clarify that in the present research, the term “intervention” is regarded as clinically tailored actions performed to modify behaviour, emotional state or feelings in individuals. Thus, such “interventions” with vulnerable children should only be conducted by qualified professional (e.g., clinical and school psychologists school counselors) trained in trauma informed practices. The teacher's role in supporting trauma-exposed children should not be to deliver interventions, rather, using TIP to create and maintain, safe, inclusive classrooms for students.

2.4.4 Professional Development. To address this gap in teacher training and education, it is important to realize the growing need for more formal training and skill

development of teachers in early childhood classrooms. Many researchers agree that these skills require more formal training and the provision of essential materials to schools and teachers (Alisic, 2012; Alisic et al., 2012; Phifer & Hull, 2016). In their consultations with teachers, Phifer and Hull (2016) found teachers are often left to learn on the job how to approach the challenging behaviours of trauma-exposed students. In a study assessing the implementation of a large-scale project to create trauma-informed schools in rural Appalachia, a significant positive finding was a boost in ECE teachers' confidence, and competence between pre and post implementation of the project (Shamblin et al. 2016). They concluded that the heavy emphasis of the program on the professional development of teachers through workshops, trauma trainings, and provision of toolkits/information was a success. Moreover, through their examination of three case studies of already implemented trauma-informed school models, Phifer and Hull (2016) also highlight the immense need for teachers' professional development. However, they argued this was only one part of a necessary multi-tiered service delivery system for effective implementation of trauma-informed school models.

2.4.5 Delivering collaborative and multi-tiered service. Research on the elements of the implementation of successful trauma-informed practice has widely established the need for a framework that highlights the collaboration of teachers, mental health service providers, parents, and administration to provide a successful multi-tiered service to students (Klinic Community Health Centre, 2013; Mcinerney, Senior, Attorney, & Mcklindon, 2014; Paccione-Dyszlewski, 2016; Phifer & Hull, 2016; Price et al., 2012). Although teachers are at the focus of this present study, they play only one essential piece in creating trauma-informed schools. Several studies have recognized the

importance of utilizing a multi-tiered trauma-informed practice framework. The TIP framework is a system of tiered supports that act as a guide for practice for teachers, school administrations, parents, professional service providers and the larger community where interventions take into account the need for different services that recognize the wide-ranging severity of needs of traumatized children (Dorado, Martinez, McArthur, & Leibovitz, 2016; Phifer & Hull, 2016; Shamblin, Graham, & Bianco, 2016). An example of such a framework is outlined in a document created by the Nova Scotia Health Authority “Implementing a Trauma-Informed Practice Framework in Nova Scotia” with the goal to create a system-wide structure for guiding practice from a trauma-informed approach in their mental health and addictions services (Nova Scotia Health Authority, 2015).

Researchers acknowledge a need for collaboration between teachers and mental health service providers such as school psychologists. In a study of providing cognitive behavioural therapy (CBT) interventions to Latino immigrant children, relationship-building between teachers and clinical professionals was vital to the application of CBT and its success in helping children grappling with PTSD (Kataoka et al., 2003). Such a multi-tiered approach can help support children of varying needs, but requires that teachers be informed and knowledgeable enough to recognize which children may need more professional help. Stepping onto the next tier and consulting with a trained clinical mental health professional and requires a high level of collaboration between teachers, parents and clinical professionals, and through this collaboration the individual child’s needs can be better determined and more personalized interventions can be produced. Further, Dorado et al. (2016) found very similar results in their program assessment of

the execution of a trauma-informed program with a multi-tiered framework in the San Francisco school district. They posit that their positive evaluation of the program was in large part the collaboration of school personnel and families within a multi-tiered service.

2.4.6 The emotional burden for teachers in the delivery of trauma-informed practice. Another essential piece to providing trauma-informed support is recognizing not only the effects of trauma on refugee children and families but also its effects on school professionals. Any educator that works directly with trauma-exposed children is at risk of experiencing compassion fatigue or secondary traumatic stress, risking their own traumatization when experiencing the suffering of their students (Figley, 1995). The exposure to the traumatic events their students have witnessed can cause a variety of responses in service providers such as teachers. Experiencing compassion fatigue may lead to symptoms of burnout, which can include feelings of guilt, fear, chronic exhaustion, and feelings of hopelessness that pose a great mental and physical risk to teachers (Klinik Community Health Centre, 2013). In a national study of ECE teachers working with trauma-exposed children in the Netherlands, 51% of 765 teachers surveyed reported difficulty in “not taking problems home”. Researchers concluded the necessity of educating teachers in how to take care of themselves under stressful conditions (Alisic, 2012). Moreover, Dorado et al.’s 2016 assessment of a highly successful system wide intervention program in the San Francisco school district confirmed that the training of school personnel on addressing burnout and secondary trauma was essential to the trauma-informed system framework. There are several toolkits available that address these concerns as central to the effective training of educators in providing trauma-informed support and developing successful self-care strategies (NCTSN Schools

Committee, 2008; British Columbia Centre of Excellence for Women's Health, 2013; Klinik Community Health Centre, 2013). However, more research is needed in this area.

2.5 Summary

In this chapter, a synthesis of key literature was presented to bring context to difficulties and challenges schools and teachers face in supporting their trauma-exposed students. In an overview of the impacts of trauma on early academic achievement the risks young children face in their ability to thrive in schools was outlined. This can include posttraumatic behaviour changes, difficulty in concentration, impaired memory and chronic exhaustion as well as substantial decrements in IQ. The effects of severe, prolonged trauma were also discussed giving context to the experiences of the refugee children their integration into BC schools. Further, an overview of the TIP framework emphasized the importance of the teacher's role and previous research revealing their uncertainty in their abilities and training in providing the optimal support to their trauma-exposed students. This perceived gap in knowledge highlighted the importance of TIP in their professional development training and the necessity of a collaborative, multi-tiered approach. Teachers need to be supported by their administration and to define their role as separate from those more qualified to provide clinical support such as counselors and school psychologists. Finally the risks of burnout and compassion fatigue to teachers was discussed, and the toolkits and resources available to teachers for providing trauma-informed support and developing effective self-care strategies.

Chapter 3: Methodology

3.1 Overview

In this study an explanatory sequential mix methods approach was taken in measuring BC ECE teachers' confidence in their ability to apply trauma-informed practices through survey methods, then consulting with a smaller group of teachers with the intention of better understanding the more specific needs of these teachers. The ultimate intention of this study was to address the importance of trauma-informed ECE classrooms and adequate teacher education in implementing such practices. In this chapter, the design of the study, including the purpose, research questions, methods, ethical considerations, data collection, and approach to data analysis are presented.

3.2 Purpose of Study

The application of trauma-informed practice requires many considerations, as highlighted in Chapter Two. I have chosen to focus my research on the lived experiences of early childhood education (ECE) teachers' work with trauma-exposed children in British Columbia (B.C.) and how to best equip them with the tools to support trauma-exposed students in their classrooms. To date, few studies have addressed ECE teachers' role in trauma support. More research is needed to help give teachers the tools to provide effective and successful support for their refugee students. The purpose of this study was to explore ECE teachers' beliefs of their preparedness and ability in applying trauma-informed practices in their classrooms in supporting trauma-exposed refugee students. In this study educator beliefs and practices were explored using both surveys and interviews to gain a broader range of perspectives of the educators of young

children. It is hoped that the information obtained will help to address the importance of trauma-informed practices in ECE classrooms.

3.3 Research Questions

In this study the following research questions were explored:

- 1) How do BC Early Childhood Education (ECE) Teachers report their preparedness in supporting trauma-exposed students?
- 2) How do BC ECE Teachers report their ability in applying trauma-informed practices in their classrooms?
- 3) What do BC ECE Teachers' perceive as ways to help them better work within a trauma-informed framework?

3.4 Method

3.4.1 Overview. An explanatory sequential mix methods approach was taken in measuring BC ECE teachers' confidence in their ability to apply trauma-informed practices through survey methods. A smaller group of BC ECE teachers were interviewed with the intention of better understanding more specific needs of these teachers in better working within a trauma-informed framework. The present study employed a web-based survey to collect the perceptions of BC ECE teachers currently working within Preschool to Grade 3 classrooms. This approach enabled researchers to collect data from a wider range of participants across BC communities and school districts and allow for multiple modes of recruitment. Due to the limitations web-based surveys may cause for participants by restricting participation to one response mode (electronic survey), a paper copy of the survey was available upon participant request. For the follow-up interview phase of this study, an opt-in sample approach was used, as

participants were drawn from those teachers indicating interest in participating in the in-person interviews through the survey.

3.5 UBC Research Ethics Board (BREB) and Agency Research Approval

3.5.1 BREB Approval. Ethics approval was obtained through the Behavioural Research Ethics Board (BREB) at the University of British Columbia. Contact information for the researcher and the supervisor were provided. Web-based participants were presented with an introductory consent page and consent was assumed by their decision to complete the survey. Paper survey participants were presented with paper consent forms and consent was obtained by their signatures on the form. Participants were asked at the end of the survey if they would be interested in taking part in a follow up interview. Those participants who expressed interest were contacted. If participants agreed to take part in the follow-up interview portion of the study, they were presented with an in-person consent form. All participants were informed that they could withdraw from the study at any time.

3.5.2 Agency Research Approval. Upon approval by BREB, Early Childhood Educators of BC, a provincial professional organization supporting early childhood educators working in BC was contacted to determine their willingness to share the survey invitation with the teachers in their registry and permission to recruit participants at the 2018 Annual ECEBC Conference. Copies of all consent forms, study measures, as well as BREB approval forms were sent for approval by the ECEBC Executive Director before beginning recruitment.

3.6 Recruitment

3.6.1 Early Childhood Educators of British Columbia (ECEBC). Recruitment was primarily done through the ECEBC organization, as it allowed for participants across BC. The researcher recruited participants in-person at their 2018 annual conference through a recruitment

flyer (see Appendix E) included in the ECEBC conference package with the contact information for the researchers and the link for the survey. This invitation to participate was included with an explanation of the survey, providing contact information if they have questions, and the link to the electronic survey. In addition, ECEBC posted the recruitment flyer to their official community Facebook page with a link to the online survey.

3.6.2 Early Childhood Education Community Social Media Pages. To increase online survey participation, an amendment was made to the original BREB application to allow us to further post the recruitment flyer onto various verified ECE community Facebook pages based in BC. The same recruitment flyer approved by ECEBC was used and posted to these pages periodically to increase participant numbers.

3.7 Participants

3.7.1 Survey Participants. Participants were ECE teachers working within ECE classrooms and organizations in BC. The final number of participants included 79 online questionnaire participants at the time of the questionnaire end date, data from the pilot participants was excluded as the majority were ECE graduate students and thus did not fully meet the study criteria. Additionally, pilot participants were asked to pilot the online questionnaire in terms of functionality and suitability to provide feedback rather than to answer research questions. Further, data from six online questionnaire participants were excluded because they did not answer questions past the demographics section of the questionnaire, thus not answering any of the questions related to the research questions. Eight online questionnaire participants were counted as partially completed (50%) as they had only answered up to the end of second section of the questionnaire. To include as many participant perspectives as possible, the decision was made to include the partially completed surveys as the second section addressed

the first research question. The final sample included a total of 68 online questionnaire participants. However, not all participants answered every question on the questionnaire. Table 3.1 provides the summary of demographic information for all questionnaire participants.

Table 3.1

Demographic Information for Survey Participants (n=68)

| Demographic Variables ¹ | n (%) |
|---|----------|
| Gender | |
| Female | 67 (99%) |
| Male | 1 (1%) |
| Years as an Early Childhood Educator (ECE) | |
| 0-5 years | 11 (16%) |
| 6-10 years | 20 (29%) |
| 11-20 years | 22 (32%) |
| 21+ years | 15 (22%) |
| Years as a Classroom Teacher | |
| 0-5 years | 15 (22%) |
| 6-10 years | 17 (25%) |
| 11-20 years | 14 (21%) |
| 21+ years | 9 (13%) |
| Never been a classroom teacher | 13 (19%) |
| Highest Level of Education | |
| Bachelor's degree | 12 (18%) |
| Post Baccalaureate Diploma or Certificate (including ECE Certificate or Diploma) | 42 (61%) |
| Master's, Doctoral or Post Doctoral degree | 6 (8%) |
| Other | 5 (7%) |
| No answer | 3 (4%) |
| Type of Work Setting | |
| Preschool | 36 (53%) |
| Kindergarten | 6 (9%) |
| Other | 26 (38%) |
| Childcare/daycare | 14 (21%) |
| Strong Start | 4 (6%) |
| Other | 8 (12%) |

Table 3.1 (continued)

| <i>Demographic Information for Survey Participants (n=68)</i> | |
|---|----------|
| Demographic Variables ¹ | n (%) |
| Type of Employment | |
| Part-time | 20 (29%) |
| Full-time | 40 (59%) |
| Other (Auxiliary/Casual, or not teaching) | 8 (18%) |
| Type of School of Employment | |
| Public | 37 (54%) |
| Private | 24 (35%) |
| Both | 2 (3%) |
| Other | 5 (7%) |

¹Totals in each column do not add up to 100% because numbers were rounded.

3.7.2 Interview participants. As a part of the second phase of the present study, survey participants were asked to participate in one-to-one follow-up interviews. The final number of interview participants was 6. Table 3.2 provides the summary of demographic information for all interview participants.

Table 3.2

| <i>Demographic Information for Interview Participants (n=5)</i> | | | | |
|---|--------|------------------|----------------------------|----------------|
| Participants ¹ | Gender | Age group taught | Years of experience as ECE | School setting |
| Malala | Female | 3-5 years | 7 years + volunteering | Preschool |
| Bell | Female | 3-5 years | 4 years | Preschool |
| Maya | Female | 3-5 years | 15 years | Preschool |
| Jane | Female | 0-3 years | 11 years | Toddler Care |
| Gloria | Female | 3-5 years | 22 years | Preschool |
| Fred | Male | 0-5 years | 12 years | StrongStart |

¹Pseudonyms

3.7.2.1 Malala. Malala is a former graduate student in Early Childhood Education at UBC and a practicing ECE teacher. She has worked and volunteered in a variety of ECE settings over the last 10 years in Pakistan and all over the Vancouver Lower Mainland. Her experience with trauma-exposed students includes children exposed to natural disasters, domestic violence and parental neglect.

3.7.2.2 Bell. Working at a preschool on Vancouver Island, Bell is teacher who has worked in ECE settings for four years. In addition to working with foster families and her early learning community has recently welcomed newly arrived refugee families.

3.7.2.3 Maya. An ECE preschool manager, Maya runs a government and privately-funded Vancouver center geared toward supporting immigrant and refugee families. Maya has 11 years of experience in ECE working as an ECE teacher for a number of years in various centers that were not necessarily exclusive to government assisted refugees.

3.7.2.4 Jane. Jane is an ECE teacher working at a center with government subsidized community spaces reserved for low-income families in one of Vancouver's urban neighborhoods. However, Jane has worked with students from families with a range of socio-economic status. She has 11 years of experience in ECE settings and a Bachelor's degree in Psychology.

3.7.2.5 Gloria. Gloria has the most experience across all participants with 22 years of teaching in ECE. She is currently an ECE teacher working at a Vancouver preschool center. Her experiences with trauma-exposed students have ranged from working with families through the death of a parent to working with adoptive children and families.

3.7.2.6 Fred. Working as the ECE facilitator of a Vancouver StrongStart program supported by the Vancouver School Board, Fred facilitates groups of up to 15 children and 30

parents. With 12 years of experience in ECE, Fred also works as an emergency short-term foster parent.

3.8 Procedures

3.8.1 Overview. Data collected from this study was through the participation of the self-report survey and the semi-structured follow-up interviews. Survey data was collected primarily on line, although a paper version was available upon request. Semi-structured interviews were conducted with those expressing interest at the end of the survey. The interviews were conducted in person and were audio-recorded and transcribed along side researcher notes taken during the follow-up interviews.

3.8.2 Pilot. The survey was reviewed by a group of graduate students in the UBC Faculty of Education before being piloted through a small group of ECE teachers within the UBC ECE Master's program. One follow-up interview was piloted with an ECE teacher within the same program to ensure questions are appropriate and relevant to aim of the study. Minor adjustments were made to the survey and interview based on feedback from the pilot participants.

3.8.3 Measures.

3.8.3.1 Survey. Following procedures for survey development from Andres (2012), the survey instrument was developed using the themes derived by Alisic's (2012) interview study of elementary school teachers in the Netherlands. The teacher narratives expressed uncertainty about how to provide optimal support to their trauma-exposed students, how to balance the needs of those students with the conflicting needs of their classmates and the emotional burden of this work. These themes were incorporated into the survey questions to assess whether ECE teachers here in BC perceived their preparedness and ability to provide support to their trauma-exposed

students. In addition to these questions, general demographic information was also collected. A copy of the survey is provided in Appendix C.

3.8.3.2 *Semi-structured interviews.* A semi-structured interview was conducted with five participants who completed the original survey and expressed interest in and willingness to take part in an individual interview. All those indicating interest were contacted to participate. Teachers indicating interest in these interviews were screened to confirm personal experience working a student who was trauma exposed in the past five years. This criterion was intentional so that the interviews could explore and expand on the past experiences of teachers who've worked with trauma-exposed students, aimed at exploring the final research question of the present study. The interview guide was developed in part by using previous research done with elementary teachers in the Netherlands (Alisic, 2012; Alisic, et al. 2012) with the aim on expanding upon the survey questions in more depth. The interviews took place at a quiet location of convenience to the participants, including one over the telephone. The audio-recorded interviews took approximately 45 to 60 minutes. Transcripts were created from these recordings for data analysis. Participants were given a \$25 honorarium in return for their time in this phase of the study. A copy of the interview guide is provided in Appendix D.

3.8.2 Confidentiality and Privacy. Survey participants' responses were reported anonymously and no identifying information was collected. Those participants interested in taking part in the follow-up interviews were directed to another page to provide their contact information so that their survey responses were not linked to this information. Interview participants were assigned a unique participant number when the interviews were transcribed. The electronic files of the transcriptions and the digital audio recordings were identified solely by the participant's assigned participant number and any details (i.e., names and identifying

information) were redacted before coding began. Names and consents and links to coding were kept in separate files. Digitalized data was backed up and encrypted and password protected for security. Interview recordings were encrypted and written consent forms were stored in the research lab of the research supervisor.

3.9 Data Analysis

3.9.1 Survey. Descriptive statistics were used to address research questions 1 and 2. Responses to both the pilot survey and primary survey were analyzed through descriptive and regression analysis to explore the perceptions of preparedness and ability to work within the TIP framework among teachers in B.C. as well identify demographic variables such as gender, education, grades taught and length of time working as an ECE teacher. Regression analysis were run to identify relationships between the reported levels of perceived preparedness and ability to support trauma-exposed students against background and training questions of the survey. These included demographic variables as well as participants training or resources in TIP. Statistical analysis software program SPSS (IBM Corp., 2016, Version 24) was employed for this phase of data analysis.

3.9.2 Semi- structured interviews. The transcriptions of the interviews were analyzed based on the Braun and Clarke (2006) thematic content analysis approach. This approach to thematic analysis was performed through the process of coding in six phases to create established, meaningful patterns. These six phases included: 1) familiarization with data, 2) generating initial codes, 3) searching for themes among codes, 4) reviewing themes, 5) defining and naming themes, and 6) producing the final report from the data (Braun & Clarke, 2006). The qualitative research software program NVivo 12 (QSR International Pty Ltd., 2018, Version 12) was employed for this phase of analysis.

Verbatim transcription of audio recorded interviews allowed the first step of familiarization with the data. A second read-through to clean up transcripts and clarify any difficult to transcribe sections strengthened this familiarization. Interviews were firstly loosely categorized by question prompts and answers, that allowed for initial codes to be generated first by each question and answer across all transcriptions, then added to and by each participant's whole interview transcript. These initial codes were reviewed and some were categorized within larger parent codes. NVivo software allowed a concise organization of these codes that generated the number of times each code was represented and by which participant as well as all relevant direct quotations from the transcript. Using this detailed overview, themes were then generated. The themes captured important points within the data, especially in relation to the research question, and they also represented a patterned response, across participants and interview questions. Initial coding was presented to the research supervisor to be reviewed. Further, the same process was used using NVivo software by an outside reviewer to code and generate themes from the interview data. Initial coding was then compared and discussed with the outside reviewer and adjustments were made to the themes and subthemes.

3.10 Procedures to Ensure Rigour

3.10.1 Overview. Both the quantitative and qualitative context of the present study required evaluation of the reliability and validity measures taken during data collection and analysis to demonstrate the “trustworthiness” and transferability of findings (Lincoln & Guba, 1986). To ensure scientific rigour, all data collection as well as analysis were subjected to peer review among graduate student peers, lab members during group meetings and were presented to the research supervisor in one-to-one meetings. This allowed for open-ended discussions surrounding the data collection process, methodological issues, interpretation of the data and additional comments on best practice

when engaging one-to-one with research participants. When considering the extent to which findings can be replicated or generalized, it is important to highlight that, as discussed earlier, the goal of this research was to gain a better understanding of the experiences of a small group of ECE teachers working with trauma-exposed students. The intent is for the information gained from this study is to inform and improve professional practice and future directions in research of the application of TIP framework in early learning settings.

3.10.2 Survey data. The survey was developed based on results from past research on this topic in the Netherlands. To establish face validity of the survey instrument itself, questions were reviewed by the supervisory committee and piloted among a small group of ECE teachers and graduate student peers. Questions were added, removed and revised based on the feedback received.

The quantitative analysis of the survey in this study were presented to the research supervisor largely in the form of descriptive statistics. Scatter and box plots were used to confirm any outliers in initial survey responses. Data was then cleaned up and “other” responses that allowed participants to enter information not given as a choice in the survey were integrated and added as a response category when necessary.

3.10.2 Interview data.

3.10.2.1 Interview pilot and review. A similar process was used to establish trustworthiness of the interview guide that was used to guide semi-structured interviews. This guide was developed based on findings from previous research, reviewed by the supervisory committee, presented to a group of graduate student peers and piloted in one full interview followed by a debrief with the interviewee. The questions in the interview guide were revised based on feedback received.

3.10.2.2 Reflexive researcher journal. A reflexive researcher journal was kept while developing these instruments and used throughout the study to document impressions of the process and researcher reflections throughout the process of the study. While the journal entries were not

formally coded, they were used at different phases of analysis and interpretation to provide context to the findings.

3.10.2.3 Peer review, debriefing, and triangulation. The initial draft of themes derived from the qualitative analysis were subject to a reliability and objectivity check with a graduate student peer, acting as an outside reviewer. A separate thematic analysis was completed by this reviewer and the initial draft was revised and adjusted based on the discussion and comparison of findings between the researcher and the reviewer. These revised themes were then again discussed and further revised based on the feedback and suggestions of the research supervisor. This triangulation helped confirm that data analysis was handled appropriately and to catch inconsistencies in the researchers interpretation of the raw data (Mathison, 1998).

3.11 Summary

In this chapter, the approach that was employed in the present study was presented, and the purpose, research questions and study measures to explore ECE teacher's perceived ability and preparedness with working within the trauma-informed framework were detailed as well as the approach to data analysis of the 68 survey and 6 interview participants. A summary of the results is provided in the next chapter.

Chapter 4: Results

4.1 Overview

The purpose of this study was to build an understanding of (1) how Early Childhood Education (ECE) teachers report their preparedness in supporting trauma-exposed students and (2) how ECE Teachers report their ability in applying trauma-informed practices in their classrooms through an online survey, and (3) what ECE Teachers’ perceive as ways to help them better work within a trauma-informed framework through the use of one-to-one semi-structured follow-up interviews with a smaller subset of survey participants. In this chapter, the results are summarized by research question.

4.2 Research Question One: Preparedness to Support Trauma Exposed Students

Research question one explored how BC ECE Teachers report their preparedness in supporting trauma-exposed students. To understand how teachers perceive their preparedness in supporting these students in their classrooms, descriptive statistics were used to highlight their perceived level of preparedness on a scale from “Not at all prepared” to “Very prepared” regarding necessary practices to support trauma-exposed children. The results are summarized in Table 4.1.

Table 4.1

Perceived preparedness in supporting trauma-exposed students (n=68)

| Scale item ¹ | <i>M</i> | <i>SD</i> | % not prepared | % somewhat prepared | % very prepared | % unsure |
|--|----------|-----------|----------------------|---------------------------|-----------------------|-------------|
| Supporting the needs of a trauma-exposed student | 2.18 | 0.58 | 8.8 | 63.2 | 26.5 | 1.5 |
| Where to access resources | 2.16 | 0.65 | 13.2 | 52.9 | 27.9 | 5.8 |
| What can be discussed about the trauma experienced | 1.94 | 0.65 | 23.5 | 55.9 | 17.7 | 2.9 |

Table 4.1 (continued)

Perceived preparedness in supporting trauma-exposed students (n=68)

| Scale item ¹ | <i>M</i> | <i>SD</i> | % not prepared | % somewhat prepared | % very prepared | % unsure |
|---|----------|-----------|----------------------|---------------------------|-----------------------|-------------|
| How to “avoid taking the problems home” | 2.12 | 0.69 | 17.6 | 50.0 | 29.4 | 2.9 |
| Balancing the needs without putting the student in a special position | 2.08 | 0.66 | 17.7 | 54.4 | 25.0 | 2.9 |
| Balancing the needs of a trauma-exposed student versus the rest of your classroom | 2.08 | 0.66 | 17.7 | 54.4 | 25.0 | 2.9 |

¹Totals in each column do not add up to 100% because numbers were rounded.
0= unsure, 1= not prepared at all, 2= somewhat prepared, 3= very prepared

In general, teachers expressed some degree of preparedness across all scale items. A majority of teachers reported that they felt somewhat prepared (63.2%) to very prepared (26.5%) in supporting the needs of a trauma-exposed student. Further, participants indicated that they felt “somewhat prepared” in balancing the needs of a trauma-exposed student versus the rest of their classroom (54.4%), knowing what is best for them and how to avoid taking problems home (50%) and knowing where to access resources for a trauma-exposed student and their family (52.9%).

Participants preparedness responses across all scale items were individually averaged and a multiple regression analysis (see Table 4.2), was used to test if years of experience as an ECE teacher, whether they had received trauma-focused training in the last 5 years and whether they had received trauma-focused resources from their administration predicted teachers’ averaged scores of perceived preparedness. It was found that one predictor, receipt of trauma-focused training, explained 31% of the variance ($R^2=.269$, $F(3,50)= 7.508$, $p<.000$) and significantly and

positively predicted ($\beta=0.39, p<.01$) the a participants average preparedness. Years of experience as an ECE and receipt of trauma-focused resources were not significant.

Table 4.2

Multiple regression predicting scores on average perceived preparedness in supporting trauma-exposed students (n=68)

| Predictor variable | <i>B</i> | <i>SE B</i> | β |
|--|----------|-------------|---------|
| Constant | 2.70 | 0.26 | |
| Years of experience as Early Childhood Educator | 0.02 | 0.01 | 0.17 |
| Received trauma-focused training in last 5 years ¹ | 0.81 | 0.26 | 0.39** |
| Received trauma-focused resources ¹ | 0.52 | 0.27 | 0.25 |

¹0 = no, 1= yes

** $p \leq 0.01$

4.3 Research Question Two: Ability Applying Trauma-Informed Practice

BC ECE Teachers' ability in applying trauma-informed practices in their classrooms was explored in research question two. To understand how teachers perceive their ability in applying trauma-informed practices, descriptive statistics were again used to highlight their perceived level of ability. The results are summarized in Table 4.3.

Table 4.3

Perceived ability to work within a trauma-informed framework (n=60)

| Scale item ¹ | <i>M</i> | <i>SD</i> | % not able | % somewhat able | % very able | % unsure |
|---|----------|-----------|---------------|-----------------------|----------------|-------------|
| Applying trauma- informed practice | 2.17 | 0.70 | 16.7 | 47.7 | 33.3 | 3.3 |
| Recognizing the signs of distress | 2.49 | 0.57 | 3.3 | 43.4 | 51.7 | 1.7 |
| De-escalating a trauma- induced response | 2.19 | 0.60 | 10.0 | 60.0 | 28.0 | 1.7 |

Table 4.3 (continued)

Perceived ability to work within a trauma-informed framework (n=60)

| Scale item ¹ | <i>M</i> | <i>SD</i> | % not able | % somewhat able | % very able | % unsure |
|--|----------|-----------|---------------|-----------------------|----------------|-------------|
| Knowing when to refer | 2.32 | 0.71 | 13.0 | 40.0 | 45.0 | 1.7 |
| Providing a safe space for discussion of trauma | 2.36 | 0.62 | 6.7 | 46.7 | 40.0 | 6.7 |
| Creating a sense of community in the classroom | 2.53 | 0.65 | 8.3 | 30.0 | 60.0 | 1.7 |
| Accessing resources | 2.25 | 0.69 | 13.3 | 43.3 | 36.7 | 6.7 |
| Accessing self-care resources | 2.26 | 0.72 | 15.0 | 40.0 | 40.0 | 5.0 |

¹Totals in each column do not add up to 100% because numbers were rounded.
0= unsure, 1= not able at all, 2= somewhat able, 3= very able

Looking at overall responses, the majority of participants indicated an ability to some degree to apply the trauma informed practices scale items above. Approximately 81% of participants perceived themselves as somewhat or very able in applying trauma-informed practices in their classrooms. Further, teachers indicated being very able to create a sense of community in their classrooms for all students (60%) and recognize the signs of distress in a student (51.7%). However, the majority of participants perceived their ability to de-escalate a trauma-induced response as somewhat able (60%).

Participants ability responses across all scale items were averaged and a multiple regression analysis (see Table 4.4), was used to whether their years of experience as an ECE teacher, whether they had received trauma-focused training in the last 5 years and whether teachers had received trauma-focused resources from their administration predicted teachers' averaged scores of perceived ability. Two predictors, whether they had received trauma-focused training and whether they had received trauma-focused resources, explained 27% of the variance

($R^2=.225$, $F(3,49)= 6.019$, $p<.001$). Teachers' receipt of trauma-focused training significantly predicted ($\beta=0.27$, $p<.05$) higher average perceived ability scores as did receiving trauma-focused resources ($\beta=0.34$, $p<.01$) . Years of experience as an ECE was found not significant.

Table 4.4

Multiple regression predicting scores on average perceived ability in supporting trauma-exposed students (n=60)

| Predictor variable | <i>B</i> | <i>SE B</i> | β |
|--|----------|-------------|---------|
| Constant | 3.50 | 0.23 | |
| Years of experience as Early Childhood Educator | 0.01 | 0.01 | 0.13 |
| Received trauma-focused training in last 5 years ¹ | 0.47 | 0.23 | 0.27* |
| Received trauma-focused resources ¹ | 0.62 | 0.28 | 0.34** |

¹0 = no, 1= yes,
* $p < 0.05$, ** $p \leq 0.01$

Additionally, to further understand teachers' perceived ability responses with regards to applying TIP in their classrooms, participants were asked about their knowledge of TIP and whether they had received training or resources. Sixty-four percent of participants indicated that they had heard of the TIP framework before while the remaining participants indicated they had not (23.7%) or were unsure if they had (11.9%). Teachers were also asked how important they perceived the TIP framework was to their work as an ECE. Ninety-three percent of all participants indicated that they believed it was very important while the remaining participants 6.67% indicated they felt it was somewhat important to their work. Despite this, only 52% of teachers had received trauma-focused training in the last 5 years (see Table 4.5). Further, participants were asked whether their schools or administrations had provided any training or resources with regards to TIP. The results are summarized in Table 4.5.

Table 4.5

Training and resources provided to ECE regarding trauma-informed practice (n= 60)

| Scale item ¹ | % Yes | % No | % Unsure |
|--|-------|------|----------|
| Have you received any trauma-focused training in the past 5 years? | 52.5 | 42.4 | 5.1 |
| Have you received any resources regarding trauma-exposed students from your school/administration? | 36.7 | 60.0 | 3.3 |
| Have you received any resources regarding refugee students from your school/administration? | 20.0 | 76.7 | 3.3 |
| Have you received any trauma-focused training regarding trauma-exposed students from your school/administration? | 25.0 | 70.0 | 5.0 |
| Have you received any trauma-focused training regarding refugee students from your school/administration? | 11.7 | 81.7 | 6.7 |

¹Totals in each column do not add up to 100% because numbers were rounded.

Further, when ECE teachers were asked whether they had received any trauma-focused training in the past 5 years, 52.5% of teachers indicated they had, while 42.4% indicated that they had not. Additionally, 60% reported having not received any resources and 70% reported having not received any trauma-focused training from their administration. When asked about receiving any resources and training targeted work with refugee students, 76.7% indicated that they had not received resources and 81.7% had not received any trauma-focused training.

Seventy-six percent of survey participants estimated that they had encountered over 675 trauma-exposed students in their careers. These same teachers indicated that approximately 11% of these students were refugee children.

4.4 Research Question Three: Ways to Work in a TIP Framework

The perceived ways to help BC Teachers’ better work within a trauma-informed framework was examined in research question three. To better understand the experiences of ECE teachers with supporting trauma-exposed students and potential challenges in integrating TIP into their classrooms and practice, one-to-one semi-structured interviews were conducted with six ECE teachers in BC. Four themes and 14 subthemes emerged from the analysis of interview data are summarized in Table 4.6, and discussed below.

Table 4.6

Prevalence of Themes in the Semi-Structured Interviews

| Themes and Subthemes | Number of participants |
|--|------------------------|
| Theme 1. Challenges for ECE teachers | |
| ▫ <i>Subtheme 1.1: Trauma-exposed student behaviours</i> | 6 |
| ▫ <i>Subtheme 1.2: Lack of knowledge or resources on trauma and PTSD</i> | 3 |
| ▫ <i>Subtheme 1.3: Approaching parents and caregivers</i> | 5 |
| ▫ <i>Subtheme 1.4: Burden on ECE mental health</i> | 2 |
| ▫ <i>Subtheme 1.5: Overtime spent on ECE work</i> | 5 |
| Theme 2. Administrative protocol and support | |
| ▫ <i>Subtheme 2.1: Existing protocols and supports</i> | 4 |
| ▫ <i>Subtheme 2.2: Self-initiated protocols</i> | 3 |
| Theme 3. Effective approaches | |
| ▫ <i>Subtheme 3.1: Communication among ECE team</i> | 6 |
| ▫ <i>Subtheme 3.2: Trial and error/Intuition</i> | 2 |
| ▫ <i>Subtheme 3.3: Community and agency referrals</i> | 4 |
| ▫ <i>Subtheme 3.4: High ratios/one-to-one workers</i> | 5 |
| ▫ <i>Subtheme 3.5: Support among ECE team</i> | 6 |
| Theme 4. Additional support desired by ECE teachers | |
| ▫ <i>Subtheme 4.1: Applicable, group-specific resources</i> | 3 |
| ▫ <i>Subtheme 4.2: Applied trauma-focused training</i> | 5 |

4.4.1 Theme 1: Challenges for ECE teachers

4.4.1.1 Trauma-exposed students behaviours. Across all interviews, participants described being confronted with young students that had been exposed to a range of traumatic experiences. These included, but were not limited to, the death of a parent, the apprehension of a parent, prolonged foster care, witnessing domestic violence, physical abuse, sexual abuse, caregiver neglect, abandonment, natural disasters and man-made disasters causing long-term stays in refugee camps. The exposed children showed a wide spectrum of behavioural and emotional reactions in the classroom, varying from angry and violent behaviour to self-harming, as well as maladaptive withdrawn behaviours that did not go unnoticed by the ECE teachers. Nearly all the teachers described the violent behaviours as most difficult as they often did not see them coming and were not sure what could trigger these reactions. As Bell described one of her young students: “He was very, very angry. Lots of things that make him very mad and he was very disruptive and violent, uhm.. but it was very hard to kind of pinpoint what would set him off.”

Additionally, Fred described being confronted with behaviours such as high anxiety and lack of healthy separation, something Maya reported among her refugee students as well. In response to these behaviours, the classmates of these children often reacted in an understanding and flexible manner, most retreating in fear according to the ECE teachers’ observations, as reported by Gloria below:

He would get angry and what was and what amazed me is how the other children gave him the room to be angry and they were very accepting. It was very amazing. You know, if he grabbed a toy usually a child be "eh!" somehow, they knew that something was not right and they allowed him to be what he needed to be you know?

Gloria also reported that in one instance, two classmates caused physical harm to a trauma-exposed student displaying mostly quite and withdrawn behaviours. ECE teachers also pointed to difficulty recognizing the needs of and supporting their students with limited language abilities, as those students had “no new way of connecting with other children”. Development or behaviour concerns with students with limited English language skills can also complicate a teacher’s ability to identify students that may need their help, an area of knowledge that Jane stated would benefit fellow ECEs:

In general, I think more ECEs need to have that understanding of what trauma-exposed children...especially in our realm, where all of our children come from different aspects. It's important for me to let them work together and see that there is sometimes, what we don't hear them saying, we can see them behave. I think ECEs are so used to thinking, "Oh, a disclosure is verbal." No. It can be non-verbal.

4.4.1.2 Lack of knowledge or resources on trauma and PTSD. With regards to knowledge about trauma-exposed students, one teacher responded “as an ECE it would be really beneficial to have just more knowledge about PTSD in children, [and] very young children.” This teacher added that this “could be really beneficial with, kind of, everything going on in today's society. I think it's affecting children a lot differently than say 5 or 10 years [ago].” Other participants discussed the importance of making a distinction between trauma and other designations: “Now they've started to put the [knowledge of] children with special needs competency in, I think, the certificate program, but still trauma is different. So how do you support these children?” Echoing this response, Jane also reported that although she attended her ECE classes a long time ago, “they didn't really talk much about trauma until the very end or in our special needs. Even then, it was like, if they say this or if you see this markings on their body, make the

call. They don't talk about the nonverbal, like picking up chairs and throwing them, which I'm like, Okay, that's obviously- they're expressing some anger, There is not always [physical] marks.” Overall, regardless of prior knowledge and supports, all ECE teachers interviewed were open to receiving more information on how to support their trauma-exposed students. As Fred stated, “Trauma is one of those things that you can't have enough resources for, because trauma is very different whether it's new refugees coming in and dealing with the trauma coming to a new place.”

4.4.1.3 Approaching parents and caregivers. Approaching parents and caregivers with their concerns was one of the most reported challenges among participants. Nearly all participants reported an instance of difficulty approaching a parent regarding their children's behaviours about perhaps getting extra supports put into place:

I tried to talk to [the mom] about it and let her know that this isn't a typical reaction for a child. And she just, no, would not talk about it. We left it alone. But then it started to happen quite frequently whenever he would get upset. Again, I tried speaking to them and they told me that because they were doctors they knew there was nothing wrong, so we had the health nurse come in and just do a visit. She also had some concerns, I had a meeting with them in private, just in case they felt more comfortable speaking to another medical professional but they told to her same thing and they ended up withdrawing their child. And that's, you know, that's the negative part of when you tried to reach out to family but they end up disappearing, right, and then we don't know what happens with them. [Maya]

Because if you called them for a meeting, they're like, oh they're going to complain about my child. You never have a meeting to say how fantastic your kid is. We should, I think more often, then people wouldn't react that way but you know they come with their shields up and it's hard to bring the shields down sometimes. You know, with the mom of the little adopted girl, I never managed to put that shield down, she was... you know. And again she disappeared, just like that. The little girl was very attached to me. [Gloria]

Maya and Gloria described experiences where attempts to address maladaptive behaviours presented by students concluded not only in rejection from the parents, but families deciding to suddenly withdraw their children from their centres. Although the ECE teachers empathized with the resistance when approaching parents about these sensitive topics, they believed parent involvement and engagement was essential to getting the correct supports for the children. Fred elaborated, stating how critical it is that all referrals be made through a collaborative approach with the support of parents and professionals, and that ECE teachers be clear as to what their limits are, sharing their observations and but not diagnoses.

...how do you not overreact when it comes to that because I find that a lot of facilitators overdo things and that's why [facilitators] can't do referrals on our own, it has to be the parents [who seek support], who also get a phone call that the teacher at the preschool who says that this child is autistic or ADHD and like giving them a diagnosis, where they can't give them a diagnosis, they're not supposed to. That's the parent's responsibility. Teachers should be giving the parents, 'This is what I have seen.' [Fred]

In addition to the difficulty in approaching parents, ECE teachers also described instances where parents were not present in their children's lives to, to advocate for their child or consent to the supports teachers felt their children would need and benefit from. Malala, indicated in reference to two students she suspected of being trauma informed that "[the] parents were never there", making it more difficult for herself and her colleagues to address the violent behaviours they had observed. On occasion, the reason they cannot access the proper supports for their students can be due to difficult family circumstances.

Uhm, this child.. He was in foster care and so his foster mom was really.. Like she understood what we were telling her but there wasn't.. Because of the foster system.. you know, there's certain things that she just couldn't do or the supports

weren't there. She tried to get the supports for him. Uhm, but his biological parents weren't involved. [Bell]

As the ECE teachers illustrated, without parental support many available resources, particularly designated professional and government supports, are not available to ECEs to utilize.

4.4.1.4 Burden on ECE mental health. Although only a couple of ECE teachers spoke to the emotional burden of supporting their trauma-exposed students and their families, the potential for the harmful effects of vicarious trauma on teachers themselves was perhaps best illustrated by Gloria:

Handling [this situation] was hard because I had no support. People wanted to help me work but they didn't know what to do because that was a child that.. he had strong reactions even before it happened. He's like a child that was all over the place. It's. Hard because I took it all in. And I... taking it in for a year and you go through everything and you know all the way to the end and then you like [breathes out]. And then you think it's the end but no, it's actually just the new beginning of something and dealing with a grandmother that won't let go of your hand and then you're always smiling and you [need to keep a neutral face]. And I asked around and I said is there resources for people going through that for workers that, and they couldn't find anything. So I went to my college teacher for ECE and she, she told me 'Well, when you do it you have to write a book because I don't know, I've never dealt with that.' You know, there's books about grieving and how to help. But once you're in it it's a different thing. You know, in the book it's like 'oh yeah', but when you're in it and you're not allowed to have a reaction to it you're always... You know. So it was hard. I took it in and it went out at night I when I was talking to my husband. We lived through the whole thing because I want to talk to somebody about it. So that was.. And then the two.. the child turned four and he was going to junior kindergarten where he was going and then it was.. He was here one day and then no more. They didn't keep in touch at all.. you know, which... You know the sister kept in touch with me the grandma kept in touch, but the father went with the child and that.. that was hard for me too, from being 98 percent of my life to zero. You know, it's.. It's the afterward sometimes that's hard, you're like you're full of those feelings and then all those things you had to say. And those conversations that it's like...[Gloria]

Similar to Gloria’s experience, Maya also spoke to the difficulty of losing touch with their students and their families, particularly when approaching families to discuss professional services drives parents to withdraw their child out of their centre:

Again, I tried speaking to them and they told me that because they were doctors they knew there was nothing wrong, so we had the health nurse come in and just do a visit. She also had some concerns, I had a meeting with them in private, just in case they felt more comfortable speaking to another medical professional but they told to her same thing and they ended up withdrawing their child. And that's, you know, that's the negative part of when you tried to reach out to family but they end up disappearing, right, and then we don't know what happens with them. [Maya]

4.4.1.5 Overtime spent on ECE work. Almost every participant reported that they and their colleagues spend hours outside of their regular work hours to research supports for their students and their families. When issues arose, ECE teachers responded that they first discussed things with their colleagues, and often used “their own time outside of work to research” and find resources on how to support their young students. Malala explained that she and her colleague bring this information back to each other to further discuss. Most all other participants used strategies to share and support each other in their search for ways to support their students. Maya, who is in a supervisory role at her centre, reported that she did this very often, and “always on her own” before bringing it back to her team. Similarly, Fred explained, that due to the structure of StrongStart programs, although he facilitated his groups alone, he had 18 other co-facilitators across the Vancouver area, and through daily email communication, these facilitators shared a variety of information ranging from interesting and helpful resources to tips on sales at local stores for materials. Further, this communication continued onto social media platforms:

...on Facebook too, there's a StrongStart page where we put up stuff like a learning moment that happened that was really great. It's on a constant daily basis, it seems like one of us is linked together talking. [Fred]

4.4.2 Theme 2: Administrative protocol and support.

4.4.2.1 Existing protocols and supports. Those ECE teachers with a clear-cut protocol in place, such as Maya, Jane, and Fred to support their trauma-exposed students reported being satisfied to very satisfied with the process. Although the resources used ranged from community and professional referrals to contacting the Ministry of Children and Family Development, these participants were very familiar with their protocols and found them effective. However, the support the teachers received from their supervisors varied. Although Fred and Jane had supervisors that needed to be involved in their decisions to move forward with supports for potentially trauma-exposed children, Jane's decisions to refer the Ministry of Children and Family Development were sometimes independent of her supervisor.

My second year of ECE, I had a child who came out and disclosed that she was getting sexually abused at home...I did the report, and my supervisor at the time was like, 'No, I don't think it's report-worthy because it was trial and error, because they are young children.' I'm like, 'This happened. I need to report it, and I am reporting it regardless if you decide not to'. [Jane]

In contrast, Maya, being an administrative supervisor herself, was deeply involved in every decision to seek support for a student and their family, often initiating contacting their health nurse and additional community referrals herself, as well as seeking further resources and supports. Regardless of existing administrative protocols, some teachers indicated that they were confident in their decisions to make community and professional referrals and were also open to more resources and help. However in

contrast Gloria and Bell reported having no formal protocol in place at their schools for supporting trauma-exposed students, and Malala was not sure of the process.

4.4.2.2 *Self-initiated protocols.* Both in place of, or in addition to, a formal protocol by administration, ECE teachers implemented self-initiated protocols that relied on their own intuition and experience in supporting their trauma-exposed students and families.

I wanted techniques that might work, those type of things. I just found them, like I said, by the seat of my pants, uh, trial and error. Oh, that doesn't work, so this works.[Gloria]

Typically, my intuition is pretty on par. I'm very in tune with the kids that I work with. Once I get to know them, I'm like, 'Okay, this is abnormal behaviour.' At first, I'm like, 'Is this your normal behaviour or is something happening?' Then, I kind of balance it for a little bit, and then I'm like, 'No, this isn't normal two-year-old behaviour'. [Jane]

So that's one thing that for the last five years I've really struggled with, is finding workshops that are aimed at our age group...I did find someone who I've reached out to. But I have yet to hear back from her and she's actually developed a workshop for working with children who are exposed to trauma. [Maya]

In addition to using trial and error, putting in research for resources and general intuition to drive their decisions, teachers reported that support from ECE colleagues, such as a “switching out” technique, as vital:

“Switching out” allows ECE [teachers] know that it's okay to switch out with somebody if something's becoming too overwhelming” with a student so that they are able to step away and have a colleague to jump in. This can make sure “the child doesn't feel like they're being ignored, but to be able to have that shift and let that [other teacher] move on because clearly it's not, it's not a good place for them to be in. [Bell]

4.4.3 Theme 3: Effective approaches to Support Trauma Exposed Students

4.4.3.1 *Communication among ECE team.* When asked about the most effective approaches to supporting trauma-exposed students, all participants spoke to the

importance of strong communication among the ECE team. Malala emphasized “communication is a key. So you have to talk it out, if you're able to talk to your co-worker then I think it's not a problem but if it's like hesitance, then it's a problem.” Although communication is ideally done in person, documentation and communication books were described by one participant as a “successful tool for ECEs”. Bell explained that in this way when “one of our children come in and they're quite upset.. a general note for all ECEs”, can allow the team to “keep track of” these important observations should they persist or reveal an underlying problem. In addition ECEs described the different methods their teams used to approach any issues raised regarding their young students. This included team meetings ranging from daily end-of-day meetings, weekly meetings, and once-a-month professional development days. Teachers indicate the meetings were ideal place to discuss any behaviours that need to be addressed. Gloria described her centre’s weekly ECE-only meetings in which the ECE teachers are invited “to say what you noticed this week and we talk about each child... And then what can we do? What can we ask the family? But yeah....there's always somebody that will have something to say.” Such communication appears to further unify ECE teachers in their responses and plans to support their young students in consistent and effective ways.

This form of communication was particularly critical for Fred, who facilitates his StrongStart program on his own with up to 15 children and 30 parents in the room at once and but has 18 co-facilitators running their StrongStart programs across the Vancouver area. Fred explained, “some of the StrongStart programs are close enough where they share the same families. I share a lot of the same families.” Using daily email communication and the professional development days set by the Vancouver School

Board for all facilitators, Fred and his counterparts come together to address any issues they've observed and share any useful information they were able to find in their own research.

We communicate pretty much on a daily basis if it's needed, there's always a communication with emails. We all just need our email it just goes on and on and sometimes it fails and sometimes it's like what's happened in their center or on Facebook too, there's a StrongStart page where we put up stuff like, a learning moment that happened that was really great. It's on a constant daily basis, it seems like one of us is linked together talking. [Fred]

Every participant spoke to the importance of effective communication. However, Maya highlighted that good communication in a well-blended team is important:

[My old team], their relationships were quite negative, they didn't like each other they didn't like working together. And it really fed down to the children so that the children spoke to each other in a very harsh manner. It took me a long time and we did a lot of workshops as well. And then I finally hired Judy Crone to come in and do some work with us on effective communication and nonviolent communication with each other. And she was able to document the extremes that I was talking about and in using her observations I was able to start letting people go who really needed to go. And so I built a new team and I was very, very particular about the types of personalities, uhm, not so much work experience.

4.4.3.2 Trial and error/Intuition. A number of ECE teachers shared instances where they relied on trial and error and their own intuition to support their young students and families. Gloria relied on this more than other participants, when supporting a student through the death of their parent. Gloria described an example of how she supported her young student using humour.

[This was a] child that loved to laugh and he loved peepee, kaka kind of jokes.. he was crying one day and I actually didn't know that he wanted... He was crying and he said how can I help you. He says 'I want to cuddle with you.' And I had 16 other children, I said that 'I'm going to cuddle with you. But I also have to help a few children'. And I said, 'can I give you my jacket?' And he said yes and so I wrapped him in a jacket but knowing his sense of humour before, I said 'ok I will wrap you in my jacket, but you can't fart in it.' and he went from tears to giggling. [Gloria]

She reframed a difficult situation for this student and their family:

On the day of the funeral, he was crying and he said ‘My mommy is strong’ and I said, ‘Are you kidding? She's a superhero!’ I said ‘She beat cancer!’ The cancer was hurting her and everything and then she fought up with all she could and she fought with medicine and this and that and she said ‘Oh yeah? Well you can't do it to me’. And she died and the cancer was there feeling very stupid and it had to go. So I told the dad when he came from the funeral to pick him up, that this is the story I told him today. And he looked at me and he laughed and he said ‘You're warped’ and we laughed together. [Gloria]

By reframing, Gloria mitigated some of the most severe reactions and difficult behaviours in her classroom. Fred and Jane highlighted the importance of flexibility and spontaneity in his work with parents and children.

4.4.3.3 Community and agency referrals. The range of professional services available to the ECE teachers in the present study was vast. Teachers reported employing the use of special needs workers, public health nurses, occupational therapists, physical therapists, music and art therapists, social workers, and not-for-profit government resource and support centres, as well as assistance from the BC Ministry of Children and Family Development (MCFD). Moreover, several of the participant’s ECE centres received help from individual specialists and experts in the field of child development and mental health through workshops and private assessments.

In addition to the professional services, teachers reported referring families to non-profit community services such as the food bank and a variety of organizations providing necessities such as clothes, toys, and diapers. Fred considered himself “a tour guide [who] can suggest what to do but can't tell you what to do,” sometimes stepping beyond his educator role to guide his families through more serious situations involving government agencies to support struggling parents and children.

Although teachers reported professional services as very effective and being very satisfied with having these extra resources, with the access to these services were wide-ranging but largely dependent on type of centre and funding available to them. Some ECE have had to make reports directly to MCFD that have lead to child apprehension. In these cases, ECE teachers reported the difficulty in making these calls, and considered if this would cause “just another stressful experience for this family and will that move them further away from us or is it going to help them?” Overall, if funding and access were not an issue, ECE teachers reported that they would welcome all types of support from professional services both for themselves in improving their practice and as referrals for their young students.

4.4.3.4 High ratios/one-to-one workers. Participants reported the high student to teacher ratios at their schools as a great asset in supporting trauma-exposed students. ECE teachers spoke to the struggle in acute instances violent or erratic behaviour that meant one student needed immediate attention and balancing this need alongside the needs of the rest of their classroom. While current requirements in BC allow for student-teacher ratio of 10:1 in preschools and 4:2 in group childcare settings that include infants, some participants were fortunate to experience higher ratios at their schools. These high ratios allowed ECE teachers to spend more one-on-one time with individual students and able to step aside at unexpected times with students that need extra help or attention, with their colleagues being able to cover for them. Gloria described herself and her colleagues as “lucky that our room, per square footage, under the licensing only allows 17 children.” That way, she ‘could be with [a student] and the other two teachers were within ratio, so that gave [her] a lot of room.” Gloria, Maya, and Jane found this as a necessary and

effective in supporting their trauma-exposed students. Similarly, Bell reported having one-to-one workers at her school for their newly arrived refugee students as a great asset. This again, allowed for more attention and extra supports for those students that need it without taking away from the other students in class.

4.4.3.5 Support among ECE team. In sharing their experiences in supporting their trauma-exposed students and the elements they found most essential in doing this effectively, all participants highlighted the support they had among their ECE colleagues. In addition to the importance of communication with their ECE team several teachers revealed the different ways teachers at their centres supported each other.

...I think is the most important component to really having a solid team. So you know we actually enjoy spending time together. We share about our, you know, families, we kid around, you know, we can laugh at things and we're all having really off days. We support each other. [Maya]

Sometimes it's spontaneously. You know, we may call one another at night and say 'You know today, there was something I want to talk about' because we couldn't. We didn't want to wait until the team meeting, [because] usually it's on set days. [Gloria]

I think that we support each other on different ideas or different ways of looking at positives as all of the facilitators seem to have a very good way of reflecting on our practice, not everything is personal, maybe you should try this way or you know what it doesn't matter if you do it this way, this is the way I do it. We all honour that we do things differently but we still abide by what is StrongStart's quality assurance tool as instilled in the Early Learning Framework. [Fred]

Although they were not part of the administration or in supervisory roles, these teachers reported feeling more self-assured and took on supportive roles building confidence in their colleagues when they were faced with difficult situations:

...I have two new co-workers who have just started a month and a half ago, and there was a child, he was pushing, hitting, biting, and throwing things at other children and staff, I was like, 'Okay I know this child, I know what they've been through.' I was like, 'Hey this is what happened. I'm going to give you general

information, not to break confidentiality for the family.' I said, 'You just have to get down and talk with them, give them extra hugs and cuddles because that's what they need.'" They're like, 'Okay, but they're scary.' I'm like, 'They're two. They're still a child.' [Jane]

Bell also found herself in these supportive roles, particularly when employing the “switching out” technique with her colleagues, Bell explained, that although she never needed “switch out”, it was vital for “ECE to know that it's okay to switch out with somebody if something's becoming too overwhelming... that's really important to know as an ECE that you don't have to take it all that you have a team to work with for this reason.”

4.4.4 Theme 4: Additional support desired by ECEs.

4.4.4.1 Applicable, group-specific resources. ECE teachers responded overwhelmingly that they would like more applicable resources that were appropriate for their young age group. Requesting more “research, books and outreach”, teachers pointed to the need for resources that address experiencing trauma, PTSD, and “not just the verbal aspect of [trauma], but non-verbal” that would take into consideration their very young age groups and their capacities in communication. Moreover, teachers stressed the importance that these resources be more applicable:

...that's one thing that for the last five years I've really struggled with, is finding workshops that are aimed at our age group. And that are aimed at specific hands on tools to use in the moment. Not just about the developmental part of it, why these behaviours happen, we already know why these behaviours happen. And we know like the foundational part of it and create a safe environment. You know, lots of choices, lots of time and giving children power over their day. Right, but what do you do, you know, when a child is physically aggressive? And so it's more that type of training that I find there's a real lack of in our field. We've tried bringing people in here...people will come in with these great ideas and then at the end we're like, well that's what we do already. Right, so it's been really hard for us. [Maya]

Other participants echoed a need for more specific tools and strategies, as

Gloria explained

I read a few books...It felt a little bit vague. You know, it was like, how they feel. But I need something a bit more concrete. That's when you- the days where you're exhausted and you say 'I can't do it anymore' - read something and say "tomorrow I'm going to try that" you know, that, I didn't know where to look for it. [Gloria]

Moreover, participants wondered where they could find resources for “their client base”, specifically resources that would address situations commonly associated with trauma, while taking early ages and early years development into account. These topics included refugee students, single parent families, students from low-income families, children in the foster system, how to approach parents on difficult topics, how to deal with resistance, and those who’ve experienced child apprehension by the MCFD.

4.4.4.2 Applied trauma-focused training. While all participants were open to more resources and support regardless of the amount of support they already received and had access to, there was a strong consensus on how these resources should be delivered. Almost every ECE responded that they would welcome more information in the form of hands-on training workshops. Teachers perceived these workshops as an opportunity to learn “different techniques, different kinds of red flags to look for that could point you in a certain direction”, have open discussions that allow you to “take a little bit from everybody” and ask questions, bring up specific examples and “learn from each other”. Fred proposed making these workshops regularly available at conferences and part of professional development days.

Participants also suggested other forms of resource delivery that would begin at the very initial stages of becoming an ECE teacher, Malala, Bell, and Jane pointed to the

lack of courses or lectures that focused solely on trauma while completing their schooling for their ECE degrees and diplomas. Malala proposed that this training be a part of the required 6-month practicum, thoughtfully placing ECE student teachers in settings where they would get “more hands-on experience” with children exposed to trauma.

4.5 Survey and Interview Integration

Survey findings revealed that the majority of ECE teacher participants feel fairly prepared in supporting their trauma-exposed students and feel able to apply trauma-informed practices despite reporting not receiving trauma-focused training or resources. Specifically, 36% of teachers reported receiving trauma-focused resources and only 12% received trauma-focused training provided by their schools and administrations. One theme that emerged from the interviews that could explain this contradiction was the teachers’ overtime spent on researching and finding supports on their own for those students and families that raised concern. Another theme that may have contributed to teachers’ perceived preparedness and ability is the confidence of using their intuition and trial and error processes to support students. Further, interview findings also suggested that some of the participants felt a lack of support from their administration. Although the focus of the interview question was on the presence of administrative protocols, the theme did point to a lack of resources and referrals. Additionally, the availability of community resources and agency referrals to different schools and centres as a theme was also tied into survey findings regarding supports provided by administrations. Moreover, when asked what additional supports ECE teachers desired, all participants asked for more resources and training regardless of the fact that some had a vastly wider variety of resources already available to them. Finally, the interview guide, primarily seeking to explore and expand on the third research question, what ECE teachers’ perceived as ways to better their

trauma-informed practice, did not further tie in with survey responses or inquiries such as why years of experience did not predict perceived preparedness or ability nor expand on teachers' current trauma-informed practices and definitions of TIP.

4.6 Summary

In this chapter, the results of the survey and interviews for the present study were presented. Descriptive statistics and regression analysis of survey data was used to reveal how ECE teachers perceived their preparedness and ability in supporting trauma-exposed students. Key messages from the surveys revealed that many teachers lacked knowledge of TIP and a significant amount had not received trauma-focused training and resources from their administrations. Despite this, the majority of teachers perceived themselves as prepared and able to support their trauma-exposed students and applying TIP. Thematic analysis of transcribed one-to-one interviews delved further into the experience of ECE teachers in supporting trauma-exposed students. From the thematic analysis, four overarching themes and 14 subthemes emerged, in which teachers' expanded on what they perceived as challenges and necessary elements to working within a trauma-informed practice framework.

Chapter 5: Discussion

5.1 Overview

The primary purpose of the present study was to gain an understanding of the experiences of ECE teachers in supporting trauma-exposed students, such as refugee children, and their knowledge of Trauma-Informed Practice (TIP). The aim of the present study was to contribute to this literature by exploring the beliefs of BC early childhood education (ECE) teachers in their level of readiness and capability to work within a TIP framework to support their trauma-exposed students. A self-report questionnaire and semi-structured interviews were used to gauge BC ECE teachers' knowledge of TIP, their preparedness, and their ability in using this framework to support their most vulnerable students. A total of 68 teachers participated in the online survey. Findings revealed a significant portrait of the perceived preparedness and ability of ECE teachers in BC to support the needs of students who have experienced trauma. Follow up one-to-one interviews with 6 ECE teachers revealed number of themes and subthemes in the experiences of teachers supporting their trauma-exposed students. This chapter integrates and discusses relevant research that pertain to these findings. Implications of the findings for teachers and other school professionals working with students who have experienced trauma and their families are also discussed. Finally, the limitations and strengths of the present study, and directions for future research are presented.

5.2 Perceived Preparedness and Ability in Implementing TIP.

A survey study conducted with elementary teachers in the Netherlands revealed that one in five teachers surveyed reported high rates of difficulty when confronted with situations in which they needed to support their trauma-exposed students (Aisic et al., 2012), Sixty-three percent of these teachers indicated having difficulty in knowing when to get a mental health

professional involved and 51% had indicated difficulty finding the right resources for these students and their families. In a separate study, similar reports of uncertainty were found among teachers working with refugee children (Szente et al., 2006) indicating indicate a clear gap in teachers' education and professional development training and advocating for the need of applying the tenants of the TIP framework in the early learning classroom.

Working from these findings, the present study sought to explore how prepared and able ECE teachers perceived they were in supporting their trauma-exposed students given the existing literature. However, when asked to report how prepared they felt in supporting trauma-exposed students in their classroom, the majority of survey participants reported feeling prepared to some degree across all scenarios presented. These results were surprising given 42% of participants indicated having not received any trauma-focused training in the last five years and 60% indicated never receiving trauma-focused resources from their administration or school.

In terms of applying some of the essential elements of TIP in the classroom, a larger majority of teachers reported feeling able to some degree, more confident in their ability with the scenarios presented than they had responded in the scenarios presented to rate their preparedness. Sixty percent of participants in the present study indicated that they felt very able in creating a sense of community that includes all students. This was an optimistic finding as creating a community in the classroom is an effective and essential element to a trauma-informed classroom (Roxas, 2011). These results were again a surprising finding, as 35% of teachers indicated "no" or "unsure" on whether they had heard of TIP before, and again, only 52% having received trauma-focused training in the last 5 years.

These results were contradictory as they reveal a large disconnect between teachers' perceived preparedness and abilities to implement TIP, and their knowledge, training and

resources on the subject. While it is possible that the survey responses categories were vulnerable to social desirability bias and thus encouraged participants to indicate they were “somewhat” prepared and able, there was still a significant degree of participants that indicated feeling quite confident, indicating “very prepared/able”. Further, although a middle option was presented the 4-point likert scale used reduced the tendency for participants to select middle scale responses by not offering a “neutral” option but rather “somewhat” and “unsure” options (Anders, 2012). It is more likely that the majority of participants selecting the “somewhat” options points toward a degree of doubt among participants in their capabilities. It is possible that this is consistent with Phifer and Hull’s (2016) study that found teachers are often left to learn on the job how to approach the challenging behaviours of trauma-exposed students. "As was revealed in the interviews, several ECE teachers spent time outside of their work hours researching and expanding their professional practice on their own as they often lack support from larger administrations such as the school board system and union organizations that teachers of older aged children have access to. What is unclear and of concern is the effectiveness of the resources teachers may be accessing in attempts to help support their students and families. Moreover, the quality of these resources can be in question, as they may not be put through a formal process of peer review or vetting by an accredited organization, as they would be if they were provided by administrative powers.

To expand on survey results, multiple regression analysis was used to test whether years of experience, receipt of training and receipt of resources would predict teachers’ averaged perceived preparedness and ability across all scale items. Results indicated that receipt of training in the past five years positively and significantly predicted higher averaged preparedness in teacher responses but receipt of resources did not. More surprisingly, “years of experience as

an ECE” was not significant in predicting perceived preparedness of the teachers suggesting that although experience and resources are critical, they are not enough to prepare teachers when confronted with trauma.

However, receipt of both training and resources did positively and significantly predict the perceived ability in participant responses. Again, years of experience was found to be not significant. Similar to the regression results regarding preparedness, it appears that the years experience as a teacher does not necessarily aid teachers in providing support to young students who have experience trauma. Although a surprising result, this was supported in the interview findings as Gloria, the most experienced teacher participant in the interviews, expressed her continued struggles in supporting her trauma-exposed students despite having spent 22 years in the ECE field.

In terms of administrative support, 60% of participants indicated they had not received resources to support their work with students who have experienced trauma in their classrooms from school administration. More critically, teachers indicated they had not received trauma-focused resources specific to refugee students (76%) nor any training specific to refugee students (80%). These findings are concerning given Canada’s recent influx of refugee family resettlements in recent years, many of which have taken place in BC and across the Metro Vancouver area. These refugee students are at high risk to develop more severe traumatic disorders such as PTSD and emphasis that TIP puts on creating safe and empowering spaces is essential across all types education settings can be critical for trauma-exposed students. However, although 93% of participants indicated that they felt TIP was “very important” to their work as an ECE teacher, only 64% of participants reported having heard of the TIP framework prior to this survey.

5.3 Working within a TIP Framework

Interviews with BC ECE teachers support crucial role for ECE teachers in supporting trauma-exposed children consistent with previous literature (Allensworth et al., 1997; Farmer et al., 2003; Prinstein et al, 1996). Regardless of setting in ECE, all participants described more than one instance of trauma-exposed students in their classrooms. All interview participants indicated that that have been confronted with maladaptive, violent, and angry behaviours of their young trauma-exposed students and highlighted the difficulty in handling these unpredictable reactions. Often times these reactions in the classroom caused isolation and even harm toward vulnerable students by other students. One of the biggest difficulties shared by teachers in the study was being confronted with difficult situations where a student's limited language abilities kept students from being able to express their needs. They report a need for resources to help with such situations in younger students as much of the current resources are targeted toward older students with better language skills. When challenging behaviours were observed, teachers expressed difficulty in knowing how to approach their concerns with parents. Many perceived parental resistance and limited resources in and out of school. However, it is important to acknowledge that while some parents were not able to attend to the concerns raised, it was unclear as to why. It is possible that the reasons as to why they could not engage with the teachers and supports lie in both personal and cultural motivations. As one teacher described in her experience of helping a child cope with the loss of a parent, the family was unable to readily assist with this support as they too were experiencing the traumatic experience of losing a family member. Additionally, language barriers, legal circumstances and stigma related to pursuing

mental health resources left study participants uncertain on how to support the parents in seeking outside support as well.

In addition to this, given their close relationships with the students in their settings, ECE teachers may become very involved in the lives of their students' and their families. This may result in risk for burn out or vicarious trauma. However, this emotional burden on teachers might be elevated with strong supports in place for their own mental health and wellbeing as they work to support the students in their classrooms. One way to help is for administrations to have clear-cut effective protocols in place to support their teachers through difficult situations with students and their families, both in terms of approaching parents with difficult news and providing both teachers and parents with a clear route on how to proceed for support with difficult situations.

While many teachers indicated that they relied on their own intuition and trial and error to support their young students, some had the support of their administration and received regular trauma-focused training and professional development. Those ECE in settings with clear protocols and resources were more confident in their approach to supporting students and families. This was an unsurprising finding and consistent with survey findings that training and resources provided helped teachers in their abilities to support their students. Nevertheless, access to community, agency, and individual administrative supports varied across the different ECE settings represented in the present study. While some settings had clear protocols and professional services for their own support or where students and their families could be referred to, others were left to their own means. This exploration was often done on their personal time outside of work. This uncompensated overtime spent on work, especially on a complex and emotional topic such as trauma, may again put teachers at risk for burn out and other threats to their own mental health. Despite the range of access to resources and professional services

expressed by some, every participant was open to receiving more supports. The teachers appeared committed to developing their practice and work for the sake of their students' learning and wellbeing.

Consistent with previous literature on effective implementation of TIP, it's essential that supports and services are delivered through a multi-level and collaborative system that includes not only teachers themselves, but their supervisors, their larger administrative bodies, and the professional service providers and families (Klinic Community Health Centre, 2013; Mcinerney et al., 2014; Paccione-Dyszlewski, 2016; Phifer & Hull, 2016; Price et al., 2012). This collaboration and communication between professional service providers and teachers is especially crucial for the more severe cases of trauma, such as children who develop PTSD, who may need stronger interventions such as CBT therapy (Kataoka et al., 2003). The participants in the present study spoke to the need for collaboration at multiple levels when referring to their administrative protocols and their communications with their supervisors. Alisic et al.'s (2012) found, many teachers were unsure of when to refer students to professional services. Installing a collaborative, multi-tiered protocol in schools can have a large impact on communicating knowledge of when to refer a student for additional support. As one interview participant pointed out, all referrals need to be made through a collaborative approach with the support of parents and professionals. In addition, ECE teachers need to be clear as to what their limits are and how best to sharing their observations and information about the students but not imply a diagnoses. Moreover, a multi-tiered approach can also act as a protective factor for teachers.

Two protective factors that were identified the interviews participants were the communication and support among ECE teams. This included having good student to teacher ratios and one-to-one support workers to help teachers balance the needs of their trauma-exposed

students with the needs of their classrooms as a whole. Effective communication for the interview participants came in many forms including daily documentation, observation books, emails, phone calls, regular meetings with team members, and professional development days. Survey results suggest formal training can be crucial to the delivery of trauma-focused supports. Those ECE teachers, who did not have access to designated professional development days and routine training, garnered their own professional development through independent research and support from their colleagues. Every interview participant highlighted the importance of having a strong and solid team that “enjoy spending time together”. Moreover, while some spoke to the benefits of having supportive colleagues, others revealed how they often took on supportive roles for their colleagues. These teachers perceived they were confident in their abilities in supporting their colleagues when they were confronted with difficult situations, often beyond what was asked of them. It is possible that this support among ECE teams bolstered the confidence of teachers in their abilities as revealed by survey results.

Perhaps most specific to the early childhood setting, was the strong desire among ECE teachers for applicable, age-appropriate, trauma-specific resources and training. Despite the number of professional services and training available reported by some participants in the study, participants agreed that “trauma is one of those things that you can't have enough resources for”. There are a number of useful and recommended toolkits that have been made widely available to all audiences in the recent years, such as “Traumatic Stress Toolkit for Educators” by the American National Child Traumatic Stress Network, “Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families” by the BC Ministry of Children and Family Development, “Students from Refugee Backgrounds: A Guide for Teachers and Schools” by the BC Ministry of Education, and “Resource Guide for

Supporting Children with Refugee Experience” by the Surrey Welcoming Communities Project, Despite this ECE teachers reported a lack of resources that had the applicable, age-specific information regarding the needs of young children that went beyond having a general understanding of TIP guidelines. It is possible that teachers were not aware of these toolkits or were overwhelmed by the amount of information provided, wanting what was specifically applicable to their young students. Participants overwhelmingly expressed a desire for “research, books and outreach” that provide practical suggestions and hands-on tools for children of young ages and early development. Participants recognized the importance of receiving this education formally, ideally delivered through training workshops. However, some participants “struggled” to find workshops “that are aimed for our age group”. An age group and stage of development often looked over in the resources listed above. Participants also spoke to how the topic of trauma and trauma-focused training is missing from their curriculum during their formal education when becoming ECE teachers, suggesting that without this experience, many are left a need for skills and knowledge in this area. Participants in the present study expressed a strong aspiration to improve their practice in this area through use of the TIP framework to provide the most optimal support available to their trauma-exposed students. A recommendation for teachers that seek further professional development in this area would be to access “The Learning Centre” website available through the National Child Traumatic Stress Network website. The NCTSN was created by U.S. congress lead by professionals in the field of traumatic stress in childhood with a variety of evidence-based resources and information regarding traumatic stress and learning. Their learning centre provides thousands of free webinars and courses with regards to TIP that can aid in the professional learning and development of parents, teachers, service providers and so forth. Another recommendation would be the book “Reaching and Teaching

Children Exposed to Trauma” by Dr. Barbara Sorrels. An expert in the field, Dr. Sorrels book specifically addresses trauma in early ages (0 to 5 years old) that are often overlooked and a variety of classroom strategies in supporting trauma-exposed students.

5.4 Limitations and Strengths of the Present Study

5.3.1 Limitations. The results of the present study should be considered preliminary due to a number of limitations. This includes the use and nature of self-report in the survey where observations of actual teacher behaviour and child outcomes would have been very informative. Further, the absence of several variables that may be important to predict teachers’ preparedness and ability: their own traumatic history, the amount of support received from colleagues (a theme which emerged in the interviews as critical for the teachers), the amount of funding available to their centres and how this funding is used, whether they have designated professional development days and so forth and gender of the teachers as the present study was not able to create a more balanced recruitment of both men and women. An additional limitation of the survey was that it did not inquire about what practices teachers currently employ in their classrooms or how teachers themselves define TIP. This additional data may have contributed to a better understanding of the contradictory findings between teachers’ perceived preparedness and ability responses and lack of training or support. Further, while the survey was shared across BC, including a wider range of representation of ECE teachers across BC might be more representative of the experience of ECE in BC. The interview participants were largely limited to the Greater Vancouver Area (although one participant working on Vancouver Island was able to be interviewed by phone) for practical reasons in an unfunded study. The nature of the recruitment, using the ECEBC conference as well as social media pages, constrained the participants to those who have access to social media resource pages and have had the resources

to attend ECEBC Conference. Further, the survey instrument although based in previous peer-reviewed literature, was new, created specifically for this study is in need of further study to better understand the psychometric properties of the instrument

5.3.2 Strengths. There are also a number of strengths in the present study. The use of both survey and interview data was a strength, Findings were strengthened by a larger sample size for the survey along with interviews that included the voices of ECEs to elaborate on a complex topic for them. Participants in the online survey and in-person interviews represented a wide and inclusive range of ECE settings, including both private and public centers as well as half-day programs such as StrongStart using alternative teaching methods that such as Montessori schools. This may help in the generalizability of the survey results and transferability of the interview findings across different ECE settings. Moreover, the instruments used in this study were piloted and revised based on feedback from both graduate student peers in ECE and practicing ECE teachers. Furthermore, the use of triangulation, with the help of graduate student peers and the research supervisor confirmed that the data analysis was handled appropriately, adding to the credibility and validity of this study. Further, this study is timely given Canada's ongoing commitment to refugee protection and resettlement and the recent influx of refugee children and families in BC in recent years.

5.5 Future Research Directions

With the limitations and strengths in mind, the findings of the present study merit further consideration. Ko et al. (2008) observed that trauma confronts schools with the dilemma of how to balance their mission of education with the fact that many students need help in dealing with traumatic stress to be able to engage in learning. While teachers do not need the advanced training and education of mental health professionals to apply TIP in their classrooms, teachers

should be provided with basic training, resources and supports in working with children who have been exposed to trauma in the form of training workshops, resources and toolkits. Research on the best ways to implement this training and support is needed. It is essential that these resources be made available to ECE teachers through routine professional development delivered through administrative and policy channels to both protect teachers themselves and their most vulnerable students with research on the effectiveness on different approaches to training. Resources and toolkits provided need to be developed with early age groups and early development in mind, with topics that not cover how to facilitate support for students and their families, how to recognize symptoms of adaptive and maladaptive coping, where to refer children and their families when specialized services are necessary, but what to do when met with parent resistance, how to create a supportive multi-tiered system in their schools, and how to take care of themselves under stressful conditions. It is unclear why this has not occurred. Perhaps to support this more research on addressing the needs of young children in early childhood setting who have experienced trauma and that in turn can be developed into developmentally appropriate materials for educators working with children in this age range and their families.

5.6 Summary and Conclusions

Ninety-three percent of the survey participants indicated that t TIP was “very important” to their work as an Early Childhood Educator. This study revealed that ECE teachers have a strong desire to provide their most vulnerable students and families with the best supports they are able to offer. And while the survey results of the present study have shown this in numbers, the follow-up interviews allowed ECE teachers to voice their needs more specifically and share their experiences. Future research and collaboration is needed to further develop our

understanding of these needs and how to provide the most optimal support for BC's Early Childhood Education teachers in their practice with regards to this topic.

References

- Alisic, E. (2012). Teachers' perspectives on providing support to children after trauma: A qualitative study. *School Psychology Quarterly, 27*, 51-59.
- Alisic, E., Bus, M., Dulack, W., Pennings, L., & Splinter, J. (2012). Teachers' experiences supporting children after traumatic exposure. *Journal of Traumatic Stress, 25*, 98–101. <https://doi.org/10.1002/jts.20709>
- Allensworth, D., Lawson, E., Nicholson, L., & Wyche, J. (1997). *Schools and health: Our nation's investment*. Washington, D.C.: National Academy Press. Retrieved from https://books.google.ca/books?hl=en&lr=&id=IVuloLgr3dUC&oi=fnd&pg=PT15&dq=school+and+health:+our+nation%27s+investment&ots=21Q2srQC5J&sig=3tpawgjt_YlBMj0et-XuBopRMHo
- Anders, L. (2012). *Designing and doing survey research*. London: Sage Publications Ltd. doi: 10.4135/9781526402202
- Arthur, E., Seymour A., Dartnall, M., Beltgens, P., Poole, N., Smylie, D., North, N., Schmidt, R. (2013). *Trauma-informed practice guide*. British Columbia Centre of Excellence for Women's Health. Retrieved from <http://bccewh.bc.ca/wp-content/uploads/2014/02/Trauma-Informed-Practice-Guide-cvr.jpg>
- Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J., Strothers, H., Evans, M., Cohen C. & Blaustein, M. E. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model. *Journal of Child & Adolescent Trauma, 4*, 34-51.
- Berger, R., Gelkopf, M., & Heineberg, Y. (2012). A teacher-delivered intervention for adolescents exposed to ongoing and intense traumatic war-related stress: A quasi-

randomized controlled study. *Journal of Adolescent Health, 51*, 453–461.

<https://doi.org/10.1016/j.jadohealth.2012.02.011>

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101. doi:10.1191/1478088706qp063oa

Browne, C., & Winkelman, C. (2007). The effect of childhood trauma on later psychological adjustment. *Journal of Interpersonal Violence, 22*, 684–697.

<https://doi.org/10.1177/0886260507300207>

Cloitre, M., Stolbach, B. C., Herman, J. L., Kolk, B. van der, Pynoos, R., Wang, J., & Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress, 22*, 399–408.

<https://doi.org/10.1002/jts.20444>

Cohen, J.A., Mannarino, A.P., & Deblinger, E. (2012). TF-CBT: Trauma-focused cognitive behavioural therapy [Fact Sheet]. Retrieved from

<https://www.nctsn.org/interventions/trauma-focused-cognitive-behavioral-therapy>

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liataud, J., Olafson, E., van der Kolk, B., & Mallah, K. (2005). Complex trauma in children and adolescents. *Psychiatric Annals, 35*, 390-398.

Craig, S. E. (2016). *Trauma-sensitive schools: Learning communities transforming children's lives, K 5*. New York: Teachers College Press.

Delaney-Black, V., Covington, C., Ondersma, S. J., Nordstrom-Klee, B., Templin, T., Ager, J., Sokol, R. J. (2002). Violence exposure, trauma, and IQ and/or reading deficits among urban children. *Archives of Pediatrics & Adolescent Medicine, 156*, 280.

<https://doi.org/10.1001/archpedi.156.3.280>

- Dorado, J. S., Martinez, M., McArthur, L. E., & Leibovitz, T. (2016). Healthy Environments and Response to Trauma in Schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. *School Mental Health, 8*, 163–176. <https://doi.org/10.1007/s12310-016-9177-0>
- Enlow, M. B., Egeland, B., Blood, E. A., Wright, R. O., & Wright, R. J. (2012). Interpersonal trauma exposure and cognitive development in children to age 8 years: a longitudinal study. *Journal of Epidemiology and Community Health, 66*, 1005-1010.
- Fairbank, J. A., & Fairbank, D. W. (2009). Epidemiology of child traumatic stress. *Current Psychiatry Reports, 11*, 289–295. <https://doi.org/10.1007/s11920-009-0042-9>
- Farmer, E., Burns, B., Phillips, S., Angold, A., & Costello, E. (2003). Pathways into and through mental health services for children and adolescents. *Psychiatric, 54*. Retrieved from <http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.54.1.60>
- Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York, NY: Brunner/Mazel.
- Goodman, R. D., Miller, M. D., & West-Olatunji, C. A. (2012). Traumatic stress, socioeconomic status, and academic achievement among primary school students. *Psychological Trauma: Theory, Research, Practice, and Policy, 4*, 252-259.
- Green, B. L., Korol, M., Grace, M. C., Vary, M. G., Leonard, A. C., Gleser, G. C., & Smitson-Cohen, S. (1991). Children and disaster: Age, gender, and parental effects on PTSD symptoms. *Journal of the American Academy of Child & Adolescent Psychiatry, 30*(6), 945-951.
- Groves, B. M. (2002). *Children who see too much: Lessons from the child witness to violence project*. Boston, MA: Beacon Press

- Hamblen, J. (2003). PTSD in children and adolescents. Retrieved November 19, 2016, from [http://www.isu.edu/irh/projects/better_todays/B2T2VirtualPacket/Trauma/PTSD in Children and Adolescents - \(National Center for PTSD\).pdf](http://www.isu.edu/irh/projects/better_todays/B2T2VirtualPacket/Trauma/PTSD%20in%20Children%20and%20Adolescents%20-%20(National%20Center%20for%20PTSD).pdf)
- Hassan, G., Ventevogel, P., Jefee-Bahloul, H., Barkil-Oteo, A., & Kirmayer, L. J. (2016). Culture, context and mental health and psychosocial wellbeing of Syrians. *Epidemiology and Psychiatric Sciences*, 25, 129–141. <https://doi.org/10.1017/S2045796016000044>
- IBM Corp (2016). IBM SPSS Statistics for Mac, Version 24.0 [Computer Software]. Armonk, NY: IBM Corp.
- Kataoka, S.H. (2012). *CBITS: Cognitive behavioral intervention for trauma in schools* [Fact Sheet]. Retrieved from <https://www.nctsn.org/interventions/cognitive-behavioral-intervention-trauma-schools>
- Kataoka, S. H., Stein, B. D., Jaycox, L. H., Wong, M., Escudero, P., Tu, W., Fink, A. (2003). A school-based mental health program for traumatized Latino immigrant children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42, 311–318. <https://doi.org/10.1097/01.CHI.0000037038.04952.8E>
- Klinic Community Health Centre. (2013). *Trauma-informed: The trauma toolkit. The Trauma Toolkit* (Vol. 2). Retrieved from www.trauma-informed.ca
- Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., Layne, C. M. (2008). Creating trauma-informed systems: Child welfare, education, first responders, health care, juvenile justice. *Professional Psychology: Research and Practice*, 39, 396–404. <https://doi.org/10.1037/0735-7028.39.4.396>
- Kroll, J., Yusuf, A. I., & Fujiwara, K. (2011). Psychoses, PTSD, and depression in Somali refugees in Minnesota. *Social Psychiatry and Psychiatric Epidemiology*, 46, 481–493.

<https://doi.org/10.1007/s00127-010-0216-0>

Lincoln, Y. S., & Guba, E. G. (1986). But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New directions for program evaluation*, 30, 73-84.

Margolin, G., & Gordis, E. (2000). The effects of family and community violence on children. *Annual Review of Psychology*, 51, 445-479. Retrieved from

<http://www.annualreviews.org/doi/abs/10.1146/annurev.psych.51.1.445>

Margolin, G., & Gordis, E. B. (2000). The effects of family and community violence on children. *Annual Review of Psychology*, 51, 445–479. <https://doi.org/10.1146/annurev.psych.51.1.445>

Mathison, S. (1988). Why triangulate? *Educational Researcher*, 17, 13-19.

<http://dx.doi.org/10.3102/0013189X017002013>

McInerney, M., & McKlindon, A. (2014). Unlocking the door to learning: Trauma-informed classrooms & transformational schools. *Education Law Center*. 1-24. Retrieved from <http://www.vtnea.org/uploads/files/Trauma-Informed-in-Schools-Classrooms-FINAL-December2014-2.pdf>

Ministry of Education (2009). Students from refugee backgrounds: A guide for teachers and schools, 2. Retrieved from

http://ubc.summon.serialssolutions.com/2.0.0/link/0/eLvHCXMwbV1La8MwDBZrC2O3tduyPgbZD0jS2G4cn8dKYfS0HcYuJo6dHDA6h5P_XzlOYS09CRn8wBhLsvR9BqAkXkYndwIvtSo5eusp5YYKqlWqqUDvXDGT6lSdlOocVTl_KYwdTR17nJ1nf3ZCf5c2UaUTLqUrScKyXGQiQdPS1sZY2XhSZCvr1tEt_uhqAIOcLv1HB0d

Moradi, A. R., Doost, H. T. N., Taghavi, M. R., Yule, W., & Dalgleish, T. (1999). Everyday memory deficits in children and adolescents with PTSD: Performance on the Rivermead Behavioural Memory Test. *The Journal of Child Psychology and Psychiatry and Allied*

Disciplines, 40, 357-361.

- National Child Traumatic Stress Network Schools Committee. (October 2008). *Child trauma toolkit for educators*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.
- National Child Traumatic Stress Network. (April 2012). *Trauma-informed interventions*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.
- Otto, M. W., Henin, A., Hirshfeld-Becker, D. R., Pollack, M. H., Biederman, J., & Rosenbarm, J. F. (2007). Posttraumatic stress disorder symptoms following media exposure to tragic events: Impact of 9/11 on children at risk for anxiety disorders. *Journal of Anxiety Disorders*, 21, 888–902. <https://doi.org/10.1016/J.JANXDIS.2006.10.008>
- Ozer, E. J., Best, S. R., Lipsey, T. L., & Weiss, D. S. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A meta-analysis. *Psychological Bulletin*, 129, 52–73. <https://doi.org/10.1037/0033-2909.129.1.52>
- Paccione-Dyszlewski, M. R. (2016). Trauma-informed schools: A must. *The Brown University Child and Adolescent Behavior Letter*, 32(7). <https://doi.org/10.1002/cbl.30139>
- Perry, B. D. (2001). Bonding and attachment in maltreated children. *The Child Trauma Center*, 3, 1-17.
- Pfefferbaum, B., Seale, T., Brandt, E., Pfefferbaum, R., Doughty, D., & Rainwater, S. (2003). Media exposure in children one hundred miles from a terrorist bombing. *Annals of Clinical Psychiatry*, 15, 1–8. <https://doi.org/10.3109/10401230309085664>
- Phifer, L. W., & Hull, R. (2016). Helping students heal: Observations of trauma-informed practices in the schools. *School Mental Health*, 8, 201–205. <https://doi.org/10.1007/s12310-016-9183-2>

- Price, O. A., Ellis, B. H., Escudero, P. V., Huffman-Gottschling, K., Sander, M. A., & Birman, D. (2012). Implementing trauma interventions in schools: Addressing the immigrant and refugee experience. In S. R. Natro (Ed.) *Health disparities among under-served populations: Implications for research, policy, and praxis*. (Vol. 9, pp. 95–119). Emerald Group Publishing Limited. [https://doi.org/10.1108/S1479-358X\(2012\)0000009008](https://doi.org/10.1108/S1479-358X(2012)0000009008)
- Prinstein, M., LaGreca, A., & Vernberg, E. (1996). Children's coping assistance: How parents, teachers, and friends help children cope after a natural disaster. *Journal of Clinical Child Psychology, 25*, 463-475. Retrieved from http://www.tandfonline.com/doi/abs/10.1207/s15374424jccp2504_11
- QSR International Pty Ltd. (2018). NVivo Version 12 [Computer Software]. Melbourne, AUS: QSR International Pty Ltd.
- Rapoport, J. L., & Gogtay, N. (2008). Brain neuroplasticity in healthy, hyperactive and psychotic children: insights from neuroimaging. *Neuropsychopharmacology, 33*, 181-197.
- Roxas, K. (2011). Creating communities: Working with refugee students in classrooms. *Democracy & Education, 19*, 1-8.
- Scheeringa, M. (2016). *PTSD for Children 6 Years and Younger: National Center for PTSD*. Retrieved from U.S. Department of Veterans Affairs website: https://www.ptsd.va.gov/professional/PTSD-overview/ptsd_children_6_and_younger.asp
- Shamblin, S., Graham, D., & Bianco, J. A. (2016). Creating trauma-informed schools for rural Appalachia: The partnerships program for enhancing resiliency, confidence and Workforce development in early childhood education. *School Mental Health, 8*, 189–200. <https://doi.org/10.1007/s12310-016-9181-4>
- Shenton, A.K. (2004). Strategies for ensuring trustworthiness in qualitative research projects.

Education for Information, 22, 63-75.

Sorrels, B. (2015). *Reaching and teaching children exposed to trauma*. Lewisville, NC: Gryphon House

Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Tu, W., Elliott, M. N., et al. (2003). A mental health intervention for schoolchildren exposed to violence: A randomized controlled trial. *Journal of the American Medical Association*, 290, 603-611.

Tavares, T., & Slotin, I. (2012). Life after war: Education as a healing process for refugee and war-affected children. Retrieved October 25, 2017, from http://www.edu.gov.mb.ca/k12/docs/support/law/full_doc.pdf

Thabet, A., Abed, Y., & Vostanis, P. (2004). Comorbidity of PTSD and depression among refugee children during war conflict. *Journal of child psychology and psychiatry*, 45(3), 533-542.

American Psychological Association. (2013). *Diagnostic and statistical manual of mental disorders (5th.): Trauma- and stressor-related disorders*. Retrieved from <https://doi.org/10.1176/appi.books.9780890425596.dsm07>

Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Books.

Wolmer, L., Hamiel, D., & Barchas, J. (2011). Teacher-delivered resilience-focused intervention in schools with traumatized children following the second Lebanon war. *Journal of Traumatic Stress*, 24, 309-316.

Appendix A: Teacher Survey Consent

Educators of Young Children and Knowledge of Trauma-Informed Practice

CONSENT

Principal Investigator: Laurie Ford, Ph.D.
Department of Educational & Counselling Psychology & Special
Education
Phone: XXX-XXX-XXXX
Email: XXXXX@XXXX

Student Co-Investigator: Negar Khodarahmi, B.A.
Faculty of Education, Early Childhood Education Program
Phone: XXX-XXX-XXXX
Email: XXXXX@XXXX

What is the purpose of the study?

The purpose of this study is to gain an understanding of the experiences of ECE Teachers in supporting trauma-exposed students, such as refugee children, and their knowledge of Trauma-Informed Practice (TIP). Previous studies suggest that ECE teachers express uncertainty in their work with trauma-exposed children and families in their classrooms. It is our hope that our research is a step towards understanding what the needs of ECE teachers may be in order to providing optimal support to their trauma-exposed students and their families. The study is a part of the thesis requirements for the Master of Arts in Early Childhood Education for the Co-Investigator, Ms. Khodarahmi.

Why were you selected as a participant?

You have been selected because you are a [member of the Early Childhood Educators of BC (ECEBC)] / [a primary school teacher, teaching Kindergarten and/or grades 1-3].

What should I know about taking part in this study?

- You will be asked to complete an online survey that includes questions about your background and your education, practice, and impact.
- The survey will take about 15 minutes to complete.
- This online survey is hosted by UBC, in Canada and is compliant with BC's privacy act (FIPPA). The data collected is anonymous. Access to the information gathered throughout the study will be limited to the Principal Investigator and the Co-investigator listed above, and those directly involved in the research process.
- Your participation in this study is entirely voluntary and you may refuse to answer any question or withdraw from the study without any negative consequences or impact to your role as an educator. However, please note that once you have submitted the survey you will no longer be able to withdraw as each survey is anonymous and there will be no way to identify your survey to exclude it.
- At the end of the survey, you will be asked if you would like to participate in a follow up in-person interview where you may be contacted in order to set up a 30-45 minute interview to expand on your experiences. Participation, again, is entirely voluntary and

you can opt out at any time. There will be a separate consent process if you decide to talk part in a follow up interview.

- If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598
- We do not expect any physical or psychological risks in completing this survey. If any questions make you feel uncomfortable or seem too sensitive or personal, you do not have to answer them.
- This study will allow ECE teachers in BC to have their voices heard, which may help to initiate change in our education system.
- If you are interested you receiving a copy of the results please email your request to the email address provided at the end of the survey. We will keep a list of all who respond and will send you a copy of our results when the study is completed.
- If you have additional questions about the study, please contact Ms. Khodarahmi at the email provided above.

It is assumed that by completing and submitting this survey, you are consenting to participate in this study.

Thank you for your help with our study.

Appendix B: Teacher Interview Consent

Educators of Young Children Knowledge of Trauma-Informed Practice

INTERVIEW CONSENT

Principal Investigator: Laurie Ford, Ph.D.
Department of Educational & Counselling Psychology & Special
Education
Phone: XXX-XXX-XXXX
Email: XXXXX@XXXX

Student Co-Investigator: Negar Khodarahmi, B.A.
Faculty of Education, Early Childhood Education Program
Phone: XXX-XXX-XXXX
Email: XXXXX@XXXX

What is the purpose of the study?

The purpose of this study is to gain an understanding of the experiences of ECE Teachers in supporting trauma-exposed students, such as refugee children, and their knowledge of Trauma-Informed Practice (TIP). Previous studies suggest that ECE teachers express uncertainty in their work with trauma-exposed children and families in their classrooms. It is our hope that our research is a step towards understanding what the needs of ECE teachers may be in order to providing optimal support to their trauma-exposed students and their families. The study is a part of the thesis requirements for the Master of Arts in Early Childhood Education for the Co-Investigator, Ms. Khodarahmi.

Why were you selected as a participant?

You have been selected because you are a [member of the Early Childhood Educators of BC (ECEBC)] / [a primary school teacher, teaching Kindergarten and/or grades 1-3] and took part in a online survey in which you indicated interest in participating in a follow-up, in-person interview to expand on your experiences.

What should I know about taking part in this study?

You will be asked a series of questions to expand on your experiences with working with trauma-exposed children in your classrooms

The interview will take about 60 minutes to complete.

The data collected is confidential. Access to the information gathered throughout the study will be limited to the Principal Investigator and the Co-investigator listed above, and those directly involved in the research process.

Your name will not be on the interview transcript and all personally identifying information will be removed from the transcripts and a code number will be used on all documents so you name is not on the documents.

Your participation in this study is entirely voluntary and you may refuse to answer any question or withdraw from the study without any negative consequences or impact to your role as an educator.

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598

We do not expect any physical or psychological risks in taking part in the interview. If any questions make you feel uncomfortable or seem too sensitive or personal, you do not have to answer them.

This study will allow ECE teachers in BC to have their voices heard, which may help to initiate change in our education system.

If you are interested you receiving a copy of the results you can indicate so at the end of this consent by providing your email. We will send you a copy of our results when the study is completed.

You will receive a \$25 gift card at the end of the interview if you are interested as a thank you for taking part in our study.

If you have additional questions about the study, please contact Ms. Khodarahmi at the email provided above.

Please keep a copy of this information for your records and sign the consent on the next page if you want to take part in the interview.

My signature below indicates that I agree to take part in the interview portion of the “Early Childhood Educators Knowledge of Trauma-Informed Practice” study.

Your Name (Printed)

Your Signature

Date

If you would like to receive a copy of the results of the study when it is completed, please provide us with an email below.

Your email

Thank you for your help with our study.

Appendix C: Survey

Educators of Young Children and Knowledge of Trauma-Informed Practice

Introduction and Purpose: The purpose of this study is to gain an understanding of the experiences of ECE Teachers in supporting trauma-exposed students, such as refugee children, and their knowledge of Trauma-Informed Practice (TIP). Previous studies suggest that ECE teachers express uncertainty in their work with trauma-exposed children and families in their classrooms. It is our hope that our research is a step towards understanding what the needs of ECE teachers may be in order to providing optimal support to their trauma-exposed students and their families. The study is a part of the thesis requirements for the Master of Arts in Early Childhood Education for the Co-Investigator, Ms. Khodarahmi.

Study Procedures and Confidentiality: You will be asked to complete an online survey that includes questions about your background and your education, practice, and impact. The survey will take about 15 minutes to complete. This online survey is hosted by UBC, in Canada and is compliant with BC's privacy act (FIPPA). The data collected is anonymous. Access to the information gathered throughout the study will be limited to the Principal Investigator and the Co-investigator listed above, and those directly involved in the research process. Your participation in this study is entirely voluntary and you may refuse to answer any question or withdraw from the study without any negative consequences or impact to your role as an educator. However, please note that once you have submitted the survey you will no longer be able to withdraw as each survey is anonymous and there will be no way to identify your survey to exclude it.

At the end of the survey, you will be asked if you would like to participate in a follow up in-person interview where you may be contacted in order to set up a 30-45 minute interview to expand on your experiences. A separate page will open up for your contact information so as not to link your survey answers to your contact information. Participation, again, is entirely voluntary and you can opt out at any time. There will be a separate consent process if you decide to talk part in a follow up interview.

This study will allow ECE teachers in BC to have their voices heard, which may help to initiate change in our education system.

Disclaimer: Some of the questions contained in this survey can be of a personal nature and pertain to sensitive topics for some. Your participation in this survey is voluntary. You may refuse to respond to any questions, refuse to take part in the survey, or exit the survey at any time.

Contact Information: If you have any questions or concerns about this survey, or would like a copy of the results of this survey please contact Negar Khodarahmi (negarkhodarahmi@alumni.ubc.ca), the co-investigator of this survey.

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

It is assumed that by completing and submitting this survey, you are consenting to participate in this study.

Thank you for your help with our study.

Section 1 of 4: Background Information

Are you currently a certified teacher in BC?

(Please choose one)

Yes

No

In what setting do you teach?

(Please choose one)

Public

Private

Other, please specify: _____

What grade(s) do you teach?

(Check all that apply)

Pre-school

Kindergarten

Grade 1

Grade 2

Grade 3

Other, please specify: _____

Do you currently teach part-time or full-time?

(Please choose one)

Part-time

Full-time

Other, please elaborate: _____

How long have you worked as an early childhood educator?

(Please specify in number of years)

_____ years

How long have you worked as classroom teacher?

(Please specify in number of years)

_____ years

What is the highest degree you have completed?

- B.A./B.Sc
- B.Ed.
- Post Baccalaureate Diploma or Certificate
- Masters Degree (e.g. MA, MSc, MEd)
- Doctoral Degree (e.g. EdD, PhD, PsyD)
- Post Doctoral

How do you identify?

(Please choose one)

- Male
- Female
- Other, please specify: _____
- Rather not say

Section 2 of 4: Preparedness

This section aims to gauge your preparedness in supporting trauma-exposed students.

How prepared do you feel to:

| | Not prepared at all | Somewhat prepared | Very prepared | Unsure |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| know where to access resources for a trauma-exposed student and/or their family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| know what can be discussed about the trauma experienced by the student in class? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| know what is best for you and how to “avoid taking the problems home”? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| support the needs of a trauma-exposed student? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| balance the needs of a trauma-exposed student without putting the student in a special position/in the spotlight? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| balance the needs of a trauma-exposed student versus the rest of your classroom? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3 of 4: Knowledge

This section aims to gauge your knowledge of trauma-informed practice and your ability to work within this framework.

Trauma-informed practice is defined as a strengths-based framework that acknowledges the impact of trauma, emphasizing safety for both service providers and survivors; and creates opportunities for survivors to rebuild a sense of control and empowerment.

Some examples of trauma-informed classroom strategies include:

- Giving the student control and choice
- Being predictable, providing a routine for the student
- Creating a sense of community within the classroom
- Being flexible in rules, modifying teaching and homework

Have you heard of this framework before?

- Yes
- No
- Unsure

How would you rate your ability to:

| | Not at all able | Somewhat able | Very able | Unsure |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| apply trauma-informed practice strategies in your classroom? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| recognize the signs of distress in a student? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| de-escalate a trauma-induced response in a student (i.e. grounding)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| know when a referral to mental health professional is needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| provide a safe space for discussion of a student's trauma? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Not at all able | Somewhat able | Very able | Unsure |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| create a sense of community in the classroom that includes all students? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| access to resources for a trauma-exposed student and/or their family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| access to self-care resources for yourself and colleagues? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How important do you feel trauma-informed practice is to your work as an Early Childhood Educator?

- Very important
- Somewhat important
- Not at all important
- Unsure

Section 4 of 4: Training

Have you received any trauma-focused training in the past 5 years?

- Yes
- No
- Unsure

Have you received any resources regarding trauma-exposed students from your school/administration?

- Yes
- No
- Unsure

Have you received any resources regarding refugee students from your school/administration?

- Yes
- No
- Unsure

Have you received any trauma-focused training regarding trauma-exposed students from your school/administration?

- Yes
- No
- Unsure

Have you received any trauma-focused training regarding refugee students from your school/administration?

- Yes
- No
- Unsure

Approximately how many trauma-exposed children have you worked with in your career?

(If none, please write 0.)

Approximately how many of these trauma-exposed children were refugee students?

(If none, please write 0.)

Please use the space below for any comments or thoughts you want to share with us:

Thank you so much for your participation!

Would you be interested in participating in 1-hour in-person interviews aimed at elaborating on your experiences with trauma-exposed students? Your answers will be kept completely confidential, with no identifying markers. A \$25 honorarium will be given for your participation.

- If yes, please follow this link to provide your preferred contact information: [link here]
- No, I am not interested

If you would like to receive a copy of the results from this study, please follow this link to enter your preferred contact information: [link here]

Appendix D: Semi-Structured Interview Guide

Educators of Young Children and Knowledge of Trauma-Informed Practice Follow-up Interview Guide

Interviewer:

“Thank you for meeting with me today. I just wanted to tell you a little about this research before we begin:

The purpose of this interview is to learn more about Early Childhood Education Teachers and their experiences with regard to supporting Refugee students in their classrooms. The themes identified in this research will be used in partial completion of a Master's Thesis for the University of British Columbia and we greatly appreciate your input.

This interview should take approximately one hour to complete. Your responses will be confidential. You will be assigned a unique number as a participant for your interview once it is completed. This number will not include any personal information that could identify you. Only this number will be used on any data collected from this interview, so that your identity [i.e. your name or any other information that could identify you] as a participant in this survey will be kept confidential.

Some of the questions contained in this interview can be of a personal nature and pertain to sensitive topics. Your participation is voluntary. You may refuse to answer any questions or end this interview at any time.”

Topics and guidelines for semi-structured interviews:

Background

- Which grade(s) do you teach?
- How long have you worked with this group?
- How many years have you worked as an early childhood educator?

Experience and strategies

- Tell me about your experiences with regard to children exposed to trauma?
- [If they have had experience] Tell me about a specific example?
 - What did you do? What was the situation like for you?
 - Did you notice a reaction from the child, if yes, tell me about it?
 - Did other children in the class react?, If yes, tell me about it.
 - Did the parents react?, If yes, tell me about it
- In what area would you like to have more knowledge or skills, if any?

Administrative protocols

- Tell me about the protocol your school has with regard to working with students exposed to trauma?
 - [If there is a protocol] What does it look like? What are the effects when using it for the child/the class/parents?
 - What are your impressions regarding the effectiveness of the protocol?

- Has your school/administration provided you with any training or resources with regards to working with students exposed to trauma or trauma-informed practice?

Colleagues

- Tell me about the ways you exchange or share information about the topic of children and trauma with your colleagues?
 - [If it occurs] How often does that occur? How do you experience it?
- Tell me about the ways you and your colleagues support each other in providing support to children exposed to trauma?
 - [If it happens] Tell me about the effectiveness you perceive of this support?

Needs

- To what extent would you want to have more information than you have now?
- What information should it be? In what form should it be provided?
- Which kind of situations would make you less comfortable?
- What kinds of things that could be done to make you feel more comfortable in those situations?

Appendix E: Recruitment Flyer

THE UNIVERSITY OF BRITISH COLUMBIA



Educators of Young Children and Knowledge of Trauma-Informed Practice

We invite educators in Early Childhood Education (ECE) to take part in a study looking at Trauma-Informed Practice in the ECE classroom. The purpose of this study is to gain an understanding of the experiences of ECE educators in supporting trauma-exposed students, such as refugee children, and their knowledge of Trauma-Informed Practice.

- ❖ Findings from this study will help us better understand the needs of ECE educators may be in order to providing optimal support to their trauma-exposed students and their families.
- ❖ Taking part involves a 15-minute online survey that includes questions about your background, education, practice and impact.
- ❖ If interested, participants who complete the survey are also invited to take part in a 1 hour follow-up interview session share more about their experiences and needs in working with trauma-exposed students.

If you would like to learn more about the study or would like to take part, please do not like or comment on this post, but please contact researcher directly at:

XXXXX@XXXX

Survey Link: [Link Here]

This research is for a graduate thesis project by Negar Khodarahmi under the supervision of Dr. Laurie Ford at the University of British Columbia.

Principle Investigator:
Laurie Ford, PhD
Department of Educational & Counselling
Psychology & Special Education
Phone: XXX-XXX-XXXX
Email: XXXXX@XXXX

Co-Investigator:
Negar Khodarahmi, B.A.
Faculty of Education, Early Childhood Education
Program
Phone: XXX-XXX-XXXX
Email: XXXXX@XXXX

About the researchers:

Negar Khodarahmi is a Master's student in the Early Childhood Education Program at UBC. Her undergraduate degree was completed at UBC in the department of Psychology, where she developed a strong interest in development in the early stages of life. Her thesis work is going to be primarily focused on teachers and how to best support them in working with trauma-exposed students using a Trauma-informed framework.

Laurie Ford, PhD, is an associate professor in the Department of Educational and Counselling Psychology at UBC where she teaches and supervises students in a number of programs including School Psychology and Early Childhood Education. Laurie and the students working in her lab are interested in ways to help support the learning, social, emotional, and behavioral needs of learners and their families from diverse background.