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How Does Trauma Affect Preschoolers?

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How Does Trauma Affect Preschoolers?

Lisa Wolterman

Northwestern College

A Literature Review Presented
in Partial Fulfillment of the Requirements
For the Degree of Master of Education

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Dr. Ashley Nashleanas

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Abstract

This literature review discusses the need for teachers to be aware of trauma-affected students that may be in their classrooms. History shows us that trauma is not a new topic. In the last few years more research is being completed to help us understand what these students are thinking and feeling. Teachers are a key piece to helping trauma-affected students. This review provides some strategies for working with trauma-affected students. What is known is that with help, trauma-affected students can learn and grow when given the chance.

How Does Trauma Affect Preschoolers?

Young students walk into preschool classrooms every day. Teachers do not know what their students have been through since they have last seen them. What teachers do know is what is reported by Cummings, Addante, Swindell, & Meadan (2017): by age three, potentially traumatic events have occurred to about one in four children. These traumatic events can be anything from viewing domestic violence to being physically abused or even living through a natural disaster like a hurricane. Teachers also learn that children ages two to five years old are witnessing violence. Of these young children, 15.8% are known to have seen family assault, 9.0% are known to have seen assault in their community, and 21.2 % are known to have seen some form of violence according to the national survey (David, LeBlanc, & Self-Brown, 2015). Endlow, Egeland, Blood, Wright, & Wright (2012) tell us that birth to four-year-olds are the most vulnerable because of their inability to remove themselves from the violence. Between 3-10 million children witness violence at home. Proven child abuse cases are numbered at approximately 750,000 each year in the United States.

The biggest struggle teachers face is not being aware of the trauma and its impact. Preschool teachers need to accept that their students could be facing trauma at home or in the community. Teachers also need to realize that those same children have no control of that situation and need to be helped to learn how to deal with it (Cummings, Addante, Swindell, & Meadan, 2017). De Young, Kenardy, & Cobham (2011) add that because youth are not in the position to protect themselves from their own caregivers, they run a high risk of being traumatized. The teachers may be one of the primary caregivers that give their young students a

protective shield. In some situations, a student's only safe place may be the classroom, a protective factor for the child (Sciaraffa, Zeanah, & Zeanah, 2018).

Teachers struggle to deal with these visible and invisible problems their students face. Sometimes teachers can tell by their students' actions how they are feeling, but many days teachers need the students to verbalize what they are feeling. However, due to the developmental age, preschoolers may not have the words to say what is on their minds. Some of them withdraw inside themselves and do not say or do anything. On the opposite end of the spectrum, others act out their feelings in aggressive ways that put themselves and their classmates in physical danger (Brinnamen & Page, 2012).

Knowing that our students may need more help than what the teachers are able to give them makes getting them help as early in their lives as possible an important task. Teachers want to help their students become resilient (Feil, Walker, Severson, & Ball, 2000). What test could be given? The 10 Adverse Childhood Experiences (ACEs) questions could be given. These questions are more for research but can be asked as a screening tool; however, it is important to ask yourself what you plan to do with the information once you know the score.

This paper addresses the question, what is trauma to a preschooler? Different terms related to trauma are defined and discussed. Some of those terms are trauma, stress, ACEs, and PTSD. While these are just a few of the vocabulary linked with the trauma in our students' lives, they are words that every teacher should know and understand. This paper also recounts the history of trauma as a diagnosis. The history is important because we need to learn what has already happened in research to learn how to help the future generations of children.

This report provides strategies that may help teachers when working with their students. Those strategies are located in the Application Section of this report. Not every strategy is going to work with every child. Trauma and its damage affect each child differently. So, there is no one correct answer when dealing with trauma.

We know that our preschoolers are at risk for trauma. Chances are that some have already been affected or soon will be. Teachers need to be ready to know how to help their students if it has already happened or what to do when trauma occurs.

Literature Review

Is children's trauma the same as adult trauma? No, preschoolers do not have the emotional background that adults have. Preschoolers need to learn a way to express themselves. If trauma-affected preschoolers do not have the same trauma as adults, can their problem be called Post-Traumatic Stress Disorder? Adult and children show different behaviors and emotions after a traumatic event (Armsworth & Holaday, 1993).

David, LaBlanc, & Self-Brown (2015) found that there is a lack of research concerning brain development and violence exposure. They went on to research if the connection between brain development and exposure to violence was true. The first purpose of this study was to investigate if school readiness is affected by violence around a preschooler. Another purpose is to check if having a routine makes a difference in school readiness. The third was to explore the moderating effect of child routines in the association (David, LaBlanc, & Self-Brown). They could find no research that addressed the connection between domestic and community violence and school readiness. They did find out that there was a connection between having a routine and preschoolers having school readiness skills.

The study had its limits. David, LeBlanc, and Self-Brown (2015) realized that people simply giving an oral report of their actions was not enough to compare whether the study was getting accurate data. They believed that the people in the study needed to be observed to see what was really happening. Observing would also make it easier to compare the routines and see if they overlapped in any way. Furthermore, researchers could differentiate between violence and exposure to violence and note how these experience affected getting students' readiness for school.

Armsworth & Holaday provided a historical perspective in a former article written in 1993. Initial research and theorizing concerned situation-specific responses, but more recent work has focused on the similarities in how students are affected by traumatic events. The sooner we can help children learn to deal with their traumatic situation, the better it will be for them. Teachers want to help lessen the effect trauma has on their students (Armsworth & Holaday, 1993). Teachers want the preschoolers to be as strong and healthy as possible.

Even in their time, Armsworth & Holaday (1993) could see a concern about trauma and children. Trauma research is being completed on adolescents and youth. However, much more needs to be done. In the past two decades more information is being learned about trauma, but there is still so much to learn. When more information has been gathered, then early intervention and prevention can be accomplished.

Whereas research has been done on preschoolers, there is more to do. We need to have a set plan in place to work with the negative effects that are present from past trauma (Loomis, 2018). Loomis also tells us that more research needs to be done on preparing schools to be aware of trauma. Schools need to be active in long-term effects and how to handle those effects within the school system. School systems also need to learn that educational play is vital to

preschoolers. It gives the preschoolers the opportunity to be children. Loomis also reported that trauma-affected children who went to quality preschools did better in coping with that trauma than their counterparts who did not have the quality preschool. According to Loomis, unfortunately, quality preschools are not available to all students, but especially students who were displaced from their homes.

Loomis's (2018) study of intervention and prevention of trauma dealt with welfare and non-welfare students. Children on welfare do not have as good a chance of going to a quality preschool as non-welfare preschoolers. So, the welfare children may not have the same type of support system and the same amount of quality school time as the non-welfare children to build up coping skills.

A third study reported in this paper was completed by Enlow, Egeland, Blood, Wright, & Wright in 2012. This is the first study to examine prospectively the impact of early interpersonal trauma (IPT)—abuse or witnessing of abuse of a mother. IPT affects a child from infancy to early school years. The effect needs to be monitored especially during the first years of life. IPT has lasting effects and importance in the growth of a child. These findings are similar to the findings of other studies. They show how vulnerable the brain and its circuitry are during early years of when trauma is involved.

History of Trauma and Post Traumatic Stress Disorder

The history of trauma is an interesting one. Before the 1970s, people who had trouble with their emotions or wellbeing were thought to be from a vulnerable or an unbalanced family (Jones & Wessley, 2006). According to Anderson (2005) during the Civil War trauma was called the DaCosta Syndrome. Eventually trauma was considered hysteria (Van der Kolb, et al.,

1994). As time progressed, the belief of what trauma was has changed both in wording and in definition. During the First World War, having mostly civilian soldiers, who were unused to the emotional issues that came from trench warfare, led to what was called shell shock (Jones & Wessley, 2006). Jones & Wessley conveyed that by 1916, “Not Yet Diagnosed, Nervous” was considered the diagnosis. By 1920, Jones & Wessley tell us that The Southborough Committee was to examine shell shock. They determined that trained soldiers were not affected by post-traumatic illness.

During World War II, the term exhaustion was used in place of shell shock. Exhaustion was used because it sounded less like a diagnosis. Doctors thought that rest and relaxation would lead to recovery (Jones & Wessley, 2006).

The US Army deployed specialist psychiatric teams during the Korean War. The first Diagnostic and Statistical Manual of Mental Disorders (DSM) was created. DSM-I, published during this conflict in 1952, contained the new category “gross stress reaction,” though no functioning definition was provided (Jones & Wessley, 2006). This lack of a definition left a lot of interpretation open for the medical field.

Published in 1968, while the Vietnam War was in progress, DSM-II introduced the term transient situational disturbance. This included all acute reactions (even brief psychotic episode) to stressful exposures. Later in both the DSM-I and DSM-II, the equations used to compute the disorder stated that these reactions would not last indefinitely (Jones & Wessley, 2006).

In the medical field all diagnoses are given a code for identification, so any medical professional could read the code because they all had the same classification. Classified in DSM-III (1980), PTSD was originally termed Post Vietnam syndrome or delayed-stress

syndrome, having first been identified in veterans who had returned to the United States after the Vietnam War (Jones & Wessley, 2006).

Even with 100 years of research the DSM is still attempting to make the diagnosis clearer. Traumatized patients consistently show that these patients challenge easy classification. The main symptom experienced is having experienced overwhelming terror (Van der Kolb et al., 1994).

According to Armsworth & Holaday (1993), large-scale disasters could cause a need for mental health providers to help the people involved. Disasters like the San Francisco earthquake and the Challenger Explosion from the past and from recent times events like 9-11 and Hurricane Katrina could be examples of large-scale disasters.

In 2005, it was decided that there was not a good way to label children because they do not fit all the categories of the adult DSM definition or statistics of PTSD. There needed to be a way to use some of the same definition, but make it fit a traumatized child. We learn that two subtypes were added for children with PTSD that are different from adult manifestations. The first is a change in behavior. These children can begin to have behavior issues. The second would be taking everything in internally but appearing to the outside world as not being in the present (Cummings, Addante, Swindle, & Meadan, 2017). DeYoung, Kenardy & Cobham (2011) reported that a new symptom, loss of formally attained developmental skills, was included in the avoidance cluster of the definition. A supplement of an entirely new collection of symptoms was created. These showed up as new separation anxiety, new aggression, and new fears. These additions opened some new doors for treatment of traumatized children. However, many children are being misdiagnosed with Attention Deficit Hyperactive Disorder (ADHD) or

Oppositional Defiant Disorder (ODD) instead of PTSD because ADHD and ODD mirror some of the same symptoms as PTSD (De Young, Kenardy, & Cobman).

Types of Stress

According to Sciaraffa, Zeanah, & Zeanah (2018) every person feels three types of stress. Positive stress is the type of stress that can easily overcome. It might cause a person's heart to race. This type of stress is common and help a child to build up little experiences, so that big experiences are not so traumatic (Sciaraffa, Zeanah, & Zeanah). An example of this type of stress is when small children cry when the parents leave them at daycare. After several days or weeks, the child is no longer crying because they realize that their parents will come to get them later.

Tolerable stress is the next level. It is stronger than positive stress and has the risk of later problems, but a caring, nurturing caregiver can lessen the traumatic effects (Sciaraffa, Zeanah, & Zeanah, 2018). Moving to a new house could be considered a tolerable stress. It upsets the child, but with parental help, the child will become used to the change and learn from it.

Toxic stress is the most damaging. The stress hormones are flowing continuously and do not stop even if a child is in a safe place (Sciaraffa, Zeanah, & Zeanah, 2018). Children who are homeless could fit under toxic stress. Children are possibly unsure when they will have a safe place to live again. They might also not know where their next meal is coming from. This situation puts children on constant alert wanting to know what will happen next.

Toxic stress being the worse of the three is what teachers need to help students work through. Enlow, Egeland, Blood, Wright, & Wright (2015) shared that at this important time when children's brains are developing, times of toxic stress have shown an increase in stress

hormones and neurotransmitters being released. The stress hormone and neurotransmitters change the way the brain is formed during early times and how the brain works as the child gets older.

Trauma

Trauma is the most important term to define. Cummings, Addante, Swindell, & Meadan (2017) share that trauma is how a person responds to an external event that is so stressful that it stays in the memory for a long period of time.

As De Young, Kenardy, & Cobham (2001) reported the assumption that during early childhood the children would outgrow the trauma. This assumption left this age group vulnerable because researchers were not studying this high-risk population. Preschoolers have not developed the way to cope with trauma. A book drops to the floor with a loud bang. This scenario could cause children with trauma to startle or freeze because it reminds them of the gunshots fired in their neighborhood. Children are always alert for this sound (Armsworth & Holaday, 1993).

Trauma is subjective because what is extremely traumatic for one child may be less so for another. Two preschool-aged children are in the room when Dad and Mom have an argument. Then Dad hits Mom, and now Mom's mouth is bleeding. One child may be unconcerned because this happens on a regular basis, while the other child may feel threatened because this time mom bled. Sciaraffa, Zeanah, & Zeanah (2018) tell us these children could have problems when going to school. They could become the children who do not listen to directions, cannot sit for story time, has trouble being a friend, and goes from activity to activity not completing any of them.

. The ability to control themselves and know themselves can be inhibited by exposure to a traumatic event (Choi & Graham-Bermann, 2018). According to Choi & Graham-Bermann, difficulties in physical health, mental health, and behavior can be linked to the loss or weakness of the ability of self-control.

One difficulty is explained by Thompson & Trice-Black: a lack of social competence causes more problems which conflict resolution skills are poor. Some youth even avoid conflict all-together. Lack of social competence and poor conflict resolution can hinder the development of significant interpersonal skills and cause a problem with learning to work with others. Imagine having these feelings as a three- or four-year old.

Youth experience particularly high rates of adversity and trauma. Children living in poverty have a higher rate of being exposed to a traumatic event. Being abused, being neglected, or being a witness to violence is 25% to 50% likely to happen by age four (Loomis, 2018). Very few children in preschool receive any kind of counseling service. So, there is a big deficit between the number preschoolers being exposed to a traumatic event then those getting help to learn to cope with the traumatic event (Loomis, 2018).

While youth are the main group exposed to trauma, there are more aids available for the older students. More research needs to be done. Schools need to be prepared to educate teachers and school staff on how to work with students affected by trauma. There needs to be research to get data on long-term effects of working with traumatized children to see what is working and stop using what is not working (Loomis, 2018).

Brain Development

The brain is a very important part of the body. Without it, we cannot think, walk, talk, and many other functions. Studies show that while the brain controls all of the parts of the body, also it is influenced by all the parts of the body. The brain takes care of our health and learning (Willis & Nagel, 2014). The brain needs to be active to learn and grow. It is constantly making connections between itself and the rest of the body. In fact, the brain does more growing in the first two years of life than at any other time (Enlow, Eglund, Blood, Wright & Wright, 2012).

If individuals get their needs met (like food, security, and nurturing), their brains will grow. However, if any of these pieces are missing, the brain's development does not grow at the same rate as someone's who has been provided all these needs (DeYoung, Kenardy & Cobham, 2011). Brain development is essential; therefore, it can be affected by stress. As previously stated, a little stress is good, a moderate amount of stress can be good or bad, but toxic stress can be harmful. Adult supports need to be available to help youth with trauma to better the youth's emotional and physical future (Sciaraffa, Zeanah, & Zeanah, 2018). When the brain is affected by toxic stress, social-emotional skills could be impaired along with academic learnings and behaviors. All of these negative stressors work together to make up the whole person. Also, toxic stress in the preschool years can affect adult physical and emotional wellbeing according to DeYoung et al.

When abuse or violence happens, it disrupts brain development. The disrupted development could show itself as a child who was toilet trained suddenly start to have accidents; or a child who used to sleep through the night, now gets up two or three times. If left untreated, this disruption could affect the student into adulthood (De Young, Kenardy, & Cobham, 2011).

In the first four years of life, preschoolers learn how to behave and how to keep control of themselves (Henschel, de Bruin, & Mohler, 2014). So, what happens to children during this time affects how they develop. Stress can initiate the fight or flight response, a complex response to an event. Research on the traumatic response suggests that traumatized children's behavior is not always under their control (Wright, 2017). The fight or flight response would explain not being in control. Children in this stage of development believes that they are the center of the world. Therefore, when something bad happens, like abuse, they take the blame for it as though it was their fault (Armsworth & Holaday, 1993).

The purpose of David, LeBlanc, & Self-Brown's (2015) research study was to examine the association between violence exposure in the home and community and preschool children's school readiness, and whether familial routines emerge as a potential protective factor for this association. The present study had two hypotheses. First, it was hypothesized that domestic and community violence exposure would have a significant and negative association with school readiness. Second, it was hypothesized that child routines would moderate the relations between violence exposure and preschoolers' school readiness, such that violence-exposed preschool children who have more routines in their homes would demonstrate greater school readiness than violence-exposed preschoolers with fewer child routines (David, LeBlanc, & Self-Brown).

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) is a term used to describe types of abuse, neglect, and other traumatic childhood experiences that impact later health and well-being (Sciaraffa, Zeanah, & Zeanah, 2018). The ACEs test is a 10-question questionnaire that tells you about life experiences as a child. In the past it had 100 questions, but that was thought to be too much, so through research it was simplified to 10. The test covers three realms of a person's life: family,

community, and climate crises. It has very personal questions about how you have lived your life, and a person is given a score. This score tells you how your childhood has been affected by trauma.

The ACEs test is reliable and valid. It is used for screening purposes and data collection. It also identifies possible problems in the future (Feil, Walker, Severson, & Ball, 2000, p. 13).

Everyone encounters traumatic events. Some events are easier to live through than others. Some events can be traumatic enough to people that they can be diagnosed with Post Traumatic Stress Disorder (PTSD).

How does ACEs affect preschoolers? Sciaraffa, Zeanah, & Zeanah, (2018) reported this information about children with ACEs. If a child has three ACEs, they are facing four possible problems. First, they are three times more likely to have failure at school. They are four times more likely to be unhealthy. They are five times more likely to skip school. Finally, they are six times more likely to have difficulty with their behavior.

What if we could change children's lives by knowing their ACEs score and helping them before adulthood? The sooner we can identify children having problems, the sooner that they can get help (Graham-Bermann, Howell, Habarth, Krishnan, Loree, & Bermann, 2008). Should the ACEs questions be asked during a kindergarten physical? If so, what does the doctor or parents do with this information? Does the family let the information run their lives? Or do they just go on living as they have been living?

Just because people have been traumatized does not mean they need to become a victim, or to be worried about trauma and constantly think about negative possibilities. There is a resilience factor by people who have been given little traumas at a time and have come through

with them with no problems. The other side of the story is people who want to know where they stand, and they want to get help, the ACEs score could direct them into the right direction. Knowing the ACEs score might make it easier to know where to start when going to counseling. Knowing this score would be ideal, but children cannot change their environment. So then parents have all this information and nowhere to go with it.

Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is the common diagnosis for persons who have displayed a range of clinical symptoms following exposure to traumatic events (Cumming, Addante, Swindell, & Meadan 2017). PTSD is a mental health condition that's triggered by a terrifying event—either fearing that your own life is in danger or experiencing the death of someone close. Symptoms may include flashbacks, nightmares, and severe anxiety, as well as uncontrollable thoughts about the event (“Post-traumatic stress disorder,” 2018).

Interest in trauma-affected students is increasing, but there is some discussion about its impact on certain groups of people. One group compares the students to Vietnam veterans' PTSD after coming back from war. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) of the American Psychiatric Association in 1980 listed PTSD as a category. The main features of PTSD, described in *DSM-III* and *DSM-III-R* (American Psychiatric Association, 1980, 1987), are alternating phases of the event and avoidance of the event (Armsworth & Holaday, 1993).

In the past, traumatized students with low grades and a difficulty with concentration were thought to be learning disabled (Armsworth & Holaday, 1993). For children who are traumatized before they can talk, it becomes necessary to use play and drawing to help students

work out what is causing them a problem (Armsworth & Holaday). Play helps preschoolers act out what has happened to them. Play gives them a way to express or tell what has happened to them. Play also gives them a time to be children.

Signs that infants have been traumatized may be that they sleep for long periods of time. Sleeping is their way of avoiding more trauma. Some children become extra-clingy and are very people-pleasing while others ward everybody off. They do everything they can to keep somebody from liking them (Cummings, Addante, Swindell, & Meadan, 2017).

Trauma during early childhood can result in multi-faceted functional dysregulation and prevent the child from developing an integrated sense of self, impairing the child's overall development (Choi & Graham-Bermann, 2018).

Students come up with defenses to protect themselves. One defense is taking the trauma internally. Boys thinking that being physical is the way to get what you want. Girls thinking if you do not do your work perfectly, then bad things will happen to you. Another option might be that if you cannot do anything perfectly, why bother trying to do anything at all (Armsworth & Holaday, 1993). Preschoolers will hit first. Their first reaction is to protect themselves from hurt (Cummings, Addante, Swindell, & Meadan, 2017).

The use of dissociation as a defense was discussed by Coons (1986), who examined seven cases of multiple personality disorder (MPD) in children. MPD was considered a consequence of severe and repeated physical and sexual abuse. Dissociation was used to help the child survive overwhelming helplessness or a sense of terror (Armsworth & Holaday, 1993). This is a time when students are possibly staring off being inattentive, when in reality they are

going to a “safe” place in their head because they feel uncomfortable with what is happening around them.

Over time, the notion that one must be on constant guard becomes internalized, with many traumatized children coming to school every day in survival mode—watching their backs, ready to run out the door at the first sign of danger, or sitting quietly in the corner trying to remain invisible (Wright, 2017).

Chowchilla School bus incident is an example of dealing with trauma. In 1976, a busload of children and their driver were kidnapped and buried with the intention of collecting a ransom from the families. However, the bus driver and children dug themselves out. Although the children could discuss all the details, many remembered the event incorrectly or in the wrong sequence. Their sense of time was distorted: they could not identify when other unrelated events occurred or the duration of the kidnapping (Armsworth & Holaday, 1993).

A prime example of trauma that affects children’s history is the war in Uganda. During the wartime in Uganda, children were not always learning literacy and numeracy skills like their contemporaries in unaffected communities, but they were engaged in learning war tactics and survival skills (Willis & Nagel, 2014).

It was found that the stresses that hijack children’s energy (that would otherwise be used for growth, development and learning) are both psychological and circumstantial (Willis & Nagel, 2014).

Teacher Relationships with Preschoolers and Their Families

Teachers need to build a relationship with their students especially if they are preschoolers. Youth may also be particularly vulnerable to experiencing adverse outcomes due to

their limited coping experience skills. Youth have a unique dependence on their primary caregiver to act as a protective shield. Youth's brains have a rapid period of emotional, physical, neurological, social, behavioral and cognitive development that occurs during early childhood (De Young, Kenardy & Cobham 2011). Teachers can act as that shield for preschoolers, helping guide them while they are at school.

Willis & Nagel (2014) felt that teachers who have knowledge of trauma need to create a positive relationship with their traumatized students. Having the trust of a student is a huge accomplishment. It may mean the difference between a good school year and a rough one.

Relationships are so important to traumatized preschoolers. Wright (2017) writes that relationships take time, especially with traumatized students. Once a teacher has that trust built the classroom will be a calmer place. Teachers and students need to make an effort to keep that good relationship. However, if that trust is lost it, will take a long time to rebuild it.

Infant mental health (which, despite its name, spans birth through five) assumes that development is transactional, meaning children develop in, and are shaped by, their primary relationships. The amount of time children spend in classrooms makes teachers integral to children's relationships with others and to their development (Brinnamen & Page, 2012).

Violence in the home or community affects preschoolers' readiness for school, but services to help these children are not available everywhere. So, preschoolers may not be ready to form relationships at this time. Brinnamen & Page (2012) mentioned respite and support can help preschoolers learn to respond to trauma and become ready to learn.

Teachers also need to build a relationship with the family of the preschooler. Families need to know that teachers care what happens to them and their child. In the article "Creating

Supportive Environments for Child Who Have Had Exposure to Traumatic Events,” Cummings, Addante, Swindell, & Meadan (2017) report from one of their study participants. Suzzane said, “I think keeping a respectful relationship with the parents is going to make sure that you’re more knowledgeable of what your kids are going through and what kind of mindset they’re bringing into the classroom” (p. 2737). Teachers should acknowledge the importance of parents being engaged with their school. Teachers and staff need to support the parents by being models of how to care (Loomis, 2018).

Working side by side in a program, the mental health staff helped teachers in the community gain new skills while meeting the needs of children who had severe emotional and behavioral challenges due to trauma. Many of these children had been expelled from other programs because their behaviors were disruptive and hard to manage (Brinnamen & Page, 2012).

Community members should be the teachers and staff of educational programs. Even with minimal educational background, parents can put their trust into someone they know has gone through the same things as themselves. When staff understands what is going on, parents are more likely to enroll the students in the program and help out when they can. A trusted environment is easier to build relationships with the parents. Teachers want a relationship with parents where parents make an effort to get their students to school every day. Staff–parent relationships help ensure a child’s consistent experience (Brinamen & Page, 2012).

Preschool teachers need to work on changing how they think. They need to create a safe place to learn and have a relationship with their students. Remember students do not intentionally go about making a teacher’s day bad but see the student as someone who does not know how to handle themselves in this situation (Wright, 2017).

Still another study participant of Cummings, Addante, Swindell, & Meadan (2017) suggested that teachers learn why children are behaving the way that they are. Teachers should handle their students with kindness, not anger (Cummings, Addante, Swindell, & Meadan).

Teachers should always be searching for ideas to help their traumatized students. Another study participant in Cummings, Addante, Swindell, & Meadan (2017) shared that teachers should not worry about showing favoritism or letting a student get away with a misbehavior. An alternative way to think of it is more like giving students some extra help that they need.

Wright (2017) gave teachers three strategies to help with a teachers' relationships with their traumatized students: 1) recognize their behavior for what it tells you, (the students may only be protecting themselves); 2) talk to your students and learn about them, not just their time at school; and 3) spend quality time with each student.

Teaching Self-Regulation

Merriam-Webster (n.d.) defines self-regulation as control or supervision from within instead of by an external authority. For the purpose of this paper, I will be intermixing self-regulation and self-control. Self-regulation refers to the process of regulating the emotions, the attention, and the behavior in response to a given situation (Razza, Bergen-Cico, & Raymond, 2013).

The preschool children are developing their sense of self, but still need help with handling stress, comfort, and guidance from a go-to teacher to help manage more challenging situations (Sciaraffa, Zeanah, & Zeanah, 2018). Children need someone that they can talk to and learn from. The go-to person could be the teacher, the teacher's associate, guidance counselor,

or any staff member. It is important that each of the people be trained in how to deal with a child who has self-control issues.

Self-control is an important skill to teach preschoolers. They need to learn cause and effect relationship. (e.g. Because I ran in the classroom, I fell and got hurt, now I am sad.) Self-control issues have been found to continue beyond the preschool period. They can cause disruptive behavior, aggression, and delinquency in course of their lives (Henschel, deBruin, & Mohler, 2014).

Physical health, mental health, interpersonal relations, and behavior cause difficulties when a child has had exposure to trauma. Not knowing how to self-regulate is very common (Choi & Graham-Bermann, 2018).

As a reminder, students and their classmates need to feel safe so that is a priority for teachers. Teachers need to recognize that some of these behaviors are developmentally appropriate and are part of life. Here are three suggestions for teachers: a) give choices that are acceptable to you, e.g. do not promise candy if you cannot give it out at school; b) make your classroom environment lend itself to help you control what is happening; c) give your “calm” to your students, not your stress (Sciaraffa, Zeanah, & Zeanah, 2018).

Here are a few general examples of how early childhood educators can help youth develop self-regulation: 1) learn to read your students and their behaviors; 2) have a set schedule that is visible to everyone so that the students learn the routine; 3) talk and teach about self-regulation by using a coping skill like deep breathing during stressful times; and 4) remember only students can tell you what they are feeling, and you need to believe what they say (Sciaraffa, Zeanah, & Zeanah, 2018)

Teachers need to support positive social and emotional and communicative responses. Some teachers promote self-regulation through means such as play, music, and books (Cummings, Addante, Swindell, & Meadan, 2017). Games give a preschooler the chance to wait for their turn. Echo songs work on making sure students are listening carefully so that they do not miss the next line. Sitting still while listening to a story or taking the time to retell the story to a friend is a good way to comprehend what is going on around them.

Thus, the field needs novel intervention strategies that equip youth with self-regulatory practices that they can integrate into their daily lives (Razza, Bergen-Cico, & Raymond, 2013). Yoga is one intervention strategy that preschoolers can learn to center themselves back to the classroom. It only takes a few minutes during any part of the school day.

The purpose of Razza, Bergen-Cico, & Raymond's (2013) study was to determine the feasibility and evaluate the effectiveness of a mindfulness-based yoga intervention among preschool-age children. The quasi-experiment was designed to document the extent to which structured yoga activities, integrated into existing academic curriculum, could improve self-regulation among three-to five-year-old children. In particular, they were interested in documenting the specific facets of self-regulation that would be influenced by the intervention (Razza, Bergen-Cico, & Raymond, 2013). Razza, Bergen-Cico, & Raymond (2013) found that the students doing yoga at the beginning of the school day had more self-control than their peers in the control classroom.

Learning Emotions

Our emotions are what makes us—us. Preschoolers are just learning how to handle and name their emotions. It is much more difficult if they are a preschooler delayed by trauma. The

teacher can provide labels for observed emotions, demonstrate taking deep breaths, use self-talk to calm down, and prompt and reinforce the child for doing the same in specific situations (Sciaraffa, Zeanah, & Zeanah, 2018). Sciaraffa, Zeanah, & Zeanah (2018) also tell us adults need to help children be able to label their feelings. Teachers also need to be able to teach the children that what they feel is okay and show children how to express their feelings in acceptable ways. To assist children with these skills, early childhood educators can a) talk and identify students' feelings, b) notice how students look when they are stressed, and c) help students work out their differences together.

Wright (2017) also agrees with Sciaraffa, Zeanah, & Zeanah with how teachers can help students learn emotions. Teachers can offer emotional supports to students with experiences of trauma by: 1) naming the feelings so that the student understands what they mean, 2) read books that talk about feelings, 3) provide the students with a safe place to deal with their negative and positive feeling, and 4) speak up for the student, getting them help if you can (Wright, 2017)

Cumming, Addante, Swindell, & Meadan, (2018) support students by allowing them to be able to express themselves and so that they have a place to explore their feelings.

Resilience

Merriam-Webster (n.d.) defines resilience as an ability to recover from or adjust easily to misfortune or change. What does resilience mean for a preschooler? Although there is no specific formula that produces the resilient child, other factors should not be ignored. A child who does not receive the warmth and care of a supportive parent, but does encounter another resource of support, as mentioned previously, can become resilient (Horning, Rouse, & Gordon, 2002).

Werner (1984) states that most resilient children establish a close bond with at least one caregiver from whom they received significant attention during the first year of life. Resilient children also tend to have a likeable personality that elicits positive responses from family members as well as strangers. Resilience can be identified through two requirements: a) there has to have been a significant threat to the person; and b) adapting to the situation in an appropriate developmentally appropriate way (Horning, Rouse, & Gordon, 2002).

Having a routine, a community programs, and a lack of violence in a child's life can help develop a greater resilience in preschoolers. Encouraging autonomy, positive self-esteem, positive peer relationships, as well as providing school activities and nutritious meals may assist in physical, social, and emotional development. Supportive programs are especially important in the goal to fostering resilience in the very young (Horning, Rouse, & Gordon, 2002). These qualities help the preschooler become more resilient. The classroom should be a place to build up resilience with teachers understanding what is happening in their lives.

Application

Teachers need to incorporate some of what they have learned about trauma-affected students thus far. Three ways of starting to reduce negative impact are bibliotherapy, play, and physical/sensory environment. Using books and videos are good way to teach children conflict resolution. Books and videos can also help teach about different topics like domestic violence (Thompson & Trice-Black 2012).

Thompson & Trice-Black (2012) maintain that children should be able to play so that they can express themselves. Play enables everyone to be on the same level no matter what developmental age they are. It evens the playing field. The physical/sensory environment is

important. Giving prompts before turning the lights off and on will help a trauma-affected student. Loud noises in the classroom can be a sensory trigger and could send a trauma-affected student into a panic. Research on the traumatic response suggests that traumatized children's behavior is not always under their control (Wright 2017). Their first instinct is to protect themselves. According to Wright, it is important to recognize that these adaptations may be keeping children safe from the scarier parts of their lives.

Teachers can consider the following strategies for creating and can be added to keep the classroom environment consistent and predictable: 1) create, practice and talk about what is expected in the classroom; 2) explain why the expectations are so important; 3) avoid always being "in-charge"; 4) remind the students that school is a safe place to talk, play, and learn; and 5) work with student to solve their own problems by walking them through the process (Wright 2017).

Conclusion

Everyone feels the effects of trauma; however, preschoolers are at a vulnerable point in their young lives. They are young and inexperienced at knowing what they are feeling and how to express that feeling in a way that is acceptable so that they can feel more comfortable.

A preschool classroom should be a safe place for trauma-affected students to learn and label what they are feeling. Teachers need to build a relationship with each of their students and their families so that all feel safe in their classrooms. Teachers and parents need to work together to make education a priority in their students' lives.

Whereas it has been shown that students who are trauma-affected have trouble learning, the right environment can make a great deal of difference.

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