A Drop in an Overflowing Bucket: Trauma Training for Preschool Educators; A phenomenological Case Study

Rachel Bond
rbond@umass.edu

University of Massachusetts Amherst

Case Report

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Abstract

This qualitative phenomenological case study examined the State Change trauma training program and how it supported preschool teachers through the experience of the COVID-19 pandemic. Through observational data from a teacher training and three semi-structured interviews (two State Change facilitators and one preschool teacher participant) a variety of categories were created examining: Initial changes in COVID, Continued Absence of Support, Training in the Private Sphere, and Making Trainings Accessible. Overall, the training was concluded to be beneficial for participants in helping them understand what trauma behaviors might look like in their students and discuss some behavioral scenarios they were experiencing. Larger systemic issues (low staff attrition, high burnout rates, etc.) and other concerns (over pathologizing) which influenced the training effectiveness were analyzed. Recommendations for future trainings and research were also discussed.

Introduction

Educators need support systems for their own longevity and for the sustainable development of their students. Due to the global pandemic, the mental health concerns for children are on the rise (Crosby et al., 2020). Since many preservice education programs have no required courses on trauma training, professional development must play a key role in aiding teachers during these difficult times (Carver-Thomas et al., 2021). There are numerous professional development initiatives that attempt to address mental health concerns. The majority of these were created and implemented in the last 30 years (Thomas, Crosby & Vanderhaar; 2019). Anthony Jorm and his colleagues coined the term 'mental health literacy,' defining it as training structures that cover psychological theories for non-clinical professionals (including ones for teachers) (Jorm, 2000). This study examines a mental health literacy training but it is through the lens of teacher education and thus has a focus on teacher advocacy and agency: the intention behind these trainings is to help educators feel empowered to engage effectively with students who have trauma backgrounds or mental health problems that might be present in their classrooms.

Conceptual Framework

Trauma is not defined as a single event but rather an evolving process that changes based on severity of the event, proximity to it, personal impact, and after-event impact (May et al, 2016). Trauma's impact is also calculated based on social support, attachment status and the likelihood for new or repeated traumatic triggers (Greenwald, 2005). All of these intersecting factors result in trauma training for non-clinical professionals to be a difficult structure to effectively implement. A common concern is the potential prevalence of misdiagnosing students (Woodbridge et al, 2016).

Many current trauma training structures focused on individual populations within schools such as refugees or foster care students (Mayor, 2019; Moyer & Goldberg, 2020). In the context of the COVID-19 pandemic, there is an argument to be made that trauma trainings should also be created for larger collective trauma events (Crosby et al., 2020). With the likelihood of more collective trauma events
(specifically natural disasters) within the near future, the need for this framework is even more timely (Bednarek, 2021).

**Historical Foundations**

Previous trauma training studies have called for the need for refresher or follow-ups after the initial trainings, fidelity checks with training facilitators and less alienating therapeutic language (Anderson et al., 2019; Yudkin et al, 2021). Previous literature reviews on the topic have called for trainings to try different delivery methods of content, the need for longitudinal data on follow-ups longer than a month after the training and qualitative data as an assessment tool (Breslin et al., 2017; Sanchez et al., 2021). In Bruzell, Stokes & Waters action research trauma training study, one of their findings was that teachers felt the program had too much curriculum and should instead focus more on communication frameworks between teachers and their students (2019). Some patterns found in other mental health literacy teacher training qualitative studies concluded the need for trainings to: address burn out, tap into informal networks between educators, include administrative support and have observable changes in student behavior as key pieces within their training/research structures (Nadeem et al., 2011; Berger et al., 2021; Schwartz et al., 2017; Woloshyn et al., 2020; Kratt, 2018; Hraha, 2012; Brunzell et al., 2019; Sawyer et al., 2011). The training studied in this paper focused on relational connections between students and teachers with highlighting observable changes in student behavior rather than set curriculum goals. Burn out and administrative support are analyzed as further goals in the discussion section.

This study is specifically focusing on an early-childhood educator (Birth-5) training program. One study found that many early childhood educators felt that socioemotional development is mainly influenced by events outside of their control (Papadopoulou et al, 2014). Another study found that while many early-childhood educators desired the time and space to learn trauma intervention skills, those opportunities were commonly unattainable due to funding (Stein & Russell, 2021). Overall, it is clear this Birth-5 population is unique and has components needing analysis outside of the K-12 professional development system.

**Methods**

Based on the introductory literature, this study is a qualitative phenomenological case study. Since there were no previous examples found of research exploring preschool teacher mental health literacy trainings through a collective trauma event, this study is exploratory in nature. This study explored the efficacy of a trauma training program conducted by two mental health facilitators for a group of preschool teachers within the city of Burlington, Vermont. This training organization was chosen due to their goals of creating an accessible and affordable trauma training program for a preschool teacher population. Their training structure involved a single whole school training day.

**Research Questions**
The below research questions were chosen based on the conceptual gaps in the literature and the structural limitations of the training being studied. Our focus was on the teachers’ experience of the training and how or if they felt it was supportive or helpful.

1. To what extent does this training program support preschool teachers through the residual effects of the COVID-19 pandemic?

2. What are participants' knowledge and perceptions of the training experience? A final research question was added during the data collection phase to help adapt to the needs of the teachers being studied:

3. What reflections do the facilitators have about future preschool trainings and the ways to support this teaching population?

Training Structure and Curriculum

This study took place in Burlington, Vermont. The training spanned for 6 hours with a 30-minute break for lunch. There were 18 participants at the training. This trauma training program, which is called State Change, was created by two mental health facilitators, one of whom is a clinician who specializes in trauma intervention work with youth. Their training model holds similar theoretical frameworks to other common mental health literacy training framework but has been operationalized to be more accessible, more experientially based, less expensive and with less clinical language. The basis of their work derives from the circle of security theory or a way of reflecting on children attachment needs (Marvin, Hoffman, Cooper & Powell, 2010), Bessel van der Kolk's writing about developmental trauma disorder (van der Kolk, 2015), and ideas around sensorimotor psychotherapy or integrating body and movement into intervention strategies (Ogden & Minton, 2000). They name this comparison between their structure and others by stating:

“Our training utilizes the most important therapeutic and trauma-informed key concepts, tools & strategies for accelerated, broader application in communities. The root idea is “teaching out” this content in an accessible, translatable way to educate educators and to meet the increasingly complex needs of children, youth & families.”

Measurement Tools

State Change had a pre-survey with assessment questions which were examined in the results of this study. Artifacts including slides and handouts from the training. Observational data was collected on site during the training period and during the follow-up reflective call with the facilitators. Pre-made observation systems with behavioral categories (based on the research questions) and time markers were created prior to observational data collection (Hartmann & Wood, 1990). These categories included: how bodies looked, how much engagement and reflection was happening, how many people were participating in each activity, how facilitators adapted to participant needs, direct quotes from participants and structure/shape of each activity. Memo-ing was also utilized through the observational
process. Gaining entry was done through gaining consent to observe through email correspondence prior to observational data collection.

Participants

Educators who worked within the preschool program that attended the training were qualified to participate in the interviews. Due to understaffing issues within the program, only one participant was able to be interviewed so the data cannot be generalized and instead examines the unique experience of that participant within the training. This absence of data is also analyzed as its own data point.

Interviews

One participant and two facilitators were interviewed. During the participant interview, they were given some background information about the research study and asked initial knowledge, perception and attitude questions about the training process through a semi-structured interview format (Merriam & Tisdell, 2016). The participant was also given a specific vignette created by the facilitators to reflect on during the interview. Initial reflections were recorded with both facilitators one week after the training took place. Follow-up in depth interviews with each individual facilitator took place six months after the training. The facilitator interviews included similar questions to the participant interview to check for understanding and consistency but differed by including a section on recruitment tactics for training expansion. All interviews took place on Zoom and spanned from 30 to 50 minutes in duration. Interview questions and open-ended pre-survey questions are listed below:

Trustworthiness

Intensive documentation and memo-ing was implemented during the observations, after interviews and during the coding process to help create trustworthiness (Herr & Anderson, 2015). During this process, the researcher of this study also examined their own assumptions and biases that could meaningfully impact the results. The researcher of this study has a background in preschool and early education programs which did inform their investigative process. To create triangulation, this study utilized multiple access points including observations, pre-training survey, artifacts and interview. All interview transcripts were member checked by those participants involved (Merriam & Tisdell, 2016).

Data Analysis

This study is both an iterative and sequential process which involves intensive immersion, analysis and interpretation (Rossman & Rallis, 2017). The initial data from this study was coded through a deductive sorting process of reading, labeling, categorizing and then rereading with the research questions in mind. This study follows the phenomenological theory of “getting at the essence or basic underlying structure of the meaning of an experience” (Merriam & Tisdell, 2014). This experience being specific to a preschool trauma training during a post-COVID landscape. In an initial read through, open codes were created on the side margins of each transcript (including all memos, open ended survey questions and observational notes). Intricate memos were noted throughout the coding process. The open codes were
sorted into piles based on phenomenological themes. These categories were created based on the abundance of specific codes. The memos created from the open coding process and memos created from the artifacts (slides and handouts from the training) were used to solidify each category. During a second read through, categories were cross-compared per transcript to look for consistency and significance (Merrium & Tisdell, 2014). A final read-through of the data set used axial coding to seek specific relationships between each category. Axial coding or examination of properties helped create a richer description of the multifaceted relationships and dimensions of each individual category until the data reached saturation (Galman, 2013).

Results

Categories

Five main categories (each with individual subcategories) were created based on the coded data: Initial changes in COVID (Issues due to Sickness, Discovering New Training Platform), Continued Absence of Support (Staffing Issues due to COVID, Increased Desire for Training Content, New Financial Concerns), Training in the Private Sphere (Economic Policy of Preschools), Making Trainings Accessible (Personalized and Participatory Approach, Creating Relationships, Creating Emotional Stabilization through the Body, Meaning Making: The Neuroscience Component, Intentional Timing). These categories/subcategories along with definitions of each and quotes solidifying their definitions are listed below.

Initial Changes in COVID

During the observed training, the facilitators discussed COVID as a “community level trauma event” and how “we did not all experience the same thing... regrowth periods after traumatic events are just as key as the event and change the makeup of the brain, sometimes for the better.” The facilitators and participating teacher discussed a few key shifts they felt happened at the beginning of the pandemic, these are listed below:

Issues Due to Sickness

The teacher discussed the parts of their job that they felt changed at the start of COVID: “I live with an immunocompromised person, and children are disgusting. The moment I got home I would change all my clothes because I was a walking tissue. It felt hard to keep myself safe and to keep others safe.” They also discussed the beginning difficulties that came about from low staffing: “If I was out, how would that impact my co-teacher?” Finally, they mentioned the biggest shift being the way preschools treated PTO: “Working in Early Ed in years previously, if you’re sick but you’re not vomiting, you don’t have a severe fever, you come in... That changed in COVID.”

Discovering New Training Platform
For the facilitators, the initial changes involved most trainings and funding revenues being shut down, and the remainder of trainings being placed on Zoom. When describing a grant funded video-based training model one of them was working on before the pandemic, they concluded: “And then Covid came in and the whole project ended.” Both facilitators felt that this shift to Zoom training helped them realize how flexible an online training platform could be: “Asynchronous learning courses for preschool teachers used to sound like a terrible way to train them... And now I’m planning to do it... But a few years ago I would have thought this exact same idea is like a bad idea”. The other facilitator echoed this conclusion: “I think the way I would do it today is based on how successful even Zoom meetings were. It wasn’t like we did it on purpose. It seemed lame to have that. But the opportunity to deliver content by video is really important.”

**Continued Absence of Support**

This was the largest category. This category is defined by the researcher of this study as struggles or difficulties for the participant and facilitator that have continued since the beginning of the pandemic, issues that have become more systemic or chronic.

**Staffing Issues Due to COVID**

Across all three participants, low recruitment, high burnout and low attrition were highlighted often as continuing concerns. The teacher discussed some theories behind this: “People don’t want to work in a field where kids are sneezing in each other’s mouths anymore... people are really feeling burnt out and COVID permanently nudged them away from this work.” They highlighted how even at “the school where I work, which has a really great pay scale... they are still struggling to staff.” This was echoed in the State Change presurvey during the training. Many participants mentioned the need to “normalize understaffed facilities” or “adapt to constant stress due to not enough teachers”. The facilitators discussed this in the context of the observed training day: “I think we left feeling like this team has a lot on their plates, understaffed and overwhelmed.” and the other mentioned: “the level of burnout that staff are experiencing is so intense.” The same facilitator also articulated some trends in attrition: “There’s a lot of turnover. People leave.. The staffing, the churning staffing is part of it, it’s unstable. It leads to a sort of rotating host of people that are always kind of trying to get up to speed.”

The two facilitators discussed some ways that these issues have affected or shifted their abilities to train preschool environments. Many centers were inconsistent with being able to arrange or pay for trainings: “Email chains get dropped”, “It took months for them to pay us”, “I was reaching out and I would either get one engagement and then no follow up or no engagement”.

**Increased Desire for Training Content**

The facilitators felt there was also a shift in the type of engagement the preschool centers were asking for. One of the facilitators articulated this shift: “We used to have to generate trauma scenarios for the trainings because the incidents were unusual... But now it’s just actively happening. At a training we did, they came up with 9 scenarios! We did not have time to do 9 scenarios.” The other facilitator articulated
this as “a thirstiness for content… I had these young educators following me out to my car for like 45 minutes after the training ended because they had so many questions… These young people who are not trained or have skills at all are so eager for it.”

New Financial Concerns

From the teacher’s perspective, one of the concerns they brought up was the ways government funding like COVID pay initially created a buffer that assisted her coworkers and the families they worked with to have financial support, which has changed since it no longer became available: “Now that there’s no COVID pay anymore, we see certain families become really anxious about not being able to miss work and part of that is also because they’re a solo parent. So there’s nobody else there to take the burden.” One of the facilitators also felt that there was more grant funding opportunities pre-pandemic to help them offer their trainings to underserved communities, and that this funding had not come back even years after the beginning of the pandemic.

Training in the Private Sphere

This category is defined as systemic issues connected to training preschool teachers that existed before the pandemic. Most of these were articulated by the two facilitators and connected to the ways that preschool programming is a privatized institution within the US. One facilitator pointed out that “even before Covid, the only reason I was able to train so many centers is because this grant was funding a lot of it… you can’t ask the centers, you have to secure funding from somewhere else first.”

Economic Policy of Preschools

Both facilitators discussed how the private system of preschools operates differently than that of K-12 education: “It’s important for people to know that this is a distinct problem in the birth-5 realm, because in K-12 education… There are training budgets and training days. It’s just built into the model… but preschool… their space in the education world is privatized. It’s not publicly accountable, parents are paying for this so there’s not a lot of public investment or support for that system.” Similarly the other facilitator felt “there is just not enough money because people are trying to make money off of childcare… The whole system is more resourced.” They both stressed how there has never been “a regulatory or structural entity held accountable for the quality of making sure preschool teachers are getting any type of training.” The teacher discussed how this private system can create biases about their job: “People think of early childcare as not really education and I consider the work that I do as early education. I mean childcare is different.” Overall it was clear some of these issues were concerns before the pandemic.

Making Trainings Accessible
This category is defined as instructional material (or training tactics) utilized in the State Change Training program that was adaptable and flexible in structure. This content was analyzed in depth during both the interviews and through the observations and artifacts from the training session.

**Personalized and Participatory Approach**

This subcategory can be described as any training content that was designed to meet specific unique needs of the individuals being trained. The largest piece of training content that was discussed in this way were the scenarios. One of the facilitators discussed that in many trainings before the pandemic, they created scenarios in which a student would exhibit a specific behavior and ask the teachers to reflect on how they would handle the situation, but post-Covid most teachers already had scenarios in mind they wanted to discuss: “the whole second half of the training should be a space to ask what is happening with your students... It seems people really need this because the scenarios are getting so complex... there’s no time to mess around, you have to get very efficient.” The teacher also highlighted the importance of allowing them to discuss their own students: “My favorite part of the trauma training were the times when we got to discuss our own scenarios. It makes a huge difference because you can’t generalize, each kid is so specific, it’s hard to have general scenarios because context matters.” They went on to discuss how sometimes it’s as simple as “being able to discuss a situation with other adults and trauma-informed people... even if it’s just hearing that the plan we had set up was the right plan.” During the observed training, the main activity that was specifically personalized for the participants were the scenarios at the end of the training.

The other facilitator discussed some of the difficulty around trying to over-personalize content to a specific population: “If they start asking about autism or sleep, I’ll often think later on ‘oh should we put in a section about that?’.. And I have to remind myself that we can't add or change things too much as we go because then we won’t know which parts are effective and what parts aren’t.” The other facilitator also stressed how complex childcare centers are in relation to knowing exact participant experience because “these centers, they have such a range of experience, people who are young, people who barely graduated from high school working with people who have been doing this for 20 years, people with master’s degrees, so you can’t bullshit the training, you need to need to know how to address their specific needs.”

**Creating Relationships**

This subcategory is defined as any activities or content created for teachers to form bonds either with the other individuals in the training (the other teachers and the facilitators) or their students. Most of the examples of this tactic were utilized through the interview vignette since both the teacher and the facilitators were asked to reflect on a previously created scenario. Both facilitators discussed “trying to do some connecting”, “giving the kid a task” or “giving them some sort of purpose” as tactics when trying to de-escalate an upset child. The teacher echoed these tactics and elaborated on some other options to create connection between the upset student and the class as a whole: “Like maybe we have to take a
break from whatever we were doing and we’re going to sing whatever favorite song it is that we’re obsessed with and like rest the classroom as a whole.”

Within the observational data, one of the biggest activities that stressed building relationships was the ‘Circle of Security’ section. The teachers were given examples of ‘attachment relationships’ by the facilitators. Then they were split into groups to workshop different age ranges (ranging from birth-5) and how you might “create a secure base, support exploration and welcome their return”. The group I observed discussed the importance of ritual and the weight of responsibility attached to their relationships with their students. One mentioned: “it's so important to name their emotion even if it feels ridiculous, get down on their level and model behavior and expectations.”

**Creating Emotional Stabilization through the Body**

This subcategory is defined as any training content which focused on observing and managing students' (or teacher participants) difficult emotions through varying tactics. The first facilitator discussed this process: “Hopefully the teachers now know to follow the 4Rs: regulate, relate, reason and repair... they should recognize themselves as an agent of co-regulation... co-regulating with the body.. Regulate the kid before doing anything else.”. The second facilitator also stressed the importance of focusing on the body: “They should find a way to give that distressed kid some sort of task that involves their body”. In the teacher interview, they gave examples of this such as “use earmuffs, or give them an extremely crunchy snack.” Within the observed training, the facilitators offered different tactics to create this type of regulation: change spaces, give a kid a cold glass of water or a frozen cooling towel, use weighted blankets or create different types of motion. One participant discussed difficulty trying to regulate students while also self-regulating: “I will have a student who takes like 30 minutes to calm down, I was there for so long and then as soon as I withdraw, they freak out again and then I am not regulated.” One of the facilitators stressed that “it's important to engage in regulating a student for longer than you think or want to... but you should use your team if available, take turns and don't do it all yourself.”

**Meaning Making: The Neuroscience Component**

This subcategory is defined as any times the facilitators discussed how the human brain works, how different parts of the brain operate, and how trauma functions neurologically. In one of the facilitator interviews, they stressed that this knowledge is vital because while “the teachers need direct behavioral intervention strategies, they need the brain science and attachment stuff to understand when and how to use them.” The same facilitator also acknowledged that while utilizing training strategies like ‘train the trainer’, they had gotten feedback that the part of the training participants felt the least confident in reiterating to their own staff was “the brain science part”. Within the observational data, one of the ways the facilitators tried to help participants remember the science content they were teaching was by discussing the “Bottom Up Brain” model. Within this model, the main thing the participants had to learn was that the bottom of the human brain is evolutionarily the oldest part and each layer builds in complexity. As defined during the facilitator interview: “It develops bottom up and the top brain is where
thinking and learning happens. But the bottom part is faster and kind of the boss, that part is the source of a lot of our difficult behaviors.”

During the training the facilitators also discussed brain neuroplasticity (“everyone having a unique way they are wired”) but neither the facilitators brought up this knowledge content during the interviews. The teacher interviewed discussed some confusion around the way the science around trauma was presented in the training: “It would have been helpful if they covered more like ‘what is trauma’, what is little t vs big T trauma?”. They went on to discuss how vague they felt the concept was and some concern that it could get misdiagnosed: “like a regression in bathrooming... is that sexual trauma for a child? Or is that like a baby sibling is happening? I think some people are like ‘Oh, they are wetting their pants, it's trauma!', And that’s not necessarily true. Like we can see those signs of trauma and we can also see signs of kids who are having big changes happening that they don't have control over and they might look the same.”

**Intentional Timing**

This subcategory is defined as any components of the trainings that were connected to timing, this includes the structure and flow of activities during the observed training and reflections on how to properly time future trainings from either the facilitator interviews or the teacher interview. One of the facilitators discussed the importance of doing different activities throughout an all-day training to keep participant engagement: “the training has been designed in a certain way to try to put a bunch of info at the beginning, when people are more present and to get people moving around the room during the post lunch period.” This was very evident from the observational data on the training, and the intentional way interactive activities were timed later in the day than the PowerPoint slides. This facilitator also discussed how each training has a level of improvisation needed when it came to timing: “your time management facilitation has to be careful, sometimes things can just happen and change the time frame and you have to pivot and figure out what you’re doing with the content.” They went on to discuss when they had to shift a training from a 6 hour process to a 2 hour one: “the stuff I had to cut out was important so there’s a real loss”. To solve this problem, they offered a potential solution involving a ‘train the trainer’ model where some higher up staff at a variety of childcare centers goes to a specific training, gets the skills and brings it back to their own program: “a faster way to build capacity in childcare centers is not to have me individually train thousands of providers, we have to have me train trainers, right?” The other facilitator discussed how the trainings could also potentially be shortened if they had video content to supplement the majority of the information, and left the training time mostly to scenarios: “the opportunity to deliver video content is important and the scenarios are also really important.. It means people will come not feeling like they are held hostage to having to sit and listen to me talk for 2–5 hours, instead we can get straight into what they are struggling with.” The teacher participant advocated for more consistent trainings throughout the school year: “Consistent trainings would be more helpful, right? This stuff, like we know it but if something changes, having regular access to this information can be extremely helpful.”
Discussion

This study examined a trauma training program for preschool (pre-k) educators through observational data, a preliminary survey and interviews with the facilitators and one of the participating teachers. These categories connect to previous research on trauma trainings for educators in new and dividing ways. These connections are discussed below.

Increased Demands on Preschool Teachers

This dataset shows that pre-k educators are still grappling with the severe effects that COVID-19 has had on their workforce. The preliminary State Change survey had participants mentioning the need to “normalize understaffed facilities” and “adapt to constant stress due to not enough teachers”. Similar to other school environments, pre-k educators are experiencing massive staff shortages that have still not been resolved (Blewitt et al, 2021). One of the State Change facilitators discussed how retention and recruitment for these pre-k programs (along with an increase in concerns about student behavior) has led to teachers desperate for the skills taught in these training but the inability to participate due to staff shortages. This perpetuated a structure of continued isolation from communal support or healing, continuing the cycle of burnout.

Structural Issues

Previous research examining early-childhood educator populations shows there are systemic issues which deeply influence the effectiveness of professional development trainings for this demographic (Papadopoulou et al, 2014; Stein & Russell, 2021). Funding is commonly highlighted as one of the top issues (Blewitt et al, 2021). This study echoes these concerns. The subcategory Continued Absence of Support highlights the dire state in which many pre-k organizations are currently functioning (low staff attrition, limited recruitment, high burnout rates). The subcategory Training in the Private Sphere gives examples of larger systemic issues that complicate this picture. One of the facilitators discussed how preschools are “not publicly accountable… parents are paying for this so there’s not a lot of public investment or support for that system.” This highlights how even if funding was no longer a barrier and COVID-19 had no effect on a program's ability to attract, train and keep staff, there is still no “regulatory or structural entity held accountable for the quality of making sure preschool teachers are getting any type of training.” This can lead to trainings being opt-in options, limiting buy-in and creating inconsistencies in training structures (which was observed by the facilitators of this study’s training).

Another symptom of this type of privatization of education is the ways funding through grants get distributed. One of the facilitators gave examples of how many trainings they were unable to do since their grant funding got cut during the beginning of the pandemic. They highlighted how these funds have not come back even as infection rates have decreased. While grant funded trainings can bring meaningful content to programs that otherwise wouldn't be able to afford it, it is an unstable and irregular funding system that can easily shift with drastic changes such as a pandemic (Priddis et al, 2015).
In the teacher interview they mentioned that the initial paid time off (PTO) for preschool educators was very supportive at the beginning of the pandemic. They discussed how it created a legitimacy to sick days in a way that they hadn’t seen in previous preschool placements before COVID. The continuation of effective PTO policies like this one for pre-k organizations could potentially increase attrition and decrease burnout (Oliveira et al, 2021) along with helping educators heal from the collective trauma experience of the pandemic.

**Future Trainings**

In the **Making Training Accessible** category, video content and a train-the-trainer model (training some of the staff of a school so they can go back to their school and train the rest of the staff) were mentioned by the facilitators as more accessible training models since it could decrease the amount of time needed to be at one specific training. Other trauma training researchers discuss these as viable training models (Ohrt et al, 2020) but Nadeem and their colleagues (2011) mention the concerns of inconsistency when training content is not tightly controlled/distributed. It can create varying results depending on the relationship between the staff that get trained and the staff that don’t.

One of the main concerns discussed by the teacher participant was the ways that their coworkers might pathologize their students due to the training. Other researchers such as Ecclestone & Hayes (2019) have discussed concerns for emotional determinism being perpetuated by trauma training frameworks for educators. These are important things to consider so future training might want to shift the language within the training to focusing on relationship building rather than trauma diagnosing (Defehr, 2016).

Finally, discussing scenarios was seen as the most popular and beneficial piece of the training across all three interviews and within the observational data. One of the facilitators even theorized what trainings might look like if the only thing they involved were scenarios. In the subcategory **Personalized and Participatory Approach**, there are quotes from multiple participants discussing why having time to discuss their own students and their own unique problems is vital for a training. Utilizing scenarios as the foundation of a trauma training addresses multiple issues at the same time. First, it allows space for individualized concerns that could be unique to the community being trained (Yudkin et al, 2021). Second, it is time efficient, getting at the heart of the issues coming up for these teachers. And third, it is connection based, giving preschool teachers the opportunity to feel heard and cared for in a way that is not available to them in didactic training formats (Eustache et al, 2017; Vieira et al, 2014).

**Future Research**

More research on teaching training programs for preschool educators is needed. Due to these trainings not having a formal regulatory structure, it’s important to examine training systems that have been effective with this population. It would also be beneficial to examine future trainings through a needs assessment model (E. Anderson et al, 2015), pairing trainers with university researchers and preschool program administrators to create relevant training content. Due to the dire state many preschool programs are currently in, I would advocate future researchers to take up an action research model (Mills, 2017) for future examination of programs.
Limitations

The Absence of Data

The concern for how few teacher participants were recruited for interviews from the training was noted in memos during the debrief process with the training facilitators in the month after the training. This absence of data was discussed in depth during the individual facilitator interviews 6 months after the training. In many ways, it helped lead to the creation of one of the key categories within this study. We found the specific preschool environments which were examined to have such high rates of burnout and turnover that recruitment for either follow-up trainings or individual/group interviews became impossible.

This study has a variety of limitations that are important to consider when examining its results. Due to the collective trauma environment examined, there were limitations on the amount of data collected (only 3 interviews, 2 of which were facilitators). All data analysis was completed by one coder (the lead researcher of this study), which can lead to positionality bias in the dataset. Finally, all data from the training participants (survey and interview) was collected during a month-long timeframe. Examined further longitudinal data from these participants might yield differing results.

Conclusion

The trainers of the State Change trauma training program attempted to support these preschool educators to the best of their abilities. Due to larger systematic issues it was difficult to have consistency and regularity in the trainings. Many trainings and follow-ups were dropped by programs because of staff shortages. Future trainings could be more time efficient, allow for larger sections on scenarios and create more inclusive or specific language around terms like ‘trauma’. But these training changes would be significantly more effective if the larger macro issues with our birth-5 educational system also get addressed. State Change is a small drop of communal healing in the much larger bucket of preschool educator collective trauma.

Compliance with Ethical Standards & Declaration of Interest Statement

Approval of this study was obtained from the ethics committee of the University of Massachusetts-Amherst. The procedures used in this study adhere to the tenets of the Declaration of Helsinki. Written informed consent was obtained from all participants within this study and participants consented to the submission of these findings to a publication. No funding was received for conducting this study. The authors have no relevant financial or non-financial interests to disclose.

Declarations

Author Contribution

Rachel Bond wrote the whole manuscript and prepared all tables.
Data Availability Statement:

The data examined within this study is available. All interview questions and open codes are in the ‘Tables’ document also uploaded. The raw data (anonymized transcripts) are also available if needed, they can be found through this link:

https://drive.google.com/drive/folders/1GNucuj1Jedluxq-ftugSFCf1A9mnrIu0?usp=drive_link

References


Tables

**Table 1**

*Interview Questions*
<table>
<thead>
<tr>
<th>Participant Questions</th>
<th>1. What was the impact this training had on you? Any feedback for the program? Anything you wished was covered that wasn’t? Anything that was covered that you didn’t understand or didn’t find helpful?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. How long have you worked as a preschool teacher? Tell me about your experience in this job.</td>
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<tr>
<td></td>
<td>3. How do you navigate the stress inducing parts of the work? What are ways you can support yourself in this work? What are ways your community can support you?</td>
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<td></td>
<td>4. How do you navigate the stress inducing parts of the work? What are ways you can support yourself in this work? What are ways your community can support you?</td>
</tr>
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<td></td>
<td>5. What are signs that a child might have a trauma history?</td>
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<td></td>
<td>6. Thinking of youth you have worked with in the past, does this training bring up any moments for you?</td>
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<td></td>
<td>7. What are forms of communication you could change or utilize to create a safer environment for your students and yourself?</td>
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<td></td>
<td>8. What further steps do you feel like you need (if any) to feel confident implementing trauma informed interventions?</td>
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<tr>
<td></td>
<td>9. Vignette 1</td>
</tr>
<tr>
<td></td>
<td>One of your preschoolers commonly presents with a lot of restlessness. They usually can’t sit for very long and have a tendency to get upset easily and leave classroom spaces when they are in a heightened state. They have even been known to leave the recess yard on such occasions. You are co-teaching a lesson and you notice this student beginning to get upset.</td>
</tr>
<tr>
<td></td>
<td>What is the intervention strategy you would implement?</td>
</tr>
<tr>
<td>Facilitator Questions</td>
<td>1. Tell me about the preschool trauma training you facilitated last August. What went well? What do you wish was done differently?</td>
</tr>
<tr>
<td></td>
<td>2. Anything you wished was covered that wasn’t? Anything that was covered that you would now change?</td>
</tr>
<tr>
<td></td>
<td>3. Thinking of trainings you have done since then, does this comparison bring up any moments for you?</td>
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<tr>
<td></td>
<td>4. What are forms of communication you could change or utilize to create a better environment for your trauma training participants?</td>
</tr>
<tr>
<td></td>
<td>5. Tell me about recruitment of educational programs. What has been difficult? What have you learned?</td>
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<tr>
<td></td>
<td>6. Tell me about what you understand of the ‘bottom-up brain’ concept?</td>
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<tr>
<td></td>
<td>7. What are signs that a child might have a trauma history?</td>
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<tr>
<td></td>
<td>9. Vignette 1</td>
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</table>
classroom spaces when they are in a heightened state. They have even been known to leave the recess yard on such occasions. You are co-teaching a lesson and you notice this student beginning to get upset.

What is the intervention strategy you would implement?

Table 2

*Open Ended Pre-Survey Questions*

1. Give an example of a time where you felt confident in your abilities to manage stress at your job

1. Give an example of a time where you felt successful responding to a child who was experiencing risks, disruptive or aggressive behavior

Table 3

*Qualitative Codes and Memos*
<table>
<thead>
<tr>
<th>Common Codes and Memos:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Changes in COVID</strong></td>
</tr>
<tr>
<td><strong>Issues due to Sickness</strong></td>
</tr>
<tr>
<td><strong>Discovering New Training Platform</strong></td>
</tr>
<tr>
<td><strong>MEMO:</strong> Interested that some think people are seeing the important of early childcare with new investment but we are also seeing a decrease in funding and staff</td>
</tr>
<tr>
<td><strong>Continued Absence of Support</strong></td>
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<tr>
<td><strong>Staffing Issues due to COVID</strong></td>
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<tr>
<td><strong>Increase Desire for Training Content</strong></td>
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<tr>
<td><strong>New Financial Concerns</strong></td>
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<td><strong>Training in the Private Sphere</strong></td>
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<tr>
<td><strong>Economic Policy of Preschools</strong></td>
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<tr>
<td><strong>Training Content</strong></td>
</tr>
<tr>
<td><strong>Personalized and Participatory Approach</strong></td>
</tr>
<tr>
<td><strong>Creating Relationships</strong></td>
</tr>
<tr>
<td><strong>Creating Emotional Stabilization through the Body</strong></td>
</tr>
<tr>
<td><strong>Meaning Making: The Neuroscience Component</strong></td>
</tr>
</tbody>
</table>

**MEMO:** Allow teachers to make scenarios? Creating ones could be too hard to generalize?

**MEMO:** Really interesting point that might mean concern for educators misdiagnosing?

**MEMO:** How do they know their students have developmental trauma? Is every kid traumatized in the context of covid?

**MEMO:** How do you know there is training consistency? What if someone takes the curriculum, makes it their own and teaches it wrong? Is there a wrong way? Spread misinformation through these resources?

**MEMO:** How do we know that this tactic will increase scope of impact? Couldn’t isolated exposure without oversight mean less implementation?

**Making Trainings Accessible**

**Intentional Timing**

Not just one event, how to hold engagement, depends on follow ups, train regularly, at least once a year, less time = less content, keep training on time, didn’t finish, built-in training, train the trainer, consistency is key, transitions are difficult, easy to copy, cheap to implement, in person = only scenarios

**MEMO:** How do we know that this tactic will increase scope of impact? Couldn’t isolated exposure without oversight mean less implementation?

**Location and Tools**

Important see environment, weird location, divide from space, not in workspace, experimental education game, lots of sensory options, video of content, posters, bookmarks, physical workbooks, all printable, video help, ‘calm down kit’, Youtube channel, go to training = own material, trainers have access, future of training

**MEMO:** How do we know that this tactic will increase scope of impact? Couldn’t isolated exposure without oversight mean less implementation?
MEMO: Some of these trauma behaviors seem so nuanced, how will this translate to videos?

Note. Some of the outlier codes were not examined here due to the limited amount of codes present within the dataset.