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**Identifying trauma, supporting
well-being:
The experiences of seven early
childhood teachers**

**A thesis presented in partial fulfilment
of the requirements
for the degree of Master of Education
(Special Education) at
Massey University,
Palmerston North, New Zealand**

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This thesis is dedicated to my mum,

Maureen

and to the memory of my dad,

Brian Fisk

who died in 2006.

Abstract

This qualitative thesis records the experiences of seven early childhood teachers in identifying trauma and supporting the well-being of children in their care. The teachers, all women, had taught in a range of services including community centres, daycares and kindergartens. They were interviewed separately and their narratives examined using Bronfenbrenner's ecological model, with special attention given to the major macrosystem influence of the principles of the early childhood curriculum, *Te Whāriki*. The teachers' own personal and professional experiences contributed to their acceptance and knowledge of trauma. Assessment of well-being included observation of children's behaviours, interactions with children and consultation with parents and others, team work, a variety of strategies and individual reflection on practice and personal experiences. The study concludes by debating the usefulness of the trauma label and recommending better promotion and access to information and support for teachers and families on the aetiology, symptoms and healing of trauma. Attention is also drawn to the complex task of balancing the requirements of children and their families, the difficulties of accessing personal support and the contribution of the ecological model.

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Chapter One

Introduction

Trauma: A threat to well-being

This thesis explores the role of the early childhood teacher in supporting the well-being of children at risk of trauma. Disequilibrium and tense emotions characterise trauma. They can seriously affect the development of trust and security that are essential to well-being. Despite the best intentions of adults, unavoidable life experiences can put children at risk of trauma. They range from the horrendous, such as exposure to abuse and violence, to the less obvious, such as the family tension and high stress in circumstances like hospitalisation of a family member, discord between parents, and financial problems. Concern for children, their families and teachers whilst enduring and progressing through these times has been the imperative for this study.

Perry and Azad (1999) estimate that every year millions of children are exposed to traumatic experiences. Their examples includes natural disasters, motor vehicle accidents, life threatening illnesses such as cancer and burns, and the associated painful medical procedures, physical and sexual abuse, witnessing domestic and community violence and the sudden death of a parent. It is not known how many children in Aotearoa/New Zealand are exposed to trauma each year. Kayes and Mackay (2003), however, report that very young children are increasingly attending hospital. Between 1990 and 1998, more than 36,000 children aged between birth and four years attended hospital for unintentional injuries alone (Otago University, 2001) and approximately 500 children are seriously injured by physical abuse each year (New Zealand Medical Association, 2001). The

maltreatment mortality rates for young children suggest the under fives are especially vulnerable (Ministry of Social Development, 2005). Witnessing violence, especially in the family can also be traumatic. In 1996/97 more than 28 thousand children under 10 were present during acts of family violence attended by the police (Preventing Violence Organisation, February 2, 2006). It must be stressed, though, that young children do not have to endure or even witness trauma to be at risk. Merely belonging to a family that is affected by traumatic circumstances and living with “chronic enduring stress” (*ZERO TO THREE*, 2005, p. 15) may be enough.

Young children, including infants and toddlers, are particularly vulnerable at times of traumatic events. They rely on adult care and attention for their basic needs and this can be compromised when adults are distracted or stressed. Crucially, their brains have not yet formed sufficiently to process these experiences in a useful way (van der Kolk, 1997). Children in highly stressful circumstances require a safe and supportive environment to accommodate such events (Greenwald, 2000). Unresolved trauma can cause lifelong psychiatric, health, social and cognitive problems (Perry & Azad, 1999).

The support of informed and compassionate adults is crucial. Early childhood teachers have an important role to play. Not only must they protect and nurture the children in their care but they must do so in partnership with their families (Ministry of Education [MOE], 1996, 1998b). In addition, the teachers must work co-operatively in centre or classroom teams and at times with other organisations and professionals in the community. There are great strengths for the teachers in working in this connected way but also challenges and issues.

Background to this research

Gradually psychiatrists, psychologists and therapists have begun to research the effects of trauma on children. In line with their particular discipline and based on their clinical experiences they have defined and listed possible causes and symptoms. Whilst some accept only the severest difficulties as relating to trauma and young children (American Psychiatric Association, 2000) others (Atwool, 2000; Greenwald, 2000) see trauma potential for children in many adverse situations. An overview of this topic reveals multiple definitions and a wide range of symptoms relating to this state.

Early childhood (EC) teachers' experiences in identifying children at risk of trauma have been barely researched. Two small qualitative studies have examined aspects of trauma identification. Palmer, McCorkle, Brooke and O'Neill (2002) used structured interviews to examine teachers' experiences in identifying abuse in American elementary school and, in Australia, Sims, Hayden, Palmer and Hutchins (2000) collected teacher responses to the coping behaviours of children who had experienced refugee or war-related trauma. In 2003, Aspden examined teachers' beliefs and experiences in referring young children for early intervention services. Early childhood teachers in Aotearoa/New Zealand are not required to specifically identify trauma although they must assess potential harm or threats to children's physical, spiritual and emotional well-being (MOE, 1996, 1998b) and their learning and developmental needs, including special needs (MOE, 2000).

In small, qualitative studies researchers have begun to critique various aspects of *Te Whāriki* (MOE, 1996), the early childhood curriculum of Aotearoa/ New Zealand. The

curriculum strand of well-being has not yet been specifically addressed. Nuttall (2003) explored the way teachers in a daycare meet curriculum requirements, which includes well-being. McLeod (2003) studied leadership in early childhood and looked at communication within teams and with parents. This is relevant to the family and community principle and its contribution to the well-being strand. Other research on the family aspect of early childhood education is limited. Duncan, Bowden and Smith (2005) studied three early childhood centres and their contribution to family resilience, Mitchell studied respectful relationships between children, staff and parents in Australia and New Zealand (2003) and Guo (2005) examined teacher's views of Asian immigrant parent/teacher relationships.

Large scale and longitudinal studies of early childhood education are also scarce. The Competent Children Project (Meade & Wylie, 1994; Wylie & Else, 1998; Wylie, Thompson & Hendricks, 1996) is an exception. This research involves tracking the educational outcome, family and early childhood experiences of a core group of about 300 children from age five. A number of competencies and the factors that may have contributed to them were assessed. Of particular importance to this study were their findings regarding service quality, staff interactions with children, (Wylie & Else, 1998; Wylie et al., 1996) and relationships between families and the early childhood centre (Meade & Wylie, 1994; Wylie et al., 1996). The quality of the service is an important indicator of children's competencies in perseverance, communication and social skills (Wylie & Else, 1998); all of which help children at times of trauma. Another large project followed the implementation of Special Education 2000 (SE2000) policy from 1999 to 2002 in which Bourke et al. (2002) interviewed, surveyed or involved in case studies 8,000 educators, including school and early childhood teachers.

The launch of *Kei tua o te pae/ Assessment for learning: Early childhood exemplars* (MOE, 2004a) in 2005 was the culmination of 10 years' collaborative research on narrative assessment between teachers from around 50 centres and early childhood leaders (MOE, 2006). The narrative assessment included "teacher observations, learning stories, transcripts, children's work, parent/whānau stories and children's comments", photographs and short video clips (MOE, 2004a, ¶ 1). The focus of these exemplars, however, is on the child's learning, which includes well-being, rather than on identifying special needs such as exposure to trauma.

In addition, strategies to promote well-being and to heal trauma have arisen from a range of psychiatric, psychological, therapeutic, and educational studies, and professional reflections. The focus and range of some research is not narrow. For example, Perry (2004b) and associates (Miranda, Arthur, Milan, Mahoney & Perry, 1998; Perry, Hogan & Marlin, 2000) have not only mapped the brain to discover areas of deprivation but have worked in clinical practice with children to overcome the deficits caused by trauma. This research, too, takes a broad perspective in relating the identification of children at risk of trauma to the assessment of young children and the experiences of their teachers.

The research aims

The original aim of this research was to study the experiences of early childhood educators in respect to their professional duty to support the well-being of children at risk of trauma, identifying potential problems, available resources and possible sources of support. As this study has shown that not everyone recognises the potential for young children to

experience trauma it is further hoped that it will provoke and promote professional discussion of trauma and the implications for practice and professional relationships.

Overview of the thesis

Two key concepts are explored in the review of the literature in chapter two. They are trauma and well-being. In the first section the definitions and characteristics of trauma and its relevance to and possible effects on the lives of young children and their families are identified. In the second section the role of the early childhood teacher in relation to the assessment of well-being is examined. This includes the identification of special needs and abuse, and the importance of team work and communication with families and others. Chapter three outlines the interpretivist methodology (Denzin & Lincoln, 2003), the interview (Cohen, Manion & Morrison, 2001), the participants, data collection and analysis procedures, ethical considerations and validity that are pertinent to this study. In this research an interpretivist approach was taken in order to gain an understanding of how trauma and its effects were viewed by the teachers, how it impacted on their duty to support well-being and what this work meant to the participants (Madjar & Walton, 2001). In chapter four the results are organized in two sections: Accepting the Potential for Trauma and Assessing Well-being. Bronfenbrenner's (1979) ecological model, with the addition of the chronosystem (1986, 1995) is used to interpret the results. In chapter five the research questions are addressed and the place of labelling and assessment of special needs, the healing of trauma, partnership with parents, and the contribution of the ecological model to this study are also considered. Lastly, the study concludes with the limitations of this study and suggestions for future research.