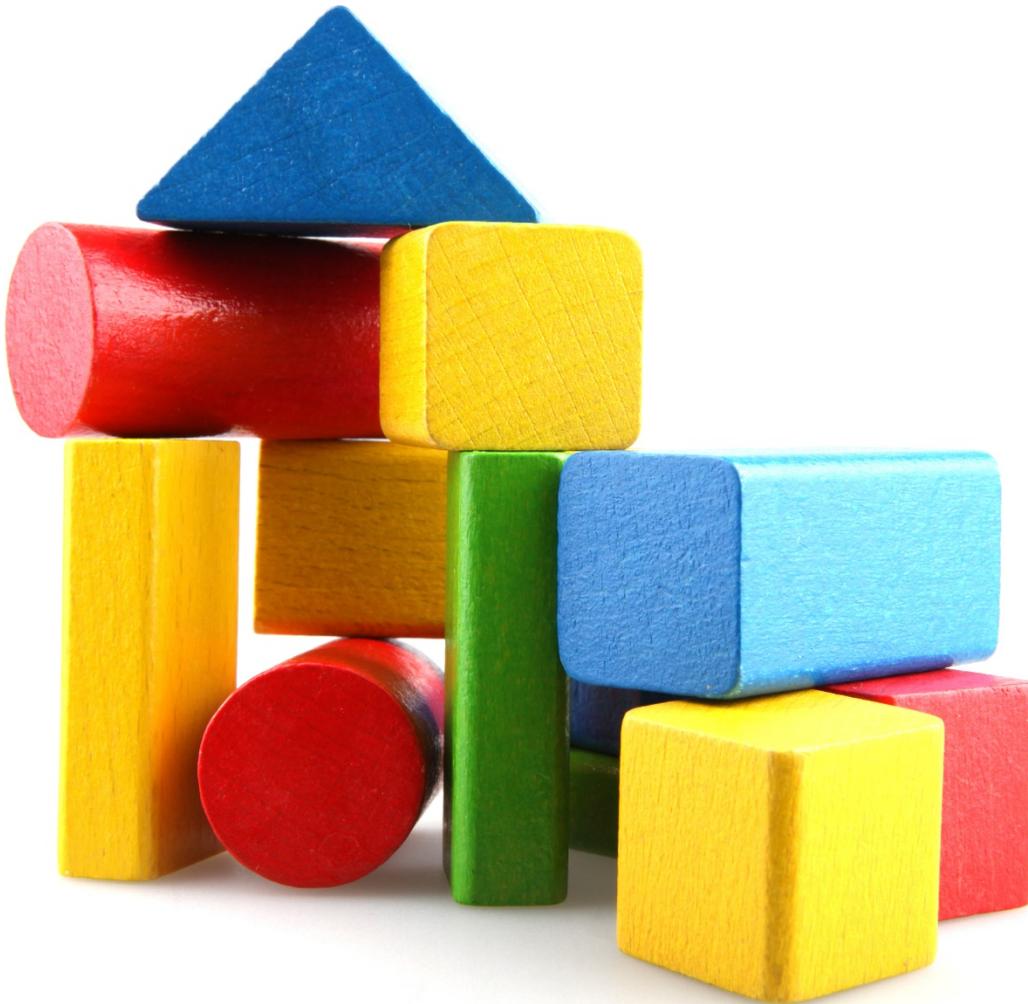


**Executive Summary of
Trauma-Skilled Preschool Education in Public-School Classrooms:
Responding to Suspension, Expulsion, and
Mental Health Issues of Young Children**



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Executive Summary

Trauma-Skilled Preschool Education in Public-School Classrooms: Responding to Suspension, Expulsion, and Mental Health Issues of Young Children

Overview of the Issues

Significant societal forces have converged to bring preschool mental health and preschool suspension and expulsion issues to the forefront. Public schools across the nation report rapidly expanding preschool programs as a result of 1) federal and state legislation supporting public-funded preschool education, 2) recognition of the research-based and long-term benefits of high-quality early-childhood programs (Heckman, 2017; Schweinhart, 2004), and 3) growth and continued need for support of working parents via public-funded education of their young children.

Alongside the growth of preschool programs in school settings, schools also report increasing incidences of behavioral and developmental challenges in the preschool population (Hancock & Carter, 2016) evidenced by the relatively high rates of preschool suspension and expulsion (Gilliam, 2005; Gilliam, Maupin, Reyes, Accavitti, & Shic, 2016), an often last-resort practice that reflects the difficulty some teachers and schools face in sufficiently addressing challenging, complex, and sometimes disruptive child behaviors. Thus, public schools in the United States are confronted not only with increasing numbers of preschool children in their school buildings, they are also trying to respond to the complexity of emotional, social, developmental, and academic needs of these children.

One result of the unprecedented growth of preschool programs is that, based on the increased numbers alone, many preschool children are unable to cope with—or negotiate—the demands of public-school preschools' daily routines, structured environments, and academic expectations (NAEYC, 2017). In addition, teachers in preschool classrooms report higher levels of stress and insufficient support to meet the needs of these children. School administrators—many with limited education about and experience with the preschool population—are confronted with complex decisions of how best to address the individual developmental, behavioral, and emotional needs of three- and four-year-old children while maintaining a safe school environment for all students and staff.

Growth of Public-School Preschool Programs

The number of classrooms for preschool age children, especially in the form of four-year-old kindergarten (4K) designed to meet the needs of a state's young children who are most at risk academically, has increased rapidly. State-funded preschool programs continue to expand across the United States, with some states also adding 3K and inclusion programs to the more common 4K programs. Many school districts have been challenged with the rapid explosion of preschool programs (Bouffard, 2018), and most are still problem-solving in terms of finding adequate resources—personnel and funds—to meet the complex needs of these young children.

Vulnerable Populations

Children spend more time in our public schools than in any other formal institutional structure (Fazel, Patel, Thomas, & Tol, 2014). Thus, public schools play a key part in children's development, ranging from peer relationships and social interactions to academic attainment and cognitive progress. In addition, the emotional control and behavioral expectations as well as physical and moral development are inclusive within the preschool curriculum.

Research has identified several groups of children who are most vulnerable to expulsion within the public-school preschool context (Gilliam, 2005). Since each state develops its own criteria for successful admission to its state-funded programs and given the low income and low parent education requirements for many of these programs, children who are accepted to state-funded programs are more likely to represent minority populations, especially African American and Latino (Gilliam et al., 2016; U.S. Department of Education, Office for Civil Rights, 2014). Thus, serious equity concerns arise, since a disproportionate number of children who are identified as difficult, challenging, aggressive, or disruptive are male children from African American and Hispanic family backgrounds.

Heightened awareness of the impact of early trauma on children's overall development and the documented relationship between early trauma and its negative effects on learning and behavior have helped identify a vulnerable population in preschool since children who are accepted into state-funded 4K, 3K, and other preschool programs in the schools are more likely to have experienced early traumas that are associated with their developmental and social demographics. These preschool children are also more likely to present mental health issues when compared to the general preschool population (Nicholson, Perez, & Kurtz, 2019).

Expulsion and Suspension of Preschool Children

Trauma in the early lives of children can lead to their expulsion and suspension in preschool. Each year, thousands of preschool children are suspended or expelled from their early childhood care and education programs (Stegelin, 2018). The National Association for the Education of Young Children (NAEYC) states that over 8,700 three-

and four-year-old children were expelled from their state-funded preschool or prekindergarten classrooms (NAEYC, 2017). Early research from 2005 found that preschool children were expelled at three times the rate of children in kindergarten through Grade 12 (Gilliam, 2005). Further, Gilliam and Dobb's 2005 research indicated at least 42 percent of preschool children suspended were identified as African American boys, indicating that racial and gender disparities are evident as early as preschool, where African American students are 3.6 times as likely to receive an out-of-school suspension as their White classmates. In addition, while boys represent 54 percent of preschool enrollment, they constitute 79 percent of all suspended preschool children. More than 10 years after Gilliam's (2005) foundational research, federal data reflect that a disproportionate number of male students representing minority populations (African American and Latino) are expelled, along with English Language Learners and students with disabilities (Horowitz, 2015).

Not only does suspension or expulsion from preschool programs create another form of trauma for young children, according to the U.S. Department of Health and Human Services' and the U.S. Department of Education's joint *Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings* (2014), the early years of any child's life are critical for building the early foundation of learning, health, and wellness needed for school and in adulthood. Expelled or suspended students miss out on valuable instructional time and opportunities to build solid early foundations.

Preschool Mental Health Strategies and Public Schools

Some school districts are undertaking innovative approaches to meet the mental health needs of their preschool population. Following are examples of school-based strategies being utilized to address and enhance the mental health services for younger students and their unique mental health disorders, interventions, and support needs.

Mental Health Strategy: Needs Assessment

Assessment is one school-based strategy to address mental health needs of the preschool population. Many professionals working with children advocate the use of a multiple-gated screening system to determine mental health needs in schools (Fazel et al., 2014). Schools can utilize various methods to identify individual students who could benefit from interventions, including functional behavioral assessments, teacher or student recommendations, and systematic, universal screening. While screening can pose a risk of over-identification of children or failure to recognize a condition, completed with fidelity it can provide a useful avenue for schools to identify and support students with mental health disorders (Weist, Rubin, Moore, Adelsheim, & Wrobel, 2007).

Mental Health Strategy: Specialists in the Schools

Mental health services in schools are provided by a variety of professional staff whose training or employment might be within education or health-care systems. Providing mental health services with mental health specialists in the school environment varies widely. Preschool children who are screened, identified, and served earlier in their lives are more likely to have positive developmental, social, and academic outcomes than young children who are not identified at the preschool level.

Mental Health Strategy: Tiered Approach to Mental Health Services

An empirically driven tiered approach to mental health strategies in schools includes universal strategies for all students (school-wide), followed by interventions to assist selected students who face particular risks (selected population), and finally a tier with treatment interventions for those with the greatest needs (focused high-need intervention; Rowling, 2007). Mental health specialists and teachers who have more general training can provide observation and identification of students who may need more in-depth assessment and services and daily positive support strategies that are utilized with all students.

Mental Health Strategy: Promotion of Mental Health

Mental health promotion is a positive strategy that strengthens awareness of mental health, encourages practices to support good health, and serves as a preventive measure (Rowling, 2007). In whole-school and classroom-based interventions, universal promotion programs are designed to equip schools and educators with skills to promote students' well-being (Rowling, 2007).

Critical Needs

Addressing the rising rates of preschool expulsion and suspension of preschool children nationwide requires a thoughtful and considered approach. First, an increased awareness and understanding of the fact that very young children can and do have mental health issues is critical. Young children are developmentally less able to express their feelings and verbalize their individual needs, and major stressors very early in a child's life can have a lasting and profound impact on long-term mental and physical well-being (Felitti et al., 1998; Centers for Disease Control and Prevention, 2019). Increasing the understanding of the general population that young children—infants, toddlers, and preschoolers—do in fact experience feelings of anxiety, depression, and other mental health conditions, many of which are related to early traumatic experiences, is needed.

A second critical need is to educate professionals, parents, and the general public about the importance of trauma-skilled education in U.S. school systems (Nicholson et al., 2019). Trauma-skilled early education is aligned with the concept of individualized education plans (IEPs) for older students with special needs. Ongoing systemic and carefully planned individualized assessment and support for children demonstrating the

developmental and behavioral impacts of early trauma and mental health conditions is needed (Nicholson et al., 2019).

Third, implementation of trauma-skilled early education in our schools is needed. While trauma awareness is an important first step, a systemic approach to intervention and maintaining consistency in expectations is required (Nicholson et al., 2019; NAEYC, 2017; Fazel et al., 2014).

A fourth critical need is the recognition that preschool classrooms in both urban and rural settings are typically diverse and represent a wide range of racial, language, developmental, cultural, and economic differences. Supporting the mental health and well-being of these young children is critical. While public schools have challenges to meet the diversity and academic needs across all ages of students, the preschool population presents perhaps the greatest challenge because of the relatively brief developmental window of time in which young children are most sensitive to trauma and, at the same time, are most responsive to individualized and trauma-skilled early care and education.

Recommendations

According to the American Psychological Association, approximately half the children in this country experience some type of trauma during their childhood (Nicholson et al., 2019). Schools are increasingly being leveraged as intervention points to address childhood trauma due to the well-established links between childhood trauma exposure and poor child well-being outcomes (Loomis, 2018). Several organizations are providing leadership to make changes in policies related to serving the needs of young children who have experienced trauma. Following are further recommendations to support trauma-skilled early education in the public schools.

Workforce Recommendations

With the rapid expansion of preschool programs in the public-school sector, many professionals are providing care and education for 3- and 4-year-old children. Most of these professionals need professional development relative to caring for trauma-impacted young children; most teacher education programs in the US do not include the knowledge and skill development necessary to assess, provide intervention, and evaluate young children with these special needs. Professional development for the workforce serving preschool children should include increased teacher awareness of trauma and its effects on behavior and learning, increased understanding of social and emotional development of young children, and ongoing trauma-skilled training to meet the needs of trauma-impacted children.

Research Recommendations

Much more research on the topic of preschool mental health, trauma, and public-school suspension and expulsion is needed. Research by Gilliam (2005) and Gilliam et al. (2016) has contributed to our understanding of the complexity of teacher-child interactions and preschool suspension and expulsion in preschool settings. Early research by Gilliam (2005) uncovered the alarming rate of preschool suspension and expulsion in the US. Gilliam et al's 2016 study found that suspension and expulsion appeared to be related to a preschool child's gender, size, ethnicity, and other demographics.

Further research in the relationships between trauma and poor outcomes in the public-school preschool setting is needed. The research on Adverse Childhood Experiences (ACEs) notes that children who have experienced more trauma in their early development are more likely to demonstrate challenging behaviors and are more likely to be perceived in a negative way by preschool teachers. In fact, these children are also more at risk for mental health issues. Further exploration of this critical topic is required.

Policy Recommendations

While progress is being made to address the needs of young children with mental health needs, those with early traumatic experiences, and the negative practice of preschool suspension and expulsion, many changes in school policies are indicated. The federal government has taken the leadership role in addressing these complex issues, supporting state-level efforts to reduce preschool expulsion and suspension and to reinforce the understanding of the federal Individuals with Disabilities Education Act (IDEA) to protect the rights of children with special needs or disabilities without discrimination (U.S. Department of Education, Office for Civil Rights, 2014; U.S. Department of Health and Human Services and U.S. Department of Education, 2014; Administration for Children and Families, 2016). Based on a review of the policy literature, additional recommendations can be made for policy development at the state and local levels.

Conclusion

The effects of suspension and expulsion on a preschool child are immediate, can have long-term implications for the child's overall emotional and social development, and increase the likelihood of permanent school dropout in the later years (Horowitz, 2015). In the long run, the negative effects of early expulsion and suspension may play out in middle and secondary education settings, future employment, and, in some cases, the criminal justice system (Stegelin, 2018). Young students who are suspended or expelled are as much as 10 times more likely to drop out of high school, experience academic failure and grade retention, hold negative school attitudes, and face incarceration as those preschoolers who do not experience suspension or expulsion (U.S.

Department of Health and Human Services and U.S. Department of Education, 2014; U.S. Department of Education, Office for Civil Rights, 2014).

The convergence of several major forces—ACEs research and the impact of early trauma on child development; the rapidly expanding public school programs for a diverse, growing 3–5-year-old child population as a result of research verifying the value of high-quality early education; and the growing need for working parents to have public-funded care and educational opportunities for their young children—has created a complex and challenging situation for America’s public schools. Public-funded preschool programs, such as state-funded 4K and federally funded Head Start, typically have enrollment criteria that are aligned with such factors as lower family income; low parental educational levels; developmental delay; special education needs; and other family, social, and health indicators. These criteria translate into a preschool population in public-school classrooms that is more in need of social, emotional, economic, and academic support and early intervention than the general preschool population.

In summary, the number of preschool children in the public-school sector has increased dramatically over the past decade in the United States. Along with the rapid growth has come great challenges to school systems, administrators, teachers, and other specialized school personnel. Many of these preschool children demonstrate trauma-impacted behaviors and mental health needs. Teachers in preschool programs report increased incidences of children who are difficult, challenging, aggressive, and disruptive. School personnel are challenged to meet the assessment, intervention, and follow-up needs of so many children. In many cases, schools resort to suspension or expulsion of the most challenging children. Paradoxically, these are the children who are most at risk for healthy development and are in greatest need of psychological and developmental assessment and individualized intervention. In addition, teachers in these preschool classrooms are frequently stressed and are experiencing fatigue, burnout, and, in many cases, secondary traumatic stress disorder (Osofsky, Putnam, & Lederman, 2008; Figley, 1995).

The impact of children’s early traumatic experiences can be softened and remediated. Children are inherently resilient; thus, they are responsive to teachers, caregivers, and parents who are nurturing, responsive, and in tune with the child’s needs. Children’s resilience offers hope and drives researchers and practitioners to garner the necessary resources to meet their needs while they are still in the formative preschool years.

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