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# Student Development Through Involvement: Benefits of Peer Support Arrangements

Andrew Scheef and Beth Buyserie

**Abstract:** Peer support arrangements are strategies implemented by schools to provide structured opportunities for students without disabilities to work alongside peers with disabilities, often intellectual and developmental disabilities. Although the benefits of this practice for students with disabilities is well documented, there is limited literature describing the impact of the experience on the peers without intellectual and developmental disabilities. To address this, a content analysis of reflection papers written by 24 high school students without intellectual and developmental disabilities was conducted to better understand the benefits of the peer support arrangements. Six themes to emerge from the reflections include: Emotional Benefits, Skill Development, Understanding Disability, Personal Reflection, Comfort with People with Disabilities, and Ongoing Commitment. Of particular interest is the theme Emotional Benefits, which featured student descriptions of how the mentorship experience increased attendance and school engagement. These findings are discussed and implications for practice and future research are provided.

To meet the mandate of educational placements for students with disabilities in the least restrictive environment (LRE) as described in the Individuals with Disabilities Education Act (IDEA, 2004), schools seek strategies to provide successful inclusive educational opportunities. This may be particularly challenging when designing inclusive instructional programs for students with intellectual and developmental disabilities (IDD), who are generally educated in a more restrictive environment than their peers with high-incidence disabilities (U.S. Department of Education, 2018). To support inclusive classroom and culture, schools may implement peer-support arrangements to provide students with opportunities to promote inclusion (Olson et al., 2015). Although the benefits of these arrangements for youth with IDD are well-documented in existing literature (e.g., Brock & Huber, 2017; Carter et al., 2016), limited research regarding the benefits for peers without disabilities has been conducted. As such, this study sought to explore benefits experienced by those students who provided supports to peers with IDD.

## Peer Support Arrangements

Peer support arrangements are a form of peer-mediated intervention, a broad term that describes situations in which students with disabilities (often IDD) are provided with supports that are delivered by peers (students without IDD) to increase skill development and inclusive education opportunities (Brock & Huber, 2017). Peer support arrangements differ from other peer-mediated approaches in that they (a) include an emphasis on providing social supports and engagement in a social experience, (b) allow for a support structure that may be influenced by the strengths and interests of each involved party, (c) generally involve a smaller number of students, (d) are usually focused on supporting students with low-incidence disabilities or students with more significant needs, and (e) focus on delivery in an inclusive environment (Carter et al., 2009).

Although many adult paraprofessionals, or paraeducators, support students with disabilities in the classroom, peer support arrangements deviate from this traditional

service delivery model (Fisher & Pleasants, 2012). Students providing the support receive training and guidance from school staff members to increase quality and integrity of the arrangements (Rossetti & Goessling, 2010). When using peer support arrangements, the role of the adult staff changes to a more indirect support role by providing guidance to the peers without disabilities (Brock & Carter, 2016). This shift provides alternative classroom support opportunities for students with IDD, who until this peer support experience may have been supported only by an adult paraprofessional to achieve academic and other individualized goals (Milley & Machalicek, 2012). Carter et al. (2009) described the unintended consequences of the overuse of one-on-one paraprofessionals to support students in the classroom. These unintended consequences include: (a) reduced interactions with peers, (b) stigmatization, (c) fewer interactions with certified teachers, and (d) development of unhealthy interdependent relationships between students and paraprofessionals.

## Benefits to Students with Disabilities

The benefits of peer support arrangements for students with disabilities is well-documented in existing literature. Carter et al. (2016) studied the impact of peer support arrangements for high school students with significant disabilities, including social benefits (e.g., increased interactions with a wider variety of peers, more significant progress in working towards social-related goals) and positive influence on classroom inclusion (e.g., increased opportunities to participate in the same classroom activities as nondisabled peers, heightened level of engagement, more time in the physical classroom).

Brock and Huber (2017) reviewed relevant literature on peer support arrangements and identified the practice as “evidence-based” for promoting social interactions. Peer support arrangements may also have social benefits for students who use augmentative and alternative communication (AAC) devices (Biggs et al., 2017). Although long-term impacts are unknown, Carter et al. (2016) found that peer support arrangements can expand the social network of a student with a significant disability by providing an opportunity for the development of friendships.

These social interactions may occur outside the designated time frame, both during and outside of school, and may exist for an extended duration (Asmus et al., 2017). Peer support arrangements may also be beneficial to support positive postschool outcomes for secondary students with disabilities (Scheef et al., 2018).

### Benefits to Students Without IDD Engaged in Peer Support Arrangements

Although the benefits to students with disabilities may be at the forefront of efforts to develop peer support arrangements, the benefits of peers without disabilities should also be considered. These kinds of experiences with peers are important for developing positive perceptions and experiences with people with disabilities; they are the future generation of co-workers, employers, and community members. The benefits to peers without IDD engaged in a peer support arrangement has not received nearly as much attention in the literature, with most studies being 15 or more years old (e.g., Copeland et al., 2004; Cushing & Kennedy, 1997; Kamps et al., 1998). Carter et al. (2009) summarized this early body of literature by describing peer benefits. These peer benefits include: (a) personal growth, including a deeper self-understanding; (b) enhanced views regarding people with disabilities; (c) increased views of value of diversity; (d) development of advocacy skills; and (e) friendship.

Although exploring benefits for peers was not the primary focus, two more recent studies also described these benefits for peers. In one such study, Carter et al. (2011) interviewed six students who worked alongside a peer with IDD to measure social validity of research featuring peer support arrangements. Each student reported positive experiences and noted that they would recommend the opportunity to other students. In the interview, the six students identified personal benefits from the arrangement, including (a) additional opportunities to develop friendships, (b) better awareness of the contributions of students with disabilities, (c) increased understanding of disability, and (d) enhanced social skills. Through interviewing teachers who have implemented peer support arrangements, Leigers et al. (2017) found similar results. Additionally, they found that peers without disabilities felt a greater connection to their school community and had the opportunity to develop skills relevant to their desired profession.

Schaefer et al. (2016) conducted a review of literature to identify the extent to which peer-mediated interventions (including peer support arrangements) benefit the partner student without disabilities. After reviewing 53 studies, the authors concluded that “these studies suggest that the focus on the outcomes and perspectives of peers has been secondary to the outcomes of students with [IDD], with few studies targeting peers as the primary focus” (p. 352). To address this need, the authors called for additional research focused on peers without disabilities engaged in peer support arrangements. As such, the purpose of this qualitative content analysis study is to better understand how peer support arrangements benefit peers without

IDD. The following research question has been explored using qualitative methods: What are the perceived benefits to high school students who participate in peer support arrangements with students with IDD?

### Methods

To answer the research question, a qualitative study was conducted involving students without IDD who were enrolled in a credit-bearing course that included peer support arrangements.

#### Research Design and Procedures

After the peer support experiences, all students enrolled in the course wrote a reflection paper at the end of the semester to fulfill a course requirement. Written data sources are beneficial to researchers in that they accurately represent the actual language of the participants and represent work that the participants have taken the time to thoughtfully create (Creswell, 2014). Students were provided with a list of questions by the special education teacher to guide their reflection paper. These questions included:

- What did you learn in the process?
- Did you find out something about yourself?
- What made you want to be a peer mentor?
- How have your thoughts changed or not changed?
- Did it change anything for the future for you?
- Would you recommend being a peer mentor to a friend? Why? Why not?
- What would you change about the class, if anything?

Completed student reflection papers were collected and anonymized for data analysis.

To collect data that presented the perspectives of the students and did not limit student responses, exploratory qualitative methods were an appropriate choice for this study (Creswell, 2014). Specifically, content analysis was used to answer the research question through understanding and analyzing materials included in the student essays. This method is generally characterized by a systematic analysis of material to better understand occurring themes and patterns (Saldaña, 2011).

#### Participants and Setting

This study included 24 high school-aged students without IDD who attended a school with a student body of approximately 760 students in the northwestern United States. As all identifying information was removed from raw data, demographic information of participants (e.g., age, race, experience) was not collected. All of the participants were enrolled in a credit-bearing course in the Fall 2018 semester that provided opportunities to engage in peer support arrangements with a student with IDD. Peer partners worked together each time the class met, four times a week for approximately one hour each session for an entire semester. Partnership assignments were made by the special education teacher, who considered the goals, schedules, strengths, and needs of both students. The



activities primarily occurred in the general education setting, but also included occasional opportunities in community, vocational, or special education settings. Students provided supports to peers with IDD in relevant skill areas (e.g., academic, social, independent living, self-determination) while also engaging in activities that promoted more inclusive classrooms and the greater school community. Unlike some peer support arrangements, students were not recruited from within specific classrooms (i.e., peers were not concurrently enrolled in the course in which the student with IDD was enrolled).

Students who participated in the peer support arrangement course were trained by school staff and faculty to work with individuals with disabilities; the peers were also trained to work with their specific peer partners. After a one-hour general orientation, students were given targeted and ongoing training to provide support for specific students in the relevant context or environment. This allowed the students without IDD to better understand the individualized strengths, needs, and goals of their partner with IDD. In addition to the hands-on experience, students enrolled in the course completed various assignments to better understand disability and the disability community.

### Data Analysis and Credibility

Data analysis was guided by the process of Thematic Analysis as described by Braun and Clarke (2006) and featured each of the six steps that constitute this process. These included

1. familiarization with the data
2. identification of initial codes
3. review of coded content for themes
4. evaluation of themes identified in the previous step
5. development of definitions and names for each theme, and
6. production of the written report.

The first author, who has expertise in special education and qualitative research, individually coded the student papers. This was done using a theoretical approach, a process that involved labeling information with a specific research question in mind (Braun & Clarke, 2006). Based on the recommendation of Saldaña (2011), the content analysis involved seeking content through both manifest meaning (i.e., surface-level, directly stated) and latent meaning (i.e., subtext, suggestive). Through this process, an initial codebook that included the specific descriptive and values codes, related definitions, and usage examples used by the first researcher was developed and refined. Using a codebook in this qualitative research analysis increased the efficiency of the coding process (Guest et al., 2012).

Because researcher triangulation increases the credibility of research findings (Brantlinger et al., 2005), the uncoded student papers and the initial codebook were next given to a second researcher, who also has expertise in qualitative research methods. The second researcher then separately read and coded the participant writing, modifying the codebook as necessary. The two researchers then convened to discuss their separate codes, review

the codebook, and develop a common coding system. Per Saldaña (2011), this dialogue on the codes was integral to both the credibility of the research findings and the continued analysis of the data. Then, the two researchers collaboratively reviewed the student writing page by page to come to a consensus regarding the coded data. Once this process was complete, the two researchers reviewed the coded data extracts to identify themes that describe the nature of the content. Content was reviewed to ensure each item's relevance to its assigned theme. Coded data extracts were then reviewed again by both researchers to verify their fit and relevance to the theme.

### Ethical Considerations

Data sources were provided by the classroom teacher and identifying information was removed before being presented to the researchers. As such, participant identity was unknown by the researchers as the stripping of personal information allowed for anonymity.

### Results

The present study sought to answer the research question: What are the perceived benefits to high school students who participate in peer support arrangements with students with IDD? Fifty-eight pages of typed text written by 24 unique high school students without IDD who engaged in a peer support arrangement were analyzed. Through the analysis of the data, six themes emerged. These themes included: Emotional Benefits, Skill Development, Understanding Disability, Personal Reflection, Comfort with People with Disabilities, and Ongoing Commitment. Table 1 includes the codes associated with each theme, the number of students whose essay responses included each code, and an operational definition for the code. To represent magnitude, themes have been presented based on the number of students whose work included each code (highest to lowest).

**Table 1**  
Emergent themes with related codes

Theme	Code	Number of Students	Description of the Code
Emotional Benefits	Enjoyment	18	Enjoyment of the peer mentoring experience
	Spirit lift	14	Experience has a positive impact on peer mentor's emotions
	Pride	5	Expression of pride in peer's accomplishments as a result of the experience
	Inspiration Mutual benefit	3 1	Peer mentor has been inspired to do better Both students benefited from the experience
Skill Development	Problem solving	8	Increased ability to solve problems
	Flexibility	8	Increased ability to be flexible
	Patience	6	More patient when working with others
	Leadership	5	Development of leadership skills
	Hands off	4	Recognition that people need to do things for themselves to learn
Understanding Disability	Learning	4	Learning new skills (e.g., cooking)
	Communication	3	Improved communication skills
Personal Reflection	Awareness	14	Understanding of disability and perceptions of disability
	Ability of people with disabilities	8	Recognition that people with disabilities have skills and talents
	Whole person	5	Recognizing a person as being more than their disability
Comfort with People with Disabilities	Personal growth	15	General self-improvement resulting from the experience
	Personal awareness	8	Realization of personal preferences, biases, skills, interests, or abilities
	Compassion	3	Increased compassion
Future Commitment	Friendship	12	Friendships developed from the experience
	Comfort	9	Increased comfort around people with disabilities
Ongoing Commitment	Continued commitment	9	Expression of eagerness to continue working with people with disabilities
	Career	5	Increased interest in careers with people with disabilities
	Advocacy	5	Increased commitment to support the rights of people with disabilities

Note: 24 total students; "Number of Students" represents the number of students whose writing included this particular code.

### *Theme: Emotional Benefits*

Although student response papers included many benefits, the theme Emotional Benefits mostly included statements related to their personal enjoyment of the experience. In fact, the code “Enjoyment” was identified in more student essays than any other code. One student explained, “I knew that I would love this class. Now that I have gone through a semester, I can only say that this is an understatement. This class is easily my favorite.” This sentiment was echoed by other students in their reflective writing; overall, students enjoyed the experience. Another student wrote, “Throughout the day, after second period, I often find myself looking forward to the next day just so that I can go back.”

### *Theme: Skill Development*

In their writing, students described how the peer support arrangements offered opportunities to develop a variety of skills. Although many specific skills were mentioned, the most prominent involved those related to problem solving and flexibility. One student explained, “I learned how to approach harder situations in an appropriate way ... there were a few challenging instances throughout the year where I previously would have had not a single clue on how to handle them.” One student also described their sense of responsibility to problem solve by noting, “I have more responsibility put on myself, and more self-reliant to problem-solve and think of ways to help the student.” This problem-solving may involve the need for flexibility, which was described by one student who wrote, “I’ve learned that sometimes things just don’t work, and there’s nothing wrong with that. While it may be frustrating, it happens, and it happens a lot. This just opens the doors for new ideas.” Students also described the development of skills related to patience [“one thing that I have a hard time with is having patience, and I definitely had to be patient in this class”], leadership [“this class has given me skills that I am able to carry over to cheerleading being a captain”], hands-off teaching [“I learned how to take a step back and let the students learn from their own mistakes”], and communication [“it has immensely helped with my people skills”].

### *Theme: Understanding Disability*

Through the peer support arrangement experience, students gained a better understanding of disability. The most prominent aspect of this theme involved disability awareness and a change in personal perceptions of disability. One student wrote that the experience has “opened my eyes to a new point of view on how to approach people [with disabilities].” Another student discussed the experiences working with a student with IDD and explained, “I have also learnt about the challenges a person like him faces, and that has made me more empathetic.”

Recognizing that peers with IDD are young adults just like themselves, one student explained that they learned simply to “treat them like normal people.” Students talked about being able to look beyond disability to see their peers

for the people they are. One student wrote, “I also learned a lot about [my peer] as a person. I learned that even though she can be stubborn sometimes, she’s a really kind person and likes making everyone around her happy.”

This increased understanding of disability also included statements that demonstrate a heightened awareness of the ability of people with disabilities. One student wrote, “Most people assume that if you have a disability you lack intelligence and so they are treated differently because of it ... These kids are so intellectual and it is so amazing to watch them prove the standard opinion wrong.” Another student was surprised to learn that many of the students with IDD “are super independent, smart, and really rarely need help.”

### *Theme: Personal Reflection*

Student essays included statements that demonstrated how the peer support arrangement provided opportunities for personal growth and a heightened sense of personal awareness. Some broad student statements reflected on this personal awareness: “I have grown so much as a human with this class,” “I never thought it would be the class that would completely change my daily outlook,” and “[friendship with the peer] has changed my whole view on the world”. Another student was especially impacted by the experience and noted, “Without this program of class I would not be who I am today, and I truly believe that.” Students also made specific mention of how the experience allowed them to become more self-aware. While one student wrote, “I learned that I really really love being there for people,” another student explained that “something that I have found out about myself is I personally do not like working with others.” The experience working with students with IDD allows some students to better understand their own learning barriers. One student wrote, “I learned techniques that can help with my ADHD ... This class helped me with myself and how I learn how to help myself with my ADHD.”

### *Theme: Comfort with People with Disabilities*

The peer support arrangements provided students with an opportunity to become more comfortable being around people with disabilities. Although the school offers inclusive classroom experiences for students with IDD, some students enrolled in the peer support arrangement still had limited interactions prior to enrolling in the course. These limited opportunities for engagement resulted in a discomfort, which was reduced by the peer support arrangement. One student explained:

Before taking this class if a kid with autism was talking to me, I would be nervous about saying something that might make them really upset or doing the wrong thing. But really you don’t have to worry about those things; you just treat them how you treat your friends.

This increased comfort was exemplified by many students who wrote about friendships with peers with IDD that blossomed as a result of the experience. One student

wrote, "I have created a friendship that will stay with me for the rest of my life." Several students discussed how the relationship morphed from arranged sessions into genuine friendships. One student explained, "We became close friends throughout the semester. It didn't feel like I was her peer mentor; it felt like I was just one of her friends helping her out and I am so thankful for that." Students wrote about these relationships extending beyond the school. One wrote, "Most of the students with IDD enjoy spending time with their mentors outside of school, and I did that quite a few times, and I hope to continue to keep having the opportunity to do that."

#### *Theme: Ongoing Commitment*

The benefits described in the aforementioned themes perhaps supported student interest in continuing to work with individuals with disabilities. This interest ranged from wanting to continue with the peer support program to expressing interest in engaging in disability work/advocacy in the future. On the more local level of the peer support program, one student wrote, "I am excited to [be a peer mentor] for another semester" while another lamented that "I am very sad I only have one semester left, but I plan on coming to visit still." The continued commitment was described broadly by some, while others were more specific with their goals and interests. One student wrote that the experience "has given me a passion that I know I will carry with me for my entire life—no matter what I choose to do." Another wrote, "One thing I know is that in the future if I do have an opportunity to work with [people with IDD] I will immediately take advantage of it." Other students described how the experience has impacted their career goals. One wrote that the experience "has opened my eyes to a potential career path that I hadn't considered up to this point." Another wrote, "After taking this class I think that possibly going with some sort of career where I can work with this community would be really awesome." Students also spoke about the continued commitment through advocacy with statements such as "Being a peer mentor has helped me learn to take a stand when needed" and "I would hope to become a major advocate for integration." Another wrote that as a result of the experience, they will "make a bigger effort than I have before to include any and everybody in activities or anywhere I am."

Thematic Analysis of the student essays showed a variety of benefits experienced by those without IDD who engaged in peer support arrangement. Six themes emerged from this systematic analysis. Listed in order of magnitude of presence (most to least), they include: Emotional Benefits, Skill Development, Understanding Disability, Personal Reflection, Comfort with People with Disabilities, and Ongoing Commitment.

#### *Discussion*

Reflection papers written by 24 high school students who support a peer with IDD were analyzed using qualitative methods. Specifically, this study sought to better understand the benefits experienced by these students

without IDD as a result of the experience. Six themes describing a variety of benefits emerged through the thematic content analysis. Two of the themes (Understanding Disability and Comfort with People with Disabilities) describe benefits that have been documented in previous literature. Three other themes (Skill Development, Personal Reflection, and Future Commitment) have been broadly described in previous literature; however, findings from this study provide greater understanding on the benefits peers with IDD might experience. One final theme (Emotional Benefits) represents content that has not been revealed in existing studies.

#### *Emotional Benefits*

The theme Emotional Benefits was represented with the greatest magnitude and described benefits not included in existing literature related to peer support arrangements. Remarks about enjoyment of the activities were quite common in the student papers. Many students went beyond simply describing having fun. For many students, the experience was a highlight of their day, with several noting that meeting with their peer encouraged them to keep coming to school. These benefits may be of particular importance to high school students at risk of dropping out of school. In a widely distributed report, Bridgeland et al. (2006) surveyed individuals who dropped out of high school to identify the reasons for their decision to end high school before obtaining their degree. Nearly half of respondents explained that the primary reason for dropping out was a lack of interest in classes and course content (i.e., boredom). In contrast, this study highlights reasons why students might be encouraged to stay in school. Student participants clearly stated that getting through their day would have been a struggle without the peer support arrangement.

#### *Additional Themes*

Content related to the themes Understanding Disability and Comfort with People with Disabilities has been represented in previous literature (e.g., Carter et al., 2011). In addition, a large body of literature exists detailing the increased understanding of disability and comfort around people with disabilities resulting from contact and interaction (e.g., Morin et al., 2013; Ouellette-Kuntz et al., 2010). As such, it is perhaps not surprising that these themes emerged from the student writing as benefits. Similar to findings from previous studies (e.g., Leigers et al., 2017), students without IDD in this study identified friendship development as a benefit of the peer support arrangements. Content related to friendship development was included in the theme Comfort with People with Disabilities because we viewed this as an indicator of comfort; one cannot be friends with someone they are not comfortable with. This finding suggests that the peer support arrangements can be effective in not only including students with IDD into an existing network, but also in shaping the perception/confirming that students with IDD can be and are an integral part of valued friendships, at least at an individual peer-to-peer level.

Although Carter et al. (2011) noted a perception of increased social skills for students without disabilities, the student papers in this study described development in many more domains. Perhaps most noteworthy in the Skill Development theme are those related to problem solving and flexibility, the two skill areas most present in student papers. As these are skills highly valued by employers (National Association for Colleges and Employers, 2019), students who serve as peer mentors will likely be increasing their capacity to find and maintain employment in a desirable field. The theme of Personal Reflection was also touched upon in existing literature (e.g., Carter et al., 2009). However, student papers in this study identified substantial gains in personal growth (e.g., general self-improvement) and personal awareness (increased understanding of one's self). The benefits associated with Personal Reflection may lay the foundation for the perceived benefits related to statements categorized under the theme Future Commitment. Similar to the findings presented by Leigers et al. (2017), students in this study described how the peer support arrangement helped guide career interests. More common in this study was a general commitment from students to continue spending time with people with disabilities in some capacity. This represents the extent to which the experience had a profound impact on many students.

#### *Limitations of the Study*

When considering the findings of this study, several limitations must be considered. The student work samples presented in this paper represent perceptions of one program in a single school. As such, the findings only represent the perceptions and beliefs of one program. As there is not a standardization of peer support programs, students who participate in similar programs in other schools might find different benefits. It should also be noted that the writing prompts given to students in their reflection essay encouraged responses that included a description of benefits. As this sample was collected a priori, this was not an intentional design component of the study, but rather the nature of the acquired data. In addition, readers should consider that students were not all assigned the same types of tasks with their peer partners. While some supported students in the general education setting, others worked in other settings (e.g., the community, special education classroom). A student's specific placement may have impacted their perceived benefits.

#### *Significance of the Study*

Findings from this study suggest that opportunities to support students with IDD may be beneficial to at-risk high school students. Perhaps most notably, these kinds of opportunities may increase interest in attending school on a regular basis; participants in this study described the experience as a primary reason they continue to attend school. Students who deliver supports to students with IDD may also experience personal growth, including skill development and perhaps greater focus on a potential

career. Students may also recognize strengths or personal attributes of which they were previously unaware.

Schools that seek positive inclusion models and that do not yet have opportunities for students to engage in peer support arrangements should consider developing such programs. Although the benefits for the students with IDD may be apparent, schools should also view these opportunities as development opportunities for peers without disabilities. Indeed, the peer support arrangement appears to be mutually beneficial, potentially defining the purposes and goals of a traditional inclusion model. This may be particularly important for students at the secondary level who are perhaps more focused on exploring personal interests and better understanding career possibilities. In addition, students at this level may have more flexibility and individuation with their course schedule, thus allowing them opportunities for regular and sustained interactions. Practitioners interested in developing peer support programs should consider exploring the recommendations provided by Carter et al. (2015).

When selecting students without IDD to participate in peer support arrangement, school counselors and teachers may consider the appropriateness for selecting at-risk students. Although Carter et al. (2009) explains that selecting peers with regular school attendance is important, there is also value in considering at-risk students in need of positive school experiences. A potential unintended benefit of engagement in peer support arrangements for at-risk students is the regular interaction with adults; an essential feature of peer support arrangements is teacher and paraprofessionals training for students delivering interventions and instruction. In their school dropout report, Bridgeland et al. (2006) recommend that schools ensure that each student develop a strong relationship with at least one adult in the school community. Peer support arrangements, which inherently include both peer and adult interaction, are one such way schools can meet this goal.

#### *Future Implications of Research*

To build on these findings, future research may include a quantitative study of students who engage in peer mentoring experiences. These studies may focus on perception change as a result of the experience. A longitudinal study that explores career choices for peers may help better understand how these experiences impact the professional trajectories. A survey of current special education professionals who engaged in peer mentoring experiences while in high school may lead to an expanded understanding of how the experience impacted their interest in special education or their ability to be successful in their career. As findings from this study indicate that peer arrangements may positively impact a peer without IDD's interest in school and attendance, research that focuses specifically on students at risk for school dropout would be beneficial. It might also be interesting for future researchers to explore some of the codes that were identified less frequently in this study. Probing these specific items (e.g., Communication) may yield interesting findings that were not addressed in this manuscript.

## Conclusion

Peer support arrangements are an effective strategy to support classrooms and school communities that are inclusive of students with IDD. Although gains for students with IDD may be the primary consideration for implementing peer support arrangements, students without disabilities may also reap benefits in multiple areas from these arrangements. The findings from this study support and expand on previous research. Perhaps most notable is the emergence of a theme related to how the experience can have a positive impact on a student's school experience and interest in school attendance. To support student development, schools without peer support arrangements should offer this experience to augment the education experience for all students in the school.

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## References

- Asmus, J., Carter, E., Moss, C., Biggs, E., Bolt, D., Born, T., Bottema-Beutel, K., Brock, M., Cattey, G., Cooney, M., Fesperman, E., Hochman, J., Huber, H., Lequi, J., Lyons, G., Vincents, L., & Weir, K. (2017). Efficacy and social validity of peer network interventions for high school students with severe disabilities. *American Journal on Intellectual and Developmental Disabilities, 122*(2), 118-137.
- Biggs, E. E., Carter, E. W., & Gustafson, J. (2017). Efficacy of peer support arrangements to increase peer interaction and AAC use. *American Journal on Intellectual and Developmental Disabilities, 122*(1), 25-48.
- Brantlinger, E., Jimenez, R., Klingner, J., Pugach, M., & Richardson, V. (2005). Qualitative studies in special education. *Exceptional Children, 71*(2), 195-207.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.
- Bridgeland, J. M., Dilulio, J. J., & Morison, K. B. (2006). *The silent epidemic: Perspectives of high school dropouts*. <https://files.eric.ed.gov/fulltext/ED513444.pdf>
- Brock, M. E., & Carter, E. W. (2016). Efficacy of teachers training paraprofessionals to implement peer support arrangements. *Exceptional Children, 82*(3), 354-371.
- Brock, M. E., & Huber, H. B. (2017). Are peer support arrangements an evidence-based practice? A systematic review. *The Journal of Special Education, 51*(3), 150-163.
- Carter, E., Asmus, J., Moss, C., Biggs, E., Bolt, D., Born, T., Brock, M., Cattey, G., Chen, R., Cooney, M., Fesperman, E., Hochman, J., Huber, H., Lequi, J., Lyons, G., Moyseenko, K., Riech, L., Shalev, R., Vincent, L., & Weir, K. (2016). Randomized evaluation of peer support arrangements to support the inclusion of high school students with severe disabilities. *Exceptional Children, 82*(2), 209-233.
- Carter, E. W., Cushing, L. S., & Kennedy, C. H. (2009). *Peer support strategies for improving all students' social lives and learning*. Paul H. Brookes Publishing.
- Carter, E., Moss, C., Asmus, J., Fesperman, E., Cooney, M., Brock, M., Lyons, G., Huber, H., & Vincent, L. (2015). Promoting inclusion, social connections, and learning through peer support. *TEACHING Exceptional Children, 48*, 9-18.
- Carter, E. W., Moss, C. K., Hoffman, A., Chung, Y. C., & Sisco, L. (2011). Efficacy and social validity of peer support arrangements for adolescents with disabilities. *Exceptional Children, 78*, 107-125. <https://doi.org/10.1177/001440291107800107>
- Copeland, S. R., Hughes, C., Carter, E. W., Guth, C., Presley, J. A., Williams, C. R., & Fowler, S. E. (2004). Increasing access to general education: Perspectives of participants in a high school peer support programme. *Remedial and Special Education, 25*, 342-352. <https://doi.org/10.1177/07419325040250060201>
- Creswell, J.W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage Publications.
- Cushing, L. S., & Kennedy, C. H. (1997). Academic effects of providing peer support in general education classrooms on students without disabilities. *Journal of Applied Behavior Analysis, 30*(1), 139-151. <https://doi.org/10.1901/jaba.1997.30-139>
- Fisher, M., & Pleasants, S. L. (2012). Roles, responsibilities, and concerns of paraeducators: Findings from a statewide survey. *Remedial and Special Education, 33*(5), 287-297.
- Individuals with Disabilities Education Improvement Act of 2004 (IDEA). Pub.L.No.108-446, 118 Stat. 2647 (2004) [Amending 20 U.S.C. §§ 1400 et seq.]
- Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis*. SAGE Publications.
- Kamps, D. M., Kravits, T., Lopez, A. G., & Kemmerer, K. (1998). What do the peers think? Social validity of peer-mediated programmes. *Education & Treatment of Children, 21*(2), 107.
- Leigers, K., Kleinert, H. L., & Carter, E. W. (2017). "I never truly thought about them having friends": Equipping schools to foster peer relationships. *Rural Special Education Quarterly, 36*(2), 73-83. <https://doi.org/10.1177/8756870517707711>
- Milley, A., & Machalicek, W. (2012). Decreasing students' reliance on adults: A strategic guide for teachers of students with autism spectrum disorders. *Intervention in School and Clinic, 48*(2), 67-75.
- Morin, D., Rivard, M., Crocker, A. G., Boursier, C. P., & Caron, J. (2013). Public attitudes towards intellectual disability: A multidimensional perspective. *Journal of Intellectual Disability Research, 57*, 279-292.
- National Association for Colleges and Employers. (2019). *Career readiness competencies: Employer survey results*. <https://www.nacweb.org/career-readiness/competencies/career-readiness-competencies-employer-survey-results/>
- Olson, A. J., Roberts, C. A., & Leko, M. M. (2015). Teacher, student, and peer-directed strategies to access the general education curriculum for students with autism. *Intervention in School and Clinic, 51*(1), 37-44.

- Ouellette-Kuntz, H., Burge, P., Brown, H. K., & Arsenault, E. (2010). Public attitudes towards individuals with intellectual disability as measured by the concept of social distance. *Journal of Applied Research in Intellectual Disabilities*, 23, 132-142.
- Rossetti, Z. S., & Goessling, D. P. (2010). Paraeducators' roles in facilitating friendships between secondary students with and without autism spectrum disorders or developmental disabilities. *Teaching Exceptional Children*, 42(6), 64-70.
- Saldaña, J. (2011). *Fundamentals of qualitative research*. Oxford University Press.
- Schaefer, J. M., Cannella-Malone, H. I., & Carter, E. W. (2016). The place of peers in peer-mediated interventions for students with intellectual disability. *Remedial and Special Education*, 37(6), 345-356.
- Scheef, A. R., Hollingshead, A., & Voss, C. (2019). Peer support arrangements to promote positive post-school outcomes. *Intervention in School and Clinic*, 54(4), 219-224. <https://doi.org/10.1177/1053451218782430>
- U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Program. (2018). *40th annual report to Congress on the implementation of the Individuals with Disabilities Education Act, 2018*. Washington, DC.

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

Dolores (Dee) Stegelin, Carmen Leggett, Diane Ricketts, Misty Bryant, Chanci Peterson, and Andrea Holzner

**Abstract:** *The rapid expansion of public-school preschool programs significantly challenges America's school administrators, teachers, and school professionals. The complex issues of preschool mental health needs, expulsion, and suspension are at the forefront. In the United States, schools are reporting rapidly increasing numbers of preschool programs, primarily in the form of 3K, 4K, and inclusion programs. This dramatic increase of young children in the public schools is a result of (a) research on the long-term cognitive and social benefits of high-quality early childhood programs, (b) federal and state legislation supporting state-funded preschool education, and (c) the continued need to support working parents via public-funded education for their young children. This article is a review of the research on preschool mental health and early trauma from adverse childhood experiences (ACEs), the impact of suspension and expulsion on preschool children, and the benefits of high-quality preschool programs in the public schools. Also included is a review of current policies and practices in exemplary public-school preschool programs related to mental health services, ACEs, suspension, and expulsion. Recommendations for future policy and practices for the preschool population are presented. Appendix B provides resources for school administrators and professionals.*

The issues of preschool mental health, suspension, and expulsion are timely ones as significant societal forces are converging to bring these important issues to the forefront (Carolan & Connors-Tadros, 2015). Public schools across the nation are reporting rapidly expanding preschool programs, primarily in the form of 3K, 4K, and inclusion programs (Bouffard, 2018). The growth in numbers of young children in the public schools is a result of a) recognition of the research-based and long-term benefits of high-quality early childhood programs, b) federal and state legislation supporting public-funded preschool education, and c) the continued need for support of working parents via public-funded preschool education (Heckman, 2017; Schweinhart et al., 2011). See Appendix A for applicable definitions.

In the United States, childcare for most families is among the largest of their household expenses; thus, parents are supportive of public-funded preschool programs for their 3- to 5-year-olds (Whitehurst, 2018). In addition to the sheer growth of preschool programs in school settings from coast to coast (Bouffard, 2018), schools are reporting an increased incidence of behavioral and developmental challenges in the preschool population (Hancock & Carter, 2016). This is documented in the relatively high rate of preschool suspension and/or expulsion and is a practice that is often a last resort for the teacher and school administrator (Gilliam, 2005; Gilliam et al., 2016). The practice of suspension and expulsion reflects how difficult it is for teachers and administrators to sufficiently address challenging, complex, and sometimes disruptive child behaviors (Gilliam et al., 2016; Stegelin, 2018). The result is that many preschool children are unable to cope with or negotiate the demands of public-school preschool's daily routines, structured environments, and academic expectations (Statman-Weil, 2015).

Furthermore, teachers are reporting higher levels of stress and inadequate support to meet the needs of these children (Carolan & Connors-Tadros, 2015). Some professionals describe this phenomenon as a *secondary traumatic stress reaction*; teachers are absorbing and responding to the primary trauma of young children with whom they are working (Carolan & Connors-Tadros, 2015). Compassion fatigue, or secondary traumatic stress disorder, is a natural but disruptive by-product of working with traumatized individuals (Lawson et al., 2019). It is a set of observable reactions to working with people who have been traumatized and mirrors the symptoms of posttraumatic stress disorder (PTSD; Osofsky et al., 2008). In short, school administrators, many with limited education regarding and experience with the preschool population, must confront complex decisions on how best to address developmental, behavioral, and emotional needs of 3- and 4-year-old children as well as preschool teachers' fatigue and secondary trauma (Hancock & Carter, 2016; Stegelin, 2018).

First, there is a critical need for increased awareness that young children have mental health issues and that the problems that they encounter will require comprehensive solutions (Giannakopoulos et al., 2014). Children are developmentally less able to express their feelings and verbalize their needs (Choi & Graham-Bermann, 2018). The tendency is to believe that mental health issues develop over time and arise later, thus not directly impacting young children (Choi & Graham-Bermann, 2018). The important study of adverse childhood experiences (ACEs) provides information on how major trauma very early in a person's life can have a lasting and profound impact on long-term mental and physical well-being (Centers for Disease Control and Prevention, 2019; Giannakopoulos et al., 2014). ACEs research clearly offers evidence that children with higher levels of trauma in the early years

are associated with poorer physical and mental health outcomes as adults (Centers for Disease Control and Prevention, 2019). Those working with children need to increase their awareness and understanding that young children—birth to age 5—do in fact experience feelings of anxiety, depression, and other mental health conditions, many of which are related to early traumatic experiences (Knopf, 2016; Liming & Grube, 2018).

Second, there is a need to educate professionals, parents, and the public about the need for trauma-informed education in our school systems (Nicholson et al., 2019). To meet the needs of individual young children in our public-school classrooms, a multidisciplinary team approach with teachers, social workers, nurses, school counselors, psychologists, parents, pediatricians, administrators, and others is recommended (O'Reilly et al., 2018; Statman-Weil, 2015). Trauma-informed early education is aligned with the concept of individualized education plans (IEPs) for older students with special needs. Teachers, administrators, and professional staff (school psychologists, counselors, social workers, nurses, special education coordinators, and preschool program directors) need to provide ongoing systemic and individualized assessment and support for children demonstrating the developmental and behavioral impacts of early trauma and mental health conditions (Nicholson et al., 2019).

Third, there is a need to implement trauma-informed early education in schools (Fazel et al., 2014). Based on guidance from Fazel et al. (2014) and Nicholson et al. (2019), trauma-informed early education requires all professionals to (a) understand the impact of trauma on early brain development, (b) construct school and classroom environments that support trauma-impacted young children's emotional and developmental needs and those with mental health issues, (c) implement instructional and assessment strategies that are developmentally appropriate and attuned to the social-emotional needs of these children, (d) follow up intervention as a team and with written documentation of progress, and (e) engage and educate parents and families about trauma and the team effort to intervene and maintain consistency in expectations between the home and classroom.

In summary, the convergence of several major forces creates a complex and challenging situation for America's public schools. In addition, 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 and parental educational levels, developmental delay, special education needs, and other family/social/health indicators (Carolan & Connors-Tadros, 2015). This translates 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 (Carolan & Connors-Tadros, 2015; Knopf, 2016).

## Review of Research Literature

### *Early Mental Health and Trauma Impacts*

The growing emphasis on preschool mental health is related to understanding the impact of early trauma on

child development (Knopf, 2016). All young children are vulnerable to mental health issues, and those children with early trauma are more at risk (Liming & Grube, 2018). The research on adverse childhood experiences (ACEs) heightens awareness of the impact of early trauma on children's overall development and the apparent relationship between early trauma and associated adult health conditions, both physical and mental (Liming & Grube, 2018). This research is important to consider within the context of preschool children in public schools (Whitted, 2011). According to Carolan and Connors-Tadros (2015), the criteria for enrollment in public-school preschool programs are frequently based on factors such as being low-income, having single parent status, parental distress, developmental delays, immigrant status, and other family stressors. Thus, the children who are accepted into state-funded preschool programs in the schools are more likely to have experienced early trauma that is associated with their developmental and social demographics (Carolan & Connors-Tadros, 2015). In addition, children and families who meet these criteria are more likely to be represented by minority populations, especially African American and Latinx families (Gilliam et al., 2016).

Not only are preschool children more likely to experience early trauma and subsequent changes in brain development, but they are also more likely to present mental health issues when compared to the general preschool population (Nicholson et al., 2019). They are also more likely to experience associated health-related conditions later, such as cardiovascular diseases, respiratory diseases, obesity, cancer, and other chronic health conditions (Liming & Grube, 2018). Finding a solution to the mental health needs of preschool children requires understanding the phenomenon of early trauma, its impact on brain development, and its impact on later development and quality of life in adolescence and adulthood (Carolan & Connors-Tadros, 2015). The research on ACEs provides a useful framework for professionals who work with young children impacted by trauma and mental health issues (Centers for Disease Control and Prevention (CDC), 2019; Liming & Grube, 2018). The impact of children's early traumatic experiences can be lessened and remediated (CDC, 2019). 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 (Pianta et al., 2009). This offers hope for these young children and motivates researchers and practitioners to garner the necessary resources to meet their needs while the children are still in the formative preschool years (U.S. Department of Education, 2016).

### *Expulsion and Suspension of Preschool Children*

Each year, thousands of preschool children are suspended or expelled from their early childhood care and education programs (Hancock & Carter, 2016; Zeng et al., 2019). As an example, over 8,700 children 3- and 4-years-old are expelled from state-funded preschool or prekindergarten classrooms (Hancock and Carter, 2016; Stegelin, 2018). Hancock and Carter (2016) found that preschool



children are expelled at three times the rate of children in kindergarten through 12th grade. Importantly, many of these preschool children suspended are identified as African American boys (Gilliam et al., 2016). These racial and gender disparities are evident as early as preschool, where Black students are 3.6 times more likely to receive an out-of-school suspension as their White classmates (Hancock & Carter, 2016; Stegelin, 2018). In addition, while boys represent 54% of preschool enrollment, they constitute 79% of all suspended preschool children (Stegelin, 2018). More than 10 years after foundational research by Gilliam (2005), federal data reflect a disproportionate number of male students representing minority populations. African American and Latinx children are expelled along with English Language Learners and students with disabilities, all of whom would benefit from daily attendance in high-quality preschool programs (Horowitz, 2015).

Early suspension or expulsion from their preschool programs creates another form of trauma for these young children (Morrison, 2015). According to the joint policy statement on suspension and expulsion policies in early childhood settings, the beginning years of any child's life are critical for building the early foundation of learning health and wellness needed for school and in adulthood (U.S. Health and Human Resources and Education, 2014). Bronfenbrenner's ecological systems theory explains the dynamics of preschool suspension and expulsion within the context and dynamics of the child's microsystem (Morrison, 2015; Psychology Notes Headquarters, 2019). During these early years, children's brains are developing rapidly, influenced by the experiences that they share within their microsystems: their families, caregivers, teachers, peers, and communities. Both positive and negative experiences play major roles (Morrison, 2015; Stegelin, 2018).

The practice of preschool suspension and expulsion should direct focus even more on the mental health of preschool children and the likelihood that these children are more vulnerable to mental health issues (Knopf, 2016). Preschool suspension and expulsion impact the young child, the family, and society in general (Stegelin, 2018). The effect of suspension and expulsion on the child is immediate and can have long-term implications for the child's overall emotional and social development as well as the likelihood of permanent school dropout in the later years (Horowitz, 2015). In the long run, the negative effects of early suspension and expulsion 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 than those preschoolers who do not experience suspension or expulsion (U.S. Department of Health and Human Services and Education, 2014; U.S. Department of Education Office for Civil Rights, 2014).

### *Rapid Growth of Public-School Preschool Programs*

Across the United States there has been a rapid expansion of classrooms for preschool children, especially in

the form of 4-year-old kindergarten (4K) designed to meet the needs of the state's young children who have demonstrated developmental delays or disabilities (Best & Cohen, 2013; U.S. Department of Education, 2018). According to the U.S. Department of Education (2018), hundreds of thousands of preschool children across the country have access to high-quality early learning programs. In 2013, President Obama put forth the *Preschool for All* proposal to establish a federal-state partnership that would provide high quality preschool for all 4-year-olds from low and moderate income families (U.S. Department of Education, 2016). These evidence-based programs document the long-term benefits of high-quality early childhood programs, especially young children from economically challenged households (Heckman, 2017; Schweinhart et al., 2011).

After President Obama's call for expanded programs for 4-year-olds, many states took action, and nearly all states now offer preschool programs in the public schools for young children (U.S. Department of Education, 2016). In the 2015–16 budget year, for example, states increased their investments in preschool programs by nearly \$767 million or 12% over the 2014–15 fiscal year (U.S. Department of Education, 2016). From 2009 to 2015, states enrolled 48,000 more 4-year-olds in state-run preschool programs (U.S. Department of Education, 2016). The Obama Administration increased investments by over \$6 billion in early childhood programs from FY 2009 to FY 2016, including high-quality preschool, Head Start, childcare subsidies, evidence-based home visiting, and programs for infants and toddlers with disabilities (U.S. Department of Education, 2018). Former U. S. Secretary of Education John B. King Jr., said:

A high-quality early education provides the foundation that every child needs to start kindergarten prepared for success. Because of historic investments from the Obama Administration, states and cities, more children, particularly those who have been historically underserved, now have access to high-quality early learning. But we can't stop there. We must continue our collective work to ensure that all children regardless of socioeconomic status, race, background, language spoken at home, disability or zip code have access to the opportunities that prepare them to thrive in school and beyond. (U.S. Department of Education, 2016)

State-funded preschool programs continue to expand across the United States, with some states also adding 3K and inclusion programs to the more typical 4K programs (Stegelin, 2018). These programs are diverse and community driven in terms of admission criteria, selected curriculum, and program locations, and some state-funded 4K programs are situated in childcare or Head Start programs, reflecting new partnerships in the delivery of high-quality preschool programs (Stegelin, 2018). Even though this new early education initiative is state directed, there are common goals regarding the establishment and implementation of public-school preschool programs

(Stegelin, 2018). Common goals across the states implementing preschool programs funded at the state level are premised on the belief that high-quality early childhood programs lead to more robust and successful academic and employment futures for these children (Heckman, 2017; Schweinhart et al., 2011). The program goals include enhanced overall child development; cognitive development and attainment of basic concepts related to mathematics and science; social-emotional development and the skills to work with others, negotiate group settings, and develop a strong sense of self and positive self-esteem; language development and the ability to recognize letters and the rudimentary elements of reading and writing; physical development and the ability to make good nutrition decisions and understand the need for physical movement and activity; and character development and the ability to demonstrate empathy, respect for the needs of others, and tolerance for diversity and differences (Morrison, 2015; Nicholson et al., 2019).

Along with the rapid and expansive growth of preschool programs in the public schools has come a range of adaptations and challenges for school administrators (Bouffard, 2018). The adaptations and challenges include but are not limited to expansion of physical space in elementary schools to accommodate younger students; assessment and curriculum development for preschool learners; hiring of certified early childhood educators (ECE) teachers and assistant teachers; enhanced parent education and engagement; developmentally appropriate instructional strategies and behavior management; and diverse school professionals to meet the unique social-emotional, mental health, and special needs of such a large and diverse student population (Bouffard, 2018). School districts have been challenged with the rapid explosion of preschool programs and are still working to secure adequate resources, personnel, and funds to meet the complex needs of these young children (Bouffard, 2018).

In summary, preschool children in the public-school sector have increased dramatically over the past decade in the United States (Carolan & Connors-Tadros, 2015; U.S. Department of Education, 2016), presenting great challenges to school systems, administrators, and school personnel (Bouffard, 2018). Many of these young children demonstrate trauma-impacted behaviors and mental health needs, reflected in teachers reporting increased incidences of difficult, challenging, aggressive, and disruptive child behaviors (Choi & Graham-Bermann, 2018; Zeng et al., 2019). School personnel are challenged to meet the assessment, intervention, and follow-up needs of these children (Hancock & Carter, 2016). In some cases, schools resort to suspension or expulsion of the most challenging children (Carolan & Connors-Tadros, 2015). 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 (Knopf, 2016). In addition, teachers in these preschool classrooms are frequently stressed and are experiencing fatigue, burnout, and, in many cases, secondary traumatic stress disorder (Osofsky et al., 2008).

## Preschool Mental Health Initiatives and the Public Schools

As preschool programs expand in the public schools, some school districts are developing innovative approaches to meet the mental health needs of these young children (Statman-Weil, 2015). These school settings provide a fertile ground for both research and program innovation related to preschool mental health issues (Fenwick-Smith et al., 2018). Children spend more time in public schools than in any other formal institutional structure (Fazel et al., 2014). Thus, the public schools play a key part in children's development, ranging from peer relationships and social interactions to academic attainment and cognitive progress (U.S. Department of Education, 2016). All these developmental areas affect and are reciprocally affected by mental health in a dynamic and interactive manner (Hancock & Carter, 2016). An increase in recognition of the effects of mental health problems on academic attainment, along with the unique platform that schools can offer in access to and support for children with psychological difficulties, has led to an expansion of school-based mental health interventions, particularly in high-income countries (Fazel et al., 2014). According to research, the prevalence of psychiatric disorders varies among children from preschool through secondary age levels (Carolan & Connors-Tadros, 2015; O'Reilly et al., 2018). The most common difficulties in school-age children are disruptive behaviors and anxiety disorders (Fazel et al., 2014). Separation anxiety and oppositional defiant disorder are seen mainly in primary school children (age 4–10 years), whereas generalized anxiety, conduct disorder, and depression are more common in secondary school (age 11–18 years) students (Fazel et al., 2014). Attention deficit hyperactivity disorder (ADHD) and autism spectrum disorders pose particular difficulties for children in the school environment, and the incidence of eating disorders and psychosis starts to increase rapidly from mid-adolescence onwards (Fazel et al., 2014).

Schools are complex environments, varying by size, racial makeup, socio-economic levels, language, gender, and cultural variations (Bouffard, 2018). As the school population increases in diversity, the dynamics between students, teachers and students, and parents and school personnel also become more complex (Fenwick-Smith et al., 2018). Within the school context, some school-specific factors are related to mental health during childhood (Whitted, 2011). For example, bullying often takes place within the school context; a study in the United Kingdom showed that 46% of school-aged children had been bullied (Department for Children, Schools, and Families, 2015). The odds of suicidal ideation and suicidal attempts are more than doubled in young people who report peer victimization (Meltzer et al., 2011). Bullying can affect children into adulthood, with increases in the prevalence of anxiety, depression, and self-harm (Meltzer et al., 2011).

### *Mental Health Strategy: Needs Assessment*

Among the several school-based strategies addressing mental health needs of the preschool population is that of assessment (Fazel et al., 2014). Many professionals working

with children advocate the use of a multiple-gated screening system to determine mental health need in schools (Fazel et al., 2014). If one considers the school environment from the Bronfenbrenner systems approach (Morrison, 2015), there are opportunities to observe, assess, and document the mental health needs of young students at several different levels. For example, a school might complete a school climate scale (measures students' or teachers' perceptions of how the environment of classrooms and schools as a whole affects education) to review and select a universal intervention of school-wide character development, or they might use a screening program to identify children at risk of suicide (Fazel et al., 2014; Morrison, 2015). This type of assessment focuses on the larger learning environment (macro) of the school which is the environment for students and teachers and how the environment affects education, relationship building, and other important dynamics of the school environment (Fazel et al., 2014).

On an individual student level, schools utilize various methods to identify students who could benefit from interventions (Doll et al., 2017; Lenares-Solomon et al., 2019). These methods include functional behavioral assessments, teacher or student recommendations, and systematic universal screening (Doll et al., 2017). Screening can pose a risk of over-identification of children or failure to recognize a condition (Doll et al., 2017). Provided these risks are managed, and if screening is done with standardized methods and by qualified staff with appropriate informed consent, this technique can provide a useful avenue for schools to identify and support students with mental health disorders (Doll et al., 2017; Dowdy et al., 2015; Lenares-Solomon et al., 2019). This type of individualized student assessment is costly, both in terms of time and manpower (Lenares-Solomon et al., 2019). In addition, specialized school personnel are essential. Specialized personnel include school psychologists, school counselors, social workers, and other professionals with formal training in individual preschool child assessment (Dowdy et al., 2015; Statman-Weil, 2015). For very large school systems, this approach can be very expensive (Doll et al., 2017). However, at the preschool level, some forward-thinking schools are requiring comprehensive developmental, mental health, and academic screening of all enrolled preschool children (Best & Cohen, 2013). With these assessment data in hand, school districts are more able to advocate for additional funding to provide smaller classes, higher teacher-to-child ratios, and the hiring of mental health specialists (Doll et al., 2017). Thus, screening and assessment seem to be fundamental strategies for giving equal attention to all students regarding mental health needs (Doll et al., 2017; Lenares-Solomon et al., 2019). With experience and focused effort, these screening mechanisms can become more efficient and effective in identifying young students with mental health indicators (Dowdy et al., 2015).

#### *Mental Health Strategy: Specialists in the Schools*

Globally, mental health services in schools are provided by a variety of professional staff whose training or employment might be within education or healthcare

systems; this varies across countries (Bouffard, 2018). In the United States, staff employed at schools are limited by school policies that restrict the type of direct services that they can provide (Dowdy et al., 2015). For example, because of funding and special education mandates, school psychologists in the United States spend much of their time conducting routine psychological testing and eligibility assessments rather than applying their broader consultative and direct intervention skills (Eklund et al., 2018). In many other countries, school-employed personnel work mainly with students who have educational difficulties that result from emotional and behavioral issues and provide direct mental health services and interventions (Giannakopoulos et al., 2014). Thus, in the United States, school personnel are frequently restricted from providing therapeutic services for mental health needs (Fazel et al., 2014).

Community mental health professionals in schools work in a range of disciplines, including counselling, social work, occupational therapy, psychology, and psychiatry (Nicholson et al., 2019). Three broad models of integration are common:

1. Individuals from an outside agency are contracted to work within a school.
2. The school includes a mental health clinic staffed by professionals who deliver mental health services.
3. The school has a health center with mental health as a subspecialty (Allen-Meares et al., 2013).

Counselors and social workers are more likely to provide direct school-based mental health services than psychologists or psychiatrists (O'Dea et al., 2017). In some countries, schools collaborate with psychologists and psychiatrists to provide consultation and intervention for specific students with complex challenges. Still, this model is unlikely to be scalable given the global scarcity of child and adolescent psychiatrists and the financial resources required for this model (Fazel et al., 2014). Technology is rapidly opening new avenues for intervention (Ramsey et al., 2016). For example, telemedicine can increase the capacity of mental health services in schools, although successful models have additional on-site school mental health providers to support engagement and continuous psychosocial intervention (Ramsey et al., 2016). Some schools have recruited advanced nurse practitioners to manage the needs of students (Bohnenkamp et al., 2019). However, most schools rely on internal resources for mental health intervention, such as school nurses, school social workers, school counselors, or special education personnel with specialized training in mental health (Sanchez et al., 2018).

It is clear that providing mental health services in the school environment varies widely and is related to the size of the school, geographical location (urban vs. rural), general funding of the school, and leadership priority for addressing mental health issues (Moon et al., 2017). More evidence-based models with these varied configurations to provide to school districts who are determining their own mental health policies and practices are needed. 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 (Abo El Elella et al., 2017). From this review of school based mental health strategies, the need for more school professionals trained in mental health intervention is indicated. There is a need for more school-based counselors, social workers, nurses, and psychologists, as well as for partnerships between the schools and community-based mental health agencies, to meet the mental health needs of these preschool children (Bradshaw et al., 2012).

### *Mental Health Strategy: A Tiered Approach to Mental Health Services*

An empirically driven approach to school strategies has been used in parts of the United States (Safari et al., 2020). Known as a tiered approach, this includes universal strategies for all students, followed by interventions to assist selected students who face particular risks, and finally a tier with specific treatment interventions for those with the greatest needs (Safari et al., 2020). An advantage of this public health and tiered approach is that schools and teachers can support students with varying needs and create classroom and whole-school environments that support the learning of all children (O'Reilly et al., 2018). Additionally, this tiered approach utilizes resources most effectively, with some resources provided to screen and deliver services for all students, followed by more selective and focused interventions for fewer students with greater needs (Bradshaw et al., 2012).

This approach is also most useful for very large school districts that are serving many children of diverse backgrounds (Bradshaw et al., 2012). Regarding personnel, the tiered approach aligns resources in a graduated way so that more highly specialized school personnel are available to serve the needs of more high-need students, and universal screening and mental health specialists and teachers who have received professional development can provide daily interventions and formal training related to general mental health assessment (Bradshaw et al., 2012). The authors note mental health specialists and teachers who have more training can provide observation and identification of students who may need more in-depth assessment and services as well as daily positive support strategies with students.

### *Mental Health Strategy: Promotion of Mental Health*

Mental health promotion is a positive strategy that enhances awareness of mental health, encourages practices to support good health, and serves as a preventive measure (O'Reilly et al., 2018). Interestingly, principles of school mental health promotion have been espoused since Plato's Republic, in which he identified the importance of the school environment to children's social development (Fenwick-Smith et al., 2018). Plato also noted that by maintaining a sound system of education and upbringing, schools then produce citizens of good character. Universal promotion of mental health programs often focuses on constructs such as social and emotional skills, positive

behaviors, social inclusion, effective problem solving, and good citizenry (Fenwick-Smith et al., 2018). Examples in the 4K curriculum include strategies to recognize one's own emotions, verbalize feelings, listen to peers as they talk about their emotions, and then respond appropriately to be socially supportive.

In whole-school and classroom-based interventions, universal mental health promotion programs are often delivered by the school's own staff and are done in both primary and secondary schools (Fazel et al., 2014). Mental health promotion should begin at the earliest levels in the school, including preschool (O'Reilly et al., 2018). One example is a program known as MindMatters, developed in the late 1990s. This approach is the leading national initiative for promotion of mental health in schools in Australia, with substantial national investment to equip schools and educators with skills to promote student wellbeing (O'Reilly et al., 2018). Specific strategies to help students include social and emotional learning programs, increasing student connection to school, building student skills in understanding and management of emotions, effective communication, and stress management (Taylor et al., 2017). Teachers participate in various professional development opportunities to support their learning in these curricular domains (Zin et al., 2019). These programs are included in many schools in the United Kingdom, and United States schools could include this strategy with limited additional expense. School buy-in is important to create a school environment that is nurtured and supported by all participants, including administrators, teachers, school professionals, cafeteria staff, and janitorial personnel (Yoon, 2016).

### *Examples of Early Childhood Mental Health (ECMH) School-Based Models*

#### *The Florida Center for Early Childhood*

An example of a highly successful school-based mental health model for the early childhood student population is in Sarasota, Florida. In partnership with the school district of Sarasota County and the community foundation of Sarasota County, the Florida Center provides mental health counseling services to students in 15 Sarasota County elementary schools (Florida Center, 2019). The purpose of the program is to help students succeed in school despite outside influences that may hinder that success. Integrated elementary school therapists at each elementary school conducted one-on-one counseling with students who had a variety of issues (Florida Center, 2019). ACEs research informs us that many young children in the United States are exposed to violence and trauma at an alarming rate (Liming & Grube, 2018). By age 16, two-thirds of children in the United States have already experienced a potentially traumatic event such as physical or sexual abuse; natural disaster or terrorism; sudden or violent loss of a loved one; refugee and war experiences; serious accident or life-threatening illness; or military family-related stress, according to the National Child Traumatic Stress Network (Bartlett & Steber, 2019). With support, many children can heal

and overcome such traumatic experiences through mental health therapy (Sanchez et al., 2018; Zin et al., 2019). As schools maintain their critical focus on education and achievement, elementary students have access to trained, school-based mental health counselors who nurture their mental health and wellness, two components that are integrally connected to students' success in the classroom and to a thriving school environment (Bartlett & Steber, 2019; Sanchez et al., 2018; WestED, 2019).

The comprehensive partnership in Florida is truly a successful early childhood mental health model that provides mental health services to infants, toddlers, preschoolers, and young children through age eight (Florida Center, 2019). School-based mental health specialists are trained in social work, mental health counseling, and child development (Doll et al., 2017). Each elementary school in this school district has its own mental health specialist, and the learning environment and curriculum provide an understanding of self, well-being, and mental health (Florida Center, 2019). One of the school-based partnership goals is to reduce the stigma associated with mental health issues and to make accessible to all families the support they need to negotiate difficult and challenging life situations (Florida Center, 2019).

#### *Ohio's Early Childhood Mental Health (ECMH) Initiative: Schools and Communities Partnership*

Ohio provides an excellent model of school and community partnerships through the Early Childhood Mental Health (ECMH) Initiative via Ohio's Schools and Communities program (Ohio Department of Mental Health and Addiction Services, 2019). In this partnership, the Ohio Department of Mental Health and Addiction Services provides leadership for this school program situated in Ohio communities and their respective public schools (Ohio Department of Mental Health and Addiction Services, 2019). This initiative defines early childhood mental health as the social, emotional, and behavioral well-being of children birth through six years old and their families (Ohio Department of Mental Health and Addiction Services, 2019). The goals of this ECMH program are to build capacity to experience, regulate and express emotion, form close, secure relationships, and explore the environment and learn.

In this state-wide initiative, early childhood mental health is believed to be influenced and shaped by the following factors:

- (a) physical characteristics of the young child
- (b) quality of the adult relationships in the child's life
- (c) the child's caregiving environments
- (d) community context in which the child and family lives.

Ohio's initiative includes ECMH consultation and treatment and partnerships between schools and state-level, health-related agencies within each community (Ohio Department of Mental Health and Addiction Services, 2019). Early childhood mental health specialists work with childcare providers, Head Start, and school-based

and private early childhood programs to help identify and provide intervention for young children's mental health needs and to support their families (Ohio Department of Mental Health and Addiction Services, 2019). This initiative assumes a community-based approach and focuses on each child's surrounding environments, including the home, childcare or other early learning setting, neighborhood, and community contexts (Ohio Department of Mental Health and Addiction Services, 2019). Aligned with Bronfenbrenner system's theory of child development (Morrison, 2015), this approach views the child within several meaningful daily contexts. For example, early childhood mental health specialists provide consultation and intervention within the child's home, school, childcare, preschool, and community-based settings (Ohio Department of Mental Health and Addiction Services, 2019). In this way, mental health specialists are able to meet the needs of individual children within the setting that is best suited for the child and their family.

#### *Chicago Public Schools Initiative*

The Chicago Public School (CPS) system provides an extensive network of preschool programs for young children, and these programs are recognized for their quality and inclusive practices (Chicago Public Schools, 2019). As part of an effort to maintain quality and reduce preschool suspension and expulsion incidents, the CPS system undertook a self-study of its practices related to managing the behavioral challenges among their preschool population (Chicago Public Schools, 2019). This study was conducted on preschool programs from academic years 2011-2015 in all pre-k through second grade classrooms (Chicago Public Schools, 2019). The primary goal of the self-study was to gain insight into CPS practices with preschool children with a focus on those children who demonstrated behavioral challenges to teachers and school staff (Chicago Public Schools, 2019). The study was conducted within the context of rapidly expanding preschool programs for the preschool child population in Chicago and a rising number of classroom management issues that were reflected in an increase of reported incidences of challenging or disruptive child behaviors (Chicago Public Schools, 2019). School officials were also concerned with the relatively high rate of preschool suspension and expulsion (Chicago Public Schools, 2019). The CPS wanted to better understand how they were addressing the needs of young children with special needs and health-related issues, including mental health (Chicago Public Schools, 2019). Officials wanted to determine if their practices with these children were more restorative than more punitive or disciplinary (i.e., out-of-class suspensions or expulsions; Stegeline, 2018). Preschoolers are not suspended and expelled on an equal basis; Black and Latinx preschoolers are expelled and suspended at higher rates than White preschoolers (CT Mirror Viewpoints, 2019).

Data from the assessment study of Chicago Public Schools (2019) reflected a shift in practices beginning in the 2013-14 academic year, compared with those during 2011-12 and 2012-13 academic years. During the 2013-14

academic year, the data reflected a change to more restorative responses—practices that help children respond to and work through challenges rather than disciplining them for acting out—that outnumbered the out of school suspensions (Chicago Public Schools, 2019). In 2014–15, there were 2,273 restorative responses compared to only 77 out-of-school suspensions (Chicago Public Schools, 2019). This shift in practice denotes a significant change in how the school district chose to address preschool behavioral challenges and reflects a commitment to enhancing the quality preschool classroom experience (Chicago Public Schools, 2019).

This Chicago Public Schools (2019) self-study was informative, and the data guided decision-making that resulted in substantial changes in the preschool classrooms. One of these changes was to establish an Office of Social and Emotional Learning with a network of stakeholders to engage in self-study and policy development (Chicago Public Schools, 2019). The Office of Social and Emotional Learning within the CPS system provided leadership for changes in practice and policy related to preschool suspension and expulsion (Chicago Public Schools, 2019). One of their strategies was to build a Stakeholders Engagement group that included the following:

- District-wide committee known as the Social and Emotional Learning, Early Childhood Education, Safety & Security, Office of Diverse Learner Supports & Services, Law and Labor Relations.
- School staff focus groups (including deans, principals, teachers, counselors, social workers, and others).
- Chicago Teachers Union (CTU) and the Chicago Principals and Administrators Association (CPAA).
- Network chiefs and deputies
- Citywide collaborative
- Community forums
- Student focus groups (Chicago Public Schools, 2019).

In short, the CPS initiated a self-study of their practices regarding dealing with preschool children who demonstrated behavioral challenges (Stegelin, 2018). This study was undertaken within the context of a large school district’s rapidly expanding preschool education programs across the entire system (Chicago Public Schools, 2019; Stegelin, 2018). During the 2013 academic year, the CPS launched the district-wide Suspensions & Expulsions Reduction Project aimed at policy change, accountability systems, resource development, professional development, and collaboration (Chicago Public Schools, 2019). In the 2014 academic year, a new Student Code of Conduct was implemented that placed strict limits on suspension and expulsion for Pre-K through Grade 2 classrooms (van Ausdal, 2015; U.S. Department of Health and Human Services and Education, 2014).

The findings were significant and demonstrated the positive impact of the self-study (Vanassche & Kelchtermans, 2016). This resulted in initiatives developed to address the preschool children’s social and emotional learning needs in

a collaborative, cooperative, comprehensive, and inclusive way (Office of Early Education and Development; 2016; Stegelin, 2018). In 2011 a plan was developed to address the social and emotional needs of a growing number of preschool children who were enrolling in their school-based programs (Office of Early Education and Development; 2016). This plan included a series of efforts to educate and prepare teachers, administrators, and all school staff about the reasons and intervention options for challenging behaviors among preschool children (Office of Early Education and Development, 2016). After several years of making policy and practice changes, the 2014–2015 academic year reflected a significant shift from higher levels of preschool suspension and expulsion to substantial restorative responses to behavioral challenges (Office of Early Education and Development, 2016).

School districts across the country are beginning to address preschool children’s social and emotional needs in their school-based programs (Office of Early Education and Development, 2016; Chicago Public Schools, 2019; U.S. Department of Health and Human Services and Education, 2014). These school districts are to be commended for their efforts to address the developmentally inappropriate practice of preschool suspension and expulsion (Chicago Public Schools, 2019). The CPS initiative brings together stakeholders and constituents to plan and implement policy changes sensitive to at-risk young children’s needs for learning (Chicago Public Schools, 2019). Viewing their developmental needs as a necessity for responsive intervention rather than out of class suspension or expulsion is the first step in addressing these issues (Chicago Public Schools, 2019).

### Recommendations for Future Policy and Research

According to the American Psychological Association, approximately half the children in this country experience trauma during their childhood (Nicholson et al., 2019). Schools are increasingly leveraged as intervention points to address childhood trauma due to the established links between childhood trauma exposure and poor child well-being outcomes (Loomis, 2018). Several organizations provide leadership to make changes in policies related to serving the needs of young children who have experienced trauma (Statman-Weil, 2015; WestED, 2019; Zero to Three, 2010). The following are recommendations for policy development to support trauma-informed early education in the United States (Giannakopoulos et al., 2014; Moon et al., 2017). They represent a compilation and synthesis of best practices related to early trauma intervention (Statman-Weil, 2015).

### Workforce Recommendations

With the rapid expansion of preschool programs in the public-school sector, many professionals provide care and education for children (Giannakopoulos et al., 2014). Most of these professionals are in need of professional development related to caring for young children impacted by trauma since most teacher education programs in the United States do not include the knowledge and skill

development necessary to assess, provide intervention, and evaluate young children with these special needs (Giannakopoulos et al., 2014; Moon et al., 2017). Along with an increased focus on preschool education academics, there is also a need to increase teacher awareness and understanding of social and emotional development of young children and to recognize when children have experienced trauma (Moon et al., 2017). Based on a synthesis of recommendations, early childhood teachers, administrators, and other school professionals according to Statman-Weil (2015) should be:

- Informed about trauma and its effects on children's development and learning
- Sensitive to those effects of trauma when interacting and making decisions about interventions for these children
- Equipped with skills and knowledge that promote responsive and caring programs for children affected by all kinds of trauma (Nicholson et al., 2019)
- Capable of planning and implementing strategies that are sensitive to children with trauma and that support the overall health, healing, and well-being of these children
- Knowledgeable of an assets-based approach when working with all young trauma-impacted children and helping them build resilience
- Eager to seek professional development to strengthen their capacity to observe, understand, assess, and provide interventions for young children with trauma backgrounds
- Able to provide leadership for their organizations and embrace policies and practices that support children and families experiencing trauma

### *Research Recommendations*

More research is needed on preschool mental health, trauma, and public-school suspension and expulsion. Foundational 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. The research by Gilliam (2005) uncovered the alarming rate of preschool suspension and expulsion that occurs in the United States. In addition, Gilliam et al. (2016) focused on implicit teacher bias and how a teacher's perceptions of a child may be related to their suspension and expulsion rates. Gilliam's study found that suspension and expulsion were related to a preschool child's gender, size, ethnicity, and other demographics. Importantly, they found that male Latino and African American children were more likely to experience suspension or expulsion than children with different demographics (Gilliam et al., 2016).

Other areas of research needing further exploration include explaining the relationships between trauma, social-emotional development, teacher perceptions of children's behavior, and mental health issues (Centers for Disease Control and Prevention, 2019; Zeng et al., 2019).

We know that children who have experienced trauma in their early development are also more likely to demonstrate challenging behaviors and are more likely to be perceived in negatively by preschool teachers (Statman-Weil, 2015). Trauma-impacted children are also more at risk for mental health issues. These children need assessment, responsive care, and education to work through their social and emotional problems (Carolan & Connors-Tadros, 2015; Eklund et al., 2018; Whitted, 2011). Finally, trauma-impacted children respond more positively to restorative strategies than exclusionary and punitive strategies (Chicago Public Schools, 2019).

With this important research in mind, the following research questions are posed (Chicago Public Schools, 2019):

1. Which strategies are most aligned with which kinds of trauma and child's gender, race, and ethnicity?
2. What kinds of professional development are most appropriate for early childhood care and education teachers and paraprofessionals to prepare them for working with young children with trauma and/or mental health issues? What content is most important to include in trauma-informed professional development? What are the most effective professional development strategies to use with teachers and other school personnel?
3. In what ways are parents engaged most successfully in interventions for trauma-informed children? What roles can parents play in the interventions process? What are home-school intervention strategies that both teachers and parents can employ?
4. Which child populations are most at-risk for trauma in their early lives? Are we including in our research immigrant children, children with diverse economic backgrounds, children with special needs, and possible gender- and race-based factors?
5. What are the perceptions of public-school administrators, program coordinators, and other decision-makers of young children with challenging behaviors? To what extent are future school administrators prepared to meet the needs of very young learners (e.g., 3- and 4-year-old children), especially those who have experienced trauma in their early lives?
6. What are the relationships between childhood trauma, preschool suspension and expulsion, and the incidence of mental health issues?
7. What research strategies—quantitative, qualitative, mixed methods—are most effective in capturing the authentic voices of trauma-impacted children or those with mental health needs?
8. How can the community most effectively provide resources for trauma-impacted preschool children and their families? How can partnerships between these community resources and schools be developed and maintained?

### Policy Recommendations

While progress is being made to address the needs of young children with mental health issues and those with early traumatic experiences, as well as the harmful practice of preschool suspension and expulsion, many changes in school policies are indicated (Liming & Grube, 2018). The federal government has taken the leadership role in addressing these complex issues, supporting state-level efforts to reduce preschool expulsion and suspension, and reinforcing the understanding of the federal Individuals with Disabilities Education Act (IDEA) to protect the rights of children with special needs or disabilities without discrimination (Office of Early Education and Development, 2016; U.S. Department of Education, 2014; U.S. Department of Health and Human Services and Education, 2014).

Based on a review of the policy literature, the following recommendations are made for policy development at the state and local levels:

- Establish developmentally appropriate expulsion and suspension policies for preschool programs in the schools, implement them without bias, and set a goal of eliminating this practice.
- Invest in and support an informed and skilled workforce that includes professional development for preschool teachers and school staff related to trauma-impacts on child development, responsive strategies to address the child's social and emotional needs, and the needs of teachers related to secondary trauma and stress as well as individual teacher's implicit biases toward children.
- Address mental health issues of preschool children from a health perspective rather than a disciplinary perspective. Identify and provide resources in the school to meet the unique mental health needs of very young children, including hiring of early childhood mental health specialists, reduced class sizes, and lower child to teacher ratios. Seek additional funding for health purposes.
- Engage parents of trauma-impacted children and collaborate with the family to develop both home- and school-based strategies to support and provide consistency for the child.
- Provide comprehensive developmental and behavioral screening for all preschool children as part of the induction process into the school setting.
- Set goals and track data on all preschool children so that interventions are data driven.
- Provide individualized education/intervention plans for each child identified as trauma-impacted or needing mental health services.
- Engage the school administrators, teachers, and all professional staff in professional development and training on federal legislation and guidelines for preschool children with special needs (IDEA) and how schools can build a sense of a caring community for all students and families.

With these recommendations for research, policy, and practice, school districts will be better able to serve the preschool student population with mental health and trauma-related needs. Creating innovative partnerships between education and health providers is a good start toward building a trauma-informed and restorative approach to early education. Punitive practices, such as suspension and expulsion, should decline and become unnecessary.

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### References

- Abo El Elella, S., Tawfik, M. A. M., Abo El Fotoh W. M. M., & Barseem, N. F. (2017). Screening for developmental delay in preschool-aged children using parent-completed ages and stages questionnaires: Additional insights into child development. *Postgraduate Medical Journal*, 93(1104), 597-602. <https://doi.org/10.1136/postgradmedj-2016-134694>
- Allen-Meares, P., Montgomery, K. L., & Kim, J. S. (2013). School-based social work interventions: A cross-national systematic review. *Social Work*, 58(3), 253-262. <https://doi.org/10.1093/sw/swt022>
- Bartlett, J. D., & Steber, K. (2019, May 9). How to implement trauma-informed care to build resilience to childhood trauma. *Child Trends*. <https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma>
- Best, J., & Cohen, C., (2013). *Early care and education: Policy considerations for ensuring high-quality pre-K programs* (ED544246). ERIC. <https://eric.ed.gov/?id=ED544246>
- Bohnenkamp, J. H., Hoover, S. A., Connors, E. H., Wissow, L., Bobo, N., & Mazyck, D. (2019). The mental health training intervention for school nurses and other health providers in schools. *Journal of School Nursing*, 35(6), 422-433. <https://doi.org/10.1177/1059840518785437>
- Bouffard, S. (2018, February 13). Principals aren't ready for public pre-K. *Education Week*. <https://www.edweek.org/teaching-learning/opinion-principals-arent-ready-for-public-pre-k/2018/02>
- Bradshaw, C., Pas, E., Bloom, J., Barrett, S., Hershfeldt, P., Alexander, A., McKenna, M., Chafin, A., & Leaf, P. (2012). A state-wide partnership to promote safe and supportive schools: The PBIS Maryland Initiative. *Administration & Policy in Mental Health & Mental Health Services Research*, 39(4), 225-237. <https://doi.org/10.1007/s10488-011-0384-6>
- Carolan, M. E., & Connors-Tadros, L. (2015). *Approaches to state pre-k eligibility policy: Considerations for policy makers in revising policy to increase access for high needs children* (CEELO Policy Report). Center on Enhancing Early Learning Outcomes. [http://ceelo.org/wp-content/uploads/2015/05/ceelo\\_policy\\_report\\_prek\\_eligibility\\_approaches.pdf](http://ceelo.org/wp-content/uploads/2015/05/ceelo_policy_report_prek_eligibility_approaches.pdf)
- Centers for Disease Control and Prevention. (2019). *Preventing adverse childhood experiences: Leveraging the best available evidence*. National Center for Injury



- Prevention and Control. <https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf>
- Chicago Public Schools. (2019). *Chicago public schools preschool programs*. <http://www.cps.edu/Schools/EarlyChildhood/Pages/Preschoolprogramtypes.aspx>
- Choi, K. R., & Graham-Bermann, S. A. (2018). Developmental considerations for assessment of trauma symptoms in preschoolers: A review of measures and diagnoses. *Journal of Child and Family Studies*, 27, 3427-3439. <https://doi.org/10.1007/s10826-018-1177-2>
- CT Mirror-Viewpoints. (2019, August 22). We need trauma-informed preschool practices: Laws banning or limiting suspension and expulsion for preschoolers are not enough, *Connecticut Mirror*. <https://ctmirror.org/category/ct-viewpoints/we-need-trauma-informed-preschool-practices/>
- Department for Children, Schools, and Families. (2015). *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children*. Department for Children, Schools, and Families, HM Government, Nottingham, United Kingdom. <https://www.gov.uk/government/publications/working-together-to-safeguard-children-2>
- Doll, B., Nastasi, B. K., Cornell, L., & Song, S. Y. (2017). School-based mental health services: Definitions and models of effective practice. *Journal of Applied School Psychology*, 33(3), 179-194. <https://doi.org/10.1080/15377903.2017.1317143>
- Dowdy, E., Furlong, M., Raines, T. C., Boverly, B., Kauffman, B., Kamphaus, R. W., Dever, B. V., Price, M., & Murdock, J. (2015). Enhancing school-based mental health services with a preventive and promotive approach to universal screening for complete mental health. *Journal of Educational & Psychological Consultation*, 25(2/3), 178-197. <https://doi.org/10.1080/10474412.2014.929951>
- Eklund, K., Rossen, E., Koriakin, T., Chafouleas, S. M., & Resnick, C. (2018). A systematic review of trauma screening measures for children and adolescents. *School Psychology Quarterly*, 33(1), 30-43. <https://doi.org/10.1037/spq0000244>
- Fazel, M., Patel, V., Thomas, S., & Tol, W. (2014). Mental health interventions in schools in low-income and middle-income countries. *Lancet Psychiatry*, 1(5), 388-398. [https://doi.org/10.1016/s2215-0366\(14\)70357-8](https://doi.org/10.1016/s2215-0366(14)70357-8)
- Fenwick-Smith, A., Dahlberg, E. E., & Thompson, S. C. (2018). Systematic review of resilience-enhancing, universal, primary school-based mental health promotion programs. *BMC Psychology*, 6(1), 1-17. <https://doi.org/10.1186/s40359-018-0242-3>
- Florida Center for Early Childhood. (2019). <https://www.thefloridacenter.org/>
- Giannakopoulos, G., Agapidaki, E., Dimitrakaki, C., Oikonomidou, D., Petanidou, D., Tsermidou, L., Kolaitis, G., Tountas, Y., & Papadopoulou, K. (2014). Early childhood educators' perceptions of preschoolers' mental health problems: A qualitative analysis. *Annals of General Psychiatry*, 13(1), 1-12. <https://doi.org/10.1186/1744-859X-13-1>
- Gilliam, W. S. (2005). *Prekindergartners left behind: Expulsion rates in state prekindergarten systems*. Foundation for Child Development. [https://medicine.yale.edu/childstudy/zigler/publications/National%20Prek%20Study\\_expulsion%20brief\\_34775\\_5379\\_v1.pdf](https://medicine.yale.edu/childstudy/zigler/publications/National%20Prek%20Study_expulsion%20brief_34775_5379_v1.pdf)
- Gilliam, W. S., Maupin, A. N., Reyes, C. R., Accavitti, M., & Shic, F. (2016, September 28). *Do early educators' implicit biases regarding sex and race relate to behavior expectations and recommendations of preschool expulsions and suspensions?* (A Research Brief). Yale University Child Study Center. [https://medicine.yale.edu/childstudy/zigler/publications/Preschool%20Implicit%20Bias%20Policy%20Brief\\_final\\_9\\_26\\_276766\\_5379\\_v1.pdf](https://medicine.yale.edu/childstudy/zigler/publications/Preschool%20Implicit%20Bias%20Policy%20Brief_final_9_26_276766_5379_v1.pdf)
- Hancock, C., & Carter, D. (2016). Building environments that encourage positive behavior: The preschool behavior support self-assessment. *Young Children*, 71(1). <https://www.naeyc.org/resources/pubs/yc/mar2016/building-environments-encourage-positive-behavior-preschool>
- Heckman, J. J. (2017). Heckman on quality early childhood education: There is no "Fadeout," only lasting benefits. *The Washington Post*. <https://www.ffyf.org/heckman-quality-early-childhood-education-no-fadeout-lasting-benefits/>
- Horowitz, M. (2015, August). *Early childhood suspension and expulsion*. Center on Enhancing Early Learning Outcomes. [http://ceelo.org/wpcontent/uploads/2015/08/ceelo\\_annotated\\_bib\\_expulsion\\_2015\\_08\\_final\\_web.pdf](http://ceelo.org/wpcontent/uploads/2015/08/ceelo_annotated_bib_expulsion_2015_08_final_web.pdf)
- Knopf, A. (2016). Officials discourage preschool suspensions, encourage mental health consultations. *Brown University Child & Adolescent Behavior Letter*, 32(10), 1-2. <https://doi.org/10.1002/cbl.30161>
- Lenares-Solomon, D., Brown, M. H., & Czerepak, R. (2019). The necessity for school-based mental health services. *Journal of Professional Counseling: Practice, Theory & Research*, 46(1/2), 3-13. <https://doi.org/10.1080/15566382.2019.1674074>
- Lawson, H. A., Caringi, J. C., Gottfried, R., Bride, B. E., & Hydon, S. P. (2019). Educators' secondary traumatic stress, children's trauma, and the need for trauma literacy. *Harvard Educational Review*, 89(3), 421-448. <https://doi.org/10.17763/1943-5045-89.3.421>
- Liming, K. W., & Grube, W. A. (2018). Wellbeing outcomes for children exposed to multiple adverse experiences in early childhood: A systematic review. *Child & Adolescent Social Work Journal*, 35(4), 317-335. <https://doi.org/10.1007/s10560-018-0532-x>
- Loomis, A. (2018). The role of preschool as a point of intervention and prevention for trauma-exposed children: Recommendations for practice, policy, and research. *Topics in Early Childhood Special Education*, 38(3), 134-145. <https://doi.org/10.1177/0271121418789254>
- Morrison, G. (2015). *Early childhood education today* (13th ed.). Pearson Publishers.

- Meltzer, H., Vostanis, P., Ford, T., Bebbington, P., & Dennis, M. S. (2011). Victims of bullying in childhood and suicide attempts in adulthood. *European Psychiatry, 26*(8), 498-503. <https://doi.org/10.1016/j.eurpsy.2010.11.006>
- Moon, J., Williford, A., & Mendenhall, A. (2017). Educators' perceptions of youth mental health: Implications for training and the promotion of mental health services in schools. *Children and Youth Services Review, 73*, 384-391. <https://doi.org/10.1016/j.childyouth.2017.01.006>
- National Center for Pyramid Model Innovations. (2020). *Suspension and expulsion in early childhood*. <https://challengingbehavior.cbcs.usf.edu/Pyramid/suspension.html>
- Nicholson, J., Perez, L., & Kurtz, J. (2019). *Trauma-informed practices for early childhood educators: Relationship based approaches that support healing and build resilience in young children*. Routledge Publishers.
- O'Dea, B., King, C., Subotic-Kerry, M., O'Moore, K., & Christensen, H. (2017). School counselors' perspectives of a web-based stepped care mental health service for schools: Cross-sectional online survey. *JMIR Mental Health, 4*(4). <https://doi.org/10.2196/mental.8369>
- Office of Early Education and Development. (2016). *Reducing suspension and expulsion practices in early childhood: Expulsion Webinar 2*. Department of Health and Human Services. <https://www.acf.hhs.gov/eod/child-health-development/reducing-suspension-and-expulsion-practices>
- Ohio Department of Mental Health and Addiction Services. (2019, October 19). *Early childhood mental health (ECMH) initiative*. [https://mha.ohio.gov/Portals/0/assets/SchoolsAndCommunities/Funding%20Opportunities/2020/2020\\_ECMH\\_EI\\_RFP\\_10.23.19\\_HH.GK.LH\\_approved\\_final\\_VA6.pdf?ver=2019-10-23-122842-733](https://mha.ohio.gov/Portals/0/assets/SchoolsAndCommunities/Funding%20Opportunities/2020/2020_ECMH_EI_RFP_10.23.19_HH.GK.LH_approved_final_VA6.pdf?ver=2019-10-23-122842-733)
- O'Reilly, M., Svirydzhenka, N., Adams, S., & Dogra, N. (2018). Review of mental health promotion interventions in schools. *Social Psychiatry and Psychiatric Epidemiology, 53*(7), 647-662. <https://doi.org/10.1007/s00127-018-1530-1>
- Osofsky, J. D., Putnam, F. W., & Lederman, C. (2008). How to maintain emotional health when working with trauma. *Juvenile and Family Court Journal, 59*(4), 91-102. <https://doi.org/10.1111/j.1755-6988.2008.00023.x>
- Pianta, R. C., Barnett, W. S., Burchinal, M., & Thornburg, K. R. (2009). The effects of preschool education: What we know. How public policy is or is not aligned with the evidence base, and what we need to know. *Psychological Science in the Public Interest, 10*(2), 49-88. <https://doi.org/10.1177/1529100610381908>
- Psychology Notes Headquarters. (2019). *What is Bronfenbrenner's ecological systems theory*. <https://www.psychologynoteshq.com/bronfenbrenner-ecological-theory/>
- Ramsey, A., Lord, S., Torrey, J., Marsch, L., & Lardiete, M. (2016). Paving the way to successful implementation: Identifying key barriers to use of technology-based therapeutic tools for behavioral health care. *The Journal of Behavioral Health Services & Research, 43*(1), 54-70. <https://doi.org/10.1007/s11414-9436-5>
- Safari, S., Abedi, A., & Faramarzi, S. (2020). Implementing an RTI approach: A qualitative study of prerequisites and obstacles. *Educational Research for Policy and Practice, 19*, 261-279. <https://doi.org/10.1007/s10671-020-09258-6>
- Sanchez, A. L., Cornacchio, D., Poznanski, B., Golik, A. M., Chou, T., & Comer, J. S. (2018). The effectiveness of school-based mental health services for elementary-aged children: A meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry, 57*(3), 153-165. <https://doi.org/10.1016/j.jaac.2017.11.022>
- Schweinhart, L. J., Montie, J., Xiang, Z., Barnett, W. S., Bolfield, C. R., & Nores, M. (2011). *The High/Scope Perry Preschool Study through age 40: Summary, conclusions, and frequently asked questions*. High/Scope Press.
- Statman-Weil, K. (2015). Creating trauma-sensitive classrooms. YC: *Young Children, 70*(2), 72-79. [https://www.naeyc.org/system/files/YC0515\\_Trauma-Sensitive\\_Classrooms\\_Statman-Weil.pdf](https://www.naeyc.org/system/files/YC0515_Trauma-Sensitive_Classrooms_Statman-Weil.pdf)
- Stegelin, D. (2018). *Preschool suspension and expulsion: Defining the issues* [Policy brief]. Institute for Child Success. <https://www.instituteforchildsuccess.org/publication/preschool-suspension-and-expulsion-defining-the-issues/>
- Taylor, R. D., Oberle, E., Durlak, J. A., & Weissberg, R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development, 88*(4), 1156-1171. <https://doi.org/10.1111/cdev.12864>
- U.S. Department of Education. (2014). *Data snapshot: Early childhood education highlights* (Issue Brief No. 2). Office for Civil Rights. <https://www2.ed.gov/about/offices/list/ocr/docs/crdc-early-learning-snapshot.pdf>
- U.S. Department of Education. (2016, September 15). *Obama administrative investments in early learning have led to more children enrolled in high-quality preschool* [Press release]. <https://www.ed.gov/news/press-releases/obama-administration-investments-early-learning-have-led-thousands-more-children-enrolled-high-quality-preschool>
- U.S. Department of Education. (2018). *Early learning*. <https://www2.ed.gov/about/inits/ed/earlylearning/index.html>
- U.S. Department of Health and Human Services and Education. (2014). *Policy statement on suspension and expulsion policies in early childhood settings*. <https://www2.ed.gov/policy/gen/guid/school-discipline/policy-statement-ece-expulsions-suspensions.pdf>
- Vanassche, E., & Kelchtermans, G. (2016). Facilitating self-study of teacher education practices: Toward a pedagogy of teacher educator professional development. *Professional Development in Education, 42*(1), 100-122. <https://doi.org/10.1080/19415257.2014.986813>

- Van Ausdal, K. (2015). *Suspensions and expulsions reduction project (SERP Update)*. Chicago Public Schools. [https://www.cpsboe.org/content/documents/cps\\_serp\\_03252015.pdf](https://www.cpsboe.org/content/documents/cps_serp_03252015.pdf)
- WestED. (2019). *Trauma-informed practices in early childhood education*. <https://www.wested.org/service/trauma-informed-practices-in-early-education/>
- Whitehurst, G. J. (2018, April 19). What is the market price of daycare and preschool? *Brookings Institute-Evidence Speaks Reports*, 2(48). <https://www.brookings.edu/research/what-is-the-market-price-of-daycare-and-preschool/>
- Whitted, K. (2011). Understanding how social and emotional skill deficits contribute to school failure. *Preventing School Failure*, 55(1), 10-16. <https://doi.org/10.1080/10459880903286755>
- Yoon, S. Y. (2016). Principals' data-driven practice and its influences on teacher buy-in and student achievement in comprehensive school reform models. *Leadership and Policy in Schools*, 15(4), 500-523. <https://doi.org/10.1080/15700763.2016.1181187>
- Zeng, S., Corr, C. P., O'Grady, C., & Guan, Y. (2019). Adverse childhood experiences and preschool suspension expulsion: A population study. *Child Abuse & Neglect*, 97. <https://doi.org/10.1016/j.chiabu.2019.104149>
- Zero to Three. (2019). *Trauma and stress in early childhood*. <https://www.zerotothree.org/espanol/trauma-and-stress>
- Zin, D. M. M., Mohamed, S., Kashim, M. I. A. M., Jamsari, E. A., Kamaruzaman, A. F., & Rahman, Z. A. (2019). Teachers' knowledge and practice in implementing the therapeutic approach in pre-school. *International Journal of Civil Engineering and Technology*, 10(1), 1870-1881. <https://oarep.usim.edu.my/jspui/handle/123456789/1449>

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## Appendix A

### Defining Suspension and Expulsion

#### *Suspension*

- **In School/Program Suspension:** The child is temporarily removed from classroom and/or class peers. Child is sent to some other part of the school/program (e.g., other classroom, director's office) for part of the day or multiple days in response to problem behavior. This includes when the child is removed from the classroom to spend extended time with administrator, counselor, behavior therapist or another adult.
- **Short Term Out-of-School/Program Suspension:** Child is sent home for some part of the school/program day in response to problem behavior.
- **Out-of-School/Program Suspension:** Child is not allowed to return to school/program for one or more days in response to problem behavior.
- **For children with disabilities served under IDEA (with an IEP or IFSP):** Out-of-school/program suspension is an instance in which a child is temporarily removed from his/her regular school/program to another setting (e.g., home, behavior center) for at least half a day in response to problem behavior. Out-of-school/program suspensions include both removals in which no individualized family service plan (IFSP) or individualized education program (IEP) services are provided because the removal is 10 days or less as well as removals in which the child continues to receive services according to his/her IFSP or IEP.

#### *Expulsion*

**Expulsion/Dismissal:** Permanent dismissal of the child from the program in response to problem behavior. Does not include transition to another program, service, or classroom (e.g., special education, transitional classroom, or therapeutic preschool program) deemed more appropriate for the child if done in collaboration with the family and the receiving classroom, program or service.

Source: National Center for Pyramid Model Innovations (NCMPI) <https://challengingbehavior.cbcs.usf.edu/Pyramid/suspension.html>

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## Appendix B

### Resources for School Professionals

#### Professional Organizations

- National Association for the Education of Young Children (NAEYC)  
Creating Trauma-Sensitive Classrooms  
<http://www.naeyc.org/resources/pubs/yc/may2015/trauma-sensitive-classrooms>
- Centers for Disease Control and Prevention (CDC)  
*Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence*  
CDC: Childhood trauma is a public health issue  
<http://www.npr.org/sections/health-shots/2019/11/05/776550377/cdc-childhood-trauma-i>
- Administration for Children and Families (ACF).  
*Expulsion and suspension prevention webinar series. Webinar 2: Reducing Suspension and Expulsion Practices in Early Childhood.* Department of Health and Human Services, Washington, DC 20037.  
<https://www.acf.hhs.gov/ecl/child-health-development/reducing-suspension-and-expulsion-practices>
- United States Department of Health and Human Services and Education  
*Joint policy statement on suspension and expulsion policies in early childhood settings.*  
<https://www2.ed.gov/policy/gen/guid/school-discipline/policy-statement-ece-expulsions-suspensions.pdf>
- United States Department of Education, Office for Civil Rights  
*Data Snapshot: Early Childhood Education Highlights. Issues Brief #2.* Washington, DC. <http://ocrdata.ed.gov>
- Zero to Three: Infant and Early Childhood Mental Health  
“Infant mental health” refers to how well a child develops socially and emotionally from birth to three. Understanding infant mental health is the key to preventing and treating the mental health problems of very young children and their families.  
<http://www.zerotothree.org/espanol/infant-and-early-childhood-mental-health>

#### Books

- Nicholson, J., Perez, L., & Kurtz, J. (2019). *Trauma-Informed Practices for Early Childhood Educators – Relationship Based Approaches that Support Healing and Build Resilience in Young Children, First Edition*, Routledge Publishers.
- Souers, K. & Hall, P. (2018). *Creating a Trauma-Sensitive Classroom*. ASCD Publishers.
- Souers, K. & Hall, P. (2016). *Fostering Resilient Learners: Strategies for Creating a Trauma-Sensitive Classroom*. ASCD Publishers.

#### Online Articles

- *50,000 preschoolers are suspended each year. Can mental...*  
<http://www.nbcnews.com/news/us-news/50-000-preschoolers-are-suspended-each-year-can-mental-health-n962691>an 26, 2019. Mental health consultants aim to equip early childhood teachers with the tools they need.
- *Should Childhood Trauma Be Treated as A Public Health Crisis?* <http://www.npr.org/sections/health-shots/2018/11/09/666143092/should-childhood-trauma...>  
  
Researchers followed a group of kids from childhood into adulthood to track the link between trauma in early life and adult mental health.
- *Childhood Trauma Tied to Greater Social Dysfunction in ...*  
[psychcentral.com/news/2018/09/14/childhood-trauma-tied-to-greater-social...](http://psychcentral.com/news/2018/09/14/childhood-trauma-tied-to-greater-social...)  
Childhood trauma is tied to impaired social cognition in adults diagnosed with major psychiatric disorders, according to a new Irish study published in the journal *European Psychiatry*.
- *Childhood Trauma and Chronic Illness in Adulthood: Mental ...*  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3153850>  
Mental health and socioeconomic status are also tested as buffers against the typically adverse consequences of childhood trauma. The results suggest mental health and socioeconomic status partially explain the association of childhood trauma with chronic illness in adulthood, with mental health showing a stronger effect.

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# *The Journal of At-Risk Issues*

## Call for Manuscripts

*The Journal of At-Risk Issues* (JARI) (ISSN1098-1608) is published by the National Dropout Prevention Center. The mission of the Center is to provide information and services to those engaged in helping young people in at-risk situations. The journal is nationally refereed, currently published twice per year, and abstracted in ERIC.

### Focus

Manuscripts should be original works not previously published nor concurrently submitted for publication to other journals. Manuscripts should be written clearly and concisely for a diverse audience, especially educational professionals in K-12 and higher education. Topics appropriate for *The Journal of At-Risk Issues* include, but are not limited to, research and practice, dropout prevention strategies, school restructuring, social and cultural reform, family issues, tracking, youth in at-risk situations, literacy, school violence, alternative education, cooperative learning, learning styles, community involvement in education, and dropout recovery.

Research reports describe original studies that have applied applications. Group designs, single-subject designs, qualitative methods, mixed methods design, and other appropriate strategies are welcome. Review articles provide qualitative and/or quantitative syntheses of published and unpublished research and other information that yields important perspectives about at-risk populations. Such articles should stress applied implications.

### Format

Manuscripts should follow the guidelines of the *Publication Manual of the American Psychological Association* (7th ed.). Manuscripts should not exceed 25 typed, double-spaced, consecutively numbered pages, including all cited references and illustrative materials. Submitted manuscripts that do not follow APA referencing will be returned to the author without editorial review. Tables should be typed in APA format. Placement of any illustrative materials (tables, charts, figures, graphs, etc.) should be clearly indicated within the main document text. All such illustrative materials should be included in the submitted document, following the reference section. Charts, figures, graphs, etc., should also be sent as separate, clearly labeled jpeg or pdf documents, at least 300 dpi resolution.

### Book Reviews

Authors are encouraged to submit appropriate book reviews for publication consideration. Please include the following: an objective review of no more than five, double-spaced pages; full name of the book and author(s); and publisher including city, state, date of publication, ISBN number, and cost.

### Submission

Submit electronically in Microsoft Word, including an abstract, and send to the editor at [greg.hickman@dropoutprevention.org](mailto:greg.hickman@dropoutprevention.org) for editorial review. Manuscripts should also include a cover page with the following information: the full manuscript title; the author's full name, title, department, institution or professional affiliation, return mailing address, email address, and telephone number; and the full names of coauthors with their titles, departments, institution or professional affiliations, mailing addresses, and email addresses. Do not include any identifying information in the text pages. All appropriate manuscripts will be submitted to a blind review by three reviewers. Manuscripts may be submitted at any time for review. If accepted, authors will be notified of publication. There is no publication fee.

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